NHS
Humber Health
Partnership

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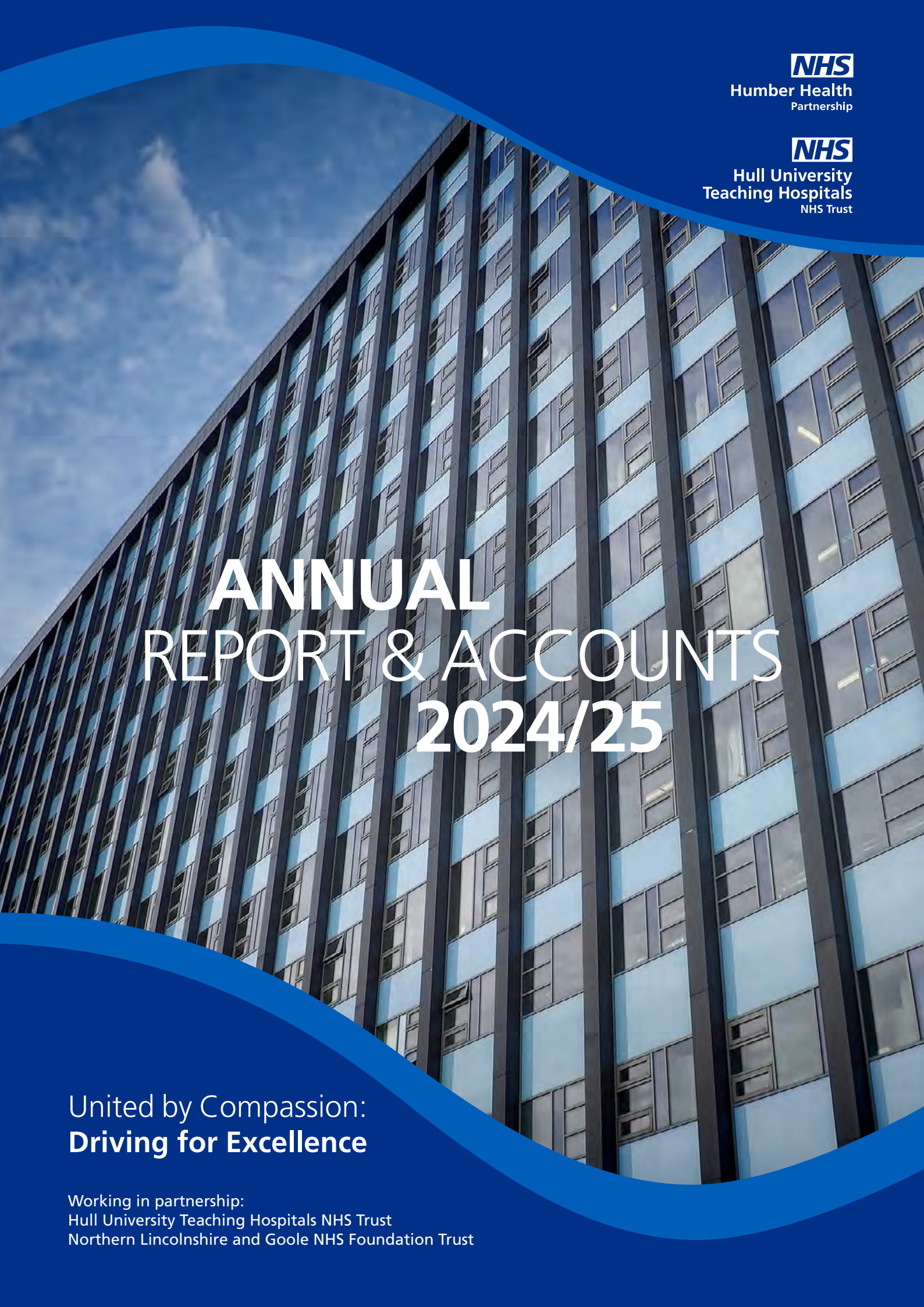

ANNUAL REPORT & ACCOUNTS 2024/25

United by Compassion:
Driving for Excellence

Working in partnership:
Hull University Teaching Hospitals NHS Trust
Northern Lincolnshire and Goole NHS Foundation Trust

ANNUAL REPORT & ACCOUNTS 2024/25

NHS Humber Health Partnership

NHS Hull University Teaching Hospitals NHS Trust

OTHER FORMATS

This document can also be made available in various languages and different formats including Braille, audio tape and large print.

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Chair's Foreword

Thank you for taking the time to read our Annual Report and Accounts for 2024/25.

IIn August 2023 the trust formally joined a group with Hull University Teaching Hospitals (HUTH) NHS Trust / Northern Lincolnshire and Goole (NLaG) NHS Foundation Trust, with the new group executive team formed in November 2023. In spring 2024 we formally launched the group's new name – NHS Humber Health Partnership – and also created joint clinical services across both trusts called care groups. Since then our two organisations have continued to work more and more closely together and this report reflects much of these joint working and governance arrangements, whilst still setting out the trust's individual position where we are required to do so.

As you would expect this has been a lot of change for our joint workforce of nearly 19,000 to experience and manage over the last couple of years. This has been done as the NHS nationally, and for us locally, has continued to be under sustained pressure from local people to access our services, whether they are urgent or emergency services or in relation to planned care. So it is only right that I start this round up of the year with a massive thank you to our wonderful staff, whether they have been involved in managing any of these changes or focused on continuing to deliver their service. I know for many it will have been an uncertain time and they coped admirably and continued to keep all our services safe and available to our local communities.

Given the sustained pressure our performance on some key measures was not what we would have liked it to be. Set against national targets our performance overall was mixed at best, with some areas doing very well and others less so. We did struggle to see and treat many patients in a timely way in our emergency departments, as did most hospitals up and down the country. In these departments too many patients had to wait longer than four hours, with many having to wait much longer than that.

I would like to apologise to all those patients. It was a similar picture in relation to patient arriving in an ambulance where thousands of patients waited longer to be taken into our emergency departments than they should have. Despite a lot of hard work from many people across our group, we know we must work differently throughout the hospital to improve the flow of patients.

As in previous years there is better news in planned care, where we look to make sure patients get their booked procedures and operations. We continued to reduce the number of our longest waiting patients, those waiting 65 weeks or longer. I would like to thank our surgical and diagnostic teams for this work which needs to continue in the year ahead to treat those who have waited the longest and also begin to reduce the total number of patients waiting for treatment.

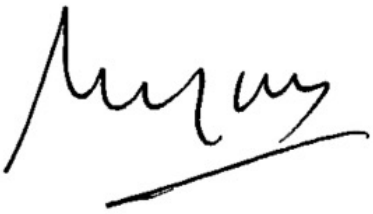
I would also like to thank our capital teams, who are continuing to improve and develop facilities for our patients across NHS Humber Health Partnership. Recently, we opened our new Community Diagnostic Centres in Grimsby and Scunthorpe, which will allow us to provide up to 300,000 additional diagnostic tests each year – and will be opening a further centre in the heart of Hull in summer 2025.

This year will also see us bringing bespoke new facilities online, including the final phase of our new Day Surgery Unit and Allam Centre for digestive diseases and endoscopy at Castle Hill Hospital. We also have an exciting programme of works planned at Scunthorpe, where we are investing more than £27 million into transforming the site into one of the most environmentally sustainable healthcare settings in the UK.

As I have said before each and every member of staff plays an important part in running our hospitals and community services. Whether they are involved in the delivery of care directly to patients or not, the trust could not run without them. The same is true of our amazing team of volunteers who provide advice and guidance to our patients so often and in such a kind and considerate way.

I would like to thank every single one of them – and all our staff – for their continued professionalism in caring for our patients day in, day out. Finally, a huge thank you to our partners across the health system for their support, without which we could not have achieved many of the things we did.

I hope you will find the report interesting and informative.



Sean Lyons
Chair
Date: 20 June 2025

Chief Executive Statement

The past 12 months have been a period of significant transition for the two organisations which make up NHS Humber Health Partnership: Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) and Hull University Teaching Hospitals NHS Trust (HUTH). We launched our new operational structure in April 2024, bringing together clinical and non-clinical services across the Humber region for the first time ever. This not only joins up vital clinical services for our region ensuring we have more clinical expertise available to patients, it helps to ensure those services are more robust and sustainable into the future.

Recruiting to key specialties is difficult nationwide, and therefore working in partnership as a group we can pool our most vital resource – our people – and ensure we are more resilient in the face of any future staff shortages. It also enables us to share other resources, such as equipment and buildings and address capacity issues where we have high demand for services. And, it means our people will have the opportunity to share best practice from a larger pool of skills and knowledge, learn from each other, and work in different ways, with more opportunities for development.

However, as with all change this has not been a transition without a price. Changing the way we work, transforming care pathways, working with newer and larger teams, and getting used to different processes all take time and this can be challenging and stressful for our workforce. We cannot fix all of our problems overnight. It will take time, and we have to ensure we look after our people, giving them the support they need in order for this change to be successful. That means communicating with them effectively and engaging them every step of the way, giving them the chance to tell us how they think we can work most effectively as one group.

Therefore, my overarching message for this annual report introduction is one of thanks to everyone who works at HUTH and NLaG, as well as our key partners, for your patience, your understanding and for working so hard during this first year of major transition. I know it hasn't been easy at times but as ever you've done what we always do in the NHS when called upon and risen to the challenge.

Ultimately of course, the success of our group will come down to how well we care for our patients. We know we have issues we need to resolve. Many patients are still waiting too long for procedures, although we have eliminated all waits of over 78 weeks, and we are making progress towards ensuring no one will be waiting longer than 52 weeks for a procedure.

We're not there yet, and I sincerely apologise to everyone who has been affected by this, but we do have some significant projects coming to fruition in the next few months that will make a big difference. The opening of three community diagnostic centres in Hull, Grimsby and Scunthorpe will reduce waiting times for scans and other diagnostic procedures, and our new day surgery centre at Castle Hill will enable us to see thousands more patients during the year for routine operations.

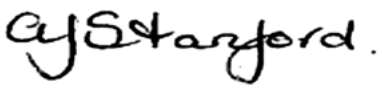
In terms of emergency care people are also waiting too long in our three emergency departments (ED). The key to addressing this is to focus our efforts on improving the 'flow' of patients through our hospitals. That means ensuring patients move safely and quickly from arrival at an emergency department to a ward with a clear plan and timescale identified for their safe discharge back to their place of residence. We've worked hard in partnership with ambulance providers to reduce the time it takes for crews to handover their patients to us. For the most part this takes less than 45 minutes, enabling paramedics to get back out to patients who need their care much faster

than had previously been achieved. This does of course increase the pressure on our staff inside our hospitals which is why we are working really closely with local authorities and community providers to help patients who need care outside of hospital to be discharged more rapidly. If we can address that challenge as a health system then we free up beds on our wards to move patients out of our emergency departments efficiently and safely, hence reducing waiting times in ED.

All of this has been achieved at the same time we met a challenging cost savings programme, successfully delivering £84m worth of savings across the Group in the 2024/2025 financial year.

I hope you find this annual report useful and interesting as a review of 2024/2025. There is a long way for us to go yet. We need to do much more to improve the care we provide to patients and the experience our patients have in our hospitals. We also know that nationally the NHS is being asked to reduce costs and find efficiencies and sometimes these two challenges feel like they are at odds with one another but the key to achieving both comes back to our people. We have to unleash the innovation and creativity of our amazing workforce, and this cultural shift will take time.

Organisational culture does not change radically in just 12 months, which is why we are committed to working with our people and with our managers to focus on a long-term programme of 'putting people first'. We need to provide our workforce with the tools and resources they need to do a good job. We have to engage with them, give them the chance to suggest ideas for and deliver improvement, and remove the barriers that might be in the way of them delivering the care they desperately want to deliver. If we can get to a place where our people are prepared to recommend our hospitals as good places to work and they are proud to recommend them as places to receive care then we will be on the right track.



Amanda Stanford
Acting Group Chief Executive
Date: 20 June 2025

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THE PERFORMANCE REPORT

ANNUAL REPORT & ACCOUNTS 2024/25

Overview Report

This section describes the purpose and activities of the Trust, which includes what we do as a service provider, how many people we employ and our relationship with regional health partnerships..

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 10,847 staff, have an annual turnover of £993m (2024/25) 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. We need to, therefore, ensure that any health inequalities are considered when providing healthcare services.

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 2024/25 we provided the following services:

- We assessed 110,000 people who attended our Emergency Department at Hull Royal Infirmary, this is a reduction of nearly 20,000 attendances from the previous year, largely based on the opening of the co-located Urgent Treatment Centre. There were 56,000 attendances assessed in the Urgent Treatment Centre.
- We had over 900,000 attendances at our outpatient clinics
- We admitted over 170,000 patients to our wards.

In August 2023 the trust joined together with Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) in a new group organisational structure with a Group Chief Executive and a group executive team which came together over the next few months. In Spring 2024 the new group name was formally launched – NHS Humber Health Partnership. Joint clinical services across both trusts, called care groups, were also formed at this time.

The care groups bring together trust services with those of NLaG into a management structure split into north and south. They are

- The Site Management (North) which includes these care groups - Cancer Network; Cardiovascular; Digestive Diseases; Head and Neck; Major Trauma Network; Specialist Cancer and Support Services; and Theatres, Anaesthetics and Critical Care – and also includes Patient Services
- Site Management (South) which includes these care groups - Acute and Emergency Medicine; Community, Frailty and Therapy; Family Services; Neuroscience; Pathology Network; Specialist Medicine and Specialist Surgery and also includes the Discharge Teams

Corporate Directorates within the trust include the offices of the Chief Medical Officer and the Chief Nurse, Digital Services, Estates, Facilities and Development, Finance, People and Quality Governance.

The Trust has had a full valuation of our land and building this year and most of the buildings are classed as specialised assets and are valued based on a modern equivalent basis, but on the same site and based on their current use. This generally highlights that the older buildings, typically the tower block at HRI often has a lower value to what the Trust has to spend on it and this has been part of the Estates strategy to start to move clinical services out of the tower block but to-date not been able to make progress due to the capital funding required.

Our Trust in numbers

Population served
600,000

Staff
10,847

Turnover
£993m

Births
4,567

Beds
1,305

Regional and health system context

The NHS Humber and North Yorkshire (HNY) Integrated Care Board (ICB) is the statutory organisation accountable for NHS spend and performance in the geographic area covered by the trust. The ICB works within the Integrated Care System (ICS) of HNY. This is an area of more than 1,500 square miles with a population of 1.7 million people, all with different health and care needs. It includes the cities of Hull and York and the large rural areas across East Yorkshire, North Yorkshire and Northern Lincolnshire.

The HNY ICB's vision is for people to 'Start well, live well, age well and when the time comes die well'. The ICB refreshed its strategy in the past couple of years and set out a renewed commitment to its partnership ambitions by:

- Introducing a new 'golden ambition' to drive a generational change in wellbeing, health and care for today's children
- Reaffirming its commitment to what is already working well, such as its person-centred and strengths-based approach
- Setting out areas for investment that will keep the voices of the people at the heart of everything it does and that will drive excellence, prevention and sustainability across the HNY health system.

In the 2024/25 financial year the trust's delivery plan reflected many of the ICB's priorities such as: reducing the size of waiting lists; making sure people get timely access to cancer diagnosis and treatment; improving the number of patients waiting four hours and less in hospital emergency departments (EDs); and improving ambulance handover times to allow ambulances to get back on the road as quickly as possible.

Humber Acute Services Programme

The Humber Acute Services Programme is reaching its final stages. The consultation focused on potential major changes in services provision for trauma, surgery and paediatrics in both Diana Princess of Wales and Scunthorpe General Hospitals.

An implementation group has been established in 2025 and will be working with the operational and clinical teams to deliver the programme.

Community Diagnostic Centres

During 2023/2024 the Trust received approximately £45m of capital funding for the development of four community diagnostic centres. The funding provides an opportunity to significantly enhance our diagnostic capacity improving patient access and providing direct access for GPs to a community resource which will not only increase capacity and access but reduce waiting times and create local jobs.

The Community Diagnostic Centres are located in Scunthorpe, Hull, Grimsby and East Riding of Yorkshire and will all open during 2025.

The schemes have been developed in close partnership with our Local Authority partners and have a wider focus on town centre regeneration and the socio- economic development of our local communities.

Collaboration of Acute Providers

The Collaboration of Acute Providers brings all four acute service providers together with a focus on how we deliver more integrated services, reduce and eliminate variation and provide support to each other where appropriate to improve patient access and outcomes.

Place Boards

The Trust continues to engage in the leadership and delivery of our four Place Boards – East Riding, Hull, North and North East Lincolnshire.

Trust leaders are widely engaged in multiple programmes of change which are primarily focussed on:

- workforce development – looking at new roles skills and academic partnerships
- new pathways of care – with a focus on what can be delivered outside the hospital environment in the patients home
- how we collaborate to ensure we fulfil our "Anchor Organisation" role

The Trust is committed to working collaboratively across multiple places, organisations and to fulfilling its Anchor role. An integral part of that is to recognise our significant role in collaborating to reduce health inequalities and to improve patient access and outcomes across multiple pathways of care.

Working in partnership

The trust delivers services by working in partnership with a wide range of partners in both health and social care. This includes (not an exhaustive list):

- National bodies:
  - NHS England (NHSE)
  - Care Quality Commission
  - Department of Health and Social Care
- Regional bodies like:
  - The HNY ICB, and the place boards and structures related to it
  - The Acute Collaborative, an association of the four acute trusts in the HNY ICB area
  - The HNY Cancer Alliance
- Four local authorities, and their health overview and scrutiny committees and health and wellbeing boards:
  - North Lincolnshire Council
  - North East Lincolnshire Council
  - East Riding of Yorkshire Council
  - Hull Council
- Other health services:
  - Mental health providers
  - Other acute trusts in neighbouring areas
  - GPs
  - Community providers
  - Voluntary sector and other third sector organisations
- Education institutions:
  - Hull York Medical School (HYMS)
  - Universities
  - Apprenticeship providers
  - Health Education England
- Professional bodies:
  - British Medical Association
  - Nursing and Midwifery Council
  - Royal Colleges
- Trade unions
- Other emergency services like the police and ambulance services

Strategic Framework 2024

In Summer 2024 NHS Humber Health Partnership published a strategic framework setting out its high-level aims for the next few years.

The frameworks reflects the group's, and therefore the trust's, commitment to its people and its local communities – providing the best possible care and making a positive and lasting impact in our communities, going beyond the direct impact of our treatments and support. It includes a new vision, a new set of values and behaviours and five areas of work. The framework is set out over the next few pages.

Vision

- United by Compassion, Driving for Excellence

Values and behaviours

Compassion: We care. We want the best for our people, places and communities

- Put the safety and care of patients and colleagues at the heart of everything you do
- Listen to your colleagues and patients, understand, empathise and take action to help
- Treat everyone with kindness and support those who need assistance or guidance
- Do the right thing, even if this is more difficult to do

Honesty: We are honest about our shortcomings and always strive for better

- Take responsibility for your actions, decisions and behaviours
- Report concerns about safety, quality and negative behaviours as quickly as possible
- Communicate constantly and clearly at all times; create and respond to a constant loop of honest feedback
- Be open about mistakes, apologise, learn and improve

Respect: We recognise and respect everyone's unique contribution

- Trust and appreciate your colleagues – say thank you and well done
- Talk to everyone in a respectful and polite manner and listen when others want to speak
- Understand and appreciate the perspectives, choices and beliefs of others and never discriminate against anyone
- Respect and use each others' strengths; act respectfully by giving, receiving and acting on constructive feedback

Teamwork: We work together to achieve the best for our patients and communities

- Meet regularly as a whole team, discuss goals, actions and ideas for improvement. Commit to being good team members
- Include all colleagues in key discussions about the team or service
- Tackle poor behaviours as they arise
- Agree high professional standards as a team; give yourselves time to reflect on how to constantly improve

Ambitions

- To provide excellent care that meets our population's diverse needs
- To support and enable our population to live more years in good health

Areas of work

Our people
We can only deliver the scale of change that is needed if we have the right people, with the skills, knowledge and motivation to continually improve. Delivering our strategic ambitions will require us to build the confidence and resilience of our people – instilling pride in our group and the work that we do.

We will look after the health and wellbeing of our people

- We will get the basics right for our teams, improving working environments, providing space for reflection and support to build resilience
- We will improve our approach to flexible working, to ensure we retain talent and enable our people to give their best at work and at home
- We will tackle discrimination head-on and ensure all our people are living out our values of compassion, honesty, teamwork and respect

We will support our people to grow and develop to their full potential

- We will work to build a genuinely inclusive culture that celebrates diversity and promotes belonging so that everyone feels safe and can thrive
- We will make it easier for our workforce – including our volunteers – to move around between different organisations and sectors and find the role for them
- We will focus on talent development, supporting people to grow in their roles and work at the top of their professional licence

We will build a flexible and adaptable workforce for the future

- We will work with our training partners to develop curricula that focus on core competencies, adaptability and innovation to help our future workforce to be creative and embrace change
- We will build the digital capabilities of our people to ensure they are fully equipped to deliver new ways of working for the future

We will make a positive impact on our communities through our people

- We will re-double our efforts to inspire and support our workforce to make healthier choices for them and their families, causing a ripple effect of healthy changes across our communities

Performance
To turn the dial on our performance as a group, we need to radically change what we do and how we do it. We will transform everything that we do and how we do it with a focus on delivering slick processes, eliminating unnecessary bureaucracy, and putting care in its rightful place.

We will streamline processes and remove duplication

- We will have a laser focus on eliminating manual processes and workarounds
- We will invest to save by building the digital infrastructure that allows us to remove paper-based systems
- We will put in place clear governance processes with as few steps as possible to enable fast and effective decision-making and implementation of change

We will eliminate unwarranted variation in our service delivery

- We will develop delivery plans for our 14 Care Groups that align models or care and ways of working across both banks of the Humber, adopting “best in class” from across our organisations

We will do things once

- We will look at every service and function to identify where improvements and efficiencies could be made by consolidating activities, teams and functions and doing things once across the system
- We will review our physical estate and rationalise wherever possible – looking at our assets across the system, not just within our organisations

We will develop sustainable models of care

- We will reorganise our services to make the best use of people, buildings and equipment, focusing on delivering quality local services as close to home as possible and highly specialised care from defined centres of excellence
- We will build robust digital foundations that are secure, resilient and work seamlessly across departments, organisations and sectors
- We will improve the way we use data to drive decision-making in real time and plan more effectively for the future

Quality and safety

Being kept safe and well looked after is one of the top priorities for the people who use our services. As demand for our services continues to grow, we need to think very differently about how services are organised to ensure we can continue to provide safe and good quality services for our local communities. In all that we do, we will strive to provide the kind of care we would want for ourselves and our loved ones.

We will keep our patients safe and reduce avoidable harm

- We will embed a safety-focused culture, supported by systems and processes that enable teams to deliver reliable, high-quality care
- We will make it easy for patients, loved ones and staff to speak up if they see something that isn't quite right and build a positive culture of learning and improvement

We will deliver the best outcomes for our patients

- We will strive to get the best possible outcomes for every patient, recognising that what defines a good outcome will be as individual as each person we treat
- We will empower teams to be responsive to patient needs, giving them space to innovate and try new things and adapt what they do to suit different needs
- We will improve the way our teams communicate with one another, with our patients and with other organisations to ensure they are all working together as effectively as possible

We will work hard to provide a positive experience for our patients and their loved ones

- We will really listen to our patients and their loved ones and tailor our care and support to their needs and what matters to them
- We will build our services around our patients and their needs, adopting a home first approach radically rethinking how and where we provide care
- We will see carers, family members and loved ones as an asset and encourage them to get involved in their loved one's care

We will equip our patients to live healthier lives

- We will use every conversation to provide our patients with the tools and the knowledge they need, and the encouragement of a trusted healthcare professional, to make small but impactful changes to their health and wellbeing

Research and innovation

We are ambitious for our people and our population. We want to be at the leading edge of healthcare research and innovation. Research and innovation can help us to find the new systems and ways of working we need to adapt to the changing demands of the future. We must re-focus our efforts to maximise the impact of research and innovation.

We will build the infrastructure we need to deliver excellent clinical research

- We will work with academic and industry partners to deliver the facilities, data and digital infrastructure we need to undertake quality, impactful research
- We will promote our nursing, midwife and allied health professionals to undertake research – giving appropriate time and resources to enable more professionals to be research-active
- We will build confidence and health literacy amongst our patients to enable them to make informed choices about participating in clinical trials and other research opportunities, making research more inclusive to improve our population's health

We will align our research efforts to the big questions facing our population

- We will apply the advanced skills and knowledge of our scientific community to the big challenges facing our population and our workforce today
- We will work with leading research institutions who have the expertise and connections we need to find the solutions to our unique set of challenges
- We will leverage our industry partnerships and expertise in carbon reduction and sustainability to ensure we are leading research and helping to define the future of sustainable healthcare
- We will build our research capabilities and use our unique skills and assets to support wider economic regeneration in the Humber region

We will equip our people to innovate and transform

- We will work with training providers to build research skills and capacity into curricula so that we can develop more home-grown researchers and our clinical and professional staff are engaged in relevant research that contributes to continuous improvement of our services
- We will foster creativity and entrepreneurship by giving greater autonomy to teams to deliver objectives within a framework
- We will engage and involve our communities in research and innovation, giving them a voice and influence over shaping the solutions

Partnerships

We cannot achieve success without the support of our partners, our people and our communities. To deliver our strategic ambitions, we must solidify our existing partnerships and leverage the influence we have as a group to forge new relationships with people and organisations within and beyond the Humber.

We will play a vital role in local health and care partnerships

- We will work with partners in each of our local areas, recognising the unique challenges and opportunities in each geography, taking time to build strong relationships with each place
- We will build trust and credibility with our partners so that together we can take risks to deliver the type of radical change we need
- We will support our teams to develop closer relationships with partners at an operational level, encouraging joint ownership and collaborative problem- solving

We will use our size and scale to bring national and international attention to the Humber region

- We will leverage the influence we have as a group to forge new relationships with wider academic and industry partners, to advocate for our region and its people and attract investment and increased attention into our area
- We will forge new partnerships with industry – both local and further afield – to deliver our ambitious net-zero targets and play our role in driving economic regeneration on and around the Humber estuary
- We will forge closer links with other like-minded organisations and influential institutions in the North, so that together we can have a stronger voice to advocate for our populations. Working together we will amplify our voice and ability to influence national policy

We will define a new relationship with our communities

- We will take time to listen to our communities and to really understand their needs, wants and aspirations
- We will be clear with our population about what we need from them – and what they can do to support their own health and wellbeing

Foundations for success

Delivering these actions will only be possible if we also put in place the building blocks we need – digital infrastructure, leadership capacity and capability and a culture for success.

Digital infrastructure

- We will transform our approach to digital, data and technology to enable comprehensive change
- We will build robust digital foundations that are secure, resilient and interoperable
- We will improve the way we use data to drive decision-making in real time and plan more effectively for the future
- We will build a virtual hospital, which will work alongside our physical sites and be fully integrated into our existing service offer
- We will keep digital inclusion at the heart of what we do so that those living in our most deprived communities are not excluded

Leadership capacity and capability

- We will build capacity and capability at every level, growing the leaders we need for today and tomorrow
- We will develop leadership capacity and capability at all levels, giving our people the tools and permission they need to lead change in their area
- We will nurture local talent and develop the dynamic, flexible workforce we need for the future
- We will build on our record of widening participation, youth volunteering and apprenticeship schemes, to grow our own future workforce – going out of our way to offer tailored opportunities that will inspire and enable local people to enter rewarding careers in health and care

Culture for success

- We will build an inclusive, just and learning culture that encourages creativity and collaboration
- We will work to build a genuinely inclusive culture where diversity is celebrated, and the unique skills and perspectives of each individual are recognised and rewarded
- We will build a culture of continuous improvement where all staff feel empowered to lead change.]
- We will embed a culture that rewards creativity, encourages appropriate risk-taking and supports people to learn from failure
- We will develop a culture that is outward-looking and willing to embrace new perspectives and ways of doing things

High Quality Care

Number of Never Events/Patient Safety Alerts Outstanding in 2024/25

Indicator	S*	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	24/25
Occurrence of any Never Event	0	0	0	1	1	1	1	0	0	0	0	0	0	4
Patient Safety Alerts Outstanding	0	1	1	1	1	1	1	1	1	1	1	2	2	2

*Standard

The Trust reported 4 Never Event in the reporting year; 1 was reported in the last financial year. Thorough Patient Safety Incident Investigations were undertaken for each incident inline with the Patient Safety Incident Response Framework (PSIRF). The investigations followed a systems-based approach to explore the contributory factors and to inform the areas for improvement. There were no commonalities amongst the four never events which were misplaced NG tube, wrong site injected, insertion of wrong implant and retained surgical swab.

The Trust had one overdue patient safety alert through the year relating to 'Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls' a Trust task and finish group and a system-wide task and finish group led by the ICB were set up to address the actions within the alert; a risk was also put onto the risk register due to not being compliant with the alert whilst the actions were outstanding. A business case proposal for trolley maintenance has be developed as there is a national shortage of appropriate beds. One other alert became overdue in February relating to NRFit connectors; again a task and finish group was set up to address the actions and was closed in April 2025.

The Trust began a transition to the Patient Safety Incident Response Framework (PSIRF) in April 2023 which changed the way the Trust responds to patient safety incidents. The responses to patient safety incidents now follow a systems-based approach. This recognises that patient safety is an emergent property of the healthcare system: that is, safety is provided by interactions between components and not from a single component. Responses do not take a 'person-focused' approach where the actions or inactions of people, or 'human error', are stated as the cause of an incident.

Performance Summary

The Trust has been unable to achieve the constitutional standards in 2024/25. A number of improvement plans are in place to address this shortfall.

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. As part of the introducing Group working with Northern Lincolnshire and Goole NHS Foundation Trust we have reconfigured both Trust's services to form new Care Groups. These Care Groups will report into Site Management Teams both on the North and South banks.

Research and Innovation

The Group Research and Innovation leadership and management structure commenced from 1 April 2024 and development of a Group Research and Innovation Strategy is underway. Further information relating Research and Innovation can be found in this report.

Financial Sustainability

The Trust has reported that it has delivered a surplus of £11k for 2024/25.

The reported capital position at month 12 shows that Capital expenditure for the year was £44.27m against a plan of £50.6m. The lower than planned expenditure was as a result of a delay in completing the peppercorn lease transaction for Hull Community Diagnostic Centre, offset to some extent by additional in year capital allocations.

Recovery of Elective Activity

- Recovery of elective activity in March 2025 achieved the plan and also achieved 102% of the 2019/20 baseline.
- The 24/25 year to date follow up activity was above plan by 9.2%.
- Day case elective spells was below plan at 2.2%.

At the end of March 2025, the current unvalidated waiting list volume position was 78,509. By 2029 the Trust has a plan to have a sustainable waiting list volume of 45,000. At the end of the year 3.7% of patients were waiting over 52 weeks compared to 2.7% at the start of the financial year. The 25/26 planning requirement is to achieve no more than 1% waiting over 52 weeks.

Cancer 62 day Performance trajectory has not been achieved in 2024/25.

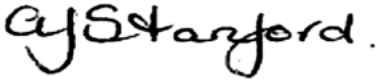
The year-end performance against the Trust's key 'safe' indicators did not meet the required standards for the following areas:

- Duty of Candour compliance is lower than target and undergoing a change in process to ensure compliance with Regulation 20.
- HUTH is identified as having a 'higher than expected' Summary Hospital-level Mortality Indicator (SHMI), with an overall SHMI of 1.1371. SHMI conditions identified as being higher than expected are secondary malignancies, septicaemia and urinary tract infections.
- Venous Thromboembolism (VTE) remains below the 95% target.
- MRSA bacteraemia and C Difficile rates are over the target for the year.
- Patient complaint rate of completion within timescales remains below target consistently.

Areas of improvement against the Trust's key 'safe' indicators were:

- Hospital Standardised Mortality Ratio has reduced with a 12 month value of 103.2.
- Bacteraemia rates for E.coli, Pseudomonas and Klebsialla remain below trajectory.
- Incident reporting rates have increased over time, with improvement in the reporting culture.

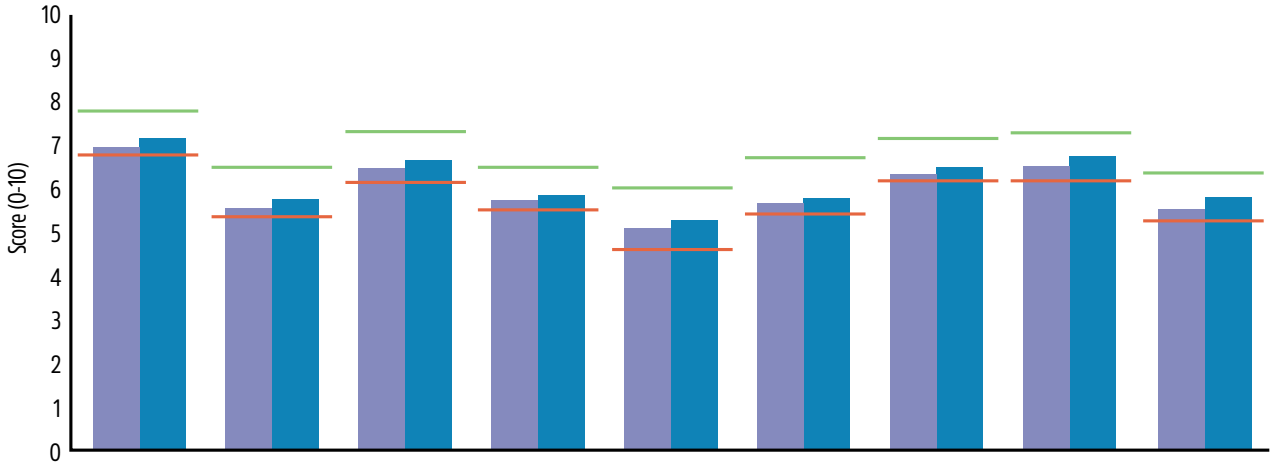
The year-end performance against the Trust's key 'effective' indicators did not met the required standards. This performance is detailed in the report.



Amanda Stanford
Acting Group Chief Executive

National Staff Survey

The National Staff Survey sets out trust performance against the seven key indicators in the national NHS People Promise, as well as scores for staff engagement and morale. The survey ran between September-December 2024 and was completed by 48% of HUTH staff against a national average of 48%. Overall the results show a deterioration in performance against all of the key indicators.



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff engagement	Morale
Your org	7.02	5.69	6.40	5.93	5.49	5.85	6.53	6.47	5.75
Best	7.69	6.30	7.14	6.53	6.09	6.86	7.12	7.39	6.38
Average	7.21	5.92	6.67	6.09	5.64	6.24	6.74	6.84	5.93
Worst	6.61	5.24	5.95	5.54	4.76	5.60	6.26	5.98	5.13
Responses	4448	4449	4429	4434	4148	4426	4442	4449	4450

Care Groups and Directorates have been asked to develop local plans for improvement and progress will be measured in our monthly performance meetings. A set of corporate actions to address issues in four main areas – Communication, Health and Wellbeing, Reward and Recognition and Essential Needs – is being developed at board level.

Freedom to Speak Up – 2024/2025

Following the publication of the Sir Robert Francis QC 2015 "The Freedom to Speak Up" report, it is a requirement of the NHS contract that all NHS Trusts in England are required to have a Freedom to Speak Up Guardian (FTSUG). FTSUGs receive initial training from the National Guardian Office (NGO) and follow national guidance from the NGO and NHS England.

The FTSUG supports permanent and temporary staff, trainees, students and volunteers to speak up about any workplace concerns or issues they have and/or ideas for improvement. The reasons for raising a concern are varied and can be related to patient safety, worker safety, inappropriate behaviours, discrimination, bullying and harassment, workload, role or service delivery, general support or any other concerns in an individual's working life.

The FTSUG supports the Trust to encourage a positive culture where people feel able to speak up, are able to have their voices hear and concerns and suggestions will be acted upon. It can be difficult to know how to speak up and individuals and groups can speak to the FTSUG as an additional and impartial route to raise concerns. The FTSUG also plays a key role in signposting staff to the appropriate staff support and wellbeing services available at the Trust.
The Trust is committed to enabling staff to speak up and has adopted the national 'Freedom to Speak Up Policy for the NHS' and for concerns that fall within the legal remit of whistleblowing, the Trust also has the 'Raising concerns at work (whistleblowing) Policy'.

HUTH implemented a FTSUG in 2017 and the current role holder, Frances Moverley, has been in post since June 2021. During 2024/2025 the FTSUG has created consistent working and reporting practices with the FTSUG at Northern Lincolnshire and Goole NHS Foundation Trust, following the creation of the Humber Health Partnership Group. The FTSUG has been asked to support other FTSUGs nationally creating Group structures, and has been asked to speak at events, including a Board level event by NHS Resolution.

During 2024/2025 271 individuals at the Trust contacted the FTSUG, a 35% increase in comparison to the previous year 2023/2024 (201); this is a year on year increase since the FTSUG has been in place.

The FTSUG attends and reports directly to the Group Board in Common and the Workforce, Education and Culture Committee in Common and annually to the Audit, Risk and Governance Committee. The FTSUG is also part of other Committees and working groups, including the Group Equality, Diversity and Inclusion Steering Committee and the different zero tolerance to discrimination and incivility circle groups. During 2024/2025 further progress was made towards to the improvement plan generated by the Board for the NHS England Self Development and Planning Tool was continued and was reported quarterly to the Board.

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 Committees in Common 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 undertaken by the North Bank Site Medical Director and Site Operations Director.

By tackling variations in the way services are delivered across the NHS, and by sharing best practice between trusts, GIRFT identifies changes that will help improve care and patient outcomes, as well as delivering efficiencies such as the reduction of unnecessary procedures and cost savings.

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.
The Trust is using the gender pay gap figures, contained within the Gender Pay Gap report to help understand the underlying causes for its gender pay gap and to identify suitable steps to minimise it.

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 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.

Performance

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.

