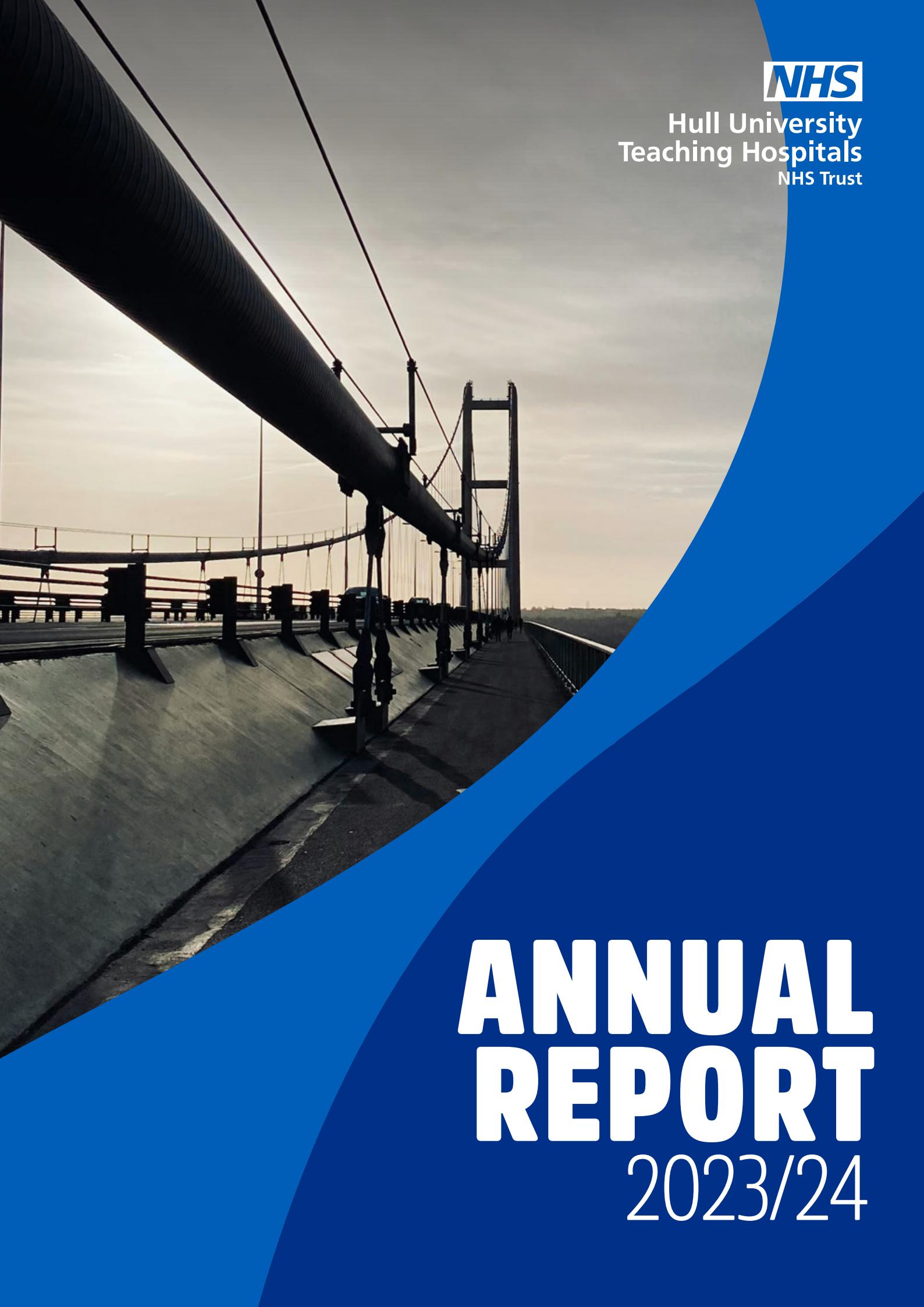




Hull University
Teaching Hospitals
NHS Trust



ANNUAL REPORT

2023/24

OTHER FORMATS

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ANNUAL REPORT

2023/24

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PERFORMANCE REPORT

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

GROUP CHIEF EXECUTIVE STATEMENT

Welcome to the Annual Report 2023/2024 for Hull University Teaching Hospitals NHS Trust (HUTH).