Indicator	Standard	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Diagnostic Waiting Times: 6 Weeks	<=5%	23.40%	23.60%	24.50%	24.20%	25.60%	23.50%	17.40%	15.40%	16.70%	18.20%	14.20%	15.90%
Referral to Treatment Incomplete pathway	65%	59.50%	59.70%	58.90%	58.60	56.90%	57.00%	57.20%	56.80%	56.90%	56.40%	57.10%	57.30%
Referral to Treatment Incomplete 52+ Week Waiters	0	1850	1971	1913	2051	2410	2377	2614	2861	2857	3020	2936	2543
Referral to Treatment Incomplete 78+ Week Waiters	0	10	7	0	0	0	0	0	0	1	1	0	2
Referral to Treatment Incomplete 104+ Week Waiters	0	0	0	0	0	0	0	0	0	0	1	0	-
Proportion of patients not treated within 28 days of last minute cancellation	0	-	-	24.70%			32.70%			23.90%			33.69%
A&E Waiting Times: Patients seen within 4 hours	63.9%	59.70%	61.10%	61.00%	62.50%	64.40%	61.70%	59.00%	58.10%	54.50%	58.70%	57.80%	58.50%
Ambulance turn around - number over 30 mins	0	1997	1833	1668	1380	1455	1880	2262	2117	2325	1918	1344	1384
Ambulance turn around - number over 60 mins	0	1064	835	780	520	521	869	1311	1145	1270	463	107	174
Inpatients - Bed days Lost to NCTR Patients	reduction	8728	8020	6365	6633	7585	6145	6387	6000	5232	8918	4806	5199
Elective Admissions	-	1286	1207	1122	1250	968	1131	1205	1160	1035	1167	1093	1187
Outpatients: Followup Attendances	-	54,825	56,232	52,657	68,486	51,784	54,348	61,242	55,995	51,273	60,296	54,217	55,219
Two Week Wait Standard	>=93%	83.50%	87.50%	80.60%	78.90%	76.70%	78.40%	85.20%	79.80%	81.10%	77.50%	69.40%	-
31 Day Standard	>=96%	76.70%	84.60%	81.20%	80.90%	78.40%	80.70%	83.90%	76.20%	80.00%	75.80%	81.90%	-
Cancer: 31 Day Wait for Second or Subsequent Treatment		68.10%	72.20%	76.30%	68.70%	72.00%	74.30%	73.00%	68.40%	72.30%	67.40%	76.10%	-
Cancer: 62 Day Standard	>=85%	55.80%	57.30%	58.40%	49.70%	53.30%	51.00%	55.10%	52.70%	58.10%	54.70%	50.60%	-
Cancer: 62 Day Screening Standard	>=90%	60.00%	61.70%	52.10%	42.10%	47.70%	46.80%	71.30%	54.20%	52.90%	45.50%	52.20%	-
Cancer: 28 Day Faster Diagnosis	>=75%	75.80%	76.60%	79.00%	74.10%	73.60%	75.70%	75.80%	78.40%	76.00%	71.50%	75.40%	-

The Trust has not met the diagnostic waiting standard (<5% over 6-weeks) throughout the year, and continues to be an area of recovery focus for both cancer and elective care standards. All patients receive their necessary scans and tests but do not always receive these in a timely manner. Most modalities at HUTH increased activity levels over 23/24 and into 24/25. Whilst ahead of internal delivery trajectory, aggregate diagnostic compliance has remained relatively static in recent months.

The 18-week referral to treatment (RTT) pathway is reported against the NHS Constitutional Standard of 92%, as in previous years the main focus for the Trust was to end the year with a waiting list volume smaller than at the start of the year and achieve the nationally mandated long wait targets.

The Trust was able:
- Achieve zero patients waiting +104 weeks
- Reduce the patients waiting +78 weeks, with only 2 patients reported at the end of March 2025.
- There has been an increase the number of patients waiting +65 weeks.
- There has been an increase in the number of patients waiting +52 weeks from the position as at April 2024
- The total waiting list increased during 2024/25 to 78,509 (+4,689).

The Trust continues to make progress on achieving the Faster Diagnosis (FDS) standard, against the target of 75%, 2024/25 average of people receiving their

diagnosis within 28-days of being referred on an Urgent Suspected Cancer (USC) pathway was 76%.

Whilst the Trust has undertaken detailed work on cancer pathways, specifically focussing on the 62-day cancer standard, this has not yet yielded a consistent performance against the standard; a Radiotherapy waiting times and Histology turnaround times recovery plans are in place.

In relation to the four-hour target in the Emergency Department, the Trust was measured against an internal trajectory of 40.5% compliance as at 31 March 2025, which achieved with actual performance at 41.3%, and continues to be subject to focussed improvement activities. The co-located Urgent Treatment Centre opened in February 2024. The UTC is currently receiving and treating 14% of activity diverted from ED during 2024/25.

Ambulance handover within 30 minutes achieved 65.3% at 31 March 2025 against a target of 100%. The Rapid Process Improvement work continues to be embedded, this has led to improved coordination and safety of patients, the department is currently working on with the ambulance service to bring forward clinical assessment through proposing changes to current practice.

Safe

Indicator	Standard	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Occurrence of any Never Event	0	0	0	1	1	0	2	0	0	0	0	0	0
VTE Risk Assessment	95%			93.55%			93.02%			92.65%			
MRSA Bacteraemias	0	1	1	0	0	2	0	1	0	2	2	1	0
Clostridium Difficile	<=38 (22/23)	10	6	7	10	10	12	11	3	5	6	7	6

The Trust has reported 4 Never Events this year; 1 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 above the threshold for clostridium difficile cases.

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.

Caring

Indicator	Standard	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
HSMR	< 100	108	108.6	108.5	107.3	106.8	105.2	105.4	104.6	103.2			
SHMI	< 1.0	1.14	1.153	1.154	1.158	1.16	1.145	1.137					
Theatre Utilisation	85%	80.10%	80.00%	79.40%	80.10%	79.70%	77.60%	77.00%	77.90%	77.20%	76.30%	78.20&	77.10%
30 Day Readmissions	<=8.6%	8.80%	7.70%	9.00%	9.60%	10.00%	9.90%	9.50%	9.20%	9.80%	9.50%	8.50%	

Effective

Indicator	Standard	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Inpatient Scores from Friends and Family Test - % positive	-	91.70%	88.10%	92.20%	94.30%	92.30%	91.50%	91.90%	93.00%	92.30%	93.50%	92.70%	
A&E Scores from Friends and Family Test - % positive	-	69.60%	69.80%	71.80%	75.60%	80.90%	67.70%	67.90%	62.50%	61.40%	71.00%	68.30%	
Maternity Scores from Friends and Family Test - % Positive	-	91.70%	100%	100%	95.50%	100%	100%	100%	100%	75.00%	100%	100%	
Written Complaints Rate	Reduction v 23/24 (1.07)	1.43	0.87	1.21	1.01	1.27	1.52	1.13	0.75	1.01	0.90	0.82	0.97
Mixed Sex Accommodation Breaches	0	0	0	0	3	0	0	4	0	0	0	0	

Key issues and risks that affected the trust in 2024/25

The Group BAF covers all the strategic risks for HUTH and NLaG. The table below shows the Board Assurance Framework strategic risks.
More details of the key risks can be found in the Annual Governance Statement later in this section of the Annual Report.

Risk type	Nature of risk
Patient harm	The risk that patients may suffer because the Trust fails to deliver treatment, care and support consistently at the highest standard (by national comparison) of safety, clinical effectiveness and patient experience
Timely access to care	The risk that the Trust fails to deliver constitutional and other regulatory performance targets which has an adverse impact on patients in terms of timeliness of access to care and/or risk of clinical harm because of delays in access to care
Clinical strategy	The risk that the Trust (with partners) will fail to develop, agree, achieve approval to, and implement an effective clinical strategy (relating both to Humber Acute Services and to Place), thereby failing in the medium and long term to deliver care, which is high quality, safe and sustainable
Estate, infrastructure and equipment	The risk that the Trust's estate, infrastructure and engineering equipment may be inadequate or at risk of becoming inadequate (through poor quality, safety, obsolescence, scarcity, backlog maintenance requirements or enforcement action) for the provision of high-quality care and/or a safe and satisfactory environment for patients, staff and visitors
Digital infrastructure	The risk that the Trust's failure to deliver the digital strategy may adversely affect the quality, efficacy or efficiency of patient care and/or use and sustainability of resources, and/or make the Trust vulnerable to data losses or data security breaches
Business continuity	The risk that the Trust's business continuity arrangements are not adequate to cope without damage to patient care with major external or unpredictable events (e.g. adverse weather, pandemic, data breaches, industrial action, major estate or equipment failure)
Workforce	The risk that the Trust does not have a workforce which is adequate (in terms of diversity, numbers, skills, skill mix, training etc

Risk type	Nature of risk
In-year finance target	The risk that either the Trust or the Humber and North Yorkshire Integrated Care System fail to achieve their financial objectives and responsibilities, thereby failing in their statutory duties and/or failing to deliver value for money for the public purse
Major capital	The risk that the Trust fails to secure and deploy adequate capital to redevelop its estate to make it fit for purpose for the coming decades
Partnership and collaboration	The risk that the Trust is not a good partner and collaborator, which consequently undermines the Trust's or the healthcare systems collective delivery of: care to patients; the transformation of care in line with the NHS Long Term Plan; the use of resources; the development of the workforce; opportunities for opportunities for local talent; reduction in health and other inequalities; opportunities to reshape acute care; opportunities to attract investment
Leadership	The risk that the leadership of the Trust (from top to bottom, in part or as a whole) will not be adequate to the tasks set out in its strategic objectives, and therefore that the Trust fails to deliver one or more of these strategic objectives

Learning from Deaths

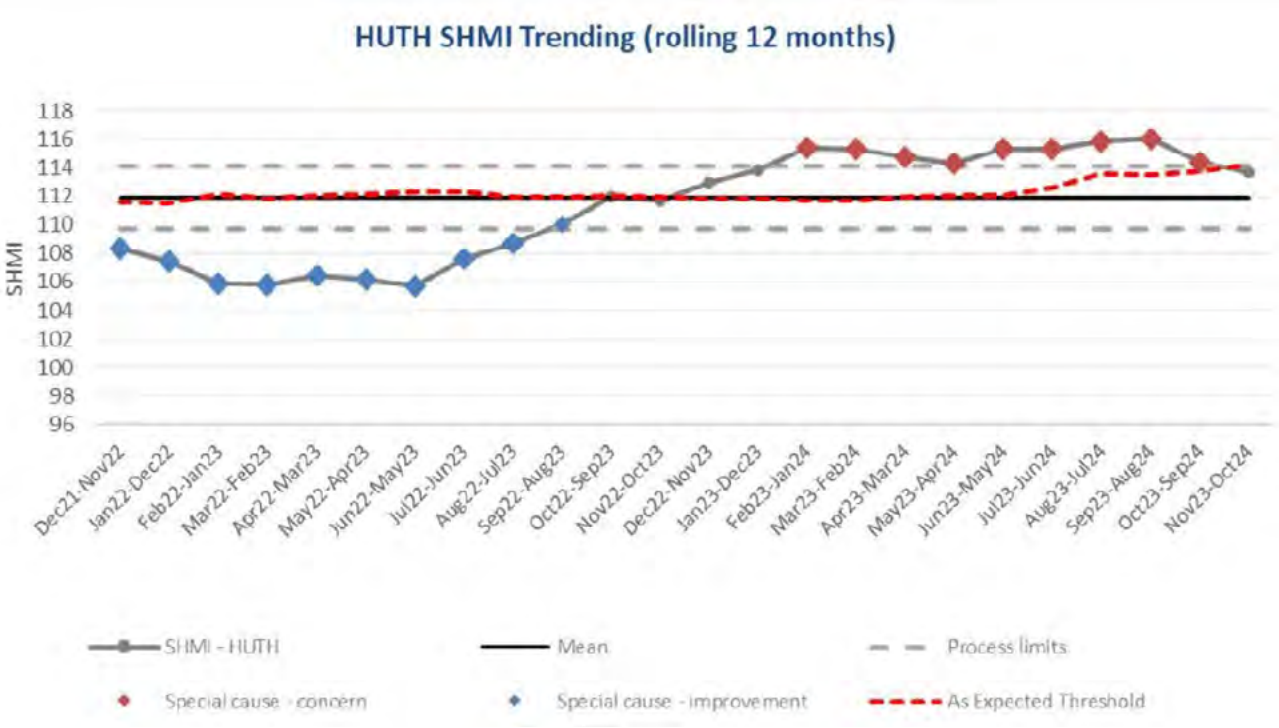
The Group has established a Mortality Improvement Group (MIG), a sub-group of the Patient Safety and Learning Group, responsible for overseeing the development and implementation of clinically led improvement plans.

These plans address concerns related to clinical and non-clinical systems and processes that impact patient care and outcomes, aiming to reduce the mortality rate as measured by indicators such as the Summary Hospital-Level Mortality Indicator (SHMI).

Learning from Deaths is an integral part of the new Group approach. The quarterly Learning from Deaths Report is reviewed by the MIG, the Patient Safety Learning Group, and the Quality and Safety Committees in Common. Notable improvements have been observed in Pneumonia, Stroke, and collaborative efforts between the Emergency Department and Medicine in mortality and morbidity meetings and reviews.

The Group utilises key data metrics to assess mortality, including SHMI and HSMR. SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number expected to die based on average England figures, given the characteristics of the patients treated. The target for SHMI is 1.0. HSMR shows the overall rate of deaths within the NHS trust each hospital belongs to, with rates categorised as better, worse, or as expected compared to the national average.

The latest SHMI data shows that HUTH's SHMI is now in the "as expected range" at 1.1371, for 12-month rolling period November 2023 to October 2024. – Please note, there is a signigicant delay of availability of the SHMI data.



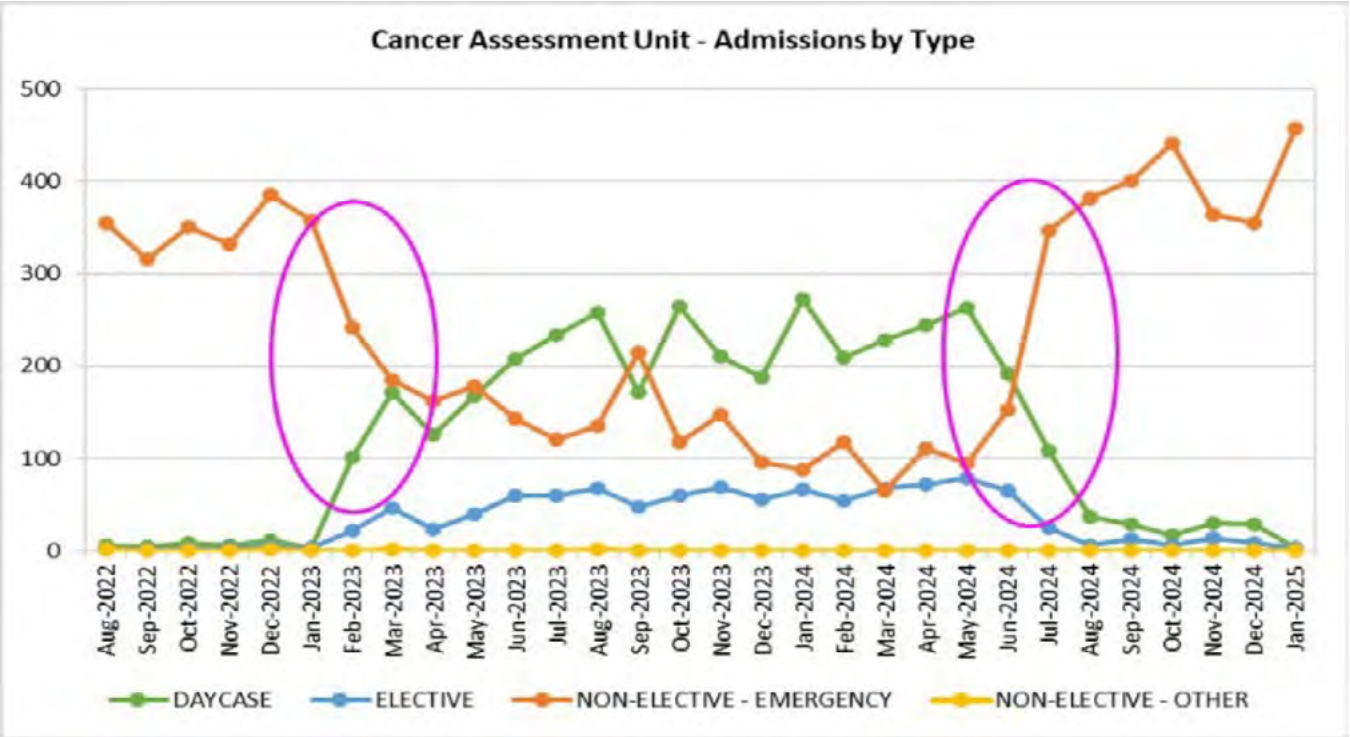
The latest SHMI values for each site are (as of November 2023 to October 2024):

- Castle Hill – 1.2620; 'higher than expected' (previously 1.2984 and 'higher than expected')
- Hull – 1.0986; 'as expected' (previously 1.0985 and 'as expected')

In 2024/25, the Trust saw a significant reduction in SHMI and HSMR for Stroke, one of the top three most prevalent diagnoses for patients admitted to the hospital.

Since November 2023, the SHMI for Secondary Malignancies in HUTH has been 'higher than expected.' This prompted several key lines of enquiry, including quality of care assessments via structured judgement review and an investigation into the coding of patients in this cohort.

In February 2023, a change in patient recording was observed, switching from non- elective admissions to day cases. This change is evident in the graph below, with the day case (green line) increasing sharply as emergency cases (orange line) decrease sharply in an opposite mirror. The coding change was reverted back in July 2024, as indicated by the intersection of day cases and emergency cases.



The method by which patients are recorded and coded was suspected to be having a large impact on the Standardised Hospital Mortality Index. A deep dive into secondary malignancies identified that a change to recording activity of non-elective and day-case patients at the Queens Centre Cancer Assessment Unit in early 2023 has impacted on the Trust's SHMI. For example, a large proportion of patients were recorded as day case patients, which are then excluded from SHMI and would reduce the pool of expected deaths in the calculation. Admission method affects the algorithm for likely deaths. Activity coding was corrected in August 2024, but it will take time for this change to translate through to the rolling 12-month SHMI data.

Key proposed actions include:

- Quality of care assessments via Structured Judgement Review on a sample of patients from this cohort
- Fully established Care Group Governance arrangements to support shared learning
- Governance arrangements to support shared learning from clinical incidents/ complaints with Mortality Leads to promote discussion via M&M

Other key areas of focus are Sepsis and Fracture of neck of femur.

Sepsis remains a highly prevalent condition among patients who die at HUTH, making it a top Trust priority. A multidisciplinary deteriorating patient and Sepsis working group was formed to facilitate open discussion, triangulation, and action planning to address key issues identified with Sepsis, including:

- Ensuring vital signs are recorded on time
- Prompt escalation of deteriorating patients or those developing infection symptoms to the medical team
- Timely response to ordered/prescribed investigations or treatments
- Use of a structured screening tool to diagnose sepsis, rather than relying on clinical judgement/gut feeling
- Prompt communication of treatment plans and diagnosis with nurses
- Prescribing antibiotics according to guidelines and reviewing culture results at an appropriate time

The SHMI for fractured neck of femur was 1.70 at its highest in November 2023. It has since decreased to 1.23 (as of October 2024), and is within the “as expected” range. A detailed action plan was formulated, including:

- Dedicated time for neck of femur fracture operating theatre
- Improved time management plans and communications via the Trauma huddle
- Focused clinical quality reviews to assess the quality of care delivered to patients and identify areas for further improvement

Key actions taken to improve end-of-life care include:

- Formation of an integrated deteriorating patient, sepsis and resuscitation group, including a ReSPECT task and finish group
- Improved monthly mortality data production overseen by the Mortality Improvement Group

A new digital platform (AMaT) is now used across the Group, for Mortality review, encompassing SJR, with plans for Speciality level M&M and Medical Examiner scrutiny. It was deployed across the Trust mid 2024, mirroring the system used by NLaG. This platform allows for closer monitoring of mortality review compliance, sharing lessons more accurately, and aims to standardise Speciality level mortality and morbidity review. It will enable various review processes to be joined up and provide better visibility across the Group.

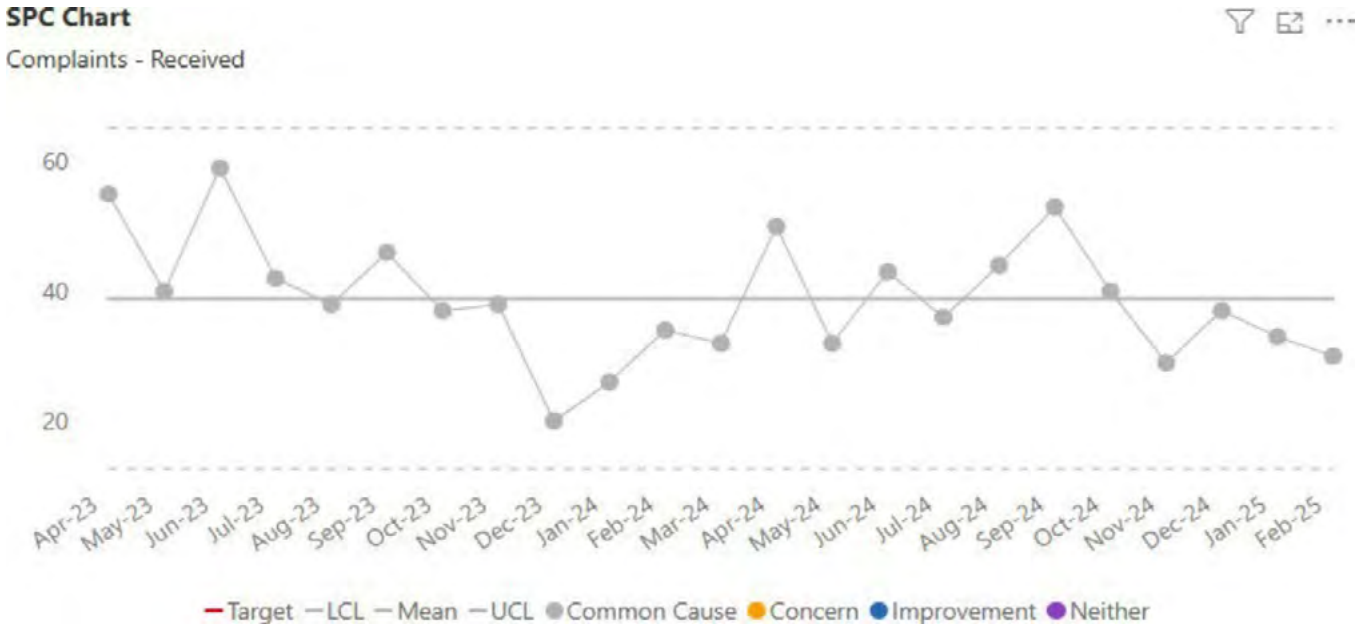
Patient Experience Complaints

This following chart shows comparative complaint data for the past displays five years complaint from April 2020 to March 2025. Complaint numbers have shown a significant decrease at HUTH for 2024-2025 from the previous year 2023-2024, whilst NLaG has shown a slight increase.

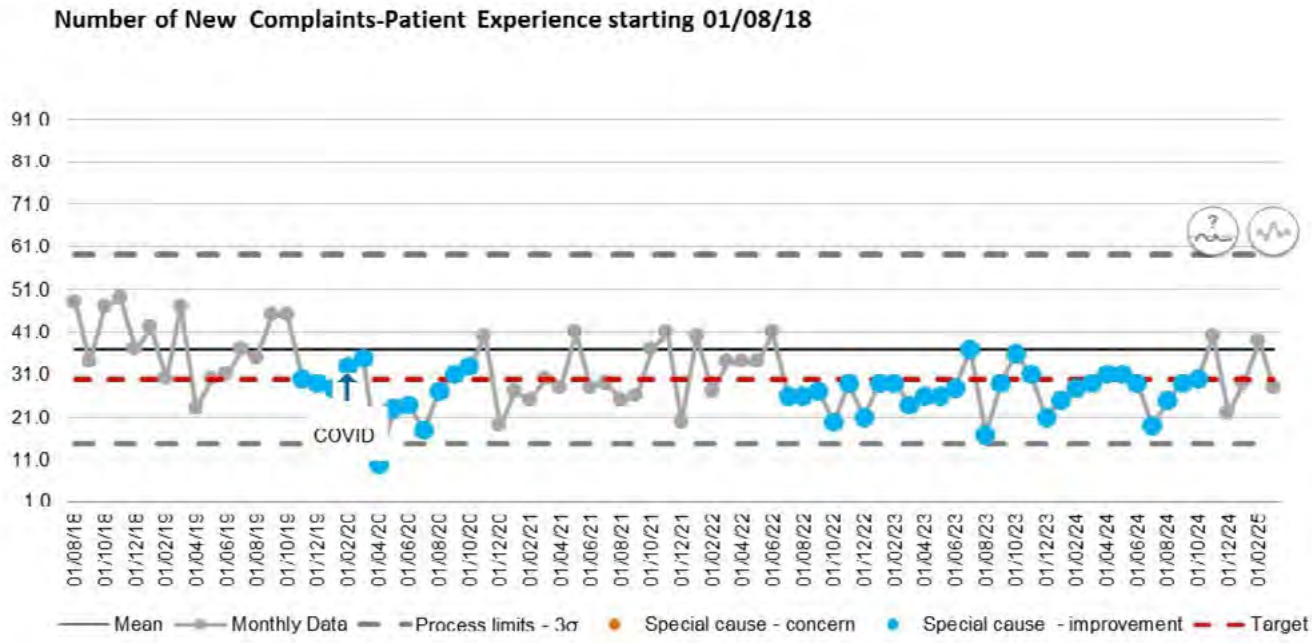
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	HUTH	NLaG	Total
20-21	17	29	24	25	42	29	44	39	27	38	46	50	**410**	**307**	**717**
	10	23	24	18	27	31	33	40	19	27	25	30			
21-22	51	20	37	65	44	51	36	49	37	37	31	43	**501**	**396**	**897**
	28	41	48	29	25	26	37	41	20	40	27	34			
22-23	35	47	27	35	46	38	41	22	41	55	50	67	**504**	**340**	**844**
	34	34	41	26	26	27	20	29	21	29	29	24			
23-24	66	68	74	69	60	44	76	52	29	27	32	38	**635**	**333**	**967**
	26	26	28	37	17	29	36	31	21	25	28	29			
24-25	50	32	43	36	44	53	40	29	37	33	30	27	**454**	**352**	**806**
	31	31	29	19	25	29	30	40	22	29	39	28			

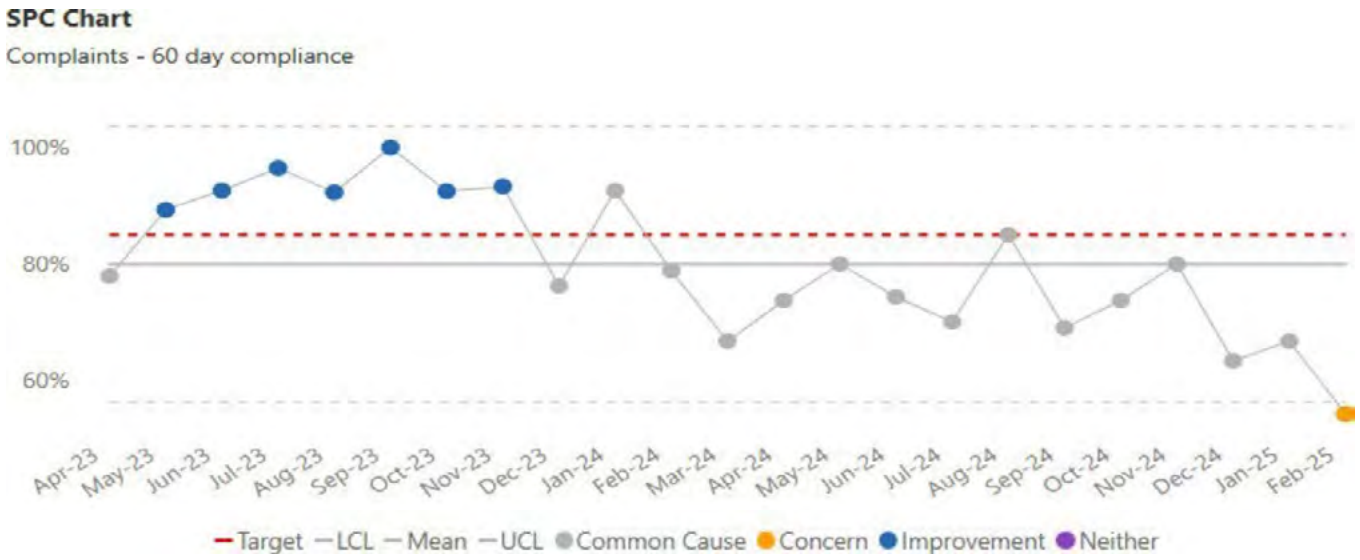
The Patient Experience Team are now working as a single team with collaborative working between the two offices at both Trusts. This work will progress further once a single risk management system is procured improving sharing of information between the team.

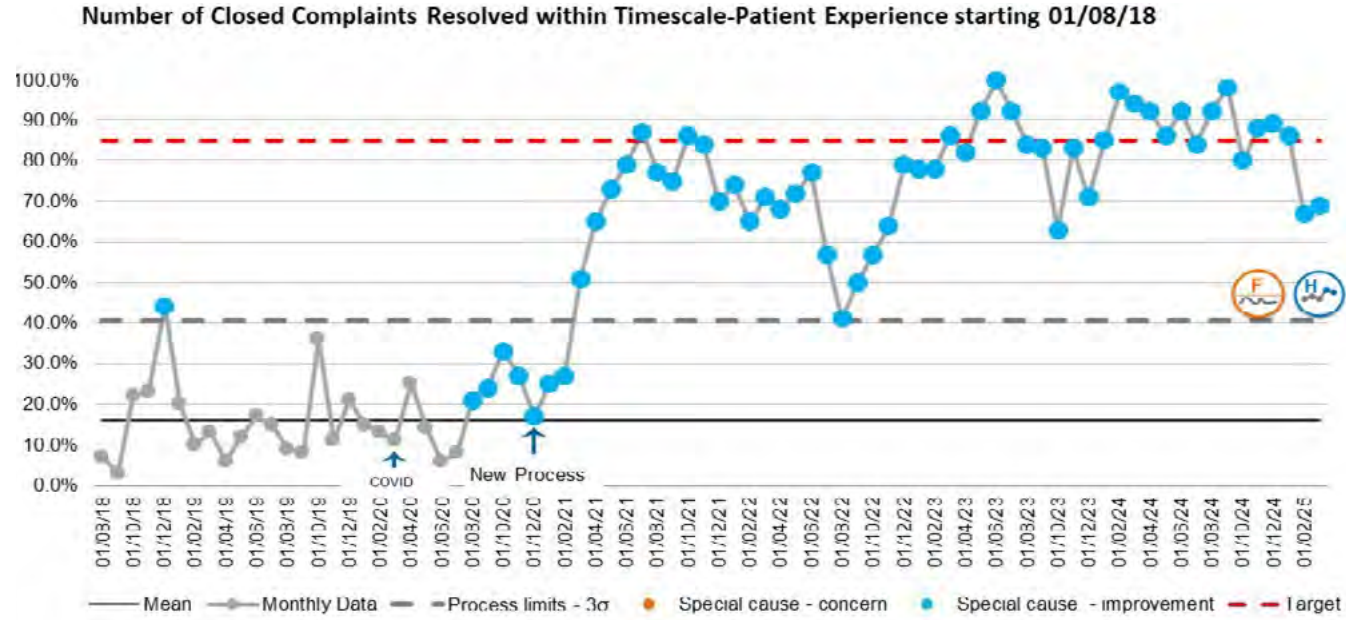
HUTH


SPC Chart
Complaints - Received
60
40
20
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24
Jun-24
Jul-24
Aug-24
Sep-24
Oct-24
Nov-24
Dec-24
Jan-25
Feb-25
Target
LCL
Mean
UCL
Common Cause
Concern
Improvement
Neither

NLaG


Number of New Complaints-Patient Experience starting 01/08/18
91.0
81.0
71.0
61.0
51.0
41.0
31.0
21.0
11.0
1.0
COVID
Mean
Monthly Data
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target





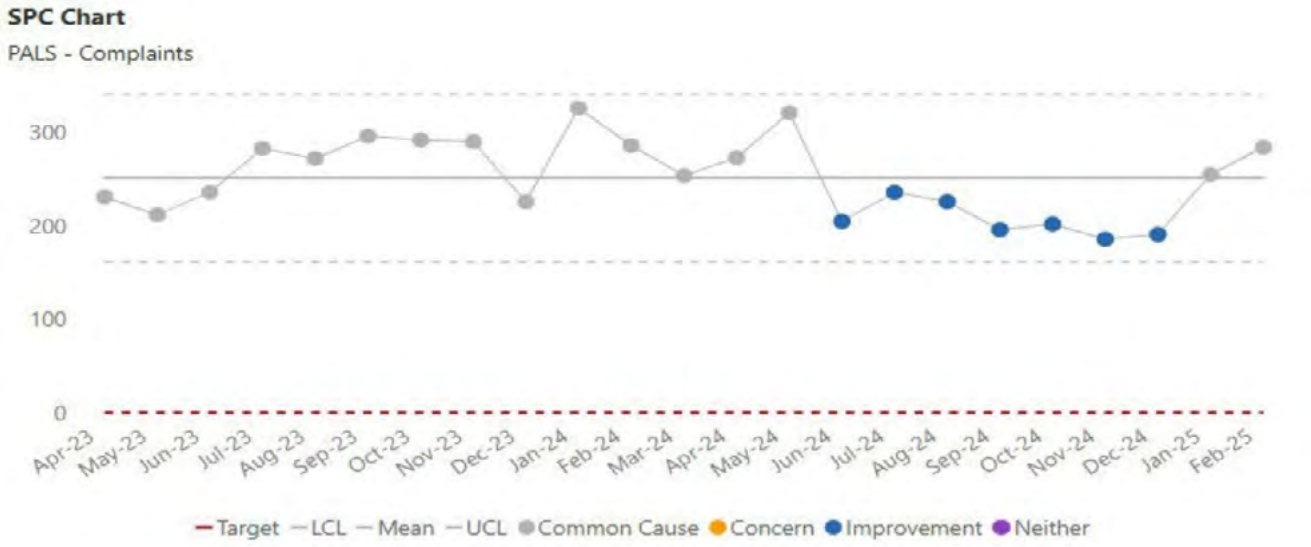
The headline themes remain consistent throughout the year and seen within data are:

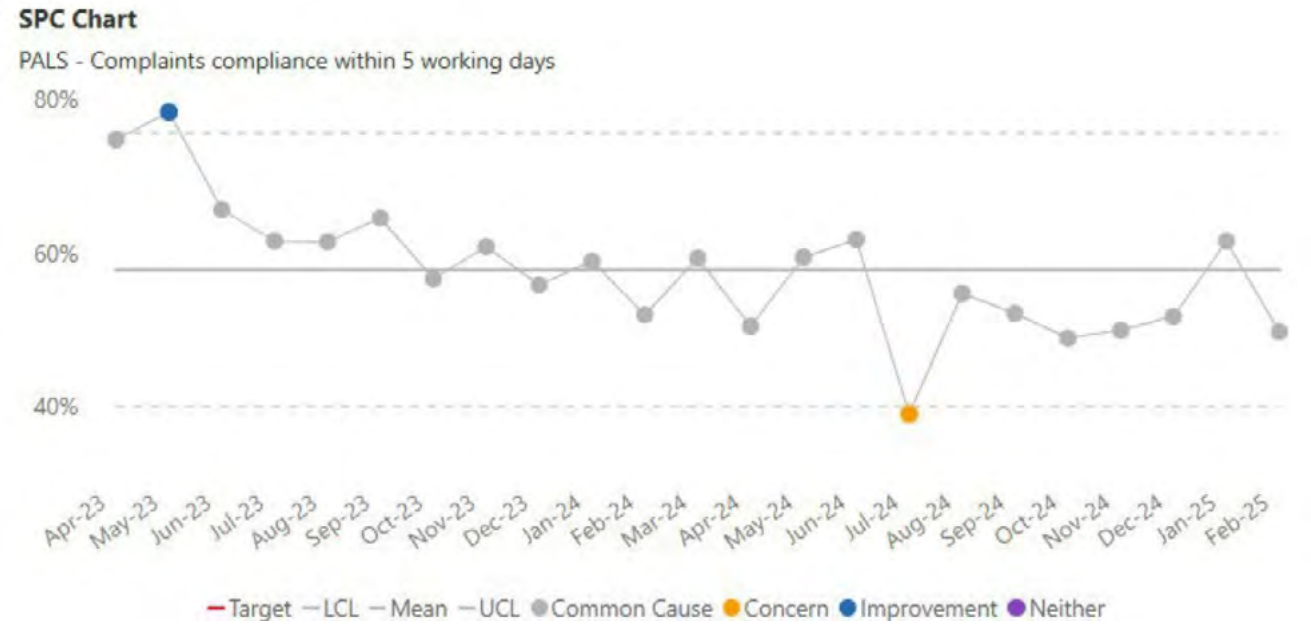
- Clinical Treatment
- Clinical Care/Treatment & Nursing Care
- Nursing Care
- Attitudes & Behaviours
- Communication

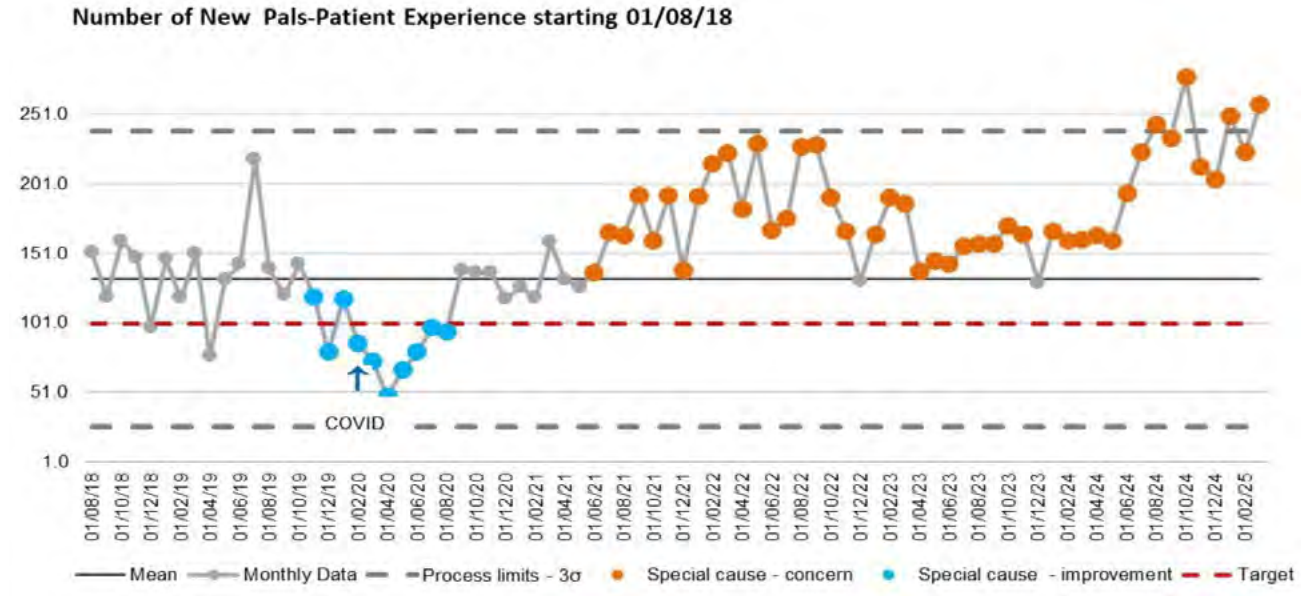
The HUTH office have recently changed to a letter response format, previously an investigation report, and as this process becomes more familiar to them there should be an expected improvement in the 60 days closure time. Both HUTH and NLaG have recently seen a downturn in closure time. Care Groups are now receiving performance reviews and the quality checking process is being reviewed in order to improve towards the closure time KPI of 85%.

PALS Received

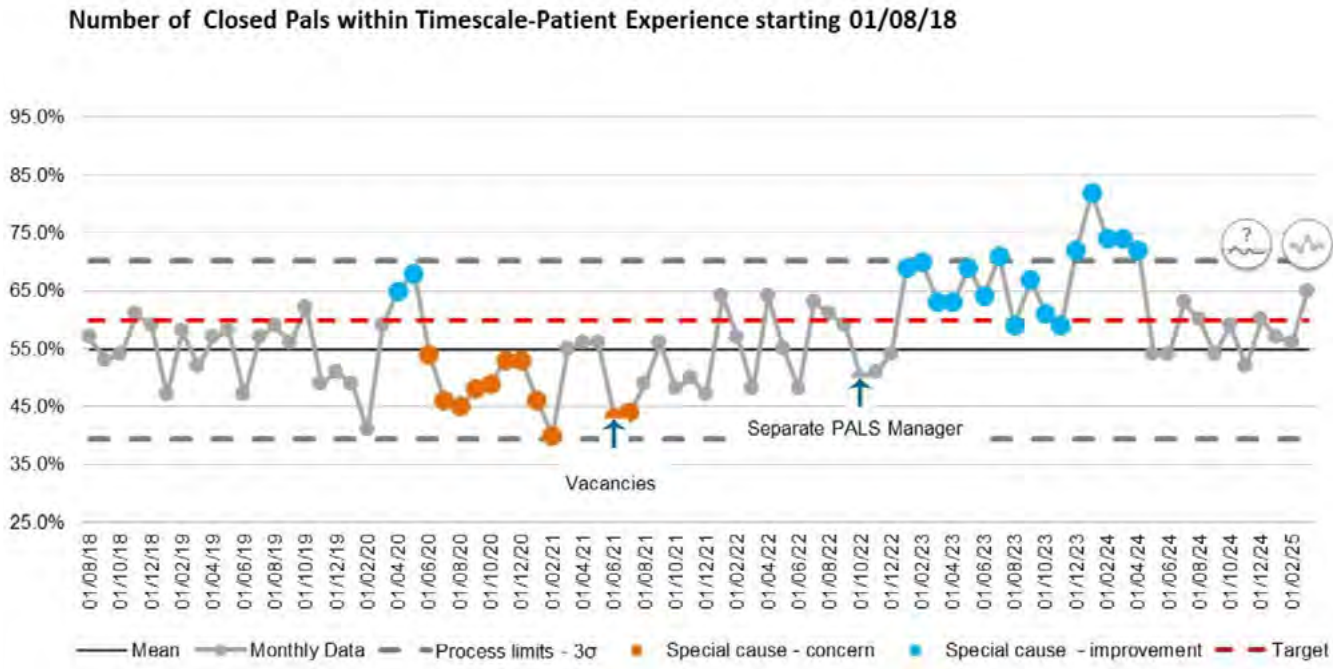
HUTH







NLaG



Top 5 PALs

The top 5 Pals themes for NLAG 2023/2024 were:

- Clinical treatment – delays and failure in treatment
- Appointments – waiting times for new and follow up appointments.
- Communication with patients/relatives
- Values & behaviours – attitude of staff
- Waiting times for procedures

The team continue to achieve a high standard of closure to responses of concerns and enquiries raised whilst performing slightly below the KPI as a Group.
The key themes are communication and increases to waiting times - it is expected that the waiting time concern would be a national trend given the current NHS position of over 7.46 million people currently waiting treatment until the end of February 2025 (NHS England).

The Deputy Chief Nurse, Associate Director for Quality and Lead Nurse for Patient Experience are currently exploring options for Communication training with a focus on reducing the number of concerns regarding communication and values & behaviours of our staff.

Sharing Learning Themes/Trends

The following processes are used to share the learning from Complaints and PALs;

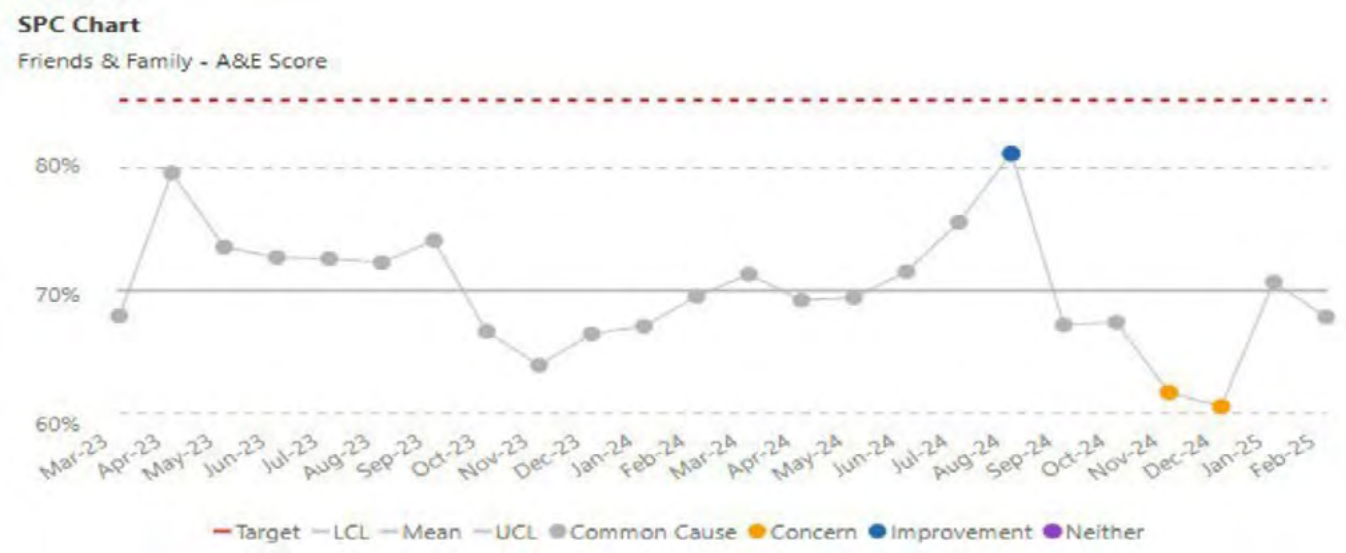
- Patient stories were taken to board and to other relevant groups for example directorates
- Patient Experience Group (PEG) meetings started with a monthly Patient story, as a powerful reminder of the purpose of the meeting
- Weekly Directorate Group meetings undertaken with Patient Experience Team to track progress, review actions
- Dissemination of information at Directorate Clinical Governance and sub- specialty meetings
- Quarterly reports to Quality Safety Committee
- Patient Experience Team reported quarterly to the Quality Governance Group meeting
- Updates to external ICB meetings as requested

Friends and Family Test (FFT)

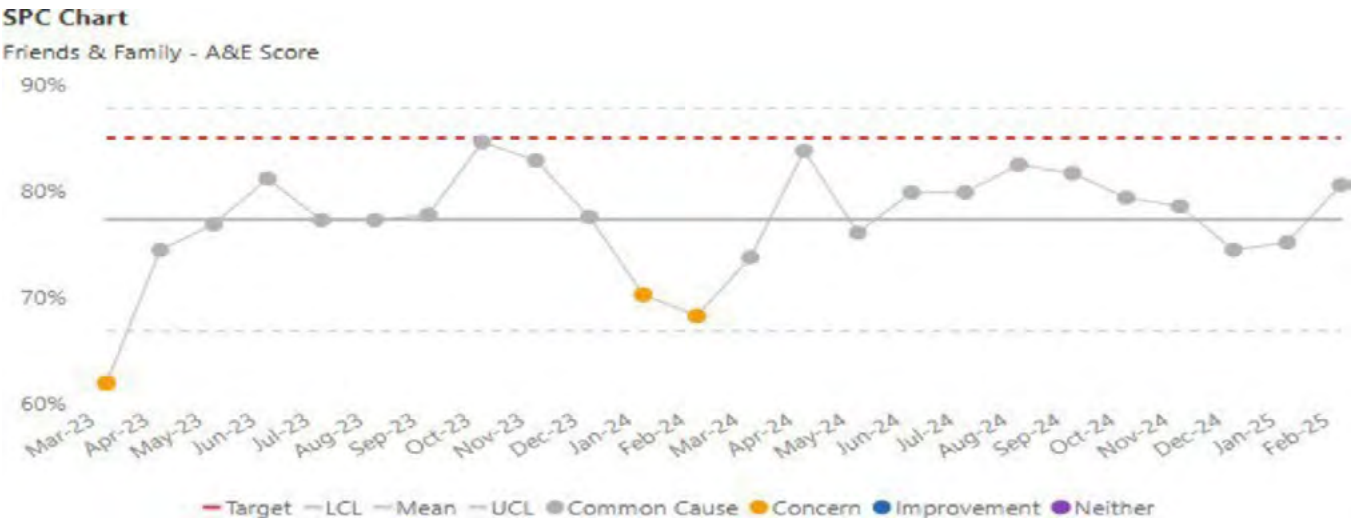
Both Trusts offer patients the opportunity to feedback from all departments and services. This includes our Inpatient, Outpatient, Emergency Department, Day Surgery, Maternity and Community (NLaG only) services.

HUTH has received 99,000 pieces of individual feedback and NLaG 23,000 between April 2024 and March 2025 from patients and their relatives. This is supporting our Care Groups to in learning lessons and making improvements to patient services throughout the Group. All feedback is shared back to our wards, services and departments.

Emergency Department – HUTH



Emergency Department – NLAG

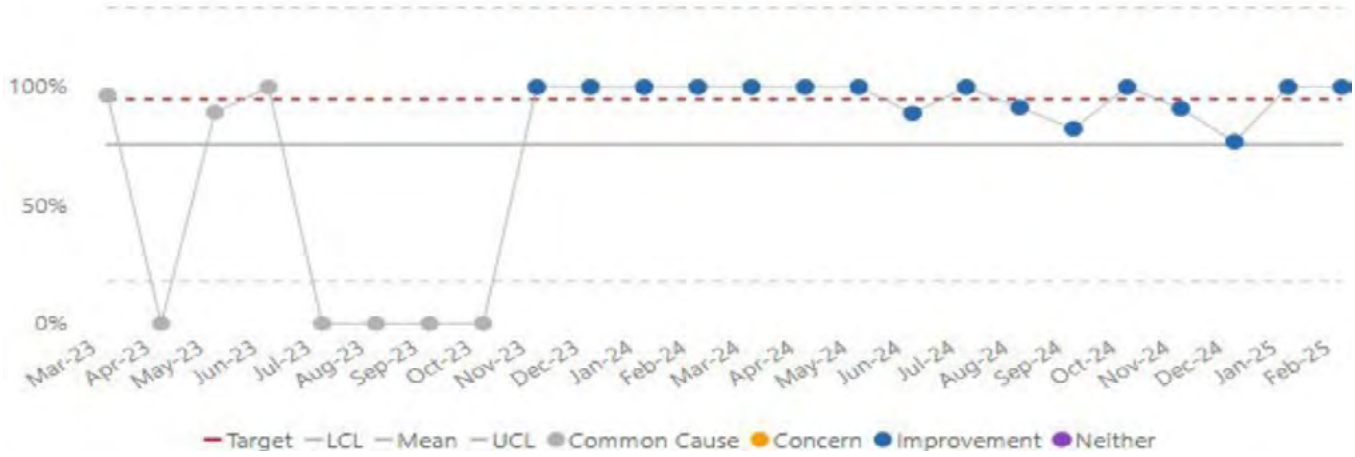


The above SPCs show positive performance against a KPI of 85% at both Trusts for Emergency Departments. Patient results are classified as Very good, Good, neither good nor poor, Poor, Very poor or don't know. With Very good or Good returning a positive result.

Maternity – HUTH

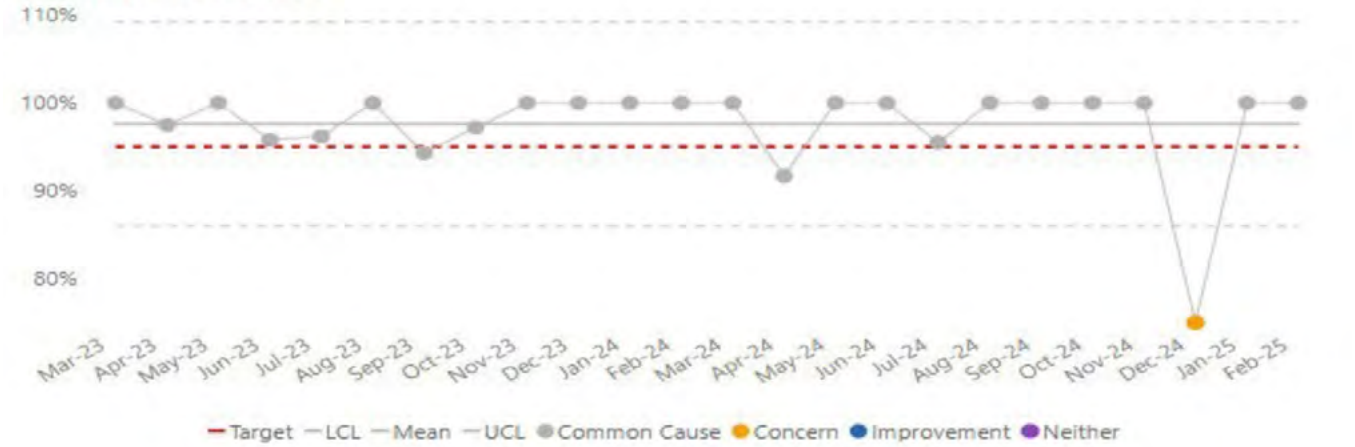
SPC Chart

Friends & Family - Antenatal Score



SPC Chart

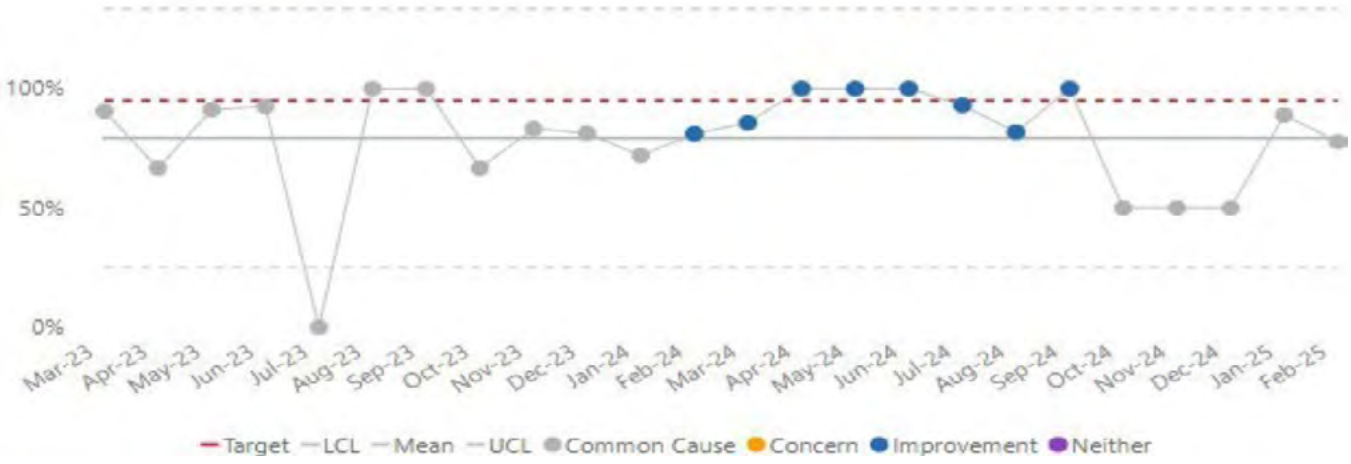
Friends & Family - Birth Score



Maternity - NLAG

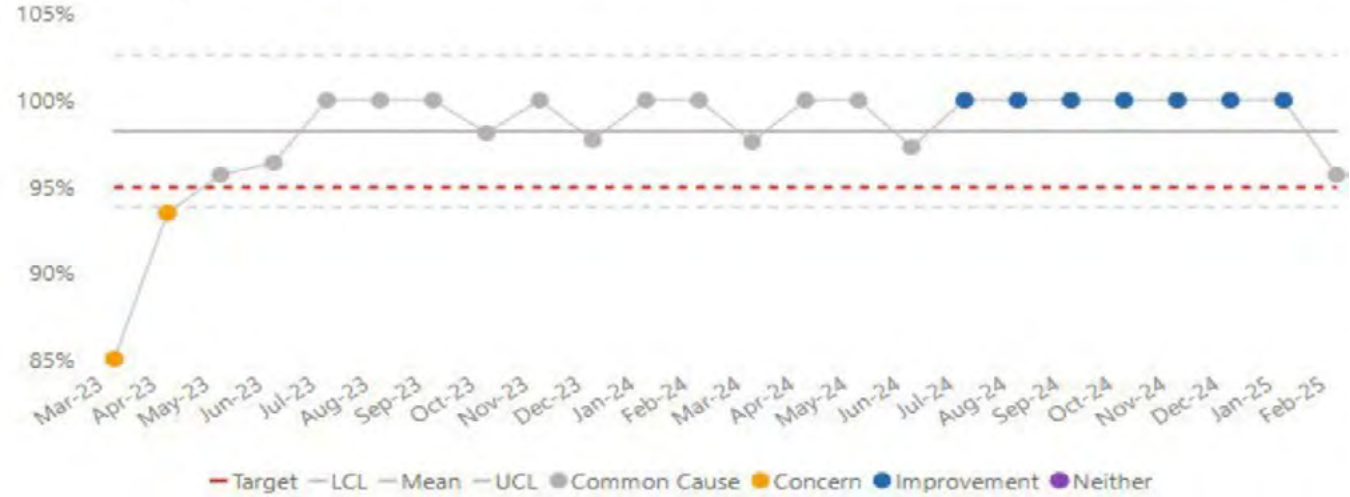
SPC Chart

Friends & Family - Antenatal Score



SPC Chart

Friends & Family - Birth Score



The above SPCs show positive performance against a KPI of 95% at both Trusts for Maternity Services (Antenatal and Birth Scores). However it is worth noting that response rates for both Trusts are very low and this should be considered when analysing any data.

CQC Maternity Inspection

The Maternity Service continues to be rated 'Inadequate' in Safe and Well-Led.

The Section 31 Notice issued to the Maternity Service in April 2023 remains in place; however, significant improvements have been demonstrated against the Maternity CQC Action Plan and in turn the notice requirements.

The Section 31 letter dated 28 April 2023 incorporated two conditions:

i. The registered provider must implement an effective system for managing and responding to patient risk to ensure all mothers and babies who attend Hull Royal Infirmary are cared for in a safe and effective manner and in line with national guidance. The registered provider must operate an effective clinical escalation system to ensure every woman attending the hospital are triaged, assessed, and streamlined in a timely manner by appropriately skilled and qualified staff;

ii. The registered provider must implement an effective risk and governance system, with individual prompts covering oversight, incident management and shared learning.

The Materntiy CQC action plan has continued to be monitored via Executive Led meeting, with a multi-disciplinary approach and external representation from the ICB, NHSE, Healthwatch and the Maternity and Neonatal Voices Partnership (MNVP).

Progress on the Maternity Services action plans is provided to the Risk and Compliance Group, Quality and Safety Committee in Common, Trust Board and the Risk and Assurance Executive Group.

Progress on the Maternity Services action plans is also provided to the ICB and CQC on a monthly basis through a robust monitoring process at HUTH Quality Improvement Group and a monthly submission to the CQC in line with the requirements of the notice.

(i) ADU/ Maternity Triage Activity

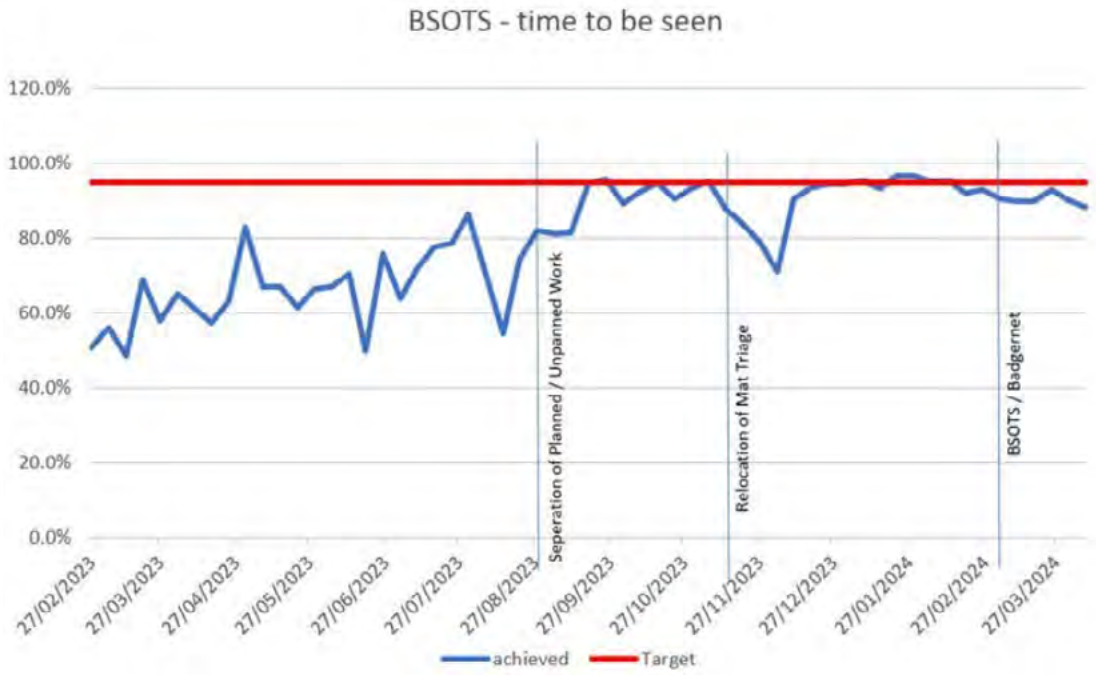
There has been a sustained improvement in ADU and Maternity triage.

Planned an unplanned activity continues to be seen in separate areas, which ensure that women attending the hospital are triaged, assessed and streamlined in a timely manner by appropriately skilled and qualified staff.

The services new Maternity Triage Unit opened in November 2023 and the service implemented BadgerNet / BSOTS on 12 March 2024. The service continues to implement BadgerNet as the system and utilisation of the system evolves as well as addressing any challenges with the national team.

The Maternity Triage remains staffed and open between 8.00am and 10.00pm seven days a week, including a telephone triage service. The evidence base to demonstrate compliance with the delivery of this action have been achieved between those times; however, the service is now working on having a 24/7 triage service that is staffed by the correct staffing levels with the correct skill mix at all times. Interim arrangements are in place, women who attend after 10.00pm will present to the Labour Ward were triage will commence. However, to ensure a sustainable and safe triage service 24/7 investment is required to support the staffing model needed.

In October 2024, the Trust Board agreed an investment into the midwifery workforce for maternity triage and a successful recruitment campaign continues to take place. A further business case to support the medical workforce for maternity and maternity triage is scheduled to be presented to the May 2025 Trust Board to seek further investment.



(ii) Risk and governance systems

A significant amount of work has continued against this action and the overall governance arrangements with the Maternity Service, Quality Governance, external consultant and MSSP; however, this is the overarching action and it has been agreed to keep this action to ensure the improvements are embedded.

Further work has been undertaken during 2024/25 as follows:

- Implementation of a revised Maternity and Neonatal Governance structure in place
- PMRT was reformed and embedded into practice with positive feedback from staff during assurance visits and more recently, positive feedback from the MNVP which are now external members of the PRMT meeting
- MIRM further embedded, which is a rich source of learning and reviews the health inequalities as part of the incidents reviews
- Development and implementation of a Maternity and Newborn Safety Investigation (MNSI) SOP to ensure appropriate referral and review of cases to MNSI including early notification
- Revised Maternity Dashboard implemented. It is a much improved dashboard and has been developed in conjunction with NHS England and the Head of Patient Safety and Improvement.

Continuous improvement is underway with the Family Services Care Group and the Quadumvirate as part of the new NHS Humber Health Partnership Group and will be delivered through the Maternity and Neonatal Service Improvement Plan.

Emergency Preparedness, Resilience and Response

The Trust has in place robust emergency preparedness and business continuity arrangements, which are considered and signed off by the Trust Board annually. These arrangements have been tried and tested in response to multiple incidents over recent years and continue to be reviewed and exercised. During 2024 the Trust ensured critical services were maintained during several events, including industrial action, digital system outages and public disorder.

During 2024, the Trust completed its annual assurance cycle against the NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR), reviewing evidence of compliance against a set of 62 national Core Standards. This assessment was peer reviewed and scrutinised through the Humber and North Yorkshire Local Health Resilience Partnership with full compliance against 43 core standards and partial compliance with 19 core standards, resulting in an overall compliance rating of Non-Compliant. This is an improvement from the 2023/24 assurance cycle when the Trust was fully compliant with 11 core standards.

To ensure both organisational and individual resilience, these arrangements were continuously reviewed in line with NHS England EPRR guidance and instructions to meet our statutory obligations under the Civil Contingencies Act 2004. The EPRR work programme includes training and testing arrangements to ensure that leaders and staff across the organisation learn from previous events and build the resilience required to manage the ongoing challenges the Trust could face.

The Trust has participated in a range of regional and local exercises during the year aimed at testing the Trust's response to cyber incidents, major incidents such as mass casualty events, port health incidents and severe operational pressures. These exercises have provided additional assurance and understanding of the Trust's resilience to such events and input into the multi-agency response.

Task force on climate related financial disclosures (TCFD)

NHS England's NHS foundation trust annual reporting manual has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025/26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England.
The phased approach incorporates the disclosure requirements of the governance pillar for 2024/25.

Context
The following sections and data is the latest assessment of the estate, space utilisation, and energy consumption through the use of natural resources. It also includes information on other carbon impacts because of travel modes utilised by the trust's patients, visitors, and staff; as well as an analysis of the waste produced by the organisation, how this is managed and how the trust diverts waste in line with the waste approach the trust operates.

The trust board approved the Zero30 Plan which is an ambitious commitment to become net zero by 2030. Sustainable projects and work to track carbon emissions data is reviewed by the trust's Zero 30 Senior Committee working group.

To better align with the Humber Health Partnership's sustainability agenda, responsibility for the HUTH Green Plan now falls under the Group Finance Officer, designated as the group lead for sustainability. As NLaG and HUTH consolidate services under the Humber Health Partnership, a review of resources dedicated to the Net Zero challenge will take place in 2024/25.

The reporting framework includes all the set deliverables formally commissioned for trusts to report upon ongoing actions to achieve the Net Zero ambition. The reporting process is completed by the sustainability team who sit on the North East and North Yorkshire sustainability group.

The Capital and Major projects Committees in Common consider any future plans and the environmental impacts. Any issues are escalated to the Boards in Common. The Green Plan is on the Boards in Common Framework for review and approval.

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) and the Health and Social Care Act 2022 are met.

Green Plan

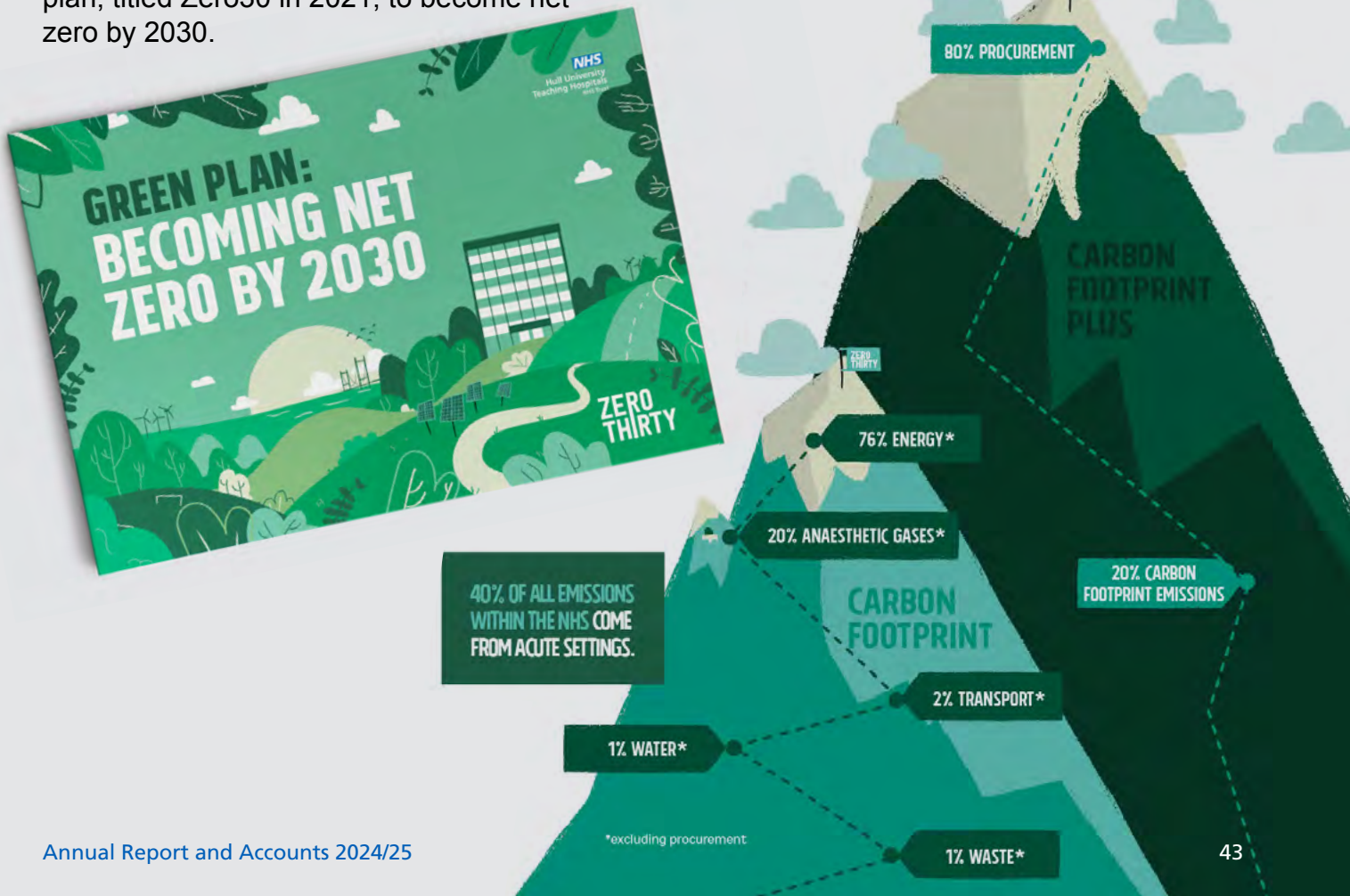
The Trust is aware of the significant impact it has on the environment and to the threat climate change poses to human health. To this end the Trust declared a climate emergency in 2020 and Trust board approval of our green plan, titled Zero30 in 2021, to become net zero by 2030.

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 an 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
- 5% 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 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 had another successful year securing external funding to support net zero projects.

The Trust received £5.2M from NEEF 3 to support improvements to the Building Management Systems and battery storage.

Working with East Riding of Yorkshire Council via Active Travel England funding was provided to trial an e cargo quadricycle. The quadricycle is to be used by the portering team on the CHH site to establish the functionality of the bike to supplement the existing fleet in delivering small items such as linen, pharmacy requirements and medical gas cylinders.

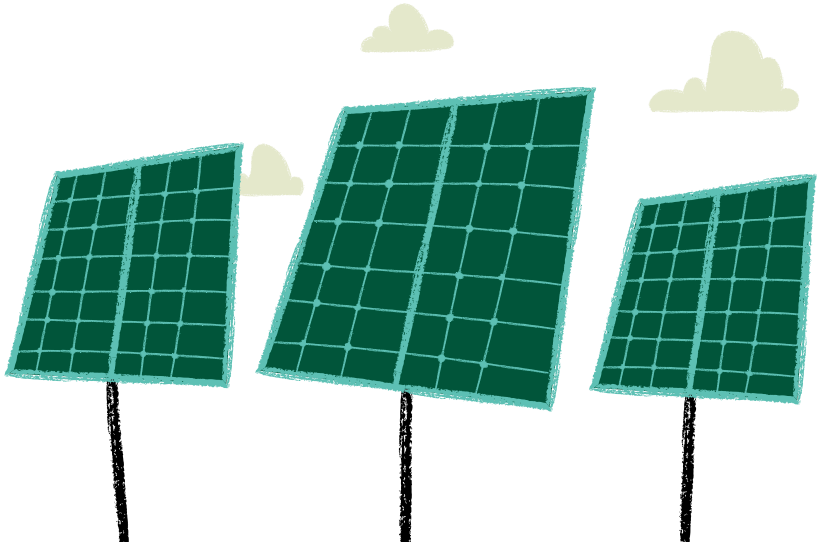
The work to insulate the steam infrastructure on both HRI and CHH was completed. This reduces the heat loss from the pipework that supplies heating and hot water to many of the Trust buildings, saving money and carbon by ensuring the heat get to where it is needed without being lost. This work was match funded with £251,381 being provided from the Heat Network Efficiency Fund.

Work to increase the amount of solar PV mounted on rooftops of HRI buildings was completed together with LED lighting work which help to save over 191 tonnes of carbon and save £241,000 per year.

Following the successful work to remove piped nitrous oxide at HRI last year the same project has been completed at CHH. Combined this has resulted in savings of 1,435 tonnes of carbon. As a result of the work done by the trust in the reduction of nitrous oxide and entonox use, we were asked to contribute to the new NHS nitrous oxide toolkit and present on webinars to share best practice.

The work has enabled us to make progress towards objectives set out in our green plan these are set out below:

- Reduce building emissions by 50% by 2028
- Building emission have not seen a reduction in 2024/25
- 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
- 16% of Trust vehicles zero emissions by 2024/25
- Zero waste to landfill by 2025
- Zero waste sent to landfill since 2021/22
- Reduce anaesthetic gas emissions by 50% by 2025
- 75% reduction achieved by 2024/25
- 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



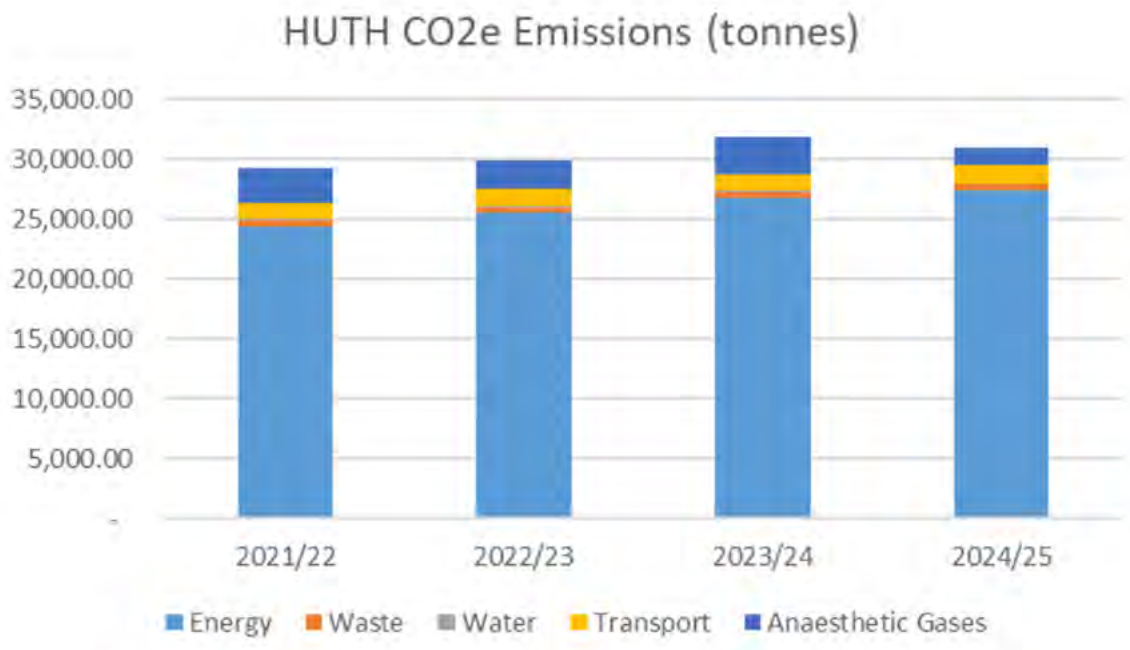
Challenges

The biggest challenges around delivery of the net zero goals are financial and staff resources.

Capital funding is key to enabling the decarbonisation of buildings and heat within the Trust. There is limited internal capital available so we look to secure as much external capital as possible through various funding routes. These include the Public Sector Decarbonisation Scheme (PSDS), Heat Network Efficiency Scheme (HNES), Green Heat Network Fund (GHNF) and the NHS Energy Efficiency Fund (NEEF). We have been successful in some of our bids this year securing £5.2M of investment, however we need significantly more than this to achieve our goals. We will continue to explore sources of funding but the lack of funding presents a risk to achieving the goal of decarbonisation of our built estate.

Progress to tackle two of our largest areas of emissions and hence opportunity for savings; procurement and clinical services has started but is limited by resource availability. Procurement of goods and services contributes 80% of our total footprint and present an opportunity for multiple co-benefits to environmental, financial, social and economic. These changes can also support improvements to clinical pathways to deliver efficiencies and enhanced patient care. Engaging with clinical teams provides further opportunities for efficiencies and reductions in emissions while improving patient outcomes.

The below chart shows the overall Trust emissions. We have seen an increase in emissions from energy, specifically the amount of gas that the trust consumed. This has been driven by additional buildings as well as down time from one of the combined heat and power plant and failure of a waste heat boiler.



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.

The CHH woodland walk was created, this walk through the woodland at the South West corner of the CHH extends to 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.

Energy

There has been an increase in emissions from energy, these are due to increases in gas usage at throughout the trust.