In many respects our performance over the past 12 months is ~~s~~ The report is a look back at the previous financial year for our hospitals and features a review of our performance, our governance and our financial accounts for the period 1 April 2023 to 31 March 2024.

My story with the Trust began with my appointment as Group Chief Executive on 7th August 2023. Of course this was a significant appointment for me personally but also for the organisation as I became the first person to hold the position of Group Chief Executive acting on behalf of both HUTH/NLag and Northern Lincolnshire and Goole NHS Foundation Trust/Hull University Teaching Hospitals NHS Trust. The two trusts remain separate sovereign organisations, and as such have separate accounts, CQC registrations, performance reports and therefore annual reports. I couldn't possibly write an introduction to this document however, without focusing on the rationale for the move towards a group structure and the progress we have made together since last summer.

Firstly then, why do this? Well, it's no secret that both HUTH and NLag share many of the same challenges around sustaining fragile services, recruiting to key clinical roles, reducing long waiting times for planned surgery and outpatient appointments and maintaining and replacing ageing infrastructure. By coming together under a group leadership and operational structure we have more than doubled our workforce resource, our budgets and our equipment and facilities - not to mention our expertise and our experience – and this gives us a much better chance of tackling those challenges and delivering better care and a better experience for our patients. It means our leadership teams can design regional clinical pathways that better meet the needs of our patients and make decisions in the best interests of those services and the group. Furthermore we have greater bargaining power as a collective when it comes to bidding for national funding and procuring goods and services at best value. In short, we are better organised, more sustainable and more influential together than we were apart. It makes sense for us to do this, just as it is making sense for many other trusts across the country to develop models for group working.

In the nine months since I started with both trusts we have made significant changes and progress. By the end of November I had appointed most of my executive leadership team. By the start of February we had most of our senior operational roles filled, and from 1st April 2024 our new operational structure went live. This has seen all of our clinical services come under the combined leadership of 14 care groups. In addition, we have worked hard on a new group identity, agreeing a set of values – Compassion, Honesty, Respect and Teamwork; a new vision statement – United by Compassion, Driving for Excellence; and a name for our group - NHS Humber Health Partnership. We have established robust new communications mechanisms across our hospitals

and community services, commenced with a programme of leadership development for our senior teams and all of our support teams from finance and HR, to estates and facilities are working together as group teams.

Of course there is still a long way for us to go and in 2024/2025 our focus will be on publishing our group strategy, tackling the flow through our hospitals, the waiting times for our patients and ensuring we are addressing what will be a very challenging financial position this year. My belief is that if we can get the quality right, if we can reduce inefficiencies in our systems and processes and if we can engage our workforce to deliver for our patients then we will make the quality enhancements we need to achieve. Our cost efficiencies will follow.

I need to acknowledge and thank both Chris Long, Chief Executive at Hull University Teaching Hospitals NHS Trust and Dr Peter Reading, Chief Executive at Northern Lincolnshire and Goole NHS Foundation Trust for their stewardship and leadership at each trust during the first half of this financial year. I would like to extend similar thanks to all of the executive directors who were here prior to the establishment of the new group executive team.

My closing remark would be that I have had a really exciting first few months as Group Chief Executive. I have met hundreds of inspiring people and seen some amazing services across our hospitals and community services. Some of these are featured in this annual report and I hope you find the information interesting as well as useful.

Thank you,



A handwritten signature in black ink, appearing to read "Jonathan Lofthouse".

Jonathan Lofthouse, Group Chief Executive

PURPOSE AND ACTIVITIES OF THE TRUST

We are situated in the geographical area of Kingston upon Hull and the East Riding of Yorkshire. We employ 8,995 staff, have an annual turnover of £886m (2023/24) and operate from two main sites - Hull Royal Infirmary and Castle Hill Hospital – whilst delivering a number of outpatient services from locations across the local health economy area.

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

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

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

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



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

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

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

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

In 2023/4 we provided the following services:

- We assessed over 130,000 people who attended our Emergency Department at Hull Royal Infirmary
- We had over 880,000 attendances at our outpatient clinics
- We admitted over 94,000 patients to our wards.