This is due to increased demand from a number of facilities and some new facilities coming on line.

The Trust was successful in receiving £5.1M of funding from the National Energy Efficiency Fund. This was to install battery storage on the CHH site, and to optimise the Building Management System (BMS). The battery will take excess energy generated by the PV and store it to be used when the output of the panels reduces on an evening. It will also enable greater security of supply to the site.

The funding for the BMS will inform were there are inefficiencies in the running of plant and help identify ways to reduce energy consumption, specifically the increased gas use.

The Trust continues to bid for additional funding to support infrastructure decarbonisation from the Public Sector Decarbonisation Scheme (PSDS). Unfortunately it was unsuccessful this year. PSDS is currently the largest potential fund to support decarbonisation in the public sector and will be key to many organisations ability to achieve net zero targets. We will continue to bid for funding where possible however delivery of net zero goals will be challenging without external funding.

The PV fields again contributed significantly to reducing the energy costs of the Trust generating over 4.3 million kWh of electricity over the year avoiding over £1 million of electricity costs. The load following installed at the end of the previous financial year meant during the summer the solar PV was our primary source of power reducing gas consumption and carbon emissions.

Though the Trust has a green electricity tariff that is REGO backed for emissions accounting purposes grid emissions factors are used in line with NHS recommendations.

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

Energy Consumption	2021/22	2022/23	2023/24	2024/25
Electricity Use (kWh)	19,175,384	7,003,724	10,061,571	9,828,796
Gas Use (kWh)	90,028,622	108,782,621	111,524,379	115,512,533
Oil Use (kWh)	300,565	1,202,659	821,340	348,357
Total kHh	109,504,571	116,989,004	122,407,290	125,689,686

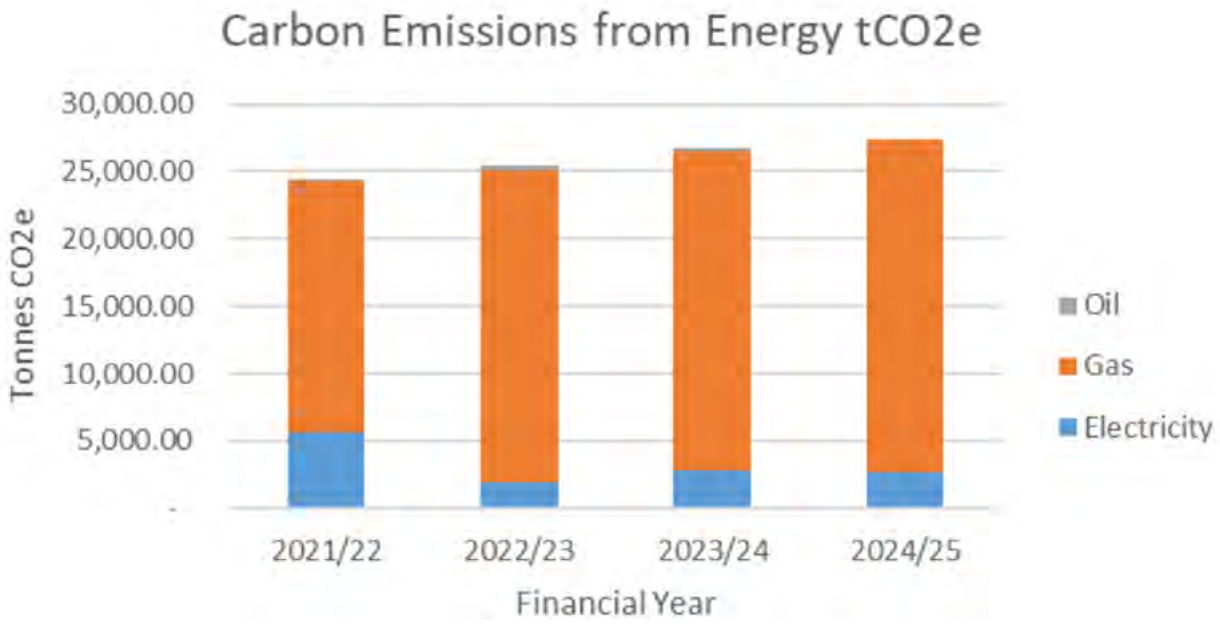


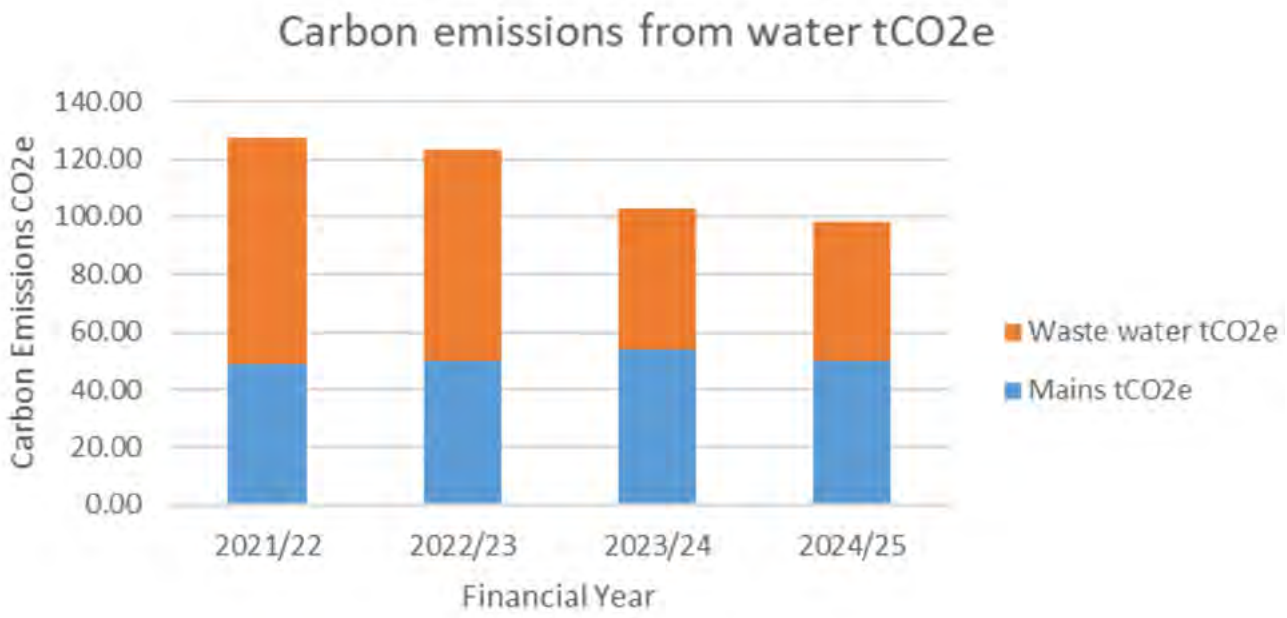
Image of

Water

There has been an increase in water usage at the trust, this has been due to a number of leaks on the CHH site.

The monitoring systems in place have enabled these leaks to be detected but unfortunately there is still time taken to find and repair the leaks resulting in increased usage. Carbon reductions are due to changes to the Government emissions factors.

Water Consumption	2021/22	2022/23	2023/24	2024/25
Mains m3	327,438	336,579	304,233	326,229
Waste water m3	288,149	269,263	243,386	260,983



Waste

There has been a small decrease in waste volume compared to 23-24, from 3303 to 3201 tonnes.

The greatest change has been seen in the percentage of waste that is disposed of via alternative treatment These is due to an improvement in segregation of waste via the waste hierarchy. Waste has moved down the hierarchy from high temperature incineration to alternative to offensive waste helping the trust move closer to the 60% 20% 20% guidance for these waste types.

We have seen a reduction in the volume of recycling/reuse this was due to a spike in the volumes seen in 2023/24 this spike was caused by high volumes of confidential waste being disposed of due to operational activities.

At the end of 2024/25 a Materials Recovery Facility (MRF) was installed at HRI, within a short time this has proved effective at significantly increasing the volumes of recyclables that are able to be segregated.

During the year single use items on wards have been reduced this include rampleys and scissors.

In addition to the small reduction a change in UK emissions factors has contributed to the reduction of 116 tonnes of CO2e.

Waste Tonnes	2021/22	2022/23	2023/24	2024/25
Recycling / reuse (tonnes)	432.11	548.32	692.23	559.14
Domestic Incineration (tonnes)	787.00	1,177.00	1,213.47	1,265.10
Clinical Incineration (tonnes)	369.55	343.32	370.79	306.63
Alternative treatment (tonnes)	336.76	353.32	202.91	150.94
Offensive waste (tonnes)	528.00	598.95	724.08	796.01
Food (tonnes)	25.58	33.05	86.62	111.41
WEEE (tonnes)	32.00	8.42	12.49	11.53
Landfill (tonnes)	6.87	-	-	-
Total Waste (tonnes)	2,517.87	3,062.38	3,302.59	3,200.76

Transport

The Trust has seen an increase in both mileage and emissions.

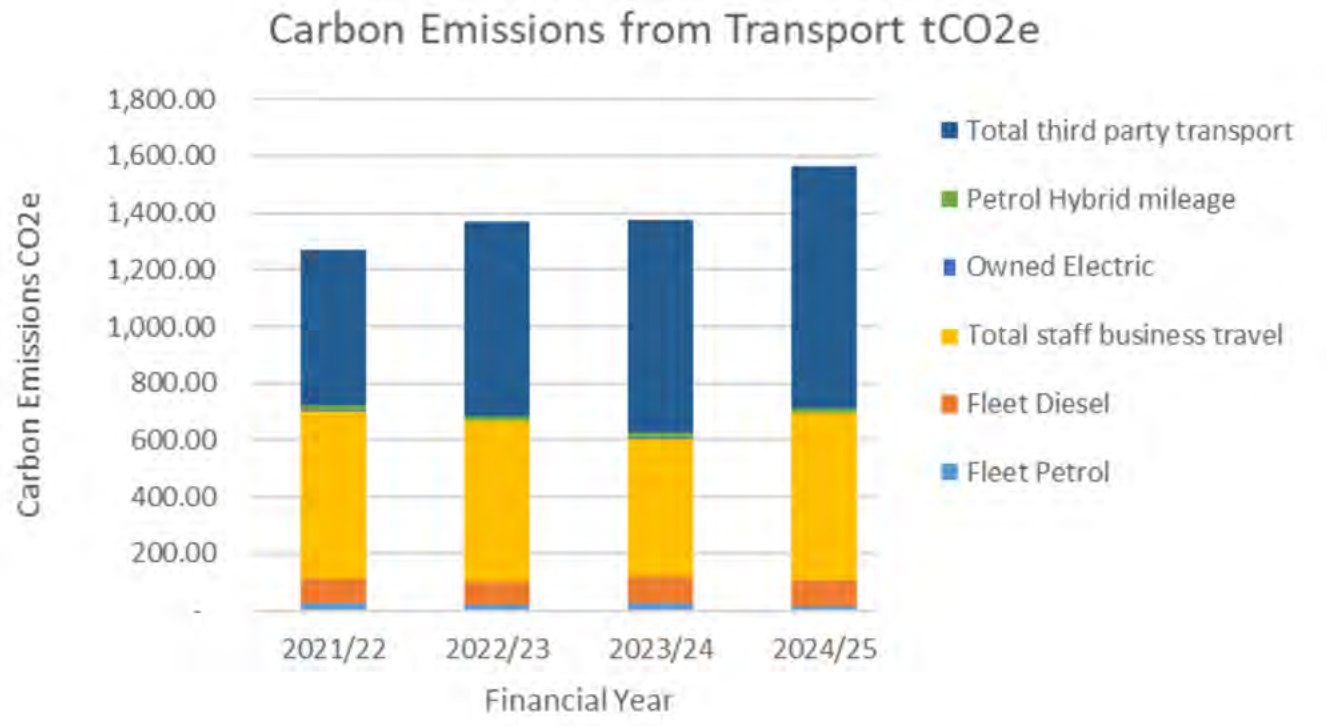
The main drivers for these increases have been from staff business travel and third party transport. Consumption of petrol through fleet vehicles has dropped by 40%.

Third party providers are organisation who carry out services for us such at patient transport and movement of equipment and surgical instruments. Staff travel has increased by 20% to the highest level we have seen. This is an area that will require focus in the future to return us back to our previous reduction trajectory.

The Trust offers a salary sacrifice scheme for lease cars and in the last year over 90% of these vehicles are now pure EV.

Note: well to tank emissions are included in these figures. Total emissions now included fuel type data from 2021/22 replacing total fleet mileage to improve accuracy. Fleet mileage is for information only and not included in figures.

Trust Transport Mileage	2021/22	2022/23	2023/24	2024/25
Fleet Petrol (litres)	10,031.00	8,030.90	9,526.58	5,702.90
Fleet Diesel (litres)	26,416.00	25,160.00	29,319.38	28,970.46
Total Fleet Mileage (miles)	265,298.00	247,687.00	284,006.00	244,981.00
Total Staff Business Travel (miles)	1,692,937.00	1,612,742.00	1,437,030.00	1,724,922.00
Owned Electric (miles)	26,854.00	36,750.00	34,074.00	31,987.00
Hybrid (miles)	66,765.00	68,829.00	67,836.00	58,499.00
Total Third Party Transport (miles)	1,135,356.00	1,463,727.00	1,623,566.00	1,706,857.00



Anaesthetic Gases

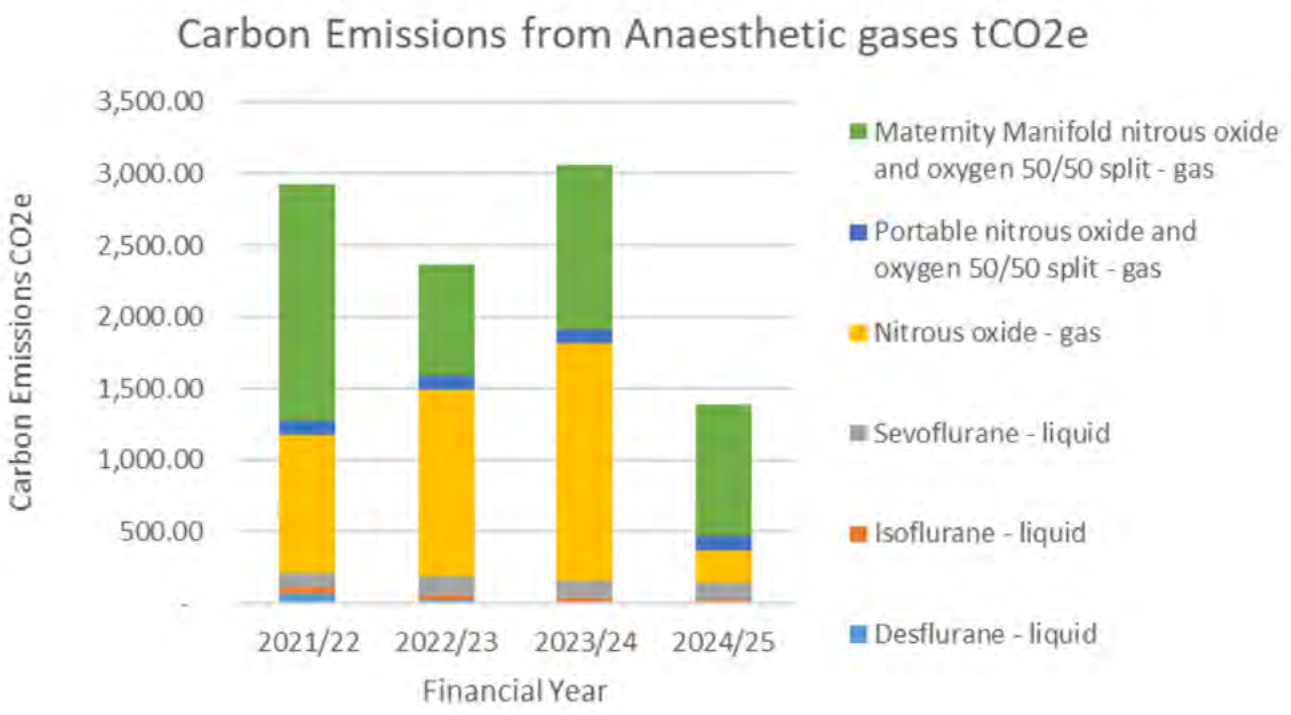
Acute Trusts are the largest contributors to anaesthetic gas use within the NHS.

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.

This year saw the lowest emissions from anaesthetic gases since we started recording eleven years ago, achieving a 75% reduction since setting our net zero goals.
Work that started in the previous year to remove piped nitrous oxide was continued resulting in the decommissioning of the piped nitrous oxide system at CHH during 2024/25. This has delivered further reductions in nitrous oxide wastage as well as a full year effect of the work carried out at HRI. Emissions from Entonox saw an increase in 2023/24, work to tackle this was carried out during 2024/25 and has brought this back to previous monthly usage. By reporting usage and emissions at the medical gas committee changes in usage can be quickly identified and corrective actions put in place.

As a result of this work the Trust is regularly asked to contribute and support in anaesthetic gas awareness and sharing of best practice. Trust has made great progress lowering its emissions from anaesthetic gases. The engagement and support of both the anaesthetic teams, support services and clinical teams have been instrumental in bringing about these changes.

Anaesthetic Gases Volume	2021/22	2022/23	2023/24	2024/25
Desflurane - liquid (litres)	19	6	-	-
Isoflurane - liquid (litres)	53	50	41	36
Sevoflurane - Gas (litres)	550	644	614	593
Nitrous oxide - gas (litres)	1,962,000	2,682,000	3,405,600	459,000
Portable nitrous oxide and Oxygen 50/50 split gas (litres)	426,300	414,400	425,600	398,300
Maternity Manifold nitrous oxide and Oxygen 50/50 split gas (litres)	6,645,000	3,130,000	4,620,000	3,730,000



Research Development and Innovation

The Research and Innovation Strategy work has continued to develop in 2024/25 with feedback from various stakeholders and groups including a newly formed Nursing, Midwifery and Allied Health Professionals Research Interests Group, Clinical Academics/Consultants , Top 100 Leaders, Innovation, Improvement and Organisational Development colleagues and external partners (Research Delivery Network and LGBTQI and Ethnic Minority Research Inclusion groups).

The strategic framework outlines that:

- The Group will build the infrastructure needed to deliver excellent clinical research
- The Group will align research efforts to the big questions facing our population
- We will equip our people to innovate and transform

Group Clinical Research Activity data for 2024/25

Metric	HUTH (target)	NLaG (target)	Group Total (target)	Y&H Rank (out of 22)
Participants recruited	8,514 (4,800)	789 (1,000)	9,303 (5,800)	4th
New, open recruiting studies	159	28	187	3rd
Commercial new, open studies	38	2	40	3rd
Commercial participants recruited	161	5	166	4th
Top recruiting specialties	Public Health; Respiratory	Public Health, Neurology, Surgery		
Participant Research Experience Survey (PRES) responses	171(153)	17(32)	188(185)	4th

University of Hull/HYMS

Our portfolio of research is, in large part founded on partnerships between our local universities (Hull and York via HYMS) and those partnerships are stronger than ever. We offer a wide clinical base within with to study the conditions which most affect our communities.

By working together with our core academic partners and patients, we can ensure we improve their health, while developing research that can be applied nationally and globally.

Key points to note are:

- Recruited over 9,300 participants to NIHR Portfolio research across 187 studies – ranked 3rd for volume in Yorkshire)
- Recruited 166 participants to commercial trials since 1st April 2024 (ranked 4th in Yorkshire) and recruited at least one new patient to 40 new commercial studies since 1st April 2024 (ranked 4th in Yorkshire).
- Achieved a significant number of European and UK first participants recruited across our commercial portfolio.
- Delivered feedback from nearly 188 research participants as part of the annual NIHR Participant Research Experience Survey (PRES).
- HHP continues to support research delivery activities to over 700 projects at any one time.
- HHP provides a range of research study opportunities across 27 research active specialties.
- Staff development opportunities in research have been supported across a range of staff groups and disciplines (PhDs, fellowships, internships).
- Academic and commercial partnerships remain strong and are expanding, attracting funding, recognition and highlighting areas of research excellence.
- Grant award success (specifically NIHR) continued to be strong.
- HHP has produced over 520 publications from the HUTH and NLaG in 2024/25 (Medline and Embase).
- The Innovation pipeline is emerging in HHP with a number of early stage discussions on projects that we will aim to pursue in 2025/26 with support from our partner Innovation Hub – Medipex

NHS
Humber Health
Partnership

NHS
Hull University
Teaching Hospitals
NHS Trust

THE ACCOUNTABILITY REPORT

ANNUAL REPORT & ACCOUNTS 2024/25

Corporate Governance Report

Directors Report

This report sets out how the trust is run and the governance arrangements it has in place to ensure there is proper oversight and governance of the trust's activities.

The trust board meets in public and the meetings are open to anyone who wants to attend. Details, including the agenda and papers, are available on the trust's website.

The trust board is made up of eleven voting members. The eleven voting members comprise six Non-Executive Directors (NEDs) including the chair and vice chair, and five executive directors – the Group Chief Executive, Group Chief Nurse, Group Chief Medical Officer, Group Chief Financial Officer and Group Chief Delivery Officer. The board also has two (non-voting) Associate NEDs and three other (non- voting) executive directors (the Group Chief Strategy and Partnerships Officer, the Group Chief People Officer and the Group Director of Assurance) Each board member brings a variety of individual skills and experience.

Seven of the board members also hold their appointments at Northern Lincolnshire and Goole NHS Foundation Trust (NLAG). These are the chair, the Group Chief Executive, the Group Chief Financial Officer, the Group Chief Nursing Officer, the Group Chief Medical Officer, the Group Chief People Officer and the Group Chief Delivery Officer. In addition the vice chair of the trust is an Associate NED at NLAG, and the vice chair at NLAG is one of the two Associate NEDs at HUTH.

Brief biographical details of all the current NEDs and executive directors are available on the trust's website. NEDs are not employees of the trust and are appointed to provide independent support and challenge to the board. All board directors are required to comply with the trust's Standards of Business Conduct, including declaration of any actual or potential conflict of interest, and the requirements of the Trust's Constitution.

Board of Directors
on 31 March 2025

Non-Executive Directors

Sean Lyons,
Chair

Murray Macdonald,
Vice Chair

Tony Curry

Jane Hawkard

David Sulch

Helen Wright

Laura Treadgold

Associate Non-Executive Director

Linda Jackson

Ashok Pathak

Group Executive Directors

Jonathan Lofthouse, Group Chief Executive

Emma Sayner, Group Chief Finance Officer

Amanda Stanford, Group Chief Nursing Officer

Clive Walsh, Interim Site Chief Executive - North

Sarah Tedford, Interim Site Chief Executive - South

Dr Kate Wood, Group Chief Medical Officer

Ivan McConnell, Group Chief Strategy and Partnerships Officer

Simon Nearney, Group Chief People Officer

David Sharif, Group Director of Assurance

Directors who left the trust in 2024/25

Non-Executive Directors
Stuart Hall

Executive Directors
Lee Bond, Group Chief Finance Officer
Shaun Stacey, Group Chief Delivery Officer

Registers of interest

All directors and governors are required to declare their interests, including company directorships: on taking up appointment; on an annual basis; and at trust board meetings.

Appointments to the trust board

The trust board considers the balance and breadth of skills and experience of its members to be appropriate with the needs of the trust.

NEDs are appointed to bring particular skills to the board, ensuring the balance, completeness and appropriateness of the board membership. All NEDs are considered to be independent, meeting the criteria for independence as laid out in the national NHS Code of Governance guidance. NEDs are appointed and removed by the NHS England. A committee consisting of the chair, the Group Chief Executive and the other NEDs appoints or removes the other executive directors. Sean Lyons, the Chair of HUTH, is also the Chair of NLaG.

Operation of the trust board

The trust is run by a board of directors, comprising of a NED who is the chair, and five other NEDs, two Associate NEDs and five executive Directors.

The Group Chief Executive leads the executive team and is accountable to the board for the operational delivery of all the trust's activities. The NEDs scrutinise the performance of the executive management team in meeting agreed goals and objectives, and they receive adequate information to monitor the performance of the organisation.

The NEDs play a key role in taking a broad, strategic view, ensuring constructive challenge is made and supporting and scrutinising the performance of the executive directors while helping to develop proposals on strategy.
The board sets the trust's strategic aims and provides active leadership of the trust.
The board is collectively responsible for the exercise of its powers and the performance of the trust, for ensuring compliance with the trust's Provider Licence, relevant statutory requirements, and contractual obligations, and for ensuring the quality and safety of services. It does this through the approval of key policies and procedures, the annual operational plan and budget for the year, and the scheme for investment or disinvestment above the level of delegation. The board meets every month (including development sessions) and its role is to determine the overall corporate and strategic direction of the trust and to ensure the delivery of the trust's goals and targets.
The board has agreed a scheme of reservation and delegation which sets out those decisions which must be taken by the board and those which may be delegated to the executive or to board sub-committees.

The trust board has reserved powers to itself covering:

- Regulation and control
- The determination of board committees and membership
- Strategy, plans and budgets
- Policy determination
- Audit
- Annual report and accounts
- Performance monitoring

The board ensures that adequate systems and processes are maintained to measure and monitor the trust's effectiveness, efficiency and economy as well as the quality of local healthcare delivery. The Standing Financial Instructions, including Reservation of Powers to the Board and Scheme of Delegation, details which types of decisions are to be taken by the board, and which decisions are to be delegated to the management by the board. The board also has powers to delegate and make arrangements to exercise any of its functions through a committee, sub-committee or joint committee. The board keeps the performance of its committees under regular review and requires that each committee considers its performance and effectiveness during the year. The trust has arranged appropriate insurance to cover the risk of legal action against its directors and is insured through the NHS Resolution.

Vice chair and senior independent director

Good practice suggests that the trust should have a deputy or vice chair to stand in during any periods of absence of the chair.

Up until December 2024 Stuart Hall was the Vice Chair and Murray Macdonald was appointed after Stuart's retirement. Tony Curry is the senior independent director, which is a NED appointed by the board.
The senior independent director has a key role in supporting the chair in leading the board and acting as a sounding board and source of advice for the chair and also leads the performance evaluation of the chair.

Non-Executive Directors (NEDs)

NEDs are appointed for a period of two or three years, this can be extended for a further period. Any term beyond six years is subject to rigorous review.

Arrangements for the appointment and termination of NEDs are managed by NHS England. All the NEDs are considered to be independent by the trust board as per the Code of Governance. As chair of the board the chair is responsible for ensuring the board's effectiveness and for setting its agenda.

The chair, other NEDs, and the Group Chief Executive are responsible for deciding the appointment of executive directors. NEDs routinely attend the trust board meetings and also meet regularly with the chair without executives present.

Board meetings

Public board meetings are normally held every other month and follow a formal agenda which includes: an update from the Group Chief Executive; a patient story presented by the trust's patient experience lead nurse; updates on the trust's improvement plans; monthly capacity and capability on wards; and highlight reports and minutes from board committees-in-common.

Evaluation of the board/its committees/directors and the chair

Comprehensive arrangements are in place for reporting to the trust board on performance and key risks to future performance against a range of targets/ contractual obligations and indicators.

Risks in respect of compliance with other statutory requirements are escalated to the board via established governance and performance management frameworks including receipt by the board of the Board Assurance Framework (BAF) and Risk Register reports.

More urgent risk issues are escalated directly to the executive team and the board via the relevant executive director. The Scheme of Delegation, which defines accountabilities for the delivery of performance, is monitored via the trust's performance management framework led by the Group Chief Executive. The board ensures that relevant metrics, measures, milestones and accountabilities are developed and agreed to understand and assess progress and delivery of performance.

The board receives assurance through a suite of financial and non-financial performance reports including the submission of an Integrated Performance Report (IPR), which includes reporting on the trust's annual priorities. The trust undertakes an annual evaluation of the board and its committees.

Following agreement by the trust boards of HUTH and NLaG to move to a group model and aligned governance and decision making both boards now meet together and have done since January 2024. Aligned membership and terms of reference documents were designed, as well as an aligned annual workplan, and approved by the trust boards in December 2023.

Code of conduct for the board

All members of NHS boards should undertake and commit to the practice of good governance and to the legal and regulatory frameworks in which they operate.

As individuals they must understand both the extent and limitations of their personal responsibilities. To support this there is the Code of Conduct for Board Members of Public Bodies (June 2019), which applies to all directors and has been adopted by all board members.

The Code of Conduct also aims to capture existing standards, codes and principles (the Nolan Principles) by which NHS board members are currently bound. In May 2013 the board formally signed up to these standards on an ongoing basis. All board directors meet the 'fit and proper persons' test as described in the provider license and confirmed annually by each individual director and collectively within the annual chair's declaration to the board. The board has maintained its support of the Nolan P principles of public life and has continued to make the majority of its decisions at board meetings held in public. To support this there is the Directors' Code of Conduct, which applies to all directors and has been adopted by all board members.

Schedule of Attendance at Hull University Teaching Hospitals NHS Trust Boards-in- Common meetings 2024/25 Schedule of Attendance at Hull University Teaching Hospitals NHS Trust Boards-in- Common meetings 2024/25

Member / Attendee	Apr-24	Jun-24	Aug-24	Oct-24	Dec-24	Feb-25
HUTH Members:						
Sean Lyons	Y	Y	Y	Y	Y	Y
Jonathan Lofthouse	Y	Y	Y	Y	Y	Y
Murray Macdonald	-	-	-	-	-	Y
Lee Bond	Y	Y	Y	-	-	-
Paul Bytheway	-	Y	Y	Y	-	-
Tony Curry	Y	Y	Y	Y	Y	X
Stuart Hall	Y	Y	Y	Y	Y	-
Kate Wood	Y	Y	Y	X	X	Y
Linda Jackson	Y	X	Y	Y	Y	Y
Jane Hawkard	Y	Y	Y	Y	Y	Y
Simon Nearney	Y	Y	Y	Y	Y	Y
Ashok Pathak	X	Y	Y	X	Y	Y
Mike Robson	Y	-	-	-	-	-
Emma Sayner	-	-	-	-	Y	Y
Ivan McConnell	Y	Y	Y	Y	Y	Y
David Sharif	Y	Y	Y	Y	Y	Y
David Sulch	Y	Y	Y	Y	Y	Y
Amanda Stanford	Y	Y	Y	Y	Y	Y
Sarah Tedford	-	-	-	-	Y	X
Clive Walsh	-	-	-	-	Y	X
Shaun Stacey	Y	-	-	-	-	-
Helen Wright	-	Y	Y	Y	Y	Y
Laura Treadgold	-	-	Y	Y	X	Y

Board committees-in-common

Audit, Risk and Governance Committee-in-Common

The Audit, Risk and Governance Committee-in-Common is a standing committee of the Trust's Board of Directors. Its remit is to:

- consider the effectiveness of internal controls and the management arrangements established by the Trust to deliver its stated objectives;
- seek assurance that the Trust complies with the law, guidance and codes of conduct; and
- monitor the integrity of the public disclosure statements made by the Trust.

The Committee meets five times each year. Its three members are appointed by the Board of Directors from among the Non-Executive Directors. Minutes of the Committee's meetings and highlight/escalation reports are submitted to the Board of Directors.

Following agreement by the Trust Boards of Hull University Teaching Hospitals NHS Trust (HUTH) and Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) to move to a group model and aligned governance and decision making through a committees-in-common approach, the HUTH Audit Committee commenced meeting simultaneously with the NLAG Audit, Risk and Governance Committee from January 2024, but remain separately constituted committees. The two committees are known as the Audit, Risk and Governance Committees-in-Common. Aligned membership and terms of reference documents are in place which have been approved by the Trust Boards, as well as an aligned annual workplan.

Internal Audit services were provided during 2024/25 by RSM who commenced in April 2019, and were re-appointed following a further competitive tendering exercise in 2022 for a two year term from 1 April 2023 with the option to extend for a further year. A competitive tender process was however undertaken during the latter part of the financial year to procure a single Group Internal Audit service provider commencing with 2025/26 audit work. Internal Audit provides an independent and objective opinion on the extent to which risk management, controls and governance arrangements support the effective operation of the Trust. The Head of Internal Audit produces an annual audit opinion on the effectiveness of the system of internal control. The Head of Internal Audit and/or the Internal Audit Manager for the Trust will normally attend Audit, Risk and Governance Committee-in-Common meetings and has a right of access to all Audit, Risk and Governance Committee-in-Common members, the Chair and Group Chief Executive of the Trust. The Head of Internal Audit is accountable to the Group Chief Financial Officer.

Throughout 2024/25, the Committee received progress reports from Internal Audit on the agreed Group Internal Audit plan for the year, and the outcome of the individual reviews performed with associated recommendations. The annual Head of Internal Audit Opinion, which forms part of the Annual Governance Statement, contains details of high risk recommendations made during the year. The Committee monitors the implementation of all internal audit recommendations and receives reports at each meeting to monitor progress on agreed actions. One review requested specifically by the Trust to assess

effectiveness and performed by Internal Audit during the reporting year related to inventory management and resulted in a 'minimal assurance' rating. A number of recommendations were made in order to address the issues identified and the implementation of these are being monitored by the Committee.

The Trust's External Auditor is Forvis Mazars (formerly called Mazars), appointed in April 2020 following a competitive procurement process. The Audit, Risk and Governance Committee-in-Common acts as the Trust's 'Auditor Panel' in relation to the selection and appointment of an External Auditor and make a recommendation to the Trust Board for approval. Following a further competition exercise in December 2023, Forvis Mazars were successful in being awarded a further contract for two years commencing with the 2024/25 audit with the option to extend for a further two years (one plus one). The Audit, Risk and Governance Committee-in-Common assess the effectiveness of its External Auditor through the procurement exercise and thereafter via an annual review of effectiveness. The value of external audit services is disclosed in the Trust's financial statements (note 6.1) and is circa £142k per annum.

The Committee received and reviewed the draft financial statements and the audited accounts Like all NHS Trust's we are obliged to review the basic accounting policy of 'going concern'. The Audit, Risk and Governance Committee-in-Common, as part of the annual accounts preparation, reviewed this issue and agreed that this was not a matter to change. Note 1.2 of the financial statements refer to the accounts being prepared on a going concern basis and the Audit, Risk and Governance Committee- in-Common endorsed this as appropriate.

There is a policy for the engagement of the External Auditor for non-audit work to safeguard objectivity and independence, which is subject to annual review by the Audit, Risk and Governance Committee-in-Common. The value of any non-audit services is routinely disclosed in the Trust's financial statements at note 6.2. Forvis Mazars have not undertaken any non-audit work for the Trust during 2024/25 as the Trusts External Auditors.

Each year, the Committee reviews its own effectiveness in line with the latest NHS Audit Committee Handbook (Healthcare Financial Management Associated (HFMA), 2024). This was duly undertaken and reviewed at the January 2025 meeting, with the results provided to the Trust Board in February 2025.

In line with The Code of Governance for NHS Provider Trusts, the Committee also has a role in reviewing the organisation's arrangements for staff and other individuals where relevant, to raise, in confidence, concerns about possible improprieties in any area of the organisation (financial, clinical, safety or workforce matters) . In order to discharge this function the Audit, Risk and Governance Committee-in-Common has received periodic updates from the Trust's Freedom to Speak Up Guardian, most recently in January 2025.

Schedule of Attendance at Hull University Teaching Hospitals NHS Trust Boards-in- Common meetings 2024/25 Schedule of Attendance at Hull University Teaching Hospitals NHS Trust Boards-in- Common meetings 2024/25

Member / Attendee	Apr-24	Jun24	Jul-24	Oct-24	Jan-25
HUTH Members:					
Jane Hawkard – HUTH NED / HUTH ARG CiC Chair	Y	N	Y	Y	Y
Mike Robson – HUTH NED (to Apr 24)	Y	-	-	-	-
Tony Curry – HUTH NED	Y	Y[1]	Y	Y	Y
Helen Wright – HUTH NED (from Jun 24)	-	Y	-	Y	Y
Regular Attendees:					
Simon Parkes – NLAG NED / NLAG ARG CiC Chair	Y	N[2]	Y	Y	Y
Gill Ponder – NLAG NED	Y	N[2]	N[3]	Y	Y
Kate Truscott – NLAG NED (to Aug 24)	Y	N[2]	N[3]	-	-
Julie Beilby – NLAG NED (from Jan 25)	-	-	-	-	Y
Lee Bond – Group Chief Financial Officer (to Aug 24)	Y	Y	Y	-	-
Mark Brearley – Interim Group Chief Financial Officer	-	-	-	Y	-
Emma Sayner – Group Chief Financial Officer (from Jan 25)	-	-	-	-	Y
David Sharif – Group Director of Assurance	Y	Y	Y	Y	Y
Rebecca Thompson – Deputy Director of Assurance - HUTH	Y	Y	Y	N	Y
Sally Stevenson - Asst. DoF – Compliance & Counter Fraud	Y	Y	Y	Y	N
Nicki Foley – Group Local Counter Fraud Specialist	Y	N[4]	Y	Y	N
External Audit - NLAG (Sumer NI)	Y	N[2]	Y	Y	Y
External Audit – HUTH (Forvis Mazars)	Y	Y	Y	N	Y
Internal Audit - NLAG (Audit Yorkshire)	Y	N[2]	Y	Y	Y
Internal Audit – HUTH – (RSM)	Y	Y	Y	Y	Y
Group Data Protection Officer / IG Lead (SM)	Y	N[4]	Y	Y	Y
NLAG Governor Observer (Various)	Y	N[2]	Y	Y	Y

Member / Attendee	Apr-24	Jun24	Jul-24	Oct24	Jan-25
Ad-hoc Attendees:					
Asst. DoF – Planning & Control (NP)	Y	Y	-	-	-
Deputy Director D2A Transformation (RK)	Y	-	-	-	-
Director of People Services (HK)	Y	-	-	-	-
Group Chief Technology Officer (TD)	Y	-	-	-	-
Group Chief Digital Officer (AH)	Y	-	-	Y	Y
Group Chair (SL)	-	Y	-	-	-
Group Chief Executive (JL)	-	Y	-	-	-
HUTH Vice Chair / NED (SH)	-	Y	-	-	-
Non-Executive Director (SL)	-	-	Y[3]	-	-
NLAG Vice Chair / NED (LJ)	-	-	Y[3]	-	-
Group Interim Director of Quality Governance (RC)	-	-	Y	-	-
Group Chief Delivery Officer (PB)	-	-	Y	Y	-
Group Operations Director EPRR (MO)	-	-	Y	Y	Y
Director of Procurement (EJ)	-	-	Y	Y	Y
Group Director of IT Performance & Operations (SM)	-	-	Y	-	-
Deputy Group Chief Financial Officer (PR)	-	-	-	Y	-
Senior Head of Finance - Cost Improvement & Efficiency	-	-	-	-	Y
HUTH Freedom to Speak Up Guardian (FM)	-	-	-	-	Y
NLAG Freedom to Speak Up Guardian (LH)	-	-	-	-	Y

Notes:
1 Tony Curry as Chair
2 HUTH audited accounts meeting only
3 Sue Liburd and / or Linda Jackson in attendance to ensure quoracy
4 Not required to attend, audited accounts meeting only

Capital and Major Projects Committees-in-Common

This committees-in-common oversees all capital bidding and activity, including:

- To review and inform the trust's capital plan, ensuring that major capital investment schemes are in line with and support the agreed strategy and objectives of the trust and wider group
- To monitor delivery of the annual capital programme (i.e. expenditure against plan)
- To scrutinise and evaluate all business cases (including the review of outline and full business cases) for proposed capital investment that require either Capital and Major Projects Committee-in-Common or trust board approval, ensuring that outcomes and benefits are clearly defined and are measurable
- To approve investment (and dis-investment) proposals and business cases within delegated limits and / or to make recommendations to the trust board for approval of business cases above the committee's delegated limits
- To monitor the pace, progress and effectiveness of delivery of major capital projects ensuring that emerging risks are being appropriately managed and mitigated
- To undertake post-project implementation evaluation to determine whether the intended outcomes and benefits have been realised and / or to determine any lessons to be learned for future major capital projects
- To have oversight of and receive assurance on the pace and progress of delivery of agreed areas of major service change / transformation including:
- To have oversight of delivery of the digital strategy and plan including major IT investment programmes and enablers

Performance, Estates and Finance Committees-in-Common

This committees-in-common looks at the trust, and group, performance and finance metrics as well as any estate-related issues. Specifically its responsibilities are:

- Strategy
- Financial and operational performance (NHS Constitutional Standards)
- Business planning
- Procurement
- Estates, facilities and sustainability
- Cost Improvement Plans
- Risk and assurance

Quality and Safety Committees-in-Common

This committees-in-common looks at the trust, and group, approach to and monitoring of quality services and patient safety issues. Specifically its responsibilities include:

- To provide oversight of the development and monitor delivery of the trust's quality strategy, priorities and key performance indicators (KPIs)
- To provide oversight of the development of the trust's Annual Quality Report / Account in readiness for approval by the trust board and ensure that shared learning from the previous years' activities is disseminated throughout the trust and wider group
- To monitor and provide assurance to the trust board that quality and safety risks which threaten the achievement of the trust's strategic objectives are being identified and appropriately mitigated and / or to escalate concerns, as appropriate
- To assure the trust board that, where there are risks and issues that might jeopardise the trust's ability to deliver excellent quality care, these risks and issues are being managed in a controlled and timely way

- To assure the trust board that the trust continues to meet all relevant statutory, policy and best practice requirements in respect of quality and safety and is responding appropriately to and learning from national and national reviews and other sources e.g. CQC, NHSE, royal colleges, NHS resolution, internal and external audit, Coroner etc.
- To have oversight and receive assurance in respect of the implementation and embedding of CQC improvement actions and ensure that the trust continues to fulfil any requirements as determined by the CQC and other regulators

Remuneration Committees-in-Common

This committees-in-common is responsible for pay, other terms and conditions and the recruitment and retention of senior leaders with specific responsibilities for:

- Leadership and succession planning
- Nominations and selection of executive director roles
- Remuneration and terms and conditions
- Fit and proper persons

Workforce, Education and Culture Committees-in-Common

This committees-in-common is responsible for overseeing all element of the trust's, and group's, work in relation to its staff. Specifically its responsibilities include:

- To provide oversight of the development and monitor delivery of the trust's people strategy and priorities and ensure that the people strategy is aligned with the agreed strategic direction, culture, vision and values of the trust and wider group
- To provide input into and monitor delivery of the recruitment, retention, leadership, talent management and succession planning, training and organisational development and culture work programmes for the trust and wider group
- To monitor and provide assurance to the trust board that workforce risks which threaten the achievement of the strategic objectives of the trust and wider group and / or which may impact on the quality of care, are being identified and appropriately mitigated and / or to escalate concerns, as appropriate
- To monitor and seek assurance, as required, in respect of the delivery of national and local workforce indicators, standards and requirements including but not limited to: Workforce Key Performance Indicators (KPIs); staff survey (local and national); occupational health and wellbeing; staff vaccination; registered nurse and midwifery staffing; and equality, diversity and inclusion

Charitable Funds Committee

This committee is a formal sub-committee of the trust board. The membership is appointed by the board from among the non-executive and executive directors. The committee consists of these voting members: a NED Chair, NED Committee members, and the Group Chief Financial Officer.

The Committees funds were agreed to be transferred into the WISHH Charity at the 31st March 2025, but the Committee will continue to have a governance remit in terms of the HUTH charitable funds.

This committee continues to meet as a separate committee and has not moved into a committees-in-common approach.

Board of Directors – committees-in-common attendance records 2024/25

	Committees-in-common				Committee
Group (HUTH/NLAG)	Capital and major projects	Performance, estates and finance	Quality and safety	Workforce, education and culture	Charitable Funds
Number of meetings held	**6**	**11**	**11**	**11**	**3**
Sean Lyons			1		
Jonathan Lofthouse		1	1	1	
Amanda Stanford			9	7	
Murray Macdonald	1		1	1	
Kate Wood		10	6	5	
Lee Bond	2	4			1
Mark Brearley	2	2			1
David Sharif	6		8	8	
Paul Bytheway	2	4	3		
Stuart Hall	1		4		
Linda Jackson			2		
Tony Curry			9	8	3
Simon Nearney				10	
Julie Beilby	1		6	6	
Emma Sayner	1	3			1
Sarah Tedford	2	1			
Laura Treadgold				2	
Ivan McConnell	5	8			
Clive Walsh		3	4		
Helen Wright	3	6			
Jane Hawkard	1	8			3
David Sulch			11	10	

Notes:

1. Not every board member is a member of every committee, although they do sometimes attend a committee for a specific item
2. Often when a committee member is unable to attend a meeting they will nominate another board member, or a deputy colleague, to attend on their behalf

Remuneration Report

The Remuneration Committee, and the subsequent Remuneration Committee-in-Common jointly run with NLaG and which came into being from January 2024, have terms of reference to take a view on remuneration of each member of the executive team individually using principles set out in its internal document 'Principles for determining pay and conditions for CEO and Executives'.

This included factors such as performance, NHS salary guidance, internal relativities, market consideration and comprehensive benchmarking. Remuneration levels of other staff groups within the trust, and in the wider NHS, were also taken in consideration.

Non-Executive Directors' remuneration

The overarching policy for the remuneration of the NEDs is to award levels of remuneration determined by NHS England. The work of the committee is also in line with the requirement of paragraph 18(2) of Schedule 7 of the Health and Social Care Act 2006.

Senior managers' remuneration policy

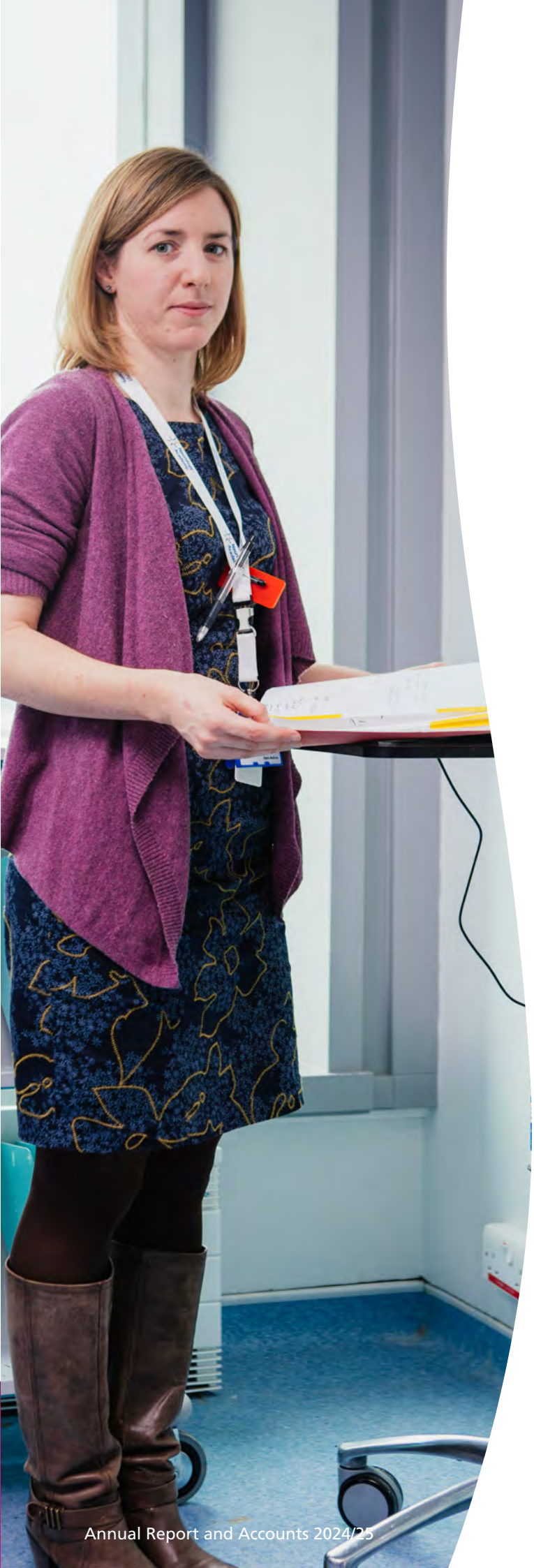
All Directors' performance is subject to an annual appraisal, the outcome of which was reported to the Remuneration Committee, and will now be reported to the Remuneration Committee-in-Common, by the Group Chief Executive. This is prior to any decision being made on executive remuneration. The Group Chief Executive had his appraisal during 2024/25; this was undertaken by the chair of the trust. From the appraisal a report will be submitted to the Remuneration Committee-in-Common. The annual appraisal method is chosen as it is an effective way to assess performance against a range of performance targets and leadership responsibilities and includes feedback from NEDs. In coming to any decision on remuneration, the committee-in-common takes account of the circumstances of the group, the size and complexity of the role, any changes in the director's portfolio, the performance of the individual and any appropriate national guidance.

Senior managers are remunerated based on these decisions. In considering senior managers pay the committee has used the NHS Improvement Senior Managers benchmarking tool and guidance framework from 2018/19 onwards. Final decisions on any recommendation to uplift remuneration are taken by the committee-in- common. It also took note of the requirement to consider any pay above a threshold of £150,000. This is a requirement from the Secretary of State in respect of salaries higher than that of the national salary of the Prime Minister. All salaries above this threshold have been sanctioned in this way.

Future policy tables

This section describes the policy narrative relating to the components of the remuneration packages for senior managers (Executive and Non-Executive Directors). Each of the components detailed in those tables supports the trust in terms of its long-term strategic objectives. Setting and reviewing pay is not a simple matter. It is vital to recruit and retain talent and to operate the pay system fairly; but it is also necessary to have a robust process for reviewing remuneration and to be able to demonstrate sensible use of public money. The trust also includes a performance discussion at the same time as the annual review of roles and salary but does not apply a performance related pay process.

Element	Policy
Base pay	Base pay is determined through market benchmarking and internal relativities and is used to attract and reward the right calibre of leadership to deliver the Trust's short, medium, and long-term objectives
Pension	Executive directors are able to join the standard NHS pension scheme that is available to all staff
Retention premium	A retention premium is paid to reflect the nature of the individual contribution of the post holder and encourage retention in the face of a difficult recruitment market and in some cases in difficult to recruit into roles
Bonuses	Bonuses were not given to staff, including senior managers
On call payment	In relation to executive pay, no board members receive on call payment
Benefits	The Trust operates a number of salary sacrifice schemes including cycle scheme and childcare vouchers. These are open to all members of staff. The individual foregoes an element of their basic pay in return for a defined benefit
Travel expenses	Appropriate travel expenses are paid for business miles
Declaration of gifts	As with all employees, senior managers must declare any gifts or hospitality according to Trust policy with a value in excess of £25



Information governance

The Group continues to strengthen its Information Governance Framework and this includes the following arrangements:

- the Group Chief Medical Officer as the Caldicott Guardian with the Data Protection Officer and Chief Digital Information Officer acting as the Deputy Caldicott Guardian
- The Group has a dedicated Data Protection Officer who is also the Lead for Information Governance
- active Information Governance Groups meet monthly and feed directly into the Audit, Risk and Governance Committees-in-Common
- an Information Governance Strategy and collection of Information Governance related policies along with a number of dedicated IT Security policies
- the Group has a dedicated Chief Digital Officer (CDO)
- for NLaG and HUTH the Group Chief Strategy and Partnership Officer serves as the Senior Information Risk Owner (SIRO)
- a dedicated IT Security Manager
- the Group's Information Governance Team continues to monitor Information Governance Incidents to ensure that the Group meets the statutory reporting timescale of 72 hours to the Information Commissioners office for any breach that meets the criteria.

The Trust has reported one Data Security and Protection Breach in 2024/25 to the ICO as classified in the DSP Toolkit Incident Reporting Guidelines. The ICO had acknowledged receipt and the Trust was awaiting further response. There has been no regulatory action taken against the Trust at this stage.

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.

Fraud, bribery and corruption statement

It is estimated that the NHS is vulnerable to £1.3 billion pounds worth of fraud each year, monies that could be spent on vital patient care, therefore everyone has a duty to help prevent it. NHS fraud may be committed by staff, patients and suppliers of goods/services to the NHS.

The Trust and the wider NHS Humber Health Partnership (the Group) is committed to deterring and detecting all instances of fraud, bribery and corruption as far as possible and ensuring that losses are reduced to an absolute minimum, therefore ensuring that valuable public resources are used for their intended purpose of delivering the best possible care and patient experience.

The NHS Counter Fraud Authority (NHSCFA) provides the national framework through which NHS organisations seek to minimise losses through fraud. The Group follows the guidance contained in the NHS Counter Fraud Functional Standard and ensures our contractual obligations with our local Integrated Care Board (ICB) is adhered to.

The Group Chief Financial Officer is nominated to lead counter fraud work and is supported by the Trust's Local Counter Fraud Specialist (LCFS). In 2020 the role of Counter Fraud Champions was introduced across all NHS organisations, with a view to further strengthening counter fraud work by supporting LCFSs in the work they do. A Counter Fraud Champion was duly nominated at the Trust and completed the NHSCFA training, and collaborates as necessary with the LCFS.

We have an in-house collaborative counter fraud arrangement with Northern Lincolnshire and Goole NHS Foundation Trust and four other local NHS trusts, which allows us to have a dedicated LCFS supported by a small team of counter fraud specialists committed to combatting fraud within both community and secondary care settings.

The Trust has a robust Local Counter Fraud, Bribery and Corruption Policy and Response Plan which provides a framework for responding to suspicions of fraud and provides advice and information on various aspects of fraud investigations.

The Trust also has a Declaring Gifts and External Interests Policy which sets out the expectations we have of all our staff where probity is concerned. There are references to counter fraud measures and reporting processes in various other Trust policies and procedures.

An annual work plan, approved by the Group Chief Financial Officer with oversight from the Trust's Audit, Risk and Governance Committees-in-Common, has been in place over the last year. The key aims are to proactively create an anti-fraud culture, implement appropriate deterrents and preventative controls and ensure that allegations of fraud are appropriately and professionally investigated to a criminal standard. Progress reports on all aspects of counter fraud work and details of investigations are received at each meeting of the Trust's Audit, Risk and Governance Committee-in-Common.

The Trust has a well-publicised system in place for staff to raise concerns if they identify or suspect fraud. They can do this via our LCFS, the Group Chief Financial Officer, via the NHS fraud and corruption reporting line on 0800 028 40 60 or online at https://cfa.nhs.uk/report-fraud . Patients and visitors can also refer suspicions of NHS fraud to the Trust via the same channels.

Statement of Accountable Officer's responsibilities

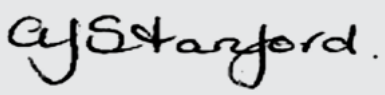
The Accountable Officer has overall responsibility for the financial statements. The statements are prepared through the Group Chief Financial Officer's office.

The Audit, Risk and Governance Committees-in-Common is updated on the progress in preparing the Accounts. The Group Chief Financial Officer prepared a report to the Audit, Risk and Governance Committees-in-Common in April 2025 to discuss and review the Trust's status as a going concern.

The Audit, Risk and Governance Committees-in-Common 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.



Amanda Stanford
Interim Group Chief Executive

Remuneration table - Current Year

This table has not been subject to audit

		Current year					
		(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension - related benefits (bands of £2,500)	TOTAL (a to e) (bands of £5,000)
Name and title	Note	£000	£	£000	£000	£000	£000
Sean Lyons: Chairman (started 1/2/2022)	1	35-40	3700	0	0	0	40-45
Stuart Hall: Non Executive Director and Vice Chair (left 31.12.2024)	2	10-15	0	0	0	0	10-15
Murray MacDonald: Non Executive Director and Vice Chair (started 01.01.2025)	3	0-5	0	0	0	0	0-5
Antony Curry: Non Executive Director (started 01/04/2019)		10-15	1000	0	0	0	10-15
Mike Robson: Non Executive Director (left 31/05/2024)		0-5	0	0	0	0	0-5
Linda Jackson: Associate Non Executive Director (started 01/04/2020)	4	10-15	0	0	0	0	10-15
Dr Ashok Pathak: Associate Non Executive Director (started 01/04/2021)		10-15	0	0	0	0	10-15
Jane Hawkard: Non Executive Director (started 21/08/2023)		10-15	0	0	0	0	10-15
Dr David Sulch: Non Executive Director (started 01/03/2024)		10-15	0	0	0	0	10-15
Helen Wright: Non Executive Director (started 03.06.2024)		10-15	0	0	0	0	10-15
Laura Treadgold: Non Executive Director (started 01.07.2024)		5-10	0	0	0	0	5-10

Remuneration table - Current Year (continued)

This table has not been subject to audit

		Current year					
		(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension - related benefits (bands of £2,500)	TOTAL (a to e) (bands of £5,000)
Name and title	Note	£000	£	£000	£000	£000	£000
Una Macleod: Non Executive Director (left 31/03/2024)		-	-	-	-	-	0
Tracey Christmas: Non Executive Director (left 31/07/2023)		-	-	-	-	-	0
Jonathan Lofthouse - Group Chief Executive Officer (started 07/08/2023)	5	140-145	0	0	0	415-417.5	555-560
Lee Bond: Group Chief Financial Officer (left 08.09.2024)	6	50-55	0	0	0	-	50-55
Mark Brearley: Interim Group Chief Financial Officer (started 09.09.2024)	7	25-30	0	0	0	-	25-30
Emma Sayner: Group Chief Financial Officer (started 02.12.2024)	8	30-35	0	0	0	-	30-35
Dr Katherine Wood: Group Chief Medical Officer (started Group role - 01/11/2023)	9	145-150	0	0	0	125-127.5	275-280
Simon Nearney: Group Chief People Officer (started Group role - 03/11/2023)	10	85-90	0	0	0	57.5-60	145-150
Amanda Stanford: Group Chief Nursing Officer (started 22/04/2024)	11	90-95	0	0	0	5-7.5	100-105
Shaun Stacey: Group Chief Delivery Officer (31/07/2024)	12	30-35	0	0	0	-	30-35

Remuneration table - Current Year (continued)

This table has not been subject to audit

		Current year					
		(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension - related benefits (bands of £2,500)	TOTAL (a to e) (bands of £5,000)
Name and title	Note	£000	£	£000	£000	£000	£000
Paul Bytheway: Group Chief Delivery Officer (started 10/06/24, left 31/10/24)	13	35-40	0	0	0	-	35-40
Ivan McConnell: Group Director of Strategy and Partnerships (started Group role - 01/11/2023)	14	80-85	0	0	0	47.5-50	130-135
David Sharif: Group Director of Assurance (started 04/03/2024)	15	65-70	0	0	0	32.5-35	95-100
Clive Walsh: Site Chief Executive - North (started 04/11/24)	16	75-80	0	0	0	62.5-65	140-145
Joanne Ledger: Interim Chief Nurse (not a Board member 24/25)		-	-	-	-	-	-
Dr Makani Purva: Chief Medical Officer (left 31/01/2024)		-	-	-	-	-	-
Ellen Ryabov: Chief Operating Officer (left 31/01/2024)		-	-	-	-	-	-
Suzanne Rostron: Director of Quality Governance (left 31/12/2023)		-	-	-	-	-	-
Shauna McMahon: Director of IT (left 26/11/2023)		-	-	-	-	-	-
Christopher Long: Chief Executive Officer (left 30/11/2023)		-	-	-	-	-	-

Remuneration table - Prior Year: 2023/24

This table has not been subject to audit

		Prior Year: 2023/24					
		(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension - related benefits (bands of £2,500)	TOTAL (a to e) (bands of £5,000)
Name and title	Note	£000	£	£000	£000	£000	£000
Sean Lyons: Chairman (started 1/2/2022)	1	35-40	4100	0	0	0	40-45
Stuart Hall: Non Executive Director and Vice Chair (left 31.12.2024)	2	15-20	0	0	0	0	15-20
Murray MacDonald: Non Executive Director and Vice Chair (started 01.01.2025)	3	-	-	-	-	-	-
Antony Curry: Non Executive Director (started 01/04/2019)		10-15	2300	0	0	0	15-20
Mike Robson: Non Executive Director (left 31/05/2024)		10-15	0	0	0	0	10-15
Linda Jackson: Associate Non Executive Director (started 01/04/2020)	4	10-15	0	0	0	0	10-15
Dr Ashok Pathak: Associate Non Executive Director (started 01/04/2021)		10-15	0	0	0	0	10-15
Jane Hawkard: Non Executive Director (started 21/08/2023)		5-10	0	0	0	0	5-10
Dr David Sulch: Non Executive Director (started 01/03/2024)		0-5	0	0	0	0	0-5
Helen Wright: Non Executive Director (started 03.06.2024)		-	-	-	-	-	-
Laura Treadgold: Non Executive Director (started 01.07.2024)		-	-	-	-	-	-

Remuneration table - Prior Year: 2023/24 (continued)

This table has not been subject to audit

		Prior Year: 2023/24					
		(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension - related benefits (bands of £2,500)	TOTAL (a to e) (bands of £5,000)
Name and title	Note	£000	£	£000	£000	£000	£000
Una Macleod: Non Executive Director (left 31/03/2024)		10-15	0	0	0	0	10-15
Tracey Christmas: Non Executive Director (left 31/07/2023)		0-5	0	0	0	0	0-5
Jonathan Lofthouse - Group Chief Executive Officer (started 07/08/2023)	5	95-100	0	0	0	0	95-100
Lee Bond: Group Chief Financial Officer (left 08.09.2024)	6	105-110	0	0	0	0	105-110
Mark Brearley: Interim Group Chief Financial Officer (started 09.09.2024)	7	-	-	-	-	-	-
Emma Sayner: Group Chief Financial Officer (started 02.12.2024)	8	-	-	-	-	-	-
Dr Katherine Wood: Group Chief Medical Officer (started Group role - 01/11/2023)	9	50-55	0	0	0	0	50-55
Simon Nearney: Group Chief People Officer (started Group role - 03/11/2023)	10	80-85	0	0	0	87.5-90	165-170
Amanda Stanford: Group Chief Nursing Officer (started 22/04/2024)	11	-	-	-	-	-	-
Shaun Stacey: Group Chief Delivery Officer (31/07/2024)	12	35-40	0	0	0	17.5-20	55-60

Remuneration table - Prior Year: 2023/24 (continued)

This table has not been subject to audit

		Prior Year: 2023/24					
		(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension - related benefits (bands of £2,500)	TOTAL (a to e) (bands of £5,000)
Name and title	Note	£000	£	£000	£000	£000	£000
Paul Bytheway: Group Chief Delivery Officer (started 10/06/24, left 31/10/24)	13	-	-	-	-	-	-
Ivan McConnell: Group Director of Strategy and Partnerships (started Group role - 01/11/2023)	14	45-50	0	0	0	40-42.5	85-90
David Sharif: Group Director of Assurance (started 04/03/2024)	15	0-5	0	0	0	2.5-5	5-10
Clive Walsh: Site Chief Executive - North (started 04/11/24)	16	-	-	-	-	-	-
Joanne Ledger: Interim Chief Nurse (not a Board member 24/25)		165-170	0	0	0	0	165-170
Dr Makani Purva: Chief Medical Officer (left 31/01/2024)		175-180	0	0	0	0	175-180
Ellen Ryabov: Chief Operating Officer (left 31/01/2024)		185-190	0	0	0	0.00	185-190
Suzanne Rostron: Director of Quality Governance (left 31/12/2023)		130-135	0	0	0	0	130-135
Shauna McMahon: Director of IT (left 26/11/2023)		45-50	0	0	0	62.5-65	110-115
Christopher Long: Chief Executive Officer (left 30/11/2023)		305-310	0	0	0	0	305-310

Notes

Non Executive Director roles are in the main specific to Hull University Teaching Hospitals NHS Trust, see notes below for exceptions.

All Executive roles in the table above are shared equally with Northern Lincolnshire and Goole NHS Foundation Trust (exception being Clive Walsh). The figures shown represent remuneration relating to Hull University Teaching Hospitals NHS Trust only.

1. Sean Lyons is Chair of both Hull University Teaching Hospitals NHS Trust (HUTH) and Northern Lincolnshire and Goole NHS Foundation Trust (NLAG). The salary banding 35-40 in the table above represents Mr Lyons' remuneration relating to HUTH only. Mr Lyon's total salary (both Trusts) falls within the salary banding 80-85.
2. Stuart Hall was a Non-Executive Director and Vice Chair of HUTH and Associate Non-Executive Director of NLAG until the end of December 2024. The salary banding 10-15 in the table above represents Mr Hall's remuneration relating to HUTH only. Mr Hall's total salary (both Trusts) falls within the salary banding 20-25
3. Murray MacDonald became a Non-Executive Director and Vice Chair of HUTH and Associate Non-Executive Director of NLAG from the beginning of January 2025. The salary banding 0-5 in the table above represents Mr Murray's remuneration relating to HUTH only. Mr Murray's total salary (both Trusts) falls within the salary banding 5-10.
4. Linda Jackson is an Associate Non-Executive Director of HUTH and Non-Executive Director and Vice Chair of NLAG. The salary banding 10-15 in the table above represents Ms Jackson's remuneration relating to HUTH only. Ms Jackson's total salary (both Trusts) falls within the salary banding 30-35.
5. Jonathan Lofthouse salary banding 140-145 in the table above represents Mr Lofthouse's remuneration relating to HUTH only. Mr Lofthouse's total salary (both Trusts) 24 falls within the salary banding 280-285
6. Lee Bond was Group Chief Financial Officer until September 2024. The salary banding 50-55 in the table above represents Mr Bond's remuneration in relation to HUTH only. Mr Bond's total salary (both Trusts) falls within the salary banding 100-105

7. Mark Brearley was Interim Group Chief Financial Officer during the period September - November 2024. The salary banding 25-30 in the table above represents Mr Brearley's remuneration in relation to HUTH only. Mr Brearley's total salary (both Trusts) falls within the salary banding 50-55
8. Emma Sayner became Group Chief Financial Officer from December 2024. The salary banding 30-35 in the table above represents Mrs Sayner's remuneration in relation to HUTH only. Mrs Sayner's total salary (both Trusts) falls within the salary banding 65-70
9. Dr Katherine Wood's salary banding 145-150 in the table above represents Dr Wood's remuneration relating to HUTH only. Dr Wood's total salary (both Trusts) falls within salary banding 295-300.
10. Simon Nearney's salary banding 85-90 in the table above represents Mr Nearney's remuneration relating to HUTH only. Mr Nearney's total salary (both Trusts) falls within the salary banding 175-180.
11. Amanda Stanford became Group Chief Nursing Officer in April 2024. The salary banding 90-95 in the table above represents Mrs Stanford's remuneration relating to HUTH only. Mrs Stanford's total salary (both Trusts) falls within salary banding 185-190
12. Shaun Stacey was Group Chief Delivery Officer until July 2024. The salary banding 30-35 in the table above represents Mr Stacey's remuneration relating to HUTH only. Mr Stacey's total salary (both Trusts) falls within the salary banding 60-65.
13. Paul Byetheway became Group Chief Delivery Officer during June 2024, leaving October 2024. The salary banding 35-40 in the table above represents Mr Byetheway's remuneration relating to HUTH only. Mr Byetheway's total salary (both Trusts) falls within the salary banding 75-80.
14. Ivan McConnell's salary banding 80-85 in the table above represents remuneration relating to HUTH only. Mr McConnell's total salary (both Trust's) falls within salary banding 160-165.
15. David Sharif's salary banding 65-70 in the table above represents Mr Sharif's remuneration relating to HUTH only. Mr Sharif's total salary (both Trusts) falls within the salary banding 130-135
16. Clive Walsh became site Chief Executive North in November 2024. The salary banding 75-80 in the table above represents Mr Walsh's total remuneration.

Remuneration Report Pensions Table

Name and title	(a) Real increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	(c) Total accrued pension at pension age at 31/03/2025 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31/03/25 (bands of £5,000)	(e) Cash Equivalent Transfer Value at 01/04/24 (£000)	(f) Real increase in Cash Equivalent Transfer Value (£000)	(g) Cash Equivalent Transfer Value at 31/03/25 (£000)	(h) Employer's contributions to stakeholder pension
Jonathan Lofthouse - Group Chief Executive Officer (started 07/08/2023)	20-22.5	47.5-50	80-85	200-205	1155	394	1661	0
Lee Bond: Group Chief Financial Officer (left 08.09.2024)	0	0	75-80	210-215	1717	0	1842	0
Mark Brearley: Group Chief Financial Officer (started 09.09.2024, left 30.11.2024)	0	0	0	0	0	0	0	0
Emma Sayner: Group Chief Financial Officer (started 02.12.2024)	0	0	0	0	0	0	0	0
Dr Katherine Wood: Group Chief Medical Officer (started Group role - 01/11/2023)	7.5-10	7.5-10	90-95	230-235	1800	136	2090	0
Simon Nearney: Group Chief People Officer (started Group role - 03/11/2023)	2.5-5	0	35-40	0	484	47	584	0

Name and title	(a) Real increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	(c) Total accrued pension at pension age at 31/03/2025 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31/03/25 (bands of £5,000)	(e) Cash Equivalent Transfer Value at 01/04/24 (£000)	(f) Real increase in Cash Equivalent Transfer Value (£000)	(g) Cash Equivalent Transfer Value at 31/03/25 (£000)	(h) Employer's contributions to stakeholder pension
Amanda Stanford: Group Chief Nursing Officer (started 22/04/2024)	0-2.5	0	0-5	0	0	5	9	0
Shaun Stacey: Group Chief Delivery Officer (31/07/2024)	0	0	20-25	0	699	0	343	0
Paul Bytheway: Group Chief Delivery Officer (started 10/06/24, left 31/10/24)	0	0	45-50	125-130	1069	21	1218	0
Ivan McConnell: Group Director of Strategy and Partnerships (started Group role - 01/11/2023)	2.5-5	0	25-30	0	381	42	470	0
David Sharif: Group Director of Assurance (started 04/03/2024)	0-2.5	0	15-20	20-25	266	27	327	0
Clive Walsh: Site Chief Executive - North (started 04/11/24)	2.5-5	0	0-5	0	0	57	67	0

Notes

Negative values are not disclosed in this table but are substituted for a zero.

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.

While the majority of the roles shown in the table above are shared equally with Northern Lincolnshire and Goole NHS Foundation Trust, the figures recorded represent the total pension benefits of each postholder

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.

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2025.

Staff Report

Workforce highlights

NHS Humber Health Partnership's group model across Northern Lincolnshire & Goole NHS FT and Hull University Teaching Hospitals is now maturing, seeing workforce integration across all sites and services.

The work continues to further refine the operating model and importantly, how our people fit and thrive in a workforce model that continues to evolve as we seek to provide the best possible services to our patients both in and out of hospital environments.

24/25 saw a major reduction in registered nursing vacancies following successful domestic and international recruitment campaigns, resulting in a significant drop in the requirement for agency cover. We also saw a drop in both turnover and sickness rates, which now rank among some of the best performance in the country. The Group is now focusing on reducing the number of senior medical gaps and is a key priority for 25/26

As a result of some significant change programmes, the Group has experienced a drop in National Staff Survey performance. In response, the Group will launch our "Putting Our People First" campaign in 25/26, which aims to holistically improve the employee experience. If we ensure our people have an excellent experience, so will our patients. This coincides with the launch of our new Group People Strategy for the next 3 years. Key themes of the strategy focus on Health & Well-being, Leadership & Talent Development, Culture & Engagement, including a focus on EDI and further work to enable the creation of agile workforces that reach beyond hospital boundaries.

Workforce Design

The focus remains on providing efficient, effective, high-quality services for our patients.

24/25 focused on the operational model as part of our Group design. This was successfully implemented, seeing the establishment of Care Group's, pan Group. This has enabled the design of patient pathways that utilise the full skill and experience of our entire Group workforce.

Hospital Community Diagnostics Centres (CDC) are being developed across our geography with direct patient and GP access. This avoids the need for hospital attendances, with appointments nearer to population centres. The associated workforce model has been designed to be transient between CDC's and hospital services enabling access to highly skilled and experiences clinical staff in the community.

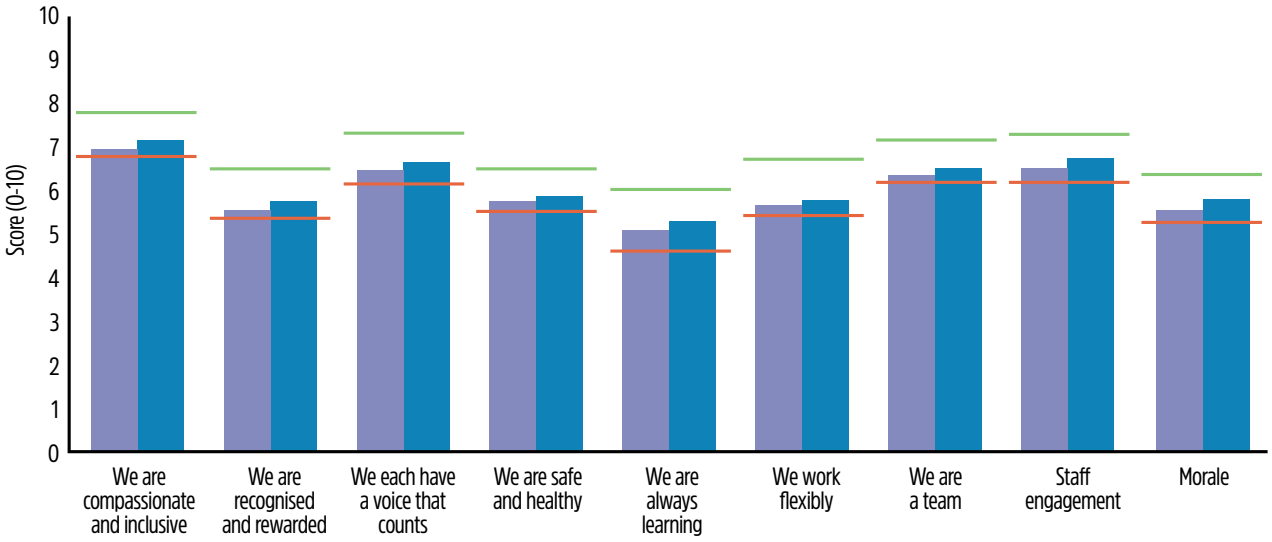
Digital enablers were also invested in seeing the implementation of the DrDoctor patient led booking system, this enables patients to be in far more control of their appointment and interaction with the hospital and has the potential to reduce hospital administrative tasks. In addition, artificial intelligence was also piloted alongside robotic process automation. These projects will be developed further in 25/26 but have the potential to replace transactional processes in both corporate and clinical environments to create more efficient and effective services.

25/26 will see a national overhaul of how corporate services are managed within hospital environments. This review seeks to improve the efficiency of services whilst exploring the opportunity for system-led services to release funds for direct patient care.

NHS staff survey

The National Staff Survey sets out trust performance against the seven key indicators in the national NHS People Promise, as well as scores for staff engagement and morale.

The survey ran between September-December 2024 and was completed by 48% of HUTH staff and 42% of NLaG staff. Overall the results show a deterioration in performance against all of the key indicators. Care Groups and Directorates have been asked to develop local plans for improvement and progress will be measured in our monthly performance meetings. A set of corporate actions to address issues in four main areas – Communication, Health and Wellbeing, Reward and Recognition and Essential needs – is being developed at board level.



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff engagement	Morale
Your org	7.02	5.69	6.40	5.93	5.49	5.85	6.53	6.47	5.75
Best	7.69	6.30	7.14	6.53	6.09	6.86	7.12	7.39	6.38
Average	7.21	5.92	6.67	6.09	5.64	6.24	6.74	6.84	5.93
Worst	6.61	5.24	5.95	5.54	4.76	5.60	6.26	5.98	5.13
Responses	4448	4449	4429	4434	4148	4426	4442	4449	4450

Equality, Diversity, Inclusion and Human Rights

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

The Trust has an Equality, Diversity and Inclusion Strategy which encompasses our Equality Objectives.

Our Equality Objectives focus on achieving legal and contractual compliance and progress against them is reported to Trust Board and monitored via the HHP Group EDI steering group.

The organisation has an Equality Impact Assessment (EIA) policy and procedure which ensured the integration of EIAs into Trust core business and to support this training continued to be delivered across the Trust.

A Humber Health Partnership Group EDI steering group is now in place and this group is chaired by an Executive Director. This steering group monitors progress against EDS actions and the EDI work plan.

In addition, the Trust's Workforce Race Equality Standard, Workforce Disability Equality Standard, Equality Delivery System 2022, Gender Pay Gap are reported as required to meet contractual and legal responsibilities.

Development of culture

In response to the evolving needs of our patients, staff, and community, we have redefined our organisational values to guide us towards excellence.

This initiative was a collaborative effort involving various stakeholders from across the NHS Humber Health Partnership, facilitated by the Organisational Development team with key contributions from leaders and staff.
We conducted 88 values sessions (67 face-to-face and 21 online) across Grimsby, Scunthorpe, Hull Royal Infirmary, and Castle Hill, engaging 658 staff members:
Led by an Executive Director, these sessions highlighted the importance of values in shaping organisational culture and driving performance. Participants reflected on their personal values and how they align with our mission, then brainstormed the core values for the NHS Humber Health Partnership.

Following the sessions, a Group-wide survey with 1,416 respondents helped refine the initial set of values. The feedback emphasised the need for values that resonate with both staff and patients, reflecting our commitment to excellence and continuous improvement.