Up until April 2024 the Trust was structured in five Health Groups (Medicine, Surgery, Cancer and Clinical Support, Family and Women's Health and Emergency Care) through which our clinical services are delivered. The Health Groups are supported by Corporate Services (Estates, Facilities and Development, Strategy and Planning, Finance, Human Resources including Education and Development, Quality Governance, Corporate Governance, Information Management and Technology).

From April 2024 a new Care Group structure has been formed and will be highlighted in next year's report.

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

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



OUR TRUST IN NUMBERS

TURNOVER
£886 M

**POPULATION
SERVED**
600,000

STAFF
8,995

BIRTHS
5,245

BEDS
1,311

OUR MISSION, VISION AND VALUES AT HUTH

OUR MISSION

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

OUR VISION

Our people are at the heart of our vision for the future of the organisation.

We will deliver outstanding care to our patients and service users through the skill, expertise, commitment and innovation of our workforce. We recognise our responsibilities as a large employer and service provider and we will become a highly sustainable and greener organisation. We will be a leading partner working in a range of important collaborations, networks, programmes and partnerships with improving population health and development of our organisation as our central principles.

OUR VALUES

We had developed a set of organisational values

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

CARE

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

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

HONESTY

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

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

ACCOUNTABILITY

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

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

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

- People Strategy 2019-2024 (under review 2024)
- Digital Strategy 2018-2023 (under review 2024)
- Research and Innovation Strategy 2018-2023 (under review 2024)
- Zero30 Plan

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

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



OUR CARE QUALITY COMMISSION (CQC) RATING

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

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

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

Rating for the whole trust:

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

PARTNERSHIPS AND INTEGRATED SERVICES

In 2023/24, the Trust continued to work as a key partner within the Humber and North Yorkshire Integrated Care System (ICS).

The Trust committed during this time to ensuring it fulfilled its Anchor Organisation role and worked collaboratively across:

- Four Place Boards – North and North East Lincolnshire, East Riding of Yorkshire and Hull
- The Collaboration of Acute Providers
- In our work we led a number of significant initiatives, including:
- Jointly leading the Clinical elements of the Humber Acute Services Review on behalf of the ICS to conclusion of a Statutory Consultation
- The development and leadership of the work programme underpinning the Collaboration of Acute providers, including elective recovery and diagnostics
- Leadership of multiple programmes of work within Place Board focussed on development of enhanced out of hospital models of care
- Leadership of the - £45m - Community Diagnostics programme supporting the build of Diagnostics Hubs in Scunthorpe and Hull and Spokes in East Riding and Grimsby

HUMBER ACUTE SERVICES PROGRAMME

The Humber Acute Services Programme is reaching its final stages and has recently closed its statutory consultation.

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.

The consultation ran for 14 and a half weeks – from 25th September to 5th January – and received nearly 4000 responses via the questionnaire. In addition, a wide range of views were gathered from seldom heard groups and communities through a comprehensive programme of targeted engagement that supported the consultation process.

The process is subject to an independent evaluation and the outcome of the consultation is expected from the ICB Board in July 2024.

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.

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.

During 2023/2024 we have had a focus on the design of new models of elective care, improved cancer delivery and improved diagnostic pathways. This work continues to build momentum.

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.



VALUED, SKILLED AND SUFFICIENT STAFF

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

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

The Trust will recruit from the newly qualifying nurses in September each year; the recruitment process for September 2024 had already commenced prior to year-end.

HIGH QUALITY CARE

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

INDICATOR	Standard	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	23/24
Occurrence of any Never Event	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Patient Safety Alerts Outstanding	0	0	0	0	0	0	0	0	0	0	0	0	1	1

The Trust has reported 1 Never Event this year; 7 were reported last financial year. A full investigation was undertaken for the incident. The Trust has seen improvements following a Theatres improvement work stream which included the learning from previous Never Events and the embedding of actions.

The Trust maintained its position in responding to patient safety alerts throughout the year, except for March. The alert relates to 'Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls' a task and finish group was set up to deliver the actions within the alert.

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.

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



GREAT CLINICAL SERVICES

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

PERFORMANCE SUMMARY

The Trust has been unable to achieve the constitutional standards in 2023/24.

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.

Developments at Hull Royal Infirmary have included the Day Surgery at HRI being transformed into an Urgent Treatment Centre in February 2024. The UTC is currently receiving and treating 12.5% of activity which previously would have presented at the Emergency Department.

At Castle Hill Hospital the new Day Surgery facility is now open.

RESEARCH AND INNOVATION

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

Further information relating Research and Innovation in 2023/24 can be found in this report.

FINANCIAL SUSTAINABILITY

The Trust has reported that it has delivered a surplus of £20k for 2023/24.

The reported capital position at month 12 shows that Capital expenditure for the year was £61.5m against a plan of £50.7m. The increase in expenditure was as a result of in year allocations received, not known at the start of the year.

RECOVERY OF ELECTIVE ACTIVITY

- Recovery of elective activity in March 2024 achieved the plan and also achieved 103% of the 2019/20 baseline.
- The 23/24 operational plan included a reduction of outpatient follow-ups by 25% by March 2024. In many cases HUTH pathways discharge rather than follow up, so in these cases the follow-ups are not appropriate.
- Day case activity delivered 96% of plan.
- Mutual aid (both NHS and out-sourcing) continues albeit in limited numbers to improve waiting times and support the reduction of the overall size of the Trust's waiting list.
- At the end of March 2024, the current unvalidated waiting list volume position was 75,226 against a trajectory of 65,820.
- Overall, referrals in 23/24 were down on the previous year; the operational plan for 2023/24 assumed no further increase in referrals.

At the end of March 2024, the Trust reported 0 x 104 week waits. 104 week patient risks have been largely eliminated in 2023/24. The Trust was reporting 9 x 78 week waits at the end of March 2024.

Cancer 62 day Performance trajectory has not been achieved in 2023/24.

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

- Venous Thromboembolism (VTE) risk assessment
- MRSA Bacteraemias
- Year-end position for emergency caesarean sections
- Never Events
- Stroke - % of patients admitted to a stroke ward within 4 hours of A&E
- Patient Safety Alerts
- Areas of improvement against the Trust's key 'safe' indicators were:
- There were no patient safety alerts outstanding
- The number of Clostridium Difficile cases were under the threshold
- Stroke TIA % scanned within 1 hour
- Stroke TIA % scanned within 12 hours