The resulting values—Compassion, Honesty, Respect, and Teamwork—are now central to our organisation. We have created a Staff Charter and a new mission statement: "United by Compassion: Driving for Excellence." A pilot programme is underway to embed these values through educational initiatives, guiding our journey towards excellence and ensuring a positive impact on those we serve.

HHP Leadership Development

To support the development of a values led culture that starts to embed our Group Values and Staff Charter we have been focused on ensuring that there is access to leadership and personal development at all levels of the Trust.

The leadership development programmes across the Humber Health Partnership were on hold until the autumn of 2024 when we launched our Bite Size Leadership Development Workshops. These are half or full day workshops provided face to face across our hospitals or via Teams. This was the first stage in the consolidation of our Programmes across the Group. In January of 2025 the Great Leaders Programme for existing operational leaders was launched. Great Leaders is an 11 month cohorted programme that is offered on both the North and South banks of the Humber and runs twice a year. In partnership with Trans2Performance we have also provided Personal Mastery workshops and access to the T2 Hub Learning platform for leadership development.

In addition, we have supported our colleagues through Leadership and Management Apprenticeships from Level 3 up to Level 7.

Bitesize Leadership Programme:

96 members of staff across the Group have accessed the following workshops since the autumn.

- Civility and professionalism
- Effective wellbeing conversations
- Handling difficult situations
- Embracing the challenge of inclusive leadership
- Introduction to coaching
- Application and interview skills
- Beyond the Policy: HR through the Leadership Lens
- Goal setting and introduction to project management
- Essential skills for advanced communication

Coaching and Mentoring Network

HUTH has 19 trained coaches active in the network. All our coaches are offered group and individual supervision as well as CPD. There have been 52 coaching relationships in 24/25. Reasons for coaching were, Professional Development, Career Coaching, Confidence, and Managing Change.

HHP Care Group and Team Development
Care Group Development

We have been supporting the Care Group Directors and the Site Directors with the transition into the new Group structure, by providing team coaching for the Directors, providing internally and externally run workshops, facilitating a Director Development programme with our training partner Trans2Performance, and supporting the Directors facilitate timeouts for their Senior Leadership Teams.

Team Development

Falling out of and working in tandem with the Care Group Development, OD has been providing support for individual teams across all of the Care Groups and the Corporate functions. These have included Restorative Practice, Team Coaching, Situational Leadership Development, and team workforce culture transformation. Below is a snapshot of the teams we have worked with this year.

- ED (Groupwide)
- Cancer Network admin team
- Digestive Diseases Senior Nursing team
- Ophthalmology
- Theatres (HUTH)
- ICU (Groupwide)
- Cardiology ACPs
- Haematology CNS team
- Radiotherapy CNS team
- Pharmacy (Groupwide)
- Immunology
- Clinical Psychology
- Therapies (Groupwide)
- Procurement Services

Apprenticeships

In 2023-24, the Trust enrolled 151 colleagues onto apprenticeships, marking a 16% increase from the previous year.

Among these, 30 starters were aged between 16 and 18. By February 2025, there were 281 learners actively participating in programmes, bringing the total number of apprenticeship starts since the 2017 reforms to over 980.

This year, the team returned to full capacity with the appointment of the Apprenticeships and Support Staff Engagement Advisor, who has been diligently building connections and networks both within the Trust and externally to grow apprenticeship delivery. This has enabled the team to explore new apprenticeship standards, particularly those beneficial to support colleagues in AfC Bands 2-5, in areas such as engineering, project management, and data analysis. The appointment has also led to streamlined processes, the creation of new parent and carer guides, potential candidate guides, fact sheets, and the introduction of skills scans to help colleagues determine if apprenticeships are suitable for them.

A notable success continues to be the nursing programmes; Registered Nurse Degree Apprenticeship (Level 6), Trainee Nursing Associate (L5), Healthcare Support Assistant (L3) and Healthcare Support Worker (L2). Recruitment to these posts commenced during National Apprenticeship Week with a heavily promoted open evening. The response was overwhelmingly positive with over 300 prospective candidates and their families attending, significantly up from 150 the previous year. Following this, the Trust received 802 applications for the four nursing pathways, up by 78% on last year, with 118 interviews scheduled to take place in April 2025.

Learning Environment

Over the past year, our Group has made significant strides in enhancing the learning environments across all our facilities.

The focus has been on creating spaces that foster innovation, collaboration, and continuous professional development.

Across the North of the group at Hull University Teaching Hospitals we now have 5 main training facilities:

Castle Hill Hospital
Learning & Innovation Centre Surgical Skills Lecture Theatre

Hull Royal Infirmary
Medical Education Centre (MEC)
Hull Institute of Learning and Simulation (HILS)

The learning facilities across on the North bank at HUTH have welcomed over 9,000 visitors over the past 12 months. The number is lower than the previous year of 17,000, due to the fact that the team had lost their Castle Hill training facility, “Suite 22” to RAAC in the roof and the building had to be demolished. The learning that would usually take place within that venue was moved online or to external venues.

Following the loss of Suite 22, the opportunity was provided for a brand-new training facility – the Learning & Innovation Centre. This fantastic centre officially opened on 10th February 2025, and in its first week welcomed over 500 visitors! The centre provides a state-of-the-art facility for training and development including, bright seminar spaces, 4 bed ward, Surgical Skills Lab, meeting rooms, hot desk workspaces and breakout areas.

The Centre has been instrumental in providing a home for moving and handling training, delivering the Oliver McGowan training (which is the recommended learning for health and social care staff who work with autistic people) and the Learning and Development, Train the Trainer 2025 programs. The centre has also provided a venue on the Castle Hill site to host Group Induction for new starters. The centre is being very well received by trainers and trainees alike as it has allowed learning to move back to the classroom.

The learning and Simulation facilities across the Group have been well utilised. Within HUTH, the learning centres have been booked to 78% of their capacity over the last 12 months, the centres have availability over the school holidays when more of the workforce take their annual leave and therefore training attendance will be lower.

Activity is increasing across the board, as an example for the simulation service alone the team are now scheduled in to deliver 151 courses throughout 2025 as opposed to 60 in 2020.

Key Successes Over The Past 12 Months

Required Learning Programmes:

The group is developing a comprehensive education programme for all patient-facing roles, focusing on Resuscitation, Deteriorating Patient, and Sepsis.

This role-specific programme aims to enhance clinical knowledge, improve teamwork, and embed human factors awareness in managing deteriorating patients. The final proposal is expected by the end of June 2025.

Current training programmes related to resuscitation, deteriorating patients, and sepsis are under review to ensure they meet the desired learning outcomes. In response, a new simulation training initiative, ATHENS (Assessment, Treatment, Human factors, Escalation, News monitoring in Simulation), has been developed. Teams across the Group have collaborated on a national project with the NHSE Stat Mand Group to alleviate training pressures on NHS staff. Both HUTH and NLAG are required to align with the Core Skills Training Framework (CSTF), which will be relaunched in Summer 2025. This relaunch will specify the frequency at which core topics must be delivered.

The Group have received funding through the ICB to recruit a full time B5 post to deliver the Oliver McGowan training package, this has helped the organisations to deliver the training and across Group we are on target to meet the years training trajectory by 31st October 2025.

Workforce Development

The learning needs analysis (LNA) template has been developed and piloted within our Allied Health Professional teams and maternity services at HUTH and will be rolled out Group wide. The LNA process encourages senior leaders to identify skills gaps and plan for career progression and succession planning, ensuring our workforce is equipped with the necessary skills and knowledge.

With the opening of the new Learning & Innovation Centre, the Learning team has developed Train the Trainer 2025 programmes. These sessions are running throughout 2025 with the aim of upskilling colleagues in various topics including presentation skills, communication, memory and learning, and programme evaluation. The programmes are available to all interested colleagues across the Group.

Simulation and Surgical Skills

The Hull Institute of Learning and Simulation (HILS) team has conducted 44 in situ simulation sessions across various clinical areas, including Emergency Department, Acute Medical Unit, Intensive Care Unit, Labour Ward, and Paediatrics, to practice real-life scenarios and enhance team training. They also support training in CT Scan mobile units and community venues to boost emergency preparedness.

The Hull Institute of Learning and Simulation continues to run National and European courses, earning recognition from the Royal College of Surgeons of England for their organizational skills and high delegate satisfaction rates. They have received certifications for Basic Surgical Skills and Advanced Trauma Life Support courses, attracting many international candidates.

A Nurse Simulation Fellow has used manikins and moulage to create different grades of pressure ulcers, helping staff identify and manage them effectively. This project was featured in the Nursing Times Magazine.

Hull hosted the SPARK (Simulation Partnership for Advancing Regional Knowledge) Simulation conference in September 2024, attended by over 100 delegates. The network, led by Hull, aims to share best practices and knowledge. The next conference will be held at Scunthorpe General Hospital in September 2025.

The Surgical Skills team is collaborating with the University of Hull to source cadavers for the Human Tissue Licence, with cadaver courses starting at Castle Hill Hospital in June 2025. They have proposed a cold store at Castle Hill, HUTH, to facilitate easy access to donors, enhancing the Trust's reputation and attracting more surgical trainees, while also achieving significant cost savings. The proposal is currently under review.

Mediation Service

Demand for mediation remains consistently high across the Trust. Between 01/04/24 and 27/03/25 the Mediation Service received 17 Referrals. All cases allocated to a Mediator were resolved within 5 weeks of initial referral. A total of 5 Volunteer Trust Mediators were active during the last financial year, 3 working in the North and 2 in the South

Career Engagement

The Widening Participation team has been promoting NHS career opportunities by engaging with students across the Hull and East Riding region. The Trust's ambassador network has grown to 127 staff-members who have attended 67 events since April 2024. The team and career ambassadors have visited or supported 29 out of the 40-plus secondary schools and colleges this past year.

The Trust's Careers Engagement Advisor has evolved the bespoke Special Education Needs (SEN) experience of the workplace to mainstream schools. Working with the national Careers and Enterprise Company (the national body for careers education), this has enabled the Trust to offer students from 26 of the most socially and economically deprived schools in the region hands on "Introduction to Simulation Sessions", which focus on both the importance of the patient experience as well as highlighting multiple career opportunities.

The team have also focused on building partnerships with local authorities and other NHS Trusts in the region. This has included supporting T-Level students gain acute Trust experience as part of a collaboration with Humber NHS Foundation Trust and Hull City Council. A pilot project, 'Careers on Wheels', has also been developed with East Riding of Yorkshire Council's Social Care colleagues; this utilises the council's Adult Skills Bus to promote care and health opportunities to young people in the most rural parts of our community. The work of the Trust has earned it an overall rating of 'Achieving' in all 9 of the Careers and Enterprise Company's standards for careers education.

Standard	Score	Rating
1: Provide Meaningful opportunities	75%	Achieving
2: Be inclusive	94%	Exceeding
3: Evaluate and improve	55%	Achieving
4: Build Essential Skills	84%	Achieving
5: Prepare young people for application processes	83%	Achieving
6: Raise awareness of pathways to work	100%	Exceeding
7: Engage over the long-term	75%	Achieving
8: Partner with others	100%	Exceeding
9: Value the engagement	50%	Achieving

Work Experience

The team continues to collaborate with Hull City Council's Young People, Skills and Employability (YPSE) Service to expand the Trust's work experience offerings in Hull and the East Riding. This year's opportunities have increased by 35%, with 135 one- week placements taken up by Year 10, 12, and 13 students from local schools and colleges.

Alongside traditional block placements, the team has piloted full and half-day 'workplace experiences' for small student groups, focusing on themes such as EDI, communication, and patient experience. These initiatives offer students additional exposure to working in our Trust and provide a model for future growth, aligning with the government's plan to redesign work experience to offer varied opportunities for young people.

This collaboration has been mutually beneficial for the Trust, the local authority, and most importantly, the young people in Hull and the East Riding;
"Working with HUTH NHS Trust to provide work experience opportunities for young people across our region has been a great success. The collaborative approach and shared vision have significantly increased participation, motivating and inspiring young people and promoting career opportunities."
Steve Tomlinson, Head of Preparation for Adulthood at Hull City Council

Additionally, the Trust delivered a successful summer school programme for Sixth Form students aspiring to medical careers. Building on this success, more placements will be offered in 2025/26 as we grow our work experience options further.

Information on health and safety performance

The safety and statutory compliance team monitor performance related to occupational and fire safety and security strategy through the Health, Fire and Safety Group (HFSG).

This group consists of a mixture of management and union representatives looking at the wider picture with technical sub-groups reporting to it. Historically, this group reported and escalated items to Trust Sub-board Groups (such as Audit, Risk and Governance Committee etc.). In addition, regular highlight reports were submitted to the Joint Negotiating Consultative Committee (JNCC) and Trust Management Board (TMB). With the development of the Group and closer working with our HUTH partners work has commenced in developing the HFSG (and its HUTH counterpart) to closer align the reporting and escalation processes. This enables both partners to enhance the consistency and approach to safety management across the two organisations and the formation of Health Care Groups currently being implemented. This work will also see even more consistency in approaches to risk assessments, incident review and investigation of those incidents which may require reporting to outside agencies such as Health Safety Executive (HSE) and Care Quality Commission (CQC). The number of incidents for NLaG which met the threshold of reporting under RIDDOR for 2023/24 was 15, which is a slight increase on the previous year (12) which is reflective of increased operational activity and the significant capital schemes being undertaken. The period also saw the near completion of the installation of the new fire alarm system at SGH (due to be completed in 2024/25) which will result in fewer false alarms in subsequentyears.

Involvement of employees

Staff at the Trust have a number of ways to get involved in the work and developments of the Trust. All staff will be consulted or engaged with as part of any planned changes that have a direct impact. Some of these routes of engagement are:

- A monthly JNCC (Joint Negotiating and Consultation Committee Meeting) for Staffside representatives and a monthly JLNC (Joint Local Negotiating Committee) for medical staff
- Fortnightly policy sub-group meetings with representatives to discuss and agree policy updates
- Staff are also encouraged to engaged with various online forums which range from news letters to live video sessions
- Staff networks, including BAME, Disability and LGBTQ+ Staff Equality Networks.
- Our Staff Equality Networks have supported new equality group focussed engagement events during the year and planned and participated in 3 group wide conferences.
- The Trust now has 3 established Zero Tolerance to Discrimination Frameworks, designed in partnership with the staff network, to enable colleagues to report discrimination in order to have an intervention by the Trust to tackle and hopefully eliminate discrimination.

The success of our Staff Equality Networks is measured through our Workforce Disability Standard and Workforce Race Equality Standard reporting and the NHS Staff Survey results.

Staff policies and actions

Policy	Action
Polices for giving full and fair consideration to applications for employment made by disabled persons, having regard to their aptitudes and abilities	The group is in the process of implementing revised group- wide recruitment documentation and materials to ensure they are inclusive of information which encourages future applications of disabled candidates and sets out expectations and support available at a recruitment stage and during employment.
Policies applied for continuing the employment of, and for arranging appropriate training for, employees who become disabled during the period	The Trust has a number of staff equality networks, including a Disability Equality Staff network. We have incorporated feedback from the staff network to enable the development of a Disabilities and Long-Term Health Conditions (D and LTHC) policy and procedure, which has been implemented alongside a number of support mechanisms around guidance and managers toolkit aligned to this policy. The aim of this policy was to align and centralise information and guidance currently contained within several HR policies; this will provide a clear and consistent approach in one document. The aim of this policy is to support new employees coming into the Trust, employees with existing d isabilities and employees who may develop a disability. In respect of reasonable adjustments required to retain employment and wellbeing, a centralised budget has been created to support quick and efficient ordering of resources and equipment to ensure a fair and equitable process, also utilising support and guidance available via Access to Work where appropriate. The Trust has also developed a Dyslexia Guidance (including dyspraxia and dyscalculia), this provides a clear process for employees and managers to follow to gain appropriate assessments required, incorporating suggested reasonable adjustments and support available. The Trust has further developed the HR HUB site to bring together all information and resources for employees and managers in one place to ensure this is easily accessible. Managers are now being asked to complete an 'Individually Tailored Adjustment Agreement' with their employees to capture all reasonable adjustments required, this includes any requirements for disability leave, ensuring expectations are mutually agreed and any future changes in management does not affect the agreed arrangements in place. Work will continue to be developed with ongoing and future workstreams being driven by the Staff Disability Network as part of the NHS People Promise.
Policies applied for continuing the employment of, and for arranging appropriate training for, employees who become disabled during the period.	Redeployment Policy and Procedure has also been introduced to protect the employment of individuals whose employment may be at risk, including where this is related to a disability, affording priority access to vacancies. This includes the provision of reasonable training and/or support in order to secure suitable alternative employment.

Staff policies and actions continued

Policy	Action
Policies applied during the year for the training, career development and promotion of disabled employees.	The Disabilities and Long-Term Health Conditions Policy and Procedure and Dyslexia Guidance (including dyspraxia and dyscalculia) both include suggested adjustments and support available, the aim being to ensure the removal of any barriers to development opportunities wherever possible.
Actions taken in the year to provide employees systematically with information on matters of concern to them as employees.	The HR Hub page (intranet) incorporates a suite of information around the HR policies, including further guidance for employees and managers, templates/forms and Q&A documents. Development of this page and its content has continued to be reviewed and developed over the last year. This has been based on analysis of the calls to the HR Helpdesk, questions raised to the Exec and via the Trust Facebook page, feedback from employee relations cases, feedback from Staff Side colleagues, the Staff Network Groups and from the Staff Survey.
Actions taken to consult staff on a regular basis so that the views of staff can be taken into consideration in making decisions which are likely to affect their interests.	• Engagement via Union forums • Engagement through formal consultation processes • Localised team meetings and manager briefs • Group Chief Executive cascade • Ask the Chief Executive • Organisational survey's • A QI approach, empowering staff to own and direct change

Staff engagement and communications

In August 2023 the new Group Chief Executive joined the trust and looked to reinvigorate how the trust communicated and engaged with staff at both NLaG and across the NHS Humber Health Partnership's other trust Hull University Teaching Hospitals (HUTH).

Jonathan writes a weekly email to all staff across the group which is sent every Friday. On a regular basis he also produces a video of his message so staff who do not access their email regularly have another way to find out what is happening. Jonathan also introduced a monthly opportunity for staff to hear from him directly through an online Microsoft Teams environment. Called 'Ask the Chief Executive' the sessions are also attended by the rest of the executive team and, in each one, there is an opportunity for staff to ask questions, either live or in advance by completing a form. Each session is recorded and transcribed so staff who cannot attend have the opportunity to see or read what was communicated.

All the questions and answers, including those which are not answered in the live slot, are published on the trust's intranet which is called The Hub. Senior leaders in the trust are invited to quarterly briefing sessions with all the executive to be briefed on upcoming issues and to take part in workshops and team building activities.

During the course of the year staff had the opportunity to take part in the process to develop new values and behaviours for the group. Both face-to-face and online sessions were available and a similar process was being planned for the development of the new group strategy which is planned to be launched in July 2024.

New activity the trust continued to use existing methods to communicate information to staff including:

- A weekly Thursday email called 'Building our future' which focuses on the building works and digital changes taking place across the trust, which was extended to HUTH at the start of 2024
- Publishing regular content on the Trust's social media channels – particularly Facebook and X (formerly Twitter) – as well as new group channels which were set up in spring 2024. The trust continued to offer staff access to a private Facebook group, and this was extended to HUTH in spring 2024
- Publishing content on the trust's intranet – The Hub – ahead of the launch of a new joint intranet with HUTH which is called 'Bridget'.

Occupational health

Occupational Health (OH) is a specialist branch of medicine focusing on the health of staff in the workplace with specific duties under section 3(1) of the Health and Safety at Work Act 1974.

The OH team aim to identify what impact work may on staff health and ensure that staff are fit to undertake the role they are employed to do both physically and emotionally. OH provide impartial advice to staff members, managers, recruitment teams and the organisation as a whole to aid support in sustaining a functional workforce which may be impacted on by temporary or long term health difficulties. In line with the Humber Partnership Group the OH teams have central leadership and continue to build to a standardised OH service across the group in process, policy and delivery.

In line with 'Growing Occupational Health Wellbeing Together' strategy, OH will work in unified partnership with other key stakeholders such as OD, Health and Wellbeing Team, Staff Psychology and counselling services, Staff Physiotherapy and Occupational Therapy support services, Pastoral and Spiritual Care and HR. As part of our three year 'Health and Wellbeing plan' we aim to have a central point of access and support for the wellbeing of all the staff across the Humber Health Partnership Group.

Trade union facility time

The Trade Union (Facility Time Publication Requirements) Regulations 2017 requires employer, 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.'

Staff sickness absence data

Figures converted by DH to best estimates of required data			Statistics published by NHS Digital	
Average Full Time Equivalent (FTE) for 2023	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Days per FTE	FTE - Days Available	FTE - Days recorded Sickness Absence
8804.7	81003	9.2	3,213,709	13,1405

Key to table

- Source – NHS Digital: Sickness Absence and Workforce Publications, based on data from the ESR Data Warehouse
- Period covered – April 24 to March 2025
- Data items – ESR does not hold details of the planned working/non-working days for employees so days lost and days available are reported based upon a 365-day year
- For the Annual Report and Accounts the following figures are used:
  - The number of FTE-days available has been taken directly from ESR. This has been converted to FTE years in the first column by dividing by 365
  - The number of FTE-days lost to sickness absence has been taken directly from ESR. The adjusted FTE days lost has been calculated by multiplying by 225/365 to give the Cabinet Office measure

The average number of sick days per FTE has been estimated by dividing the FTE Days by the FTE days lost and multiplying by 225/365 to give the Cabinet Office measure. This figure is replicated on returns by dividing the adjusted FTE days lost by Average FTE.

2024/25 compared to 2023/24 and 2023/22

Indicators (People Promise and themes)	2024/25		2023/24		2022/23	
	Trust score	B.G.S.*	Trust score	B.G.S.*	Trust score	B.G.S.*
People Promise:						
We are compassionate and inclusive	7	7.2	7	7.2	6.9	7.2
We are recognised and rewarded	5.7	5.9	5.7	5.9	5.5	5.7
We each have a voice that counts	6.4	6.7	6.5	6.7	6.4	6.6
We are safe and healthy	5.9	6	5.99	6	5.7	5.9
We are always learning	5.5	5.6	5.4	5.6	5.1	5.4
We work flexibly	5.8	6.2	5.8	6.2	5.6	6.0
We are a team	6.5	6.7	6.5	6.7	6.4	6.6
Staff engagement	6.5	6.8	6.65	6.9	6.4	6.8
Morale	5.7	5.9	5.8	5.9	5.5	5.7

*Benchmarking group score

Response Rate

HUTH decreased its completion rate from 50% to 46% (4463 staff responded compared to 4620 last year)

Staff turnover

The latest information about the trust's staff turnover can be found on the NHS workforce statistics website: https://digital.nhs.uk/data-and- information/publications/statistical/nhs-workforce-statistics. This information is updated on a monthly basis.

Gender pay gap

Information on the trust's gender pay gap can be found on the Cabinet Office website (https://gender-pay-gap.service.gov.uk/) and more information is available on the trust website: https://www.nlg.nhs.uk/resources/gender-pay-gap-reports/

Age profile of staff

	2024/25
< 25	1007
26 – 35	2903
36 – 45	2594
46 - 50	1001
51 – 55	1154
56 – 60	1068
61-65	766
65 plus	246
Unknown	0
Total	**10839***

* includes permanent, fixed term, internal secondment, and maternity leave and VSM

Ethnic minority breakdown of staff

	2024/25	
	Number	%
Asian	1343	12.39
Black	456	4.21
Mixed	128	1.18
Other	279	2.57
Unknown	323	2.98
White	8310	76.67
Total	**10839**	**100**

* includes permanent, fixed term, internal secondment, and maternity leave and VSM

Analysis of gender distribution of staff 2024/25

	Female	Male	Total	Female %	Male %
Directors	10	12	22	45.45	54.55
Other Senior Managers #	324	135	459	70.59	29.41
Employees excluding the above	7959	2401	10358	76.82	23.18
Total	**8291**	**2548**	**10839**	**76.49**	**23.51**

* includes permanent, fixed term, internal secondment, and maternity leave and VSM
# Senior Manager is defined as any role at Band 8A and above

Staff profile

	Number of People
	2024/25
Add prof scientific and technical	282
Additional clinical services	1988
Administrative and clerical	2160
Allied health professionals	792
Estates and ancillary	709
Healthcare scientists	189
Medical and dental	1490
Nursing and midwifery registered	3190
Students	39
Unknown	0
Total	**10839**

* includes permanent, fixed term, internal secondment, and maternity leave and VSM

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 2024-25 was the Group Chief Executive Officer at £282,500 (2023-24: £267,500). This is a change of nearly 5.61% %. The relationship to the remuneration of the organisation's workforce is disclosed in the below tables.

	24/25 (£)	23/24 (£)	22/23 (£)
Median Pay	**36,483**	34,581	34,943
Pay Multiple	**7.74**	7.74	6.22
Average Pay	**45,845**	42,620	41,778
Average Pay (excluding highest paid Board member)	**45,822**	42,598	41,760
Highest paid Director – actual remuneration	**281,138**	267,750	216,380
Highest paid Director (mid-point of the £5k band)	**282,500**	267,500	217,500
Highest paid employee – actual remuneration	**277,371**	297,930	279,175
Highest paid employee (mid-point of the £5k band)	**277,500**	297,500	277,500
Change in median pay	**5.50%**	-1.04%	10.81%
Change in pay multiple	**0.10%**	24.27%	-5.41%
Change in average pay	**7.57%**	2.02%	6.36%
Change in average pay (excluding highest paid Board member)	**7.57%**	2.01%	6.36%
Change in highest paid Director pay	**5.61%**	22.99%	4.82%
Range of staff remuneration	**12,514 - 281,138**	12,514 - 297,930	9,405 - 279,175

Pay ratio information table

	2024/2025			2023/2024		
	25th percentile	Median	75th percentile	25th percentile	Median	75th percentile
Total remuneration (£)	**25,819**	**36,483**	**49,385**	24,336	34,581	45,550
Salary component of total remuneration (£)	**25,819**	**36,483**	**49,385**	24,336	34,581	45,550
Performance pay and bonuses (£)	**-**	**-**	**-**	-	-	-
Pay ratio information (multiple)	**10.9**	**7.7**	**5.7**	11.0	7.7	5.9

The Trust's highest paid director's remuneration is 7.74 times the median remuneration of the workforce (2023/24: 7.74 times), which is £36,483 (2023/24: £34,581), 10.9 times greater than the 25th percentile remuneration (2023/24: 11.0 times) and 5.7 times greater than the 75th percentile remuneration (2023/24: 5.9 times).

The median level of remuneration has increased by 5.5% and the remuneration of the highest paid Director has increased by 5.61%.

In 2024/25, 0 employees (2023/24: 6) received remuneration in excess of the highest paid director/member.

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.

During 2024/25 the Trust spent £1,528k on consultancy fees (2023/24: £620k).

Exit packages and severance payments

(subject to audit)

During 2024/25, 8 exit packages have been agreed, totalling £322k, the packages relate to compensation payments to former Directors, details are provided in the table below.

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies£s	Number of other departures agreed	Cost of other departures agreed£s	Total number of exit packages	Total cost of exit packages£s	Number of departures where special payments have been made	Cost of special payment element included in exit packages
		£s		£s		£s		£s
Less than £10,000	0	0	2	11,804	2	11,804	0	0
£10,000 - £25,000	0	0	2	29,472	2	29,472	0	0
£25,001 - £50,000	0	0	1	46,046	1	46,046	0	0
£50,001 - £100,000	0	0	3	234,927	3	234,927	0	0
£100,001 - £150,000	0	0	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0	0	0
Totals	**0**	**0**	**8**	**322,249**	**8**	**322,249**	**0**	**0**

There were 3 exit packages in 2023/24 totalling £240k.

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Pension Scheme. Exit costs in this note are the full costs of departures agreed in the year.

Remuneration and staff report

Staff Costs
(subject to audit)

			2024/25	2023/24
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	435,583	1,993	**437,576**	395,464
Social security costs	45,837	0	**45,837**	41,190
Apprenticeship levy	2,164	0	**2,164**	1,961
Employer's contributions to NHS pensions *	78,563	0	**78,563**	61,571
Pension cost – other	146	0	**146**	203
Other post-employment benefits	-	-	**-**	-
Other employment benefits	-	-	**-**	-
Termination benefits	-	-	**-**	-
Temporary staff (including agency)	0	14,771	**14,771**	11,780
Total gross staff costs**	**562,293**	**16,764**	**579,057**	**512.169**
Of which: Costs capitalised as part of assets	1,191	156	**1,347**	1,485

* The employer's contribution to NHS pensions figure includes the additional 9.4% (£31.258m) for which there is a corresponding entry on income (23/24: 6.3% and £18.791m).

Staff turnover for 2024/25 was 7.7% (23/24: 10.6%).

Off payroll engagements

It is an HM Treasury requirement for public sector bodies to report arrangements whereby individuals are paid through their own companies (and so are responsible for their own tax and NI arrangements, not being classed as employees). These arrangements are known as 'off-payroll engagements'.

Length of all highly paid off-payroll engagements

For all off-payroll engagements as of 31 March 2025, for more than £245* per day:

	Number
Number of existing engagements as of 31 March 2025	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 reporting	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 2024 and 31 March 2025, for more than £245 per day:

	Number
No. of temporary off-payroll workers engaged between 1 April 2024 and 31 March 2025	0
Of which,	
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 2024 and 31 March 2025:

	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.	25

Average number of employees (WTE basis)

(subject to audit)

			2024/25	2023/24
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Medical and dental	1,360	103	**1,463**	1,507
Ambulance staff	-	-	**-**	-
Administration and estates	1,691	6	**1,697**	1,709
Healthcare assistants and other support staff	630	45	**675**	646
Nursing, midwifery and health visiting staff	3,379	72	**3,451**	3,416
Nursing, midwifery and health visiting learners	43	0	**43**	43
Scientific, therapeutic and technical staff	1,237	20	**1,257**	1,199
Healthcare science staff	273	0	**273**	264
Social care staff	0	0	0	0
Other	1	0	1	1
Total average numbers	**8,614**	**264**	**8,860**	**8,785**
Of which: Number of employees (WTE) engaged on capital projects	23	0	**23**	32

Annual governance statement

...for hull university teaching hospitals NHS trust 2024-25

1 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.

As an Anchor institution the Trust influences the health and wellbeing of communities, creates social value in the local area and acts as a large local employer or procurer of services.

This Annual Governance Statement relates to Hull University Teaching Hospitals NHS Trust (HUTH) and also refers to the new Group development (Humber Health Partnership Group, HHP) with Northern Lincolnshire and Goole NHS Foundation Trust (NLAG).

2 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 HUTH, 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 HUTH for the year ended 31 March 2025 and up to the date of approval of the annual report and accounts.

3 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. An updated strategy and policy will be approved by the Trust in 2025 as part of the continuing work to harmonise system and processes across the two trusts.

The current policy describes the organisation's approach to risk and risk management. It defines the leadership roles within the Trust for risk management. 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 the corporate level and the way in which this informs the strategic risk managed by the Trust Board. This is also described in more detail below.

The Board's Committee-in-Common structure provides assurance on, and challenge to, the Trust's risk management process. All Committees are chaired by Non- Executive Directors to enhance independent scrutiny, and there are key structures in place to ensure quality, safety and management of risk, whilst providing the mechanism for managing and monitoring risk for assurance reporting to the Trust Boards-in-Common. Executive Directors then provide leadership on the management of key areas of risk relevant to their roles and provide representation across the Board committee structure.

The Audit, Risk and Governance Committees-in-Common has oversight of the internal control and overall assurance processes associated with managing risk, and in turn provides assurance to the Trust Boards-in-Common in relation to all aspects of governance, risk management and internal control.

The Trust continues to play a full part in the Humber and North Yorkshire Integrated Care System (ICS), including membership of the Collaboration of Acute Providers, the Community Collaborative and the Place Partnership Boards for Hull, East Riding of Yorkshire, North East Lincolnshire and North Lincolnshire.

The Risk Management Policy describes the organisation's approach to risk and risk management. It defines the leadership roles within the Trust for risk management. The Trust's mandatory training programme included training on specific risk topics such as fire safety, safeguarding, counter fraud, information governance, moving and handling, and infection control. Staff duties and responsibilities were also regularly reinforced in respect of reporting incidents and duty of candour. Whilst not mandatory, training was provided on Root Cause Analysis in support of the Trust's arrangements for investigating and managing incidents.

4 The Risk and Control Framework

4.1 The Management of Risk

The Trust is committed to the clinical and non-clinical management of risk in order to improve the quality of care and provide a safe environment for the benefit of patients, staff and visitors by reducing and, where possible, eliminating the risk of loss, harm or damage, protecting its assets and reputation. This is achieved through a process of identification, analysis, evaluation, control, action, elimination or transfer of risk.

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 Care 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.

This process has been refined in 2024/25 following the development of the new Care Group structures across the two Trusts and lack of timely review.

At Trust Board level, the Boards-in-Common assess their 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, Estates and Finance Committees-in-Common and the more detailed quality issues at the Board's Quality and Safety Committees-in-Common.
The positive assurance and gaps in assurance are captured in the Board Assurance Framework, reviewed quarterly by the Trust Board and its committees.

From December 2024, the Group Risk and Compliance Committee was established with the purpose of strengthening risk management across the Group and addressing reported weaknesses. This is in alignment with the monthly Care Group Performance meetings where risks are monitored and challenged by the Executive Team. New high-scoring risks are notified to the Group Risk and Compliance Committee whilst lower-scoring risks are discussed at the Care Group
/ Corporate team meetings. All Board Assurance Framework risks and the high-scoring risks are now scrutinised at the Group Cabinet Risk and Assurance Committee.

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.
The Trust also transitioned from the serious incident framework to Patient Safety Incident Response Framework(PSIRF) in April 2023.

Responsibility for the management / control and funding of a particular risk rests with the Directorate / Care Group concerned, in line with the principles of devolution within the Trust, and in accordance with the Scheme of Delegation. Where action to control a particular risk falls outside the control/ responsibility of that domain, such issues are escalated to the Executive Group meeting or Trust Boards-in- Common for a decision to be made.

The Trust's Mortality Improvement Group has overseen the formulation and implementation of a new 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 these reviews, reported to the Quality and Safety Committees-in-Common on a quarterly basis. The Quality and Safety Committees- in-Common 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.

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, Risk and Governance Committees-in-Common and the Boards-in-Common keep oversight of the Trust's and combined Group's risk positions 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 Quality and Safety Committees-in-Common in December 2024.

The Group'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, concerns and sharing learning when specific initiatives or incidents have occurred. These communications the consequences arising from information governance incidents investigations during the year.

The Group's website is also fully compliant with the latest accessibility requirements. The website provided members of the public with easy and timely access to information across all areas of Trust activity. The Trust also made efforts to publicise timely information via e-mail, social media channels such as Twitter and Facebook and, where appropriate, by liaising with the local media.

4.2 Freedom to Speak Up Guardians

The role of the Freedom to Speak Up (FTSU) Guardians and promotion of these roles to staff continue to be of great importance across the Group. The Group has adopted and follows National Guardian Office recommendations. The FTSU Guardians continued to attend both national and regional conferences and meetings to ensure that the FTSU service was being delivered in line with current guidelines and the Guardians continued to work in partnership with the Trust and Unions to promote 'Speaking Up' as business as usual. The Group has a FTSU strategy which includes the following objectives:

- Encourage Everyone to Speak Up Better
- Create a Culture where staff were listened to
- Use information provided by Freedom to Speak Up concerns to help develop a 'learning culture' within the organisation.

5 Principal Risks to Compliance with the NHS Provider Licence Conditions

The following section provides oversight of the Trust's risk identification and categorisation process. It concludes with a section detailing any principal risks to compliance with the NHS provider licence conditions, particularly the:

- effectiveness of governance structures;
- responsibilities of directors and 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 (using a score of 1 to 5) and the severity of impact (using a score of 1 to 5), 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.

- Each Care 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.
- The high-rated operational risks from each area are reviewed by the Group Risk and Compliance Committee. The Committees will escalate any high- rated risk that they assess as beyond reasonable management by an individual care group or corporate service and represent a wider risk across the organisation.
- This process has been reviewed in 2024/25 as part of the developing Group model and changes to governance structures and Internal Audit have provided a number of recommendations.
- The Group Cabinet Risk and Assurance Committee review the Board Assurance Framework (BAF) and high-scoring risks on a monthly basis. This Committee consists of the Group Chief Executive and Executive Board members.
- The high-scoring risks (risks of 15 and above) 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 risk helps the Trust Board identify the broader risk profile faced by the Trust and whether this impacts on achieving the Trust's strategic goals.

5.1 Risk Reporting 2024/25

The Risk Teams at HUTH and NLaG have recently harmonised and the risk process aligned. The Risk Management processes have been audited by the Internal Auditors and are being developed alongside the embedding of the Care Group structure. The Care Group triumvirates and Site Directors now receive risk register reports monthly for oversight and management of risks including consistency of scoring. In 2025, risk register Key Performance Indicators will be developed for Care Groups and Performance and Accountability review meetings with Care Groups to support monitoring and compliance requirements.

The table below highlights the Care Groups and the number of high-scoring risks by rating as at March 2025:

Care Group / Corporate Directorate	15	16	20	25	Total
Acute And Emergency Medicine		7	2	1	10
Cancer Network		2			2
Cardiovascular	3	2			5
Chief Nurse	1	3	1		5
Digestive Diseases		1			1
Digital	2	2			4
Estates and Facilities		3	7		10
Family Services		3	1		4
Head And Neck	3	1			4
Major Trauma		1			1
Pathology Network	1				1
Specialist Cancer And Support Services	8	4	3		15
Specialist Medicine Care Group	1	1	2		4
Specialist Surgery	2	3	1		6
Theatres, Anaesthetics and Critical Care	2	3			5
Transformation	1	1			2
Total	**24**	**37**	**17**	**1**	**79**

Each of the above risks were monitored through the Group Risk and Compliance Committee and the relevant high-scoring risks are also presented to the Committees-in-Common and the Boards-in-Common. The Executive Team also receive the high-scoring risks at the monthly Group Cabinet Risk and Assurance Committee.

5.2 Board Assurance Framework

The Group BAF covers all the strategic risks for HUTH and NLaG. The table below shows the Board Assurance Framework strategic risks and their ratings at March 2025.

Risk Category	Strategic Risk	Risk Rating
Achieving upper quartile performance	We aim to achieve upper quartile performance through transformational change and by harnessing the energy of the organisation and creating a culture of improvement.	20
Listening to our patients and keeping them safe	We aim to listen to our patients and keep them safe by learning from mistakes. However, if we do not listen actively, we will give patients a poor experience, sustain avoidable harm and the Group will attract regulatory sanctions.	20
Developing research and innovation capabilities	We aim to expand our research and innovation capabilities by developing a strong brand. However, if we fail to develop sufficient skill sets and resources, we will not be able to exploit all the income sources to achieve this and attract high calibre staff into research posts.	12
Playing an active role in our health and care system	We aim to play a leading role in our health and care system, by being a prominent advocate for the Humber region, outward-facing with a clear, consistent case for its investment and regeneration. However, if we fail to unite internally and attract investment, we will experience little progress towards addressing our health inequality challenges.	12
Developing our digital infrastructure	We aim to develop our digital infrastructure and wider connectivity through a robust digital delivery function that matches Group needs with adequate capital and revenue funds. However, if the Board fails to commit to the digital benefits and we have an unclear line of sight to the benefits sought, we will own a weak plan to deliver and to monitor transformation, resulting in insufficient transformation of our operations.	16
Using major capital effectively	We aim to use major capital infrastructure and investment effectively. However, if we fail to identify sufficient capital sources for equipment, digital and estates, and to address estate deficiencies, and produce a weak capital plan, and then experience unexpected capital growth or plan ineffectively across schemes in-year, we will face unpredictable capital demands, access issues for our patients and not deliver transformational change for the benefit of our patients.	15
Achieving financial sustainability	We aim to achieve financial sustainability through strong financial stewardship. However, if we fail to agree and communicate clear, balanced finance plans that are mutually beneficial to the Group and system partners, with aligned activity and workforce actions, then a failure to engage with teams and to set controls that are consistent and / or appropriately delegated, will result in overspent budgets and little change in practice.	16

In respect of any principal risks to compliance with the NHS provider licence conditions, the Board's assessment at the end of the year was as follows: whilst all risk areas on the Board Assurance Framework received some positive assurance throughout the year, the Achieving Financial Stability risk achieved significant progress. This was downgraded from a 25 (5 likelihood x 5 impact) to 16 (4 likelihood x 4 impact) due to mitigations such as embedding a revised Project Management Office to support CIP delivery focused on recurrent savings and the transformation programme, achieving a significant cost improvement programme in-year, Care Group transformation and the assistance of an external company assisting the Trust with its CIP programme.

In 2024/25 as part of a strategic approach to risk management through the Board Assurance Framework, each of the Committees-in-Common receive the Board Assurance Framework every quarter and any risk movements are highlighted and communicated to the Board.

5.3 Group People Strategy

The Group updated its People Strategy in 2025 and the Boards-in-Common approved it in February 2025. The strategy sets out five workforce themes which have been informed and shaped by our people, partners and key stakeholders. The Trust's National Staff Survey results shows a decline to the lower quartile nationally and the strategy responds to these results. The implementation of the strategy will build on the basics of enabling a solid psychologically safe environment, whilst pushing the boundaries and practicalities of what a positive and healthy staff experience should look and feel like.

The Trust complies with the Developing Workforce Safeguards recommendations using existing staffing data to make an assessment of staffing levels in each Care 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 Committees-in-Common.

5.4 Equality, Diversity and Inclusion

The new Group People Strategy 2025-28 outlines that the Group will have allyship programmes that:

- proactively educate all staff to reduce instances of discrimination; and
- work with communities to ensure they understand that discrimination or abuse towards staff is unacceptable.

The Group will implement systems to ensure equal access to career opportunities for all staff, regardless of ethnicity, disability, or gender identity. In 2024/25, the key points to note are:

- The expansion of anti-ableism frameworks across the Group, embedding policies into the governance arrangements
- Group formalisation of a Disability Staff network
- Group recruitment practices will align with Disability Confident standards, offering EDI panel representation
- Zero Tolerance to Racism policy is in place
- HUTH BAME Staff Network in place
- LGBTQ+ Staff Network in place
- Tailored support for internationally educated staff, including cultural competency training, extended onboarding and practical relocation assistance.

5.5 Care Quality Commission

The Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC).

The Trust continues to work closely with the CQC, Integrated Care Board and NHS England. The clinical teams are continuing to make progress in key areas with support given from the Governance Team regarding the collation and submission of evidence to the regulators.

There are action plans in place due to the section 31 notice received in Maternity Services in 2022. These plans are scrutinised at the Committees-in-Common and the Boards-in-Common. Regular meetings are held with the CQC Team to review progress of the actions and when the threshold to lift the section 31 notice is met.

6 Conflicts of Interest

The Trust maintains a register of Directors' interests which is reviewed by the Trust Board annually and published through the Trust Boards-in-Common public meeting papers and within the Trust's Freedom of Information publication scheme. 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 'Managing Conflicts of Interest in the NHS' guidance) within the last twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

7 NHS Pension Scheme

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.

8 Environmental Sustainability

The Trust has a Board-approved Green Plan 2022/25. This plan demonstrated the Trusts commitment to sustainability, incorporating the requirements of the NHS Delivering a Net Zero NHS report and the NHS Long Term Plan.

The Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensured that its obligations under the Climate Change Act 2008 and the Adaptation Reporting requirements were complied with.

The Green Plan incorporated a working action plan to address our progress towards Net Zero, a document which will grow as the impact of our work, projects and capital investments develop.

Our reporting processes were robust and ensured the Trust complied with the UK Climate Change Act (2008) projections for the reduction of carbon. In addition to this, working with partners to reduce energy consumption, the Trust will be supported in the development of a road map to Net Zero, ensuring we comply with the targets set within the Net Zero report, which is now incorporated into the Green Plan advancing from 2022/25. The trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

9 Review of Economy, Efficiency and Effectiveness of the Use of Resources

The Performance, Estates and Finance Committees -in-Common 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, Estates and Finance Committees -in-Common report to the Boards -in-Common, including escalation of any areas of concern. Further detail on the work of the Performance, Estates and Finance Committee is contained in the 'review of effectiveness' section below.

10 Information Governance

The Group continues to strengthen its Information Governance Framework and this includes the following arrangements:

- the Group Medical Officer as the Caldicott Guardian
- The Group Director of Strategy and Partnerships is the Senior Information Risk Owner
- The Group has a dedicated Data Protection Officer who is also the Lead for Information Governance
- active Information Governance Groups meet monthly and feed directly into the Audit, Risk and Governance Committees-in-Common
- an Information Governance Strategy and collection of Information Governance related policies along with a number of dedicated IT Security policies
- the Group has a dedicated Chief Digital Officer (CDO)
- for NLaG and HUTH the Group Chief Strategy and Partnership Officer serves as the Senior Information Risk Owner (SIRO)
- a dedicated IT Security Manager
- the Group's Information Governance Team continues to monitor Information Governance incidents to ensure that the Group meets the statutory reporting timescale of 72 hours to the Information Commissioners office for any breach that meets the criteria.

The Trust has reported one Data Security and Protection Breaches in 2024/25 to the ICO as classified in the DSP Toolkit Incident Reporting Guidelines. The Information Commissioner's Officer had acknowledged receipt and the Trust was awaiting further response. There has been no regulatory action taken against the Trust at this stage.

11 Data Quality & Governance

High quality data plays a key role in designing, implementing, and measuring improvements in patient care and patient safety, both within the Trust and on a system level. Quality data requires consistency, accuracy, completeness and needs to be processed efficiently and in a timely manner.

Both Trusts within the Group have data quality strategies with over-arching governance. As part of the migration to Group harmonisation these have been amalgamated in 2024/25 into a single strategy with oversight from an integrated Data Quality Steering Group. This Steering Group will commission, design and conduct a regular review of internal as well as external data quality reports including the monthly Secondary Uses Services and Data Quality dashboard reports.

Based on information published in the Secondary Uses Services and Data Quality dashboard both sovereign Trusts are in line with, or exceeding, national valid percentage rates in all but one of the data items routinely monitored nationally.

The Trust participates in a commissioning Activity Recording Panel that ensures that any proposed changes to the recording of Trust data and income generation are approved by a panel of subject matter experts prior to any change being made.

The Group Performance Team ensures all changes to the national performance framework are incorporated within relevant Trust / Group Policies and operational processes. The team undertakes remedial training and / or process correction where deviation from best practice is detected via internal monitoring, internal audit, and/or national audit as part of the annual Quality Account process.

In addition to routinely reviewing data quality relating to key performance measures, the Trust has commissioned and implemented sophisticated monitoring tools to mitigate and minimise the number of data challenges that are received from local and national commissioners. These tools proactively identify recording gaps and enact remedial correction of records in advance of commissioner challenge to mitigate risk of losing contractual income. Examples include use of the LUNA (digital nerve centre) model and RAIDR (health intelligence tool) model (Vital Hub commissioned) to identify Data Quality issues relating to Referral to Treatment (RTT) patient tracking lists.

An Integrated Performance Report which outlined the Trust's key performance indicators was submitted to the Committees-in-Common monthly for detailed review and challenge. Any issues are highlighted to the Boards-in-Common.

12 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 Group's key Quality Priorities have been identified as:
- Deteriorating Patient and SEPSIS
- End of Life Care
- Medication Safety
- Mental Capacity

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 Quality and Safety Committees-in-Common.

13 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 Boards-in-Common, the Audit, Risk and Governance Committees-in-Common, the Quality and Safety Committees-in-Common and the Performance, Estates and Finance Committees-in-Common and a plan to address weaknesses and ensure continuous improvement of the system is in place.

13.1 The Boards-in-Common

The Trust Board is accountable for all aspects of the performance of the Trust. The Boards-in-Common met in public on six occasions during 2024/25 and was quorate at all meetings. The attendance of each individual Board member is set out in this Annual Report and on each copy of the Boards-in-Common minutes. The Boards- in-Common work towards an annual work plan including statutory and mandatory requirements. Arrangements for the discharge of statutory functions by the Boards- in-Common have been checked for irregularities and were found to be legally compliant.

The Boards-in-Common have six committees in 2024/25 which have discharged their responsibilities. In addition to the statutory requirement for an Audit Committee, Risk and Governance Committees-in-Common and a Remuneration Committees-in- Common, the Boards-in-Common have a Performance, Estates and Finance Committees-in-Common, a Quality and Safety Committees-in-Common and a Workforce, Education and Culture Committees-in-Common. A Charitable Funds Committee is in place for the management of charitable funds held at the Trust. All Board Committees-in-Common are chaired by a Non-Executive Director and have Non-Executive Director and Executive Director membership (except for the Remuneration Committees-in-Common which is solely Non-Executive Directors). An attendance record is kept for the Board and each of its Committees-in-Common.

13.2 The Audit, Risk and Governance Committee including internal audit

The Audit, Risk and Governance Committee met five times during 2024/25, which is the required number as set by its Terms of Reference and was quorate for all meetings. The Audit, Risk and Governance Committee became a Committees-in- Common from January 2024 in shadow form and in an official capacity from April 2024 and both the new terms of reference and workplan were approved by the Boards-in-Common and reviewed at the first meeting.

The Audit, Risk and Governance 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, Risk and Governance Committee. There are standing agenda sections for external audit, internal audit and counter-fraud. Other agenda items are scheduled at regular intervals during the year and these include the draft and audited Annual Accounts, Going Concern status, review of the Board Assurance Framework, data protection and cyber reports and a number of routine management reports in line with its agreed annual work plan.

The Trust's local Counter-Fraud specialist did not raise any issues of internal control or gaps in assurance in 2024/25. However there was one audit that resulted in 'no/minimal assurance' which was the Stock and Inventory Management Audit.

Head of Internal Audit Opinion

The internal audit programme for 2024/25 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 2024/25 gave an overall opinion that 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 Audit, Risk and Governance Committee has reported serious gaps in control during the year to the Group Chief Executive and Board.

13.3 Board Committees with a Role of Risk Management including Clinical Audit

The Performance, Estates and Finance Committees-in-Common met on 11 occasions in 2024/25 which is in line with their 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 Care Groups and their contribution to the Trust's underlying run-rate issues. The Committees-in-Common have also monitored capital expenditure in line with plan. The Non-Executive Director Chairs of the meeting provided a briefing to the Board each meeting on these areas.

The Quality and Safety Committees-in-Common met on 11 occasions, in line with their Terms of Reference. Key issues discussed related to the compliance with the Learning from Deaths national requirements, Research and Innovation and Mental Health patient updates. Maternity Services, in particular CQC actions and CNST compliance have been a priority throughout the year. CQC actions were also monitored at the Committees-in-Common. The Committees-in-Common received annual reports relating to Safeguarding, Infection Control, Research, Innovation and Development, Patient Experience, Medicines Management, Patient Reported Outcome Measures (PROMS), Medication Safety, End of Life, Organ Donation, Clinical Audit and Patient Safety Incident Response Framework (PSIRF). Each meeting also received a report from each of the Quality Committee Sub- Committees which included any point of escalation. The Boards-in-Common were advised of any escalation issues following each meeting by the Non-Executive Director Quality Committee Chairs.

The Workforce, Education and Culture Committees-in-Common met on 12 occasions, in line with their Terms of Reference. Key issues discussed related to nurse and medic staffing capacity, CQC action progression, mandatory training and job planning compliance. The Freedom to Speak Up and Guardian of Safe Working Guardians presented quarterly updates to the CIC. The workforce performance report was also presented at every meeting so that the CIC could review issues and trends. The Boards-in-Common were advised of any escalation issues following each meeting by the Non-Executive Director Workforce Committee Chairs.

The Capital and Major Projects Committees-in-Common met on six occasions, in line with their Terms of Reference, during 2024/25. All of the meetings were quorate in 2024/25. Agenda items included the Community Diagnostics Centre developments, major developments such as the Castle Hill Day Surgery, the Humber Acute Services Review, the Digital Plan, the EPR business case review and the Public Sector Decarbonisation Scheme.

The Remuneration Committees-in-Common met six times during 2024/25. The Committees-in-Common was quorate for all meetings. Agenda items included annual Group Executive Director Appraisals, recruitment and succession plans, new recruit reports and a review of the Terms of Reference.

13.4 Other Review and Assurance Mechanisms

The Boards-in-Common have previously agreed a framework for Board Development and has chosen to invest additional Board time in development. The Boards-in-Common held four development sessions during the year.

Quality governance arrangements are in place, managed through a team of Quality Assurance 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. A Group wide review of the Quality Strategy and plan is being undertaken in 2025 and the actions from this will be monitored through the Quality and Safety Committees -in-Common. These are identified through internal compliance and quality checks, internal audit reports, CQC inspection reports and other internal processes. The Quality and Safety Committee monitors and provides assurance to the Trust Board by way of a highlight report.

The Workforce, Education and Culture Committees-in-Common 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.

In 2024/25, the Trust declared four Never Events, the Trust declared one Never Event in 2023/24.

14 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. As part of their plan, Internal Audit carried out audits of the following areas in 2024/25; Annual Leave, inventory management, BAF and risk management, data quality (Integrated Performance Report), Care Group Governance, Data Security and Protection Toolkit and recommendations follow up.

The Audit, Risk and Governance Committees-in-Common met five times in the year. Its three members are appointed by the Board of Directors from among the Non- Executive Directors. Minutes of the Committee's meetings and highlight / escalation reports are submitted to the Board of Directors.

RSM currently provide Internal Audit Services for HUTH. This provides an independent and objective opinion on the extent to which risk management, controls and governance arrangements support the effective operation of the Trust and the Head of Internal Audit and/or the Internal Audit Manager usually attends the Audit, Risk and Governance Committees-in-Common meetings. Further details are captured in the Annual Report.

15 Significant Internal Control 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 and further improvements to flow are required.
- The 2024/25 Staff Survey results were in the lower quartile with staff engagement requiring further work. Actions are underway to improve staff engagement with each quarter focusing on a different area of improvement. Q1 of 2025/26 focuses on Communication and Engagement.
- The Trust is in Tier 1 for cancer delivery. Work is ongoing with the Regional Office on recovery that is likely to take two years to complete
- HUTH A&E 4-hour standard (all types) delivery remains below target. Three critical front door actions have been identified which are, reducing non- admitted breaches, time to first clinician and improving frailty assessment. A robust action plan and flow programme are in place to address theissues.
- The waiting list volume continues to increase mainly due to an increase in referrals. An automated waiting list validation product (LUNA ROVA) has been commissioned and will be trialled in 2025
- Addressing the Trust's/Group's underlying financial position as part of a system financial plan. A challenging CIP programme will be in place in 2025/26 and support will be given to the Care Groups to reduce the unidentified gap and achieve a balanced plan
- Securing capital funding to address all critical and long-term infrastructure requirements
- The Group is committed to developing a culture that values, protects and prioritised colleagues inclusively whilst promoting excellence in patient care. The People Strategy 2025–28 sets out how this will be achieved
- HUTH has been issued with three Section 28 notices in 2024/25. The areas related to patients with learning difficulties, delayed emergency response and ambulance handover and care post discharge. The Trust is working through the investigation process to ensure actions are in place to address the issues

The Group acknowledges that 2025/26 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 possible, in 2025/26.

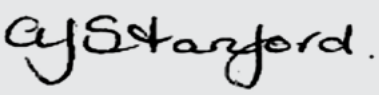
16 Conclusion

This annual governance statement has identified the following significant internal control issues/risks:

- The Trust did not meet all NHS Constitutional waiting time standards in 2024/25 and will need to continue to implement the robust recovery plans in to ensure high quality patient care.
- The Trust met its financial plan in 2024/25 but must make further progress towards addressing the underlying financial position within a system financial plan in 2025/26.
- Our staff are 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 Commissionrating.

In conclusion, there remains an understood level of risk to the volume of clinical activity that the organisation and Group structure can deliver, and the achievement of constitutional and regulatory performance requirements. 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.

Accountable Officer:



Amanda Stanford
Acting Group Chief Executive
Organisation: Hull University Teaching Hospitals NHS Trust

Date: 20 June 2025

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.

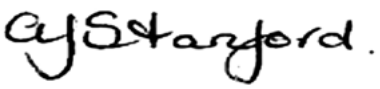
The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They 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

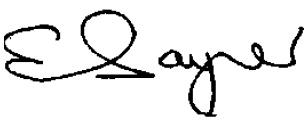
Signed:



Group Chief Executive

Date: 26th June 2025

Signed:



Group Chief Financial Officer

Date: 26th June 2025

Statement of the chief executive's responsibilities as the accountable officer of the trust

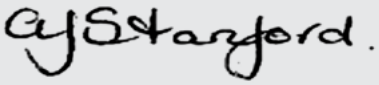
The Chief Executive of NHS England has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the NHS Trust Accountable Officer Memorandum. These include ensuring that:

- 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:



Group Chief Executive

Date: 26th June 2025

NHS
Humber Health
Partnership

NHS
Hull University
Teaching Hospitals
NHS Trust

THE INDEPENDENT AUDITOR'S REPORT

ANNUAL REPORT & ACCOUNTS 2024/25

Independent auditor's report to the Directors of Hull University Teaching Hospitals NHS Trust

Report on the audit of the financial statements

Opinion on financial statements

We have audited the financial statements of Hull University Teaching Hospitals NHS Trust ('the Trust') for the year ended 31 March 2025, which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers' Equity, Statement of Cash Flows, and notes to the financial statements, including material accounting policy information.

The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2024/25 as contained in the Department of Health and Social Care Group Accounting Manual 024/25, 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 2025 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 2024/25; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the "Auditor's responsibilities for the audit of the financial statements" 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 other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. The Directors are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

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 2024/25 and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another public sector entity. The 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.

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

Based on our understanding of the Trust, we considered that non-compliance with the following laws and regulations

might have a material effect on the financial statements: health and safety regulation, CQC conditions of registration and data protection.

To help us identify instances of non-compliance with these laws and regulations, and in identifying and assessing the risks of material misstatement in respect to non-compliance, our procedures included, but were not limited to:

- inquiring with management and the Audit, Risk and Governance Committee, as to whether the Trust is in compliance with laws and regulations, and discussing their policies and procedures regarding compliance with laws and regulations;
- inspecting correspondence, if any, with relevant licensing or regulatory authorities;
- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- considering the risk of acts by the Trust which were contrary to applicable laws and regulations, including fraud.

We also considered those laws and regulations that have a direct effect on the preparation of the financial statements, such as the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012)

In addition, we evaluated management'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, in particular in relation to year end accruals, the risk of fraud in revenue recognition (which we pinpointed to the cut off assertion), the risk of fraud in expenditure recognition (which we pinpointed to the cut off assertion) and significant one-off or unusual transactions.

Our audit procedures in relation to fraud included but were not limited to:

- making enquiries of management, Internal Audit and the Audit, Risk and Governance 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;
- addressing the risk of fraud in revenue recognition by performing appropriate sample testing of year end revenue; and
- addressing the risk of fraud in expenditure recognition by performing appropriate sample testing of year end expenditure.

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, Risk and Governance 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, (Revised 2024) and Supplementary Guidance Note 01, issued by the Comptroller and Auditor General in November 2024. A further description of our responsibilities for the audit of the financial statements is located on the Financial

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

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2025.

On the basis of our work, having regard to the guidance issued by the Comptroller and Auditor General in November 2024, we have identified the following significant weakness in the Trust's arrangements for the year ended 31 March 2025:

Significant weakness in arrangements	Recommendation
For the 2024/25 year the Trust set a financial plan to achieve a deficit. The Trust reported a year end surplus, which relied upon receipt of 'deficit support funding'. The plan included a cost improvement programme (CIP), with high reliance on non-recurrent savings, which was not fully delivered as at 31 March 2025. This contributed to an increased cumulative deficit for the Trust. The Trust submitted a financial plan for 2025/26 targeting a break-even position dependent on receipt of deficit support funding and delivering CIP higher than in 2024/25. As at April 2025, the Trust had not fully identified all savings to achieve the CIP target, and a significant level of the CIP was 'high risk' indicating an increased risk of non-delivery. In our view, the Trust's lack of CIP delivery, increasing recurrent deficit, reliance on deficit support funding and the gaps in the 2025/26 financial plan are evidence of a significant weakness in the Trust's arrangements for financial sustainability criteria, specifically 'how the body plans to bridge its funding gaps and identifies achievable savings'.	The Trust should continue to work collaboratively with its Humber and North Yorkshire ICS partners and NHS England to explore and agree sustainable, long-term plans to bridge its funding gaps and identify achievable savings.

In June 2023 we identified a significant weakness in relation to improving economy, efficiency and effectiveness criteria for the 2022/23 year. In our view this significant weakness remained for the year ended 31 March 2025:

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

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 November 2024.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the 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.

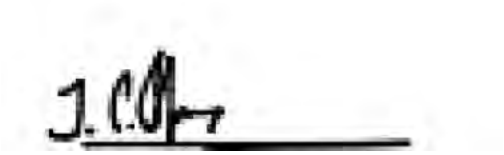
We have nothing to report in respect of these matters.

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.

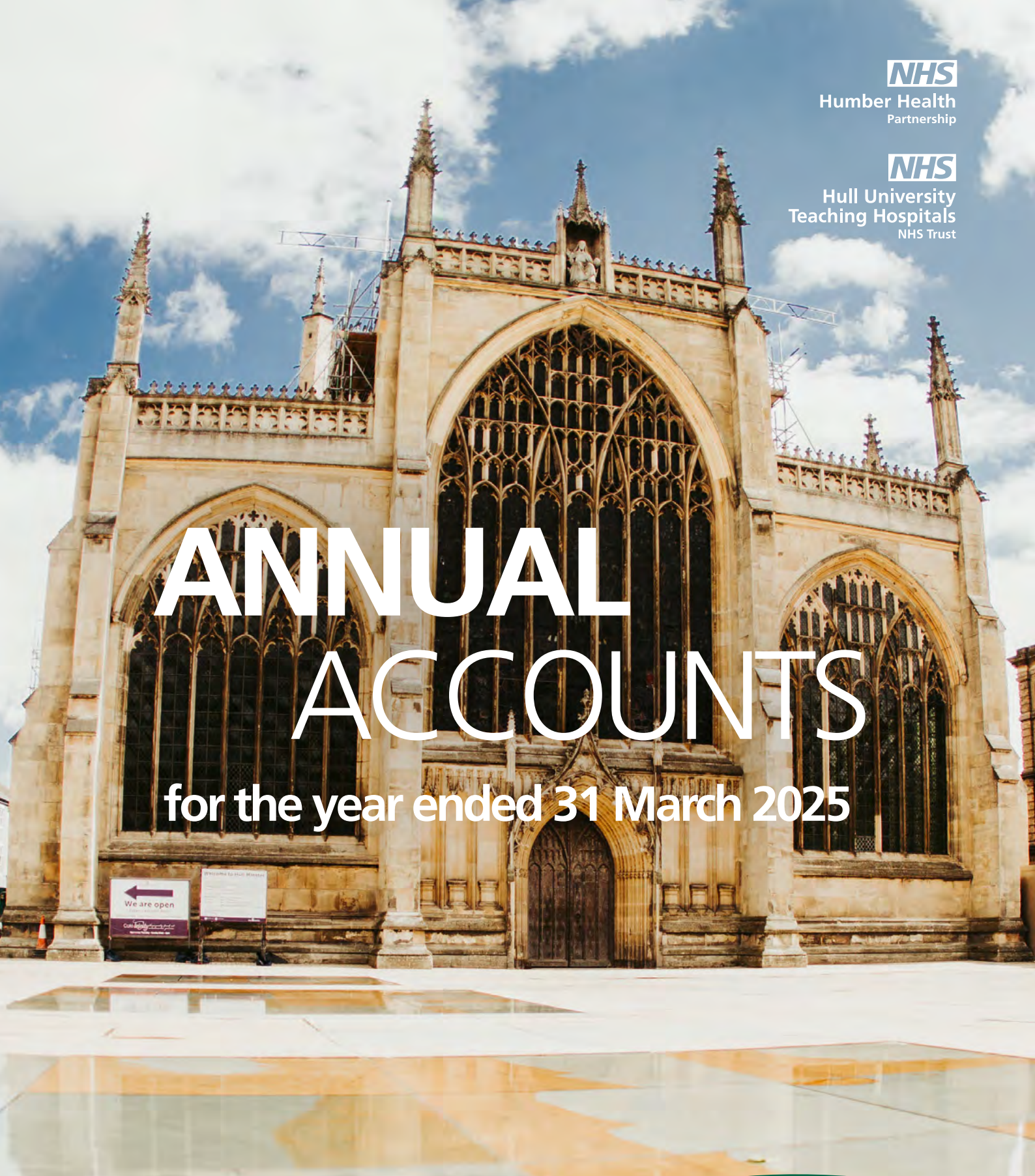
Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have received confirmation from the NAO that the group audit of the Department of Health and Social Care has been completed and that no further work is required to be completed by us.



James Collins
Key Audit Partner For and on behalf of Forvis Mazars LLP
(Local Auditor)

Bank Chambers
26 Mosely Street
Newcastle Upon Tyne
NE1 1DF
26 June 2025



NHS
Humber Health
Partnership

NHS
Hull University
Teaching Hospitals
NHS Trust

ANNUAL ACCOUNTS

for the year ended 31 March 2025

ANNUAL
REPORT & ACCOUNTS
2024/25

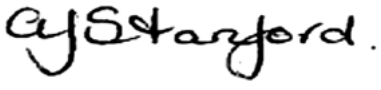
Statement of Comprehensive Income

		2024/25	2023/24
	Note	£000	£000
Operating income from patient care activities	2	909,811	810,134
Other operating income	3	82,750	75,602
Operating expenses	6,8	(986,946)	(887,075)
Operating surplus / (deficit) from continuing operations		**5,615**	**(1,339)**
Finance income	10	2,459	2,979
Finance expenses	11	(8,716)	(7,617)
PDC dividends payable		(9,667)	(8,619)
Net finance costs		**(15,924)**	**(13,257)**
Other gains / (losses)	12	5	(81)
Surplus / (deficit) for the year from continuing operations		(10,304)	(14,677)
Surplus / (deficit) for the year		**(10,304)**	**(14,677)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(4,315)	(3,387)
Revaluations	16	17,610	2,388
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	10	(7)
Total comprehensive income / (expense) for the period		**3,001**	**(15,683)**

Statement of Financial Position

	Note	31 Mar 2025 £000	31 Mar 2024 £000
Non-current assets			
Intangible assets	13	8,155	7,843
Property, plant and equipment	14	460,222	443,732
Right of use assets	18	14,965	13,195
Investment property	19	100	100
Other investments / financial assets	20	552	542
Receivables	23	2,276	2,461
Total non-current assets		**486,270**	**467,872**
Current assets			
Inventories	22	20,295	19,156
Receivables	23	42,170	33,069
Cash and cash equivalents	26	34,893	37,514
Total current assets		**97,358**	**89,739**
Current liabilities			
Trade and other payables	27	(120,894)	(121,115)
Borrowings	29	(6,078)	(6,552)
Provisions	30	(4,477)	(200)
Other liabilities	28	(11,199)	(9,052)
Total current liabilities		**(142,648)**	**(136,919)**
Total assets less current liabilities		**440,981**	**420,692**
Non-current liabilities			
Borrowings	29	(78,649)	(79,106)
Provisions	30	(2,320)	(2,280)
Total non-current liabilities		**(80,969)**	**(81,386)**
Total assets employed		**360,012**	**339,306**
Financed by			
Public dividend capital		397,366	379,661
Revaluation reserve		60,292	50,429
Financial assets reserve		552	542
Income and expenditure reserve		(98,198)	(91,326)
Total taxpayers' equity		**360,012**	**339,306**

Signed:



Acting Group Chief Executive

Date: 26th June 2025

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2025

Group	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Charitable fund reserves	Total
	£000	£000	£000	£000	£000
Taxpayers' equity at 1 April 2024 - brought forward	**379,661**	**50,429**	**542**	**(91,326)**	**339,306**
Surplus / (deficit) for the year	-	-	-	(10,304)	(10,304)
Other transfers between reserves	-	(3,432)	-	3,432	-
Impairments	-	(4,315)	-	-	(4,315)
Revaluations	-	17,610	-	-	17,610
Fair value gains / (losses) on financial assets mandated at fair value through OCI	-	-	10	-	10
Public dividend capital received	17,705	-	-	-	17,705
Taxpayers' equity at 31 March 2025	**397,366**	**60,292**	**552**	**(98,198)**	**360,012**

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

Group	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Charitable fund reserves	Total
	£000	£000	£000	£000	£000
Taxpayers' equity at 1 April 2023 - brought forward	**350,700**	**51,751**	**549**	**(44,688)**	**358,311**
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-	-	(32,283)	(32,283)
Surplus / (deficit) for the year	-	-	-	(14,677)	(14,677)
Other transfers between reserves	-	(320)	-	320	-
Impairments	-	(3,387)	-	-	(3,387)
Revaluations	-	2,388	-	-	2,388
Transfer to retained earnings on disposal of assets	-	(3)	-	3	-
Fair value gains / (losses) on financial assets mandated at fair value through OCI	-	-	(7)	-	(7)
Public dividend capital received	28,961	-	-	-	28,961
Taxpayers' equity at 31 March 2024	**379,661**	**50,429**	**542**	**(91,326)**	**339,306**

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 (DHSC). 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	2024/25 £000	2023/24 £000
Cash flows from operating activities			
Operating surplus / (deficit)		5,615	(1,339)
Non-cash income and expense:			
Depreciation and amortisation	6.1	27,155	24,216
Net impairments	7	11,775	14,755
Income recognised in respect of capital donations	3	(1,694)	(592)
(Increase) / decrease in receivables and other assets		(9,830)	6,263
(Increase) / decrease in inventories		(1,139)	(2,544)
Increase / (decrease) in payables and other liabilities		8,168	(12,574)
Increase / (decrease) in provisions		4,027	(890)
Net cash flows from / (used in) operating activities		**44,077**	**27,295**
Cash flows from investing activities			
Interest received		2,459	2,979
Purchase of intangible assets		(2,334)	(1,534)
Purchase of PPE and investment property		(44,385)	(52,807)
Sales of PPE and investment property		64	215
Initial direct costs or up front payments in respect of new right of use assets (lessee)		(343)	(116)
Receipt of cash donations to purchase assets		1,694	943
Net cash flows from / (used in) investing activities		**(42,845)**	**(50,320)**
Cash flows from financing activities			
Public dividend capital received		17,705	28,961
Movement on loans from DHSC		(1,260)	(1,260)
Capital element of lease rental payments		(2,007)	(1,901)
Capital element of PFI, LIFT and other service concession payments		(4,165)	(3,667)
Interest on loans		(252)	(298)
Interest paid on lease liability repayments		(119)	(77)
Interest paid on PFI, LIFT and other service concession obligations		(5,345)	(5,405)
PDC dividend (paid) / refunded		(8,410)	(9,562)
Net cash flows from / (used in) financing activities		**(3,853)**	**6,791**
Increase / (decrease) in cash and cash equivalents		**(2,621)**	**(16,234)**
Cash and cash equivalents at 1 April - brought forward		**37,514**	**53,748**
Cash and cash equivalents at 31 March	**26.1**	**34,893**	**37,514**

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 2024/25 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting Convention

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

Note 1.2 Going Concern

The Treasury's Financial Reporting Manual (FReM) provides the following interpretation of the going concern requirements set out in IAS 1 '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. There are no material uncertainties.

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 IAS 39. Where the Trust has a holding in an associated company it will account for that holding as required by IAS 28.

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 NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS). The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare. Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

High costs drugs and devices excluded from the calculation of national prices are reimbursed by NHS England based on actual usage or at a fixed baseline in addition to the price of the related service.

Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. Trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the Trust contributes to system performance and therefore the availability of funding to the trust's commissioners.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and are accounted for as variable consideration under IFRS 15. Payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

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. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS Injury Cost Recovery Scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.5 Other Forms of Income

Grants and Donations

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

Apprenticeship Service Income

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

Note 1.6 Expenditure on Employee Benefits

Short-term Employee Benefits
Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The 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. NHSE 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 the 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 the 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 if:

- 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 will be supplied to the Trust;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably and
- The item has a cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control;
  or
- Items form part of the initial equipping and setting-up cost of a new building, ward, or unit irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic 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 (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

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

- Land and non-specialised buildings – market value for existing use
- Specialised buildings 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) schemes 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. 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 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. Annual contract payments to the operator (the unitary charge) are apportioned between the repayment of the liability including the finance cost, the charges for services and lifecycle replacement of components of the asset.

Initial recognition

In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Initial measurement of the asset and liability are in accordance with the initial measurement principles of IFRS 16 (see leases accounting policy).

Subsequent measurement

Assets are subsequently accounted for as property, plant and equipment and/or intangible assets as appropriate.

The liability is subsequently reduced by the portion of the unitary charge allocated as payment for the asset and increased by the annual finance cost. The finance cost is calculated by applying the implicit interest rate to the opening liability and is charged to finance costs in the Statement of Comprehensive Income. The element of the unitary charge allocated as payment for the asset is split between payment of the finance cost and repayment of the net liability.

Where there are changes in future payments for the asset resulting from indexation of the unitary charge, the Trust remeasures the PFI liability by determining the revised payments for the remainder of the contract once the change in cash flows takes effect. The remeasurement adjustment is charged to finance costs in the Statement of Comprehensive Income.

The service charge is recognised in operating expenses in the Statement of Comprehensive Income.

Initial application of IFRS 16 liability measurement principles to PFI and LIFT liabilities in 2023/24

IFRS 16 liability measurement principles were applied to PFI, LIFT and other service concession arrangement liabilities in these financial statements from 1 April 2023. The change in measurement basis was applied using a modified retrospective approach with the cumulative impact of remeasuring the liability on 1 April 2023 recognised in the income and expenditure reserve.

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	36	75
Plant & machinery	2	25
Transport equipment	7	12
Information technology	5	12

Note 1.10 Intangible Assets

Recognition

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

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 that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example 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. Revaluation gains and losses and impairments are treated in the same manner as for property, plant and equipment.

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*	2	12
Software licences	2	7

* Development expenditure in this case includes upgrades to software and other digital solutions & platforms. This includes internal staff costs as well as external expertise within these developments.

Note 1.11 Inventories

Inventories are 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.

Between 2020/21 and 2023/24 the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department. Distribution of inventories by the Department ceased in March 2024.

Note 1.12 Investment Properties

Investment properties 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, ie, when receipt or delivery of the goods or services is made.

Classification and Measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through 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 finance leases 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 or 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 20).

Financial liabilities 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 income and expenditure, 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).

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

The Trust as a Lessee

Recognition and initial measurement

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

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term."
"The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 4.72% applied to new leases commencing in 2024 and 4.81% to new leases commencing in 2025.

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

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset. The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a Lessor

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

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

Finance Leases

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

Operating Leases

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

Note 1.16 Provisions

Provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the HM Treasury's discount rate of 2.40% (prior year: 2.45%) in real terms for early retirement and injury benefit provisions only.

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 (PES) and the Liabilities to Third Parties Scheme (LTPS). 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 Climate Change Levy

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

Note 1.21 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 1.22 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 1.23 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 Purposes Charity, 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 1.24 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 1.25 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2024/25.

Note 1.26 Accounting standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 17 Insurance Contracts – The Standard is effective for accounting periods beginning on or after 1 January 2023. IFRS 17 has been adopted by the FReM from 1 April 2025.

Adoption of the Standard for NHS bodies will therefore be in 2025/26. The Standard revises the accounting for insurance contracts for the issuers of insurance. Application of this standard from 2025/26 is not expected to have a material impact on the financial statements.

IFRS 18 Presentation and Disclosure in Financial Statements - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

IFRS 19 Subsidiaries without Public Accountability: Disclosures - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

While not a change to accounting standards, the following adaptations of IAS 16 and IAS 38 are in issue for the public sector (in the 2025/26 FreM):

Changes to non-investment asset valuation – Following a thematic review of non-current asset valuations for financial reporting in the public sector, HM Treasury has made a number of changes to valuation frequency, valuation methodology and classification which are effective in the public sector from 1 April 2025 with a 5 year transition period. NHS bodies are adopting these changes to an alternative timeline.

Changes to subsequent measurement of intangible assets and PPE classification / terminology to be implemented for NHS bodies from 1 April 2025:

- Withdrawal of the revaluation model for intangible assets. Carrying values of existing intangible assets measured under a previous revaluation will be taken forward as deemed historic cost.
- Removal of the distinction between specialised and non-specialised assets held for their service potential. Assets will be classified according to whether they are held for their operational capacity.
  These changes are not expected to have a material impact on these financial statements.

Changes to valuation cycles and methodology to be implemented for NHS bodies in later periods:

- A mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in the intervening years.
- Removal of the alternative site assumption for buildings valued at depreciated replacement cost on a modern equivalent asset basis. The approach for land has not yet been finalised by HM Treasury.
  The impact of applying these changes in future periods has not yet been assessed."

Note 1.27 Critical judgements in Applying Accounting Policies and Sources of Estimation Uncertainty

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

In the application of 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.

Critical Judgements

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:

Value of Leases under IFRS16

The Trust has recognised the right of use assets at cost and the lease liability at present value of future lease payments discounted at the interest rate implicit in the lease or the Trust's incremental borrowing rate. Judgement is made regarding the period of the lease if this is not specially stated in the agreement and will be based on service user advice and comparison with similar leases.