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



Jonathan Lofthouse, Group Chief Executive

ANNUAL REPORT 2023/24

NHS

**Hull University
Teaching Hospitals
NHS Trust**



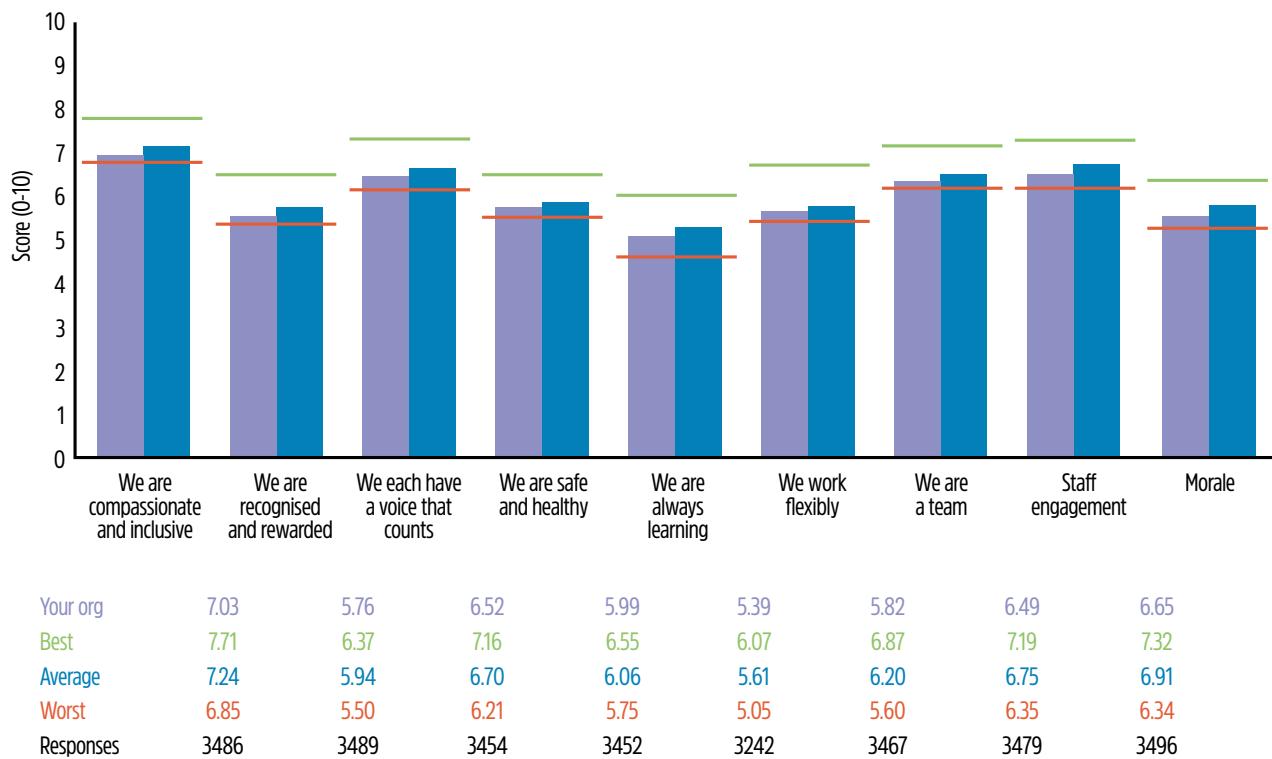
PERFORMANCE ANALYSIS

OUR STAFF

The annual staff survey ran during October and November 2023 and was sent to all HUTH staff. 50% of staff (4620) completed the survey, compared with 37% in 2022.

KEY THEME PERFORMANCE

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



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

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

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





Freedom to Speak Up Guardian

FREEDOM TO SPEAK UP

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 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. This is varied and can include patient or worker safety concerns, inappropriate behaviours, discrimination, bullying and harassment, concerns about workload, roles or service delivery, general support or any other concerns in an individual's working life.

It can be difficult to know how to speak up and the FTSUG is able to act as an additional independent channel to support individuals and groups of staff in raising concerns. The FTSUG also plays a key role in signposting staff to the appropriate staff support and wellbeing services available at the Trust. To further support staff, during 2023/2024 the Trust adopted the NHS England ‘Freedom to Speak Up Policy for the NHS’. 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 2023/2024 the FTSUG has continued to increase the profile and accessibility of the FTSUG role, and includes a Trust wide network of volunteer ‘Speak Up Champions’ to raise awareness of speaking up in local teams.

During 2023/2024 201 individuals at the Trust contacted the FTSUG; in comparison to the previous year 2022/2023 when 100 individual made contact. This is a further increase on 2021/2022 and 2020/2021 when 71 and 24 individuals contacted the FTSUG respectively.

The FTSUG regularly 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 Equality, Diversity and Inclusion Committee and the different zero tolerance to discrimination circle groups. During 2023/2024 progress was made towards 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 minimize 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.



EXCELLENT CARE

INFECTION PREVENTION AND CONTROL

Greta Johnson was the Trust Director of Infection Prevention and Control (DIPC) and was responsible for leading and managing the Trust's Infection Prevention and Control (IPC) plan during 2023-24.

Jo Ledger, Acting Chief Nursing Officer, had executive responsibility for infection prevention and control during 2023-24. During 2023-24 the role of Infection Control Doctor (ICD) was facilitated by Dr Debbie Wearmouth, Consultant Microbiologist. During 2022-23, additional recruitment for Infectious Diseases Consultants and a Consultant Microbiologist was made.

Infection prevention & control meetings are held to ensure the Trust remain compliant with the Health & Social Care Act (2008): code of practice on the prevention and control of infections. During 2023-24, Strategic Infection Reduction Committee (SIRC) continued to meet, in two formats - a business SIRC and a developmental SIRC meeting, meeting every other month respectively providing the opportunity to discuss key areas for improvement such as antimicrobial stewardship and managing gram negative blood stream infections (GNBSIs). SIRC is a performance management and assurance committee, responsible for holding the Health Groups and Directorates to account for their performance in preventing and managing healthcare associated infections/infectious diseases and providing information and assurance to the Trust Board that all issues relating to infection prevention and control governance are being managed safely and effectively. Attendance by the senior HG representatives has been good, and most meetings were quorate with the exception of some medical directors.