Sources of Estimation Uncertainty

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

Valuation of Land and Buildings

Department of Health and Social Care guidance specifies that the Trust's land and buildings should be valued on the basis of depreciated replacement cost, applying the Modern Equivalent Asset (MEA) concept. The MEA is defined as "the cost of a modern replacement asset that has the same productive capacity as the property being valued." Therefore the MEA is not a valuation of the existing land and buildings that the Trust holds, but a theoretical valuation for accounting purposes of what the Trust could need to spend in order to replace the service potential that those assets have.

The Modern Equivalent Asset valuations used by the Trust have been provided to the Trust by an independent valuer, Cushman & Wakefield, who are a property services firm.

The valuers are registered with the Royal Institute of Chartered Surveyors (RICS), the regulatory body for the valuation services industry. A full valuation of land and buildings as at 31 March 2025 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.

A change in the valuation of 1% would create an impact of £3.8m to the Statement of Financial Position, the valuation is provided by an external valuer to minimise any risk. More detail of the valuation and the carrying amounts of the Trust's Land and Buildings is included in note 14.

Note 1.28 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.

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)

	2024/25	2023/24
	£000	£000
Acute services		
Income from commissioners under API contracts - variable element*	205,894	191,203
Income from commissioners under API contracts - fixed element*	538,907	486,078
High cost drugs income from commissioners	95,976	89,413
Other NHS clinical income	30,026	19,486
Community services		
Income from commissioners under API contracts*	-	-
Income from other sources (e.g. local authorities)	309	400
All services		
Private patient income	372	496
National pay award central funding**	2,602	409
Additional pension contribution central funding***	31,258	18,791
Other clinical income	4,468	3,858
Total income from activities	**909,811**	**810,134**

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/25 NHS Payment Scheme documentation. https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/

**Additional funding was made available directly to providers by NHS England in 2024/25 and 2023/24 for implementing the backdated element of pay awards where government offers were finalised after the end of the financial year. NHS Payment Scheme prices and API contracts are updated for the weighted uplift in in-year pay costs when awards are finalised.

***Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.3% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.7%, 2023/24: 20.6%) and related NHS England funding (9.4%, 2023/24: 6.3%) have been recognised in these accounts.

Note 2.2 Income from Patient Care Activities (by source)

	2024/25	2023/24
Income from patient care activities received from:	**£000**	**£000**
NHS England	331,801	290,232
Integrated care boards	570,497	513,358
Department of Health and Social Care	65	38
Other NHS providers	2,190	1,737
NHS other	31	15
Local authorities	309	400
Non-NHS: private patients	372	496
Non-NHS: overseas patients (chargeable to patient)	491	359
Injury cost recovery scheme	2,994	2,849
Non NHS: other	1,062	650
Total income from activities	**909,811**	**810,134**
Of which:		
Related to continuing operations	909,811	810,134
Related to discontinued operations	-	-

Note 2.3 Overseas Visitors (relating to patients charged directly by the provider)

	2024/25	2023/24
	£000	**£000**
Income recognised this year	491	359
Cash payments received in-year	226	307
Amounts added to provision for impairment of receivables	195	216
Amounts written off in-year	721	240

Note 3 Other Operating Income

	2024/25			2023/24		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	7,112	-	7,112	6,734	-	6,734
Education and training	43,843	1,763	45,605	39,707	1,318	41,025
Non-patient care services to other bodies	12,670		12,670	10,662		10,662
Income in respect of employee benefits accounted on a gross basis	8,018		8,018	8,901		8,901
Receipt of capital grants and donations and peppercorn leases		1,694	1,694		592	592
Charitable and other contributions to expenditure		-	-		222	222
Revenue from operating leases		39	39		39	39
Other income	7,611	-	7,611	7,427	-	7,427
Total other operating income	**79,254**	**3,496**	**82,750**	**73,431**	**2,171**	**75,602**
Of which:						
Related to continuing operations			82,750			75,602

*Other income includes car parking income £1.8m (23/24: £1.7m), catering income £2.6m (23/24:£2.3m) and staff accommodation income £0.9m (23/24: £0.8m).

Note 4 Fees and Charges

The following disclosure is of income from charges to service users where the full cost of providing 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.

	2024/25	2023/24
	£000	£000
Income	4,396	3,980
Full cost	(3,997)	(3,751)
Surplus / (deficit)	**399**	**229**

Further breakdown below;

Staff & Visitor catering

	2024/25	2023/24
	£000	£000
Income	2,606	2,277
Full cost	(2,874)	(2,702)
Surplus / (deficit)	**(268)**	**(425)**

Car parking

	2024/25	2023/24
	£000	£000
Income	1,790	1,703
Full cost	(1,123)	(1,049)
Surplus / (deficit)	**667**	**654**

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 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

	2024/25	2023/24
	£000	£000
Lease receipts recognised as income in year:		
Minimum lease receipts	39	39
Total in-year operating lease income	**39**	**39**

Note 5.2 Future Lease Receipts

	31 March 2025	31 March 2024
	£000	£000
Future minimum lease receipts due in:		
- not later than one year	39	39
- later than one year and not later than two years	39	39
- later than two years and not later than three years	39	39
- later than three years and not later than four years	39	39
- later than four years and not later than five years	39	39
- later than five years	2,535	2,574
Total	**2,730**	**2,769**

Note 6.1 Operating Expenses

	2024/25	2023/24
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	21,111	12,931
Purchase of healthcare from non-NHS and non-DHSC bodies	20,435	19,824
Staff and executive directors costs	559,841	493,345
Remuneration of non-executive directors	153	152
Supplies and services - clinical (excluding drugs costs)	93,970	80,960
Supplies and services - general	21,416	18,312
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	126,775	124,274
Inventories written down	-	0
Consultancy costs	1,528	620
Establishment	6,456	7,309
Premises	32,467	35,491
Transport (including patient travel)	3,332	2,437
Depreciation on property, plant and equipment	24,808	22,066
Amortisation on intangible assets	2,347	2,150
Net impairments	11,775	14,755
Movement in credit loss allowance: contract receivables / contract assets	888	497
Change in provisions discount rate(s)	(574)	(496)
Fees payable to the external auditor		
audit services- statutory audit*	138	103
other auditor remuneration (external auditor only)	4	4
Internal audit costs	85	73
Clinical negligence	26,690	22,797
Legal fees	424	291
Insurance	521	499
Research and development	6,900	6,540
Education and training	18,843	16,887
Expenditure on low value leases	48	-
Redundancy	317	240
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	2,791	2,511
Car parking & security	1,971	1,675
Hospitality	77	79
Losses, ex gratia & special payments	32	57
Other**	1,377	691
Total	**986,946**	**887,075**
Of which:		
Related to continuing operations	986,946	887,075
Related to discontinued operations	-	-

* Includes VAT

All expenditure includes VAT where not recoverable

** Other expenditure includes non healthcare services £419k, Patient travel £217k and staff benefits £159k.

Note 6.2 Other Auditor Remuneration

	2024/25	2023/24
	£000	£000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the Trust	4	4
2. Audit-related assurance services	-	-
3. Taxation compliance services	-	-
4. All taxation advisory services not falling within item 3 above	-	-
5. Internal audit services	-	-
6. All assurance services not falling within items 1 to 5	-	-
7. Corporate finance transaction services not falling within items 1 to 6 above	-	-
8. Other non-audit services not falling within items 2 to 7 above	-	-
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 2024/25 or 2023/24.

Note 7 Impairment of Assets

	2024/25	2023/24
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Unforeseen obsolescence	-	1,208
Changes in market price	11,775	13,547
Total net impairments charged to operating surplus / deficit	**11,775**	**14,755**
Impairments charged to the revaluation reserve	4,315	3,387
Total net impairments	**16,090**	**18,142**

Note 8 Employee Benefits

	2024/25	2023/24
	£000	£000
Salaries and wages	437,576	395,464
Social security costs	45,837	41,190
Apprenticeship levy	2,164	1,961
Employer's contributions to NHS pensions*	78,563	61,571
Pension cost - other	146	203
Temporary staff (including agency)	14,771	11,780
Total gross staff costs	**579,057**	**512,169**
Recoveries in respect of seconded staff	-	-
Total staff costs	**579,057**	**512,169**
Of which		
Costs capitalised as part of assets	1,347	1,485

* The employer's contribution to NHS pensions figure includes the additional 9.4% (£31.258m) for which there is a corresponding entry on income.

Note 8.1 Retirements due to Ill-health

During 2024/25 there were 7 early retirements from the Trust agreed on the grounds of ill-health (11 in the year ended 31 March 2024). The estimated additional pension liabilities of these ill-health retirements is £455k (£585k in 2023/24).

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

The expected employer contributions to NHS pensions for 2025/26 are estimated to be £80,763k.

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

An outline of these follows:

a) Accounting Valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as at 31 March 2023, updated to 31 March 2025 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full Actuarial (funding) Valuation

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

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

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

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 2022 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 2025 were £146,139 (23/24: £196,348).

Note 10 Finance Income

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

	2024/25	2023/24
	£000	£000
Interest on bank accounts	2,459	2,979
Total finance income	**2,459**	**2,979**

Note 11.1 Finance Expenditure

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

	2024/25	2023/24
	£000	£000
Interest expense:		
Interest on loans from the Department of Health and Social Care	250	296
Interest on lease obligations	119	77
Finance costs on PFI, LIFT and other service concession arrangements:		
Main finance costs	5,344	5,405
Remeasurement of the liability resulting from change in index or rate	**2,714**	**1,633**
Total interest expense	**8,427**	**7,411**
Unwinding of discount on provisions	289	206
Total finance costs	**8,716**	**7,617**

Note 12 Other Gains / (Losses)

	2024/25	2023/24
	£000	£000
Gains on disposal of assets	60	69
Losses on disposal of assets	(55)	(150)
Total gains / (losses) on disposal of assets	**5**	**(81)**
Total other gains / (losses)	**5**	**(81)**

Note 13 Intangible Assets - 2024/25

Group	Software licences	Development expenditure	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	**1,347**	**19,006**	**20,353**
Additions	34	2,300	2,334
Reclassifications	100	225	325
Disposals / derecognition	(159)	(296)	(455)
Valuation / gross cost at 31 March 2025	**1,322**	**21,235**	**22,557**
Amortisation at 1 April 2024 - brought forward	**991**	**11,519**	**12,510**
Provided during the year	114	2,233	2,347
Disposals / derecognition	(159)	(296)	(455)
Amortisation at 31 March 2025	**946**	**13,456**	**14,402**
Net book value at 31 March 2025	**376**	**7,779**	**8,155**
Net book value at 1 April 2024	**356**	**7,487**	**7,843**

Note 13.1 Intangible Assets - 2023/24

Group	Software licences	Development expenditure	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2023 - as previously stated	**1,031**	**17,788**	**18,819**
Additions	232	1,302	1,534
Reclassifications	84	(84)	-
Valuation / gross cost at 31 March 2024	**1,347**	**19,006**	**20,353**
Amortisation at 1 April 2023 - as previously stated	**893**	**9,467**	**10,360**
Provided during the year	83	2,067	2,150
Reclassifications	15	(15)	-
Amortisation at 31 March 2024	**991**	**11,519**	**12,510**
Net book value at 31 March 2024	**356**	**7,487**	**7,843**
Net book value at 1 April 2023	**138**	**8,321**	**8,459**

Intangible assets comprise of software licences and development expenditure associated with software upgrades, expanding the functionality of existing systems as well as developing new digital solutions/platforms using both internal and external expertise. These 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 1.10 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 - 2024/25

Group	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 2024 - brought forward	**10,285**	**325,427**	**28,344**	**116,902**	**288**	**30,600**	**511,846**
Additions	-	11,486	10,631	13,651	-	2,031	**37,799**
Impairments	(5)	(24,965)	-	-	-	-	**(24,970)**
Reversals of impairments	-	3,365	-	-	-	-	**3,365**
Revaluations	-	13,502	-	-	-	-	**13,502**
Reclassifications	-	30,974	(34,778)	(81)	-	(244)	**(4,129)**
Disposals / derecognition	**-**	**-**	**-**	**(4,357)**	**(50)**	**(877)**	**(5,284)**
Valuation / gross cost at 31 March 2025	10,280	359,789	4,197	126,115	238	31,510	**532,129**
Accumulated depreciation at 1 April 2024 - brought forward	-	3,595	-	46,638	260	17,621	**68,114**
Provided during the year	-	9,570	-	9,625	6	2,982	**22,183**
Impairments	-	(4,602)	-	-	-	-	**(4,602)**
Reversals of impairments	-	(1,367)	-	-	-	-	**(1,367)**
Revaluations	**-**	**(3,392)**	**-**	**-**	**-**	**-**	**(3,392)**
Reclassifications	-	(3,804)	-	-	-	-	**(3,804)**
Disposals / derecognition	**-**	**-**	**-**	**(4,298)**	**(50)**	**(877)**	**(5,225)**
Accumulated depreciation at 31 March 2025	**-**	**-**	**-**	**51,965**	**216**	**19,726**	**71,907**
Net book value at 31 March 2025	**10,280**	**359,789**	**4,197**	**74,150**	**22**	**11,784**	**460,222**
Net book value at 1 April 2024	**10,285**	**321,832**	**28,344**	**70,264**	**28**	**12,979**	**443,732**

Note 14.2 Property, Plant and Equipment - 2023/24

Group	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 2023 - as previously stated	**10,295**	**300,770**	**37,915**	**102,948**	**294**	**29,866**	**482,088**
Additions	-	10,631	27,390	17,369	-	2,674	**58,064**
Impairments	(10)	(23,910)	-	-	-	-	**(23,920)**
Reversals of impairments	-	413	-	-	-	-	**413**
Revaluations	-	578	-	-	-	-	**578**
Reclassifications	-	36,961	(36,961)	175	-	-	**175**
Disposals / derecognition	**-**	**(16)**	**-**	**(3,590)**	**(6)**	**(1,940)**	**(5,552)**
Valuation / gross cost at 31 March 2024	10,285	325,427	28,344	116,902	288	30,600	**511,846**
Accumulated depreciation at 1 April 2023 - as previously stated	-	1,377	-	42,031	260	16,630	**60,298**
Provided during the year	-	8,980	-	7,815	6	2,931	**19,732**
Impairments	-	(4,428)	-	-	-	-	**(4,428)**
Reversals of impairments	**-**	**(937)**	**-**	**-**	**-**	**-**	**(937)**
Revaluations	-	(1,397)	-	-	-	-	**(1,397)**
Reclassifications	**-**	**-**	**-**	**112**	**-**	**-**	**112**
Disposals / derecognition	**-**	**-**	**-**	**(3,320)**	**(6)**	**(1,940)**	**(5,266)**
Accumulated depreciation at 31 March 2024	**-**	**3,595**	**-**	**46,638**	**260**	**17,621**	**68,114**
Net book value at 31 March 2024	**10,285**	**321,832**	**28,344**	**70,264**	**28**	**12,979**	**443,732**
Net book value at 1 April 2023	**10,295**	**299,393**	**37,915**	**60,917**	**34**	**13,236**	**421,790**

Note 14.3 Property, Plant and Equipment Financing - 31 March 2025

Group	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Total
	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	10,280	275,174	3,500	65,756	22	11,595	**366,327**
On-SoFP PFI contracts and other service concession arrangements	-	68,102	-	-	-	-	**68,102**
Owned - donated/granted	-	16,513	697	8,394	-	189	**25,793**
Total net book value at 31 March 2025	**10,280**	**359,789**	**4,197**	**74,150**	**22**	**11,784**	**460,222**

Note 14.4 Property, Plant and Equipment Financing - 31 March 2024

Group	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Total
	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	10,285	239,100	28,344	61,181	28	12,792	**351,730**
On-SoFP PFI contracts and other service concession arrangements	-	67,490	-	-	-	-	**67,490**
Owned - donated/granted	-	15,242	-	9,083	-	187	**24,512**
Total net book value at 31 March 2024	**10,285**	**321,832**	**28,344**	**70,264**	**28**	**12,979**	**443,732**

Note 14.5 Property Plant and Equipment Assets Subject to an Operating Lease (Trust as a lessor) - 31 March 2025

Group	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	10,228	359,789	4,197	74,150	22	11,784	**460,170**
Total net book value at 31 March 2025	10,280	359,789	4,197	74,150	22	11,784	**460,222**
Total net book value at 31 March 2025	**10,280**	**359,789**	**4,197**	**74,150**	**22**	**11,784**	**460,222**

Note 14.6 Property Plant and Equipment Assets Subject to an Operating Lease (Trust as a lessor) - 31 March 2024

Group	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	10,233	321,832	28,344	70,264	28	12,979	**443,680**
Total net book value at 31 March 2024	**10,285**	**321,832**	**28,344**	**70,264**	**28**	**12,979**	**443,732**

Note 15 Donations of property, plant and equipment

The Trust received donations and grants for property and equipment to a value of £1,694k (2023/24 - £592k). The grants were £429k and charitable donations of £1,265k. 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 2025 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 full valuation exercise in 2024/25, the last full valuation was in 2019/20 with desktop exercises each year inbetween. The full valuation takes into account any updates on the current condition and agreed obsolescence, and a review of the buildings condition and a review of the buildings 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 two non-specialised buildings which are valued based on market value in existing use.

There was an overall net increase in property, including assets under construction, plant and equipment of £16.5m (23/24: £21.9m) which was after a £13.7m (23/24: £18.1m) net impairment of assets of which £1.9m (23/24: £3.4m) is charged to the revaluation reserve and £11.8m (23/24: £14.7m) is charged to the SOCI.

Overall PPE revaluation gains for the year amounted to £16.9m (23/24: £2m).

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 2024 to closing March 2025 was an increase of £38m (23/24: £22.4m).

The gross cost of property, plant, equipment and intangibles with a nil net book value is £34.5m.

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 48 years.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022
Note 18 includes the details of the values.

Note 18.1 Right of Use Assets - 2024/25

	Property (land and buildings)	Plant & machinery	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	**10,653**	**5,449**	**412**	**16,514**	**1,024**
Additions	568	3,377	142	4,087	-
Remeasurements of the lease liability	-	46	-	46	-
Impairments	(558)	-	-	(558)	-
Revaluations	324	-	-	324	-
Disposals / derecognition	(970)	(309)	(24)	(1,303)	-
Valuation/gross cost at 31 March 2025	**10,017**	**8,563**	**530**	**19,110**	**1,024**
Accumulated depreciation at 1 April 2024 - brought forward	**1,007**	**2,117**	**195**	**3,319**	**263**
Provided during the year	1,224	1,277	124	2,625	131
Impairments	(104)	-	-	(104)	-
Revaluations	(392)	-	-	(392)	-
Disposals / derecognition	(970)	(309)	(24)	(1,303)	-
Accumulated depreciation at 31 March 2025	**765**	**3,085**	**295**	**4,145**	**394**
Net book value at 31 March 2025	**9,252**	**5,478**	**235**	**14,965**	**630**
Net book value at 1 April 2024	**9,646**	**3,332**	**217**	**13,195**	**761**
Net book value of right of use assets leased from other NHS providers					630
Net book value of right of use assets leased from other DHSC group bodies					-

Note 18.2 Right of Use Assets - 2023/24

	Property (land and buildings)	Plant & machinery	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	**10,662**	**4,236**	**413**	**15,311**	**1,189**
Additions	257	1,022	37	1,316	-
Remeasurements of the lease liability	-	608	-	608	-
Reclassifications	-	(175)	-	(175)	(165)
Disposals / derecognition	(266)	(242)	(38)	(546)	-
Valuation / gross cost at 31 March 2024	**10,653**	**5,449**	**412**	**16,514**	**1,024**
Accumulated depreciation at 1 April 2023 - brought forward	**555**	**1,300**	**112**	**1,967**	**241**
Provided during the year	1,114	1,099	121	2,334	132
Revaluations	(413)	-	-	(413)	-
Reclassifications	-	(112)	-	(112)	(110)
Disposals / derecognition	(249)	(170)	(38)	(457)	-
Accumulated depreciation at 31 March 2024	**1,007**	**2,117**	**195**	**3,319**	**263**
Net book value at 31 March 2024	**9,646**	**3,332**	**217**	**13,195**	**761**
Net book value at 1 April 2023	**10,107**	**2,936**	**301**	**13,344**	**948**
Net book value of right of use assets leased from other NHS providers					761
Net book value of right of use assets leased from other DHSC group bodies					-

Note 18.3 Revaluations of Right of Use Assets

The Trust has received a valuation for three buildings which it leases as they are on the Trust's sites. These relate to the PET scanner facility (the Daisy charity), the mortuary which is a council property and doctor's residences from Sanctuary Housing. There was an overall increase in these right of use assets of £0.3m - with a £0.5m revaluation impairment and a £0.7m revaulation gain. The valuation was undertaken by independent RICS qualified valuers Cushman and Wakefield and the valuation was undertaken in line with RICS standards.

Note 18.4 Reconciliation of the Carrying Value of Lease Liabilities

Lease liabilities are included within borrowings in the statement of financial position.
A breakdown of borrowings is disclosed in note 29.1.

	2024/25	2023/24
	£000	£000
Carrying value at 1 April	**7,080**	**7,253**
Lease additions	3,744	1,200
Lease liability remeasurements	46	608
Interest charge arising in year	119	77
Early terminations	-	(80)
Lease payments (cash outflows)	(2,126)	(1,978)
Carrying value at 31 March	**8,863**	**7,080**

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 18.5 Maturity Analysis of Future Lease Payments

	Total	Of which leased from DHSC group bodies:	Total	Of which leased from DHSC group bodies:
	31 Mar 2025	31 Mar 2025	31 Mar 2024	31 Mar 2024
	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	2,065	136	1,637	136
- later than one year and not later than five years;	4,485	287	3,212	412
- later than five years.	2,921	255	2,558	267
Total gross future lease payments	**9,471**	**678**	**7,407**	**815**
Finance charges allocated to future periods	(608)	(40)	(327)	(47)
Net lease liabilities at 31 March 2025	**8,863**	**638**	**7,080**	**768**
Of which:				
Leased from other NHS providers		638		768

Note 19 Investment Property

	2024/25	2023/24
	£000	£000
Carrying value at 1 April - brought forward	**100**	**100**
Carrying value at 31 March	**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)

	2024/25	2023/24
	£000	£000
Carrying value at 1 April - brought forward	**542**	**549**
Movement in fair value through OCI	10	(7)
Carrying value at 31 March	**552**	**542**

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 £552,316 (2023/24: £542,436) which has been included in the accounts. The company's main activity is the sale of hardware and software used to train Radiotherapists.

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 Mar 2025	31 Mar 2024
	£000	£000
Drugs	6,844	6,962
Consumables	13,451	12,194
Total inventories	**20,295**	**19,156**

Inventories recognised in expenses for the year were £213,338k (2023/24: £197,955k). Write-down of inventories recognised as expenses for the year were £0k (2023/24: £0k).

All inventories were valued in accordance with the Trusts accounting policy (note 1.11), 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 2023/24 the Trust received £111k of items purchased by DHSC. Distribution of inventory by the Department ceased in March 2024.

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

The deemed cost of these inventories was charged directly to expenditure on receipt with the corresponding benefit recognised in income.

Note 23.1 Receivables

	31 Mar 2025	31 Mar 2024
	£000	£000
Current		
Contract receivables*	31,159	25,591
Capital receivables	-	69
Allowance for impaired contract receivables / assets	(2,891)	(3,139)
Prepayments (non-PFI)	9,138	4,184
PDC dividend receivable	-	913
VAT receivable	1,437	2,532
Other receivables**	3,327	2,919
Total current receivables	**42,170**	**33,069**
Non-current		
Contract receivables	2,225	2,214
Allowance for impaired contract receivables / assets	(1,016)	(760)
Other receivables***	1,067	1,007
Total non-current receivables	**2,276**	**2,461**
Of which receivable from NHS and DHSC group bodies:		
Current	21,296	13,362
Non-current	-	-

* Contract receivables for 2024/25 includes £0m relating to pay award funding (23/24: £0.4m).
** Other receivables includes £21k (23/24: £14k) 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

	2024/25	2023/24
	Contract receivables and contract assets	Contract receivables and contract assets
	£000	£000
Allowances as at 1 April - brought forward	**3,900**	**4,014**
New allowances arising	888	497
Utilisation of allowances (write offs)	(881)	(611)
Allowances as at 31 Mar 2025	**3,907**	**3,900**

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 finance 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.

	2024/25	2023/24
	£000	£000
At 1 April	**37,514**	**53,748**
Net change in year	(2,621)	(16,234)
At 31 March	34,893	37,514
Broken down into:		
Cash at commercial banks and in hand	22	7
Cash with the Government Banking Service	34,871	37,507
Total cash and cash equivalents as in SoFP	**34,893**	**37,514**
Total cash and cash equivalents as in SoCF	**34,893**	**37,514**

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 which is owed the cash balance of £45,078 (2023/24 - £59,131). This is included in the Trust's financial statements.

	31 Mar 2025	31 Mar 2024
	£000	£000
Bank balances	45	59
Total third party assets	**45**	**59**

Note 27 Trade and Other Payables

	31 Mar 2025	31 Mar 2024
	£000	£000
Current		
Trade payables	27,035	7,226
Capital payables	12,091	18,677
Accruals	59,637	73,411
Social security costs	5,475	5,598
Other taxes payable	6,030	6,083
PDC dividend payable	344	-
Pension contributions payable	6,728	6,164
Other payables	3,555	3,955
Total current trade and other payables	**120,894**	**121,115**
Of which payables to NHS and DHSC group bodies:		
Current	15,176	9,988

Note 28 Other Liabilities

	31 Mar 2025	31 Mar 2024
	£000	£000
Current		
Deferred income: contract liabilities	11,199	9,052
Total other current liabilities	**11,199**	**9,052**

Note 29.1 Borrowings

	31 Mar 2025	31 Mar 2024
	£000	£000
Current		
Loans from DHSC	1,270	1,272
Lease liabilities	1,904	1,571
Obligations under PFI, LIFT or other service concession contracts	2,904	3,709
Total current borrowings	**6,078**	**6,552**
Non-current		
Loans from DHSC	4,387	5,647
Lease liabilities	6,959	5,509
Obligations under PFI, LIFT or other service concession contracts	67,303	67,950
Total non-current borrowings	**78,649**	**79,106**

Note 29.2 Reconciliation of Liabilities Arising from Financing Activities

	Loans from DHSC	Lease liabilities	PFI and LIFT schemes	Total
	£000	£000	£000	£000
Carrying value at 1 April 2024	**6,919**	**7,080**	**71,659**	**85,658**
Cash movements:				
Financing cash flows - payments and receipts of principal	(1,260)	(2,007)	(4,165)	(7,432)
Financing cash flows - payments of interest	(252)	(119)	(5,345)	(5,716)
Non-cash movements:				
Additions	-	3,744	-	3,744
Lease liability remeasurements	-	46	-	46
Remeasurement of PFI / other service concession liability resulting from change in index or rate			2,714	2,714
Application of effective interest rate	250	119	5,344	5,713
Carrying value at 31 March 2025	**5,657**	**8,863**	**70,207**	**84,727**

	Loans from DHSC	Lease liabilities	PFI and LIFT schemes	Total
	£000	£000	£000	£000
Carrying value at 1 April 2023	**8,181**	**7,253**	**41,410**	**56,844**
Cash movements:				
Financing cash flows - payments and receipts of principal	(1,260)	(1,901)	(3,667)	(6,828)
Financing cash flows - payments of interest	(298)	(77)	(5,405)	(5,780)
Non-cash movements:				
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023			32,283	32,283
Additions	-	1,200	-	1,200
Lease liability remeasurements	-	608	-	608
Remeasurement of PFI / other service concession liability resulting from change in index or rate			1,633	1,633
Application of effective interest rate	296	77	5,405	5,778
Early terminations	-	(80)	-	(80)
Carrying value at 31 March 2024	**6,919**	**7,080**	**71,659**	**85,658**

Note 30.1 Provisions for Liabilities and Charges Analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Equal Pay (including Agenda for Change)	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2024	**399**	**904**	**156**	**-**	**1,022**	**2,481**
Change in the discount rate	(82)	(479)	(13)	-	(11)	**(585)**
Arising during the year	91	333	141	4,265	38	**4,868**
Utilised during the year	(67)	(64)	(79)	-	(13)	**(223)**
Reversed unused	-	(52)	(34)	-	-	**(86)**
Unwinding of discount	40	243	6	-	53	**342**
At 31 March 2025	**381**	**885**	**177**	**4,265**	**1,088**	**6,797**
Expected timing of cash flows:						
- not later than one year;	68	64	59	4,265	21	**4,477**
- later than one year and not later than five years;	242	257	118	-	90	**707**
- later than five years.	71	564	0	-	977	**1,613**
Total	**381**	**885**	**177**	**4,265**	**1,088**	**6,797**

The equal pay provision relates to claims from band 2 healthcare assistants, who have been undertaking band 3 level duties.

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 clinicians pension tax provision of £1,089k (23/24: £1,022k) and a £4,265k A4C band 2 to band 3 provision.

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 £1,089k (2023/24 - £1,022k).

Note 30.2 Clinical Negligence Liabilities

At 31 March 2025, £288,847k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Hull University Teaching Hospitals NHS Trust (31 March 2024: £249,140k).

Note 31 Contingent Assets and Liabilities

	31 Mar 2025	31 Mar 2024
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	(25)	(18)
Employment tribunal and other employee related litigation	(120)	(135)
Gross value of contingent liabilities	**(145)**	**(153)**
Net value of contingent liabilities	**(145)**	**(153)**

All contingent liabilities relate to legal claims made against the Trust (Employer and Public liability claims) and 3 employment tribunals. 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 Mar 2025	31 Mar 2024
	£000	£000
Property, plant and equipment	2,710	6,333
Total	**2,710**	**6,333**

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

At 31 March 2025, £288,847k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Hull University Teaching Hospitals NHS Trust (31 March 2024: £249,140k).

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.

1. 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.

2. 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.

3. 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 Mar 2025	31 Mar 2024
	£000	£000
Gross PFI, LIFT or other service concession liabilities	**102,921**	**106,956**
Of which liabilities are due		
- not later than one year;	8,249	9,111
- later than one year and not later than five years;	38,868	38,639
- later than five years.	55,804	59,206
Finance charges allocated to future periods	(32,714)	(35,297)
Net PFI, LIFT or other service concession arrangement obligation	**70,207**	**71,659**
- not later than one year;	2,904	3,709
- later than one year and not later than five years;	20,962	20,494
- later than five years.	46,341	47,456

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 Mar 2025	31 Mar 2024
	£000	£000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**168,754**	**181,177**
Of which payments are due:		
- not later than one year;	15,492	14,879
- later than one year and not later than five years;	66,163	63,533
- later than five years.	87,099	102,765

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:

	31 Mar 2025	31 Mar 2024
	£000	£000
Unitary payment payable to service concession operator	**14,893**	**14,300**
Consisting of:		
- Interest charge	5,344	5,405
- Repayment of balance sheet obligation	4,165	3,667
- Service element and other charges to operating expenditure	2,791	2,511
- Capital lifecycle maintenance	2,593	2,717
Total amount paid to service concession operator	**14,893**	**14,300**

Note 35.1 Financial Risk Management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with its commissioners (Integrated Care Systems and NHS England) and funding flows from the Treasury, the Trust is not exposed to the degree of financial risk faced by business entities. Clinical Commissioning Groups did not exist as from 1st July 2022, when the commissioning relationship transferred to the Integrated Care System. 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 Directorate, 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 regular review by the Performance, Estates and Finance Committee and 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 England. 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 2025 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity Risk

The Trust's operating costs are incurred under contracts with Integrated Care Systems, 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 35.2 Carrying Values of Financial Assets

Carrying values of financial assets as at 31 March 2025	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	32,783	-	-	**32,783**
Other investments / financial assets	-	-	552	**552**
Cash and cash equivalents	34,893	-	-	**34,893**
Total at 31 March 2025	**67,676**	**-**	**552**	**68,228**

Carrying values of financial assets as at 31 March 2024	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	26,880	-	-	**26,880**
Other investments / financial assets	-	-	542	**542**
Cash and cash equivalents	37,514	-	-	**37,514**
Total at 31 March 2024	**64,394**	**-**	**542**	**64,936**

Note 35.3 Carrying Values of Financial Liabilities

Carrying values of financial liabilities as at 31 March 2025	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	5,657	-	**5,657**
Obligations under leases	8,863	-	**8,863**
Obligations under PFI, LIFT and other service concession contracts	70,207	-	**70,207**
Trade and other payables excluding non financial liabilities	102,159	-	**102,159**
Total at 31 March 2025	**186,886**	**-**	**186,886**

Carrying alues of financial liabilities as at 31 March 2024	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	6,919	-	**6,919**
Obligations under leases	7,080	-	**7,080**
Obligations under PFI, LIFT and other service concession contracts	71,659	-	**71,659**
Trade and other payables excluding non financial liabilities	106,050	-	**106,050**
Total at 31 March 2024	**191,708**	**-**	**191,708**

Note 35.4 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 Mar 2025	31 Mar 2024
	£000	£000
In one year or less	113,743	118,070
In more than one year but not more than five years	47,740	46,891
In more than five years	58,725	62,371
Total	**220,208**	**227,332**

Note 35.5 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 36 Losses and Special Payments

	2024/25		2023/24	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	33	29	41	18
Bad debts and claims abandoned	384	797	487	263
Stores losses and damage to property	25	201	3	51
Total losses	**442**	**1,027**	**531**	**333**
Special payments				
Ex-gratia payments	37	31	41	17
Total special payments	**37**	**31**	**41**	**17**
Total losses and special payments	**479**	**1,058**	**572**	**350**
Compensation payments received				

Note 37 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:

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;

	2024/25	2024/25	2024/25	2024/25	2023/24	2023/24	2023/24	2023/24
	Revenue from Related Party	Expend with Related Party	Amounts due from Related Party	Amounts owed to Related Party	Revenue from Related Party	Expend with Related Party	Amounts due from Related Party	Amounts owed to Related Party
Organisation name / Nature of Relationship	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Hull York Medical School / collaboration	153	0	92	0	229	0	83	0
The University of Hull / collaboration	185	4,729	198	176	242	3,824	168	280
Hull City Council - estate planning / rates/ service collaboration	501	2,141	61	21	499	1,418	42	(23)
East Riding of Yorkshire Council - estate planning / rates/ service collaboration	0	2,646	0	(37)	0	3,186	0	5

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. The Trust benefited from equipment provided and miscellaneous expenditure met by both charities to the value of £2,838k during 2024/25 (23/24: £708k). 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 £552,316. This is included in the accounts. The company's main activity is the sale of hardware and software used to train Radiotherapists.

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 Foundation Trust
- Humber Teaching NHS Foundation Trust
- Lancashire Teaching Hospitals NHS Trust
- Leeds Teaching Hospitals NHS Trust
- Northern Lincolnshire And Goole NHS FT
- Northumbria Healthcare NHS FT
- Sheffield Teaching Hospitals NHS FT
- York and Scarborough Teaching Hospitals NHS FT
- NHS Humber and North Yorkshire ICB
- NHS Derby and Derbyshire ICB
- NHS Lincolnshire ICB
- NHS Nottingham and Nottinghamshire ICB
- NHS South Yorkshire ICB
- NHS West Yorkshire ICB
- Care Quality Commission
- Community Health Partnerships
- Department of Health and Social Care
- NHS England
- NHS Resolution

The Trust has had a number of material transactions with other Government bodies including HMR&C, NHS Pension Scheme, NHS Blood & Transplant and Environment Agency.

Note 38 Better Payment Practice Code

	2024/25	2024/25	2023/24	2023/24
	Number	£000	Number	£000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	114,324	376,665	104,713	359,463
Total non-NHS trade invoices paid within target	98,859	303,008	100,816	313,879
Percentage of non-NHS trade invoices paid within target	86.5%	80.4%	96.3%	87.3%
NHS Payables				
Total NHS trade invoices paid in the year	3,269	61,859	3,497	63,082
Total NHS trade invoices paid within target	2,844	54,677	3,139	59,189
Percentage of NHS trade invoices paid within target	87.0%	88.4%	89.8%	93.8%

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 39 Capital Resource Limit

	2024/25	2023/24
	£000	£000
Gross capital expenditure	44,266	61,522
Less: Disposals	(59)	(375)
Less: Donated and granted capital additions	(1,694)	(592)
Charge against Capital Resource Limit	**42,513**	**60,555**
Capital Resource Limit	43,506	60,555
Under / (over) spend against CRL	**993**	**-**

Note 40 Breakeven Duty Financial Performance

	2024/25
	£000
Adjusted financial performance surplus / (deficit) (control total basis)	11
IFRIC 12 breakeven adjustment	1,677
Breakeven duty financial performance surplus / (deficit)	**1,688**

Note 41 Breakeven Duty Rolling Assessment

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:

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;

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
	£000	£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)	2,616
Breakeven duty cumulative position	10,781	15,482	20,360	25,780	31,723	34,649	26,598	29,214
Operating income	469,995	480,633	499,538	497,132	506,703	526,559	526,253	561,128
Cumulative breakeven position as a percentage of operating income	**2.3%**	**3.2%**	**4.1%**	**5.2%**	**6.3%**	**6.6%**	**5.1%**	**5.2%**

	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	(7,134)	25,220	11,072	1,489	562	74	1,120	1,688
Breakeven duty cumulative position	22,080	47,300	58,372	59,860	60,423	60,496	61,616	63,304
Operating income	579,847	629,192	662,676	726,808	808,450	846,317	885,736	992,561
Cumulative breakeven position as a percentage of operating income	**3.8%**	**7.5%**	**8.8%**	**8.2%**	**7.5%**	**7.1%**	**7.0%**	**6.4%**

Note 42 Adjusted Financial Performance (SOCI control total basis)

	2024/25	2023/24
Surplus / (deficit) for the period	(10,304)	(14,677)
Remove net impairments not scoring to the Departmental expenditure limit	11,775	14,755
Remove I&E impact of capital grants and donations (see below)	26	898
Remove I&E impact of IFRIC 12 schemes on an IFRS 16 basis	12,529	7,038
Add back I&E impact of IFRIC 12 schemes on former UK GAAP basis	(14,206)	-
Add back I&E impact of IFRIC 12 schemes on an IAS 17 basis	-	(8,138)
Remove net impact of DHSC centrally procured inventories	191	144
Adjusted financial performance surplus / (deficit)	11	20
Adjusted financial performance surplus / (deficit) for the purposes of system achievement	**11**	**20**
The I&E impact of capital grants and donations is as follows:		
Income from capital grants and donations (as per note 3)	(1,694)	(592)
Depreciation on grants and donations	1,720	1,490
Net I&E impact	**26**	**898**

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