The Operational Infection Reduction Committee (OIRC), continued to meet monthly. During 2023-24 this committee was chaired by the Infection Control Doctor. The Committee is a forum for the Health Groups to demonstrate their compliance with Trust and national policies and procedures, and to share good practice. Attendance by the senior HG representatives has been good, and most meetings are quorate. The OIRC is an expert advisory body, with the core role of providing advice to the Trust Board and Health Groups on issues pertaining to infection management (including the structure and governance of the infection prevention and control team). The Committee has representation from each Health Group, from the IPC team, the Department of Infection, Occupational Health, the Estates & Facilities Directorate, and Pharmacy. It reports to the SIRC. The OIRC has responsibility for guiding infection

prevention and control activity within the Trust, interpreting external guidance and instruction, and providing the Chief Executive with relevant information and advice. It also advises the Trust on its statutory requirements in relation to infection prevention and control and the decontamination of medical and surgical equipment.

OTHER RELEVANT COMMITTEES

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

These committees have representation on the Operational Infection Reduction Committee (OIRC), and report to SIRC. Attendance by the HG and departmental representatives has been good, and most meetings are quorate. The Water Safety Committee, which is a mandatory requirement, has seen ongoing good attendance from departments and HGs. The Water Safety Committee benefitted from the continuation of input from an Authorising Engineer for water safety. A Trust wide Water Safety Plan is in place and monitored accordingly. Water safety issues are also reviewed regularly by both the SIRC and OIRC.

The Trust's designated Board level Decontamination Lead (as required by the Health and Social Care Act) is the Director of Estates, Facilities & Development supported by the Surgical Health Group Operations Director and Medical & Nursing Directors. The Trust Decontamination Committee met quarterly during 2023-24 and items for escalation were facilitated via OIRC and SIRC.

During 2023-24, the Trust Ventilation Safety Group continued to meet quarterly following specific guidance released by the Department of Health in 2021 (Health Technical Memorandum 03-01, HTM 03-01). The management of ventilation systems of a healthcare provider should be overseen by the Ventilation Safety Group (VSG). The Ventilation Safety Group benefits from the input from an Authorising Engineer for ventilation safety. Ventilation safety issues are escalated via OIRC and SIRC. A sub-optimal performance reporting procedure was developed and is now embedded alongside monthly ventilation subgroup meetings underpinned by a Trust Ventilation Policy and monitored through the relevant committees.

The formation of a Command Structure to support the Trust during peaks of infection and operational challenges with associated meetings such as operational weekend planning meetings has further supported the IPC with either the DIPC and/or ICD in attendance, to inform and advise.



SURVEILLANCE OF HEALTHCARE ASSOCIATED INFECTION

Fingertips data (Office for Health Improvement & Disparities)

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

The huge amount of information available can be grouped in various ways: the appendices contain spine plots of the performance of the Trust against all other acute NHS trusts in England in overall performance on all HAI targets (Appendix 1), in antimicrobial prescribing data (Appendix 2), in antimicrobial resistance data (Appendix 3) and in other IPC measured initiatives/metrics (Appendix 4). This information represents 2022-23 data (depending on availability of information) against the NHS initiative targets, HUTHT has performed at or better than the benchmark in all cases. For the wider range of HAI targets the Trust generally falls between the 25th and 75th centile but was a negative outlier for hospital onset Meticillin Sensitive Staphylococcus Aureus (MSSA), Pseudomonas aeruginosa bloodstream infections (BSI) and E. coli bloodstream infections during 2023-24. Performance remained good for the antimicrobial prescribing targets: the Trust was better than the benchmark value in all criteria and remained a significant (positive) outlier in some areas.

Further HCAI trend analysis is provided in Appendix 5&6

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

Over the last ten years the Department of Health & Social Care have monitored Trust apportioned MRSA BSI via a policy of 'zero tolerance of avoidable infection'.

It was accepted, that there would continue to be small numbers of infections seen, and that the national aim was to reach an 'irreducible minimum'. National figures support this contention (Figure 1). The numbers of total and hospital onset MRSA BSI diagnosed in the Trust for the last 3 years are shown in Figure 2.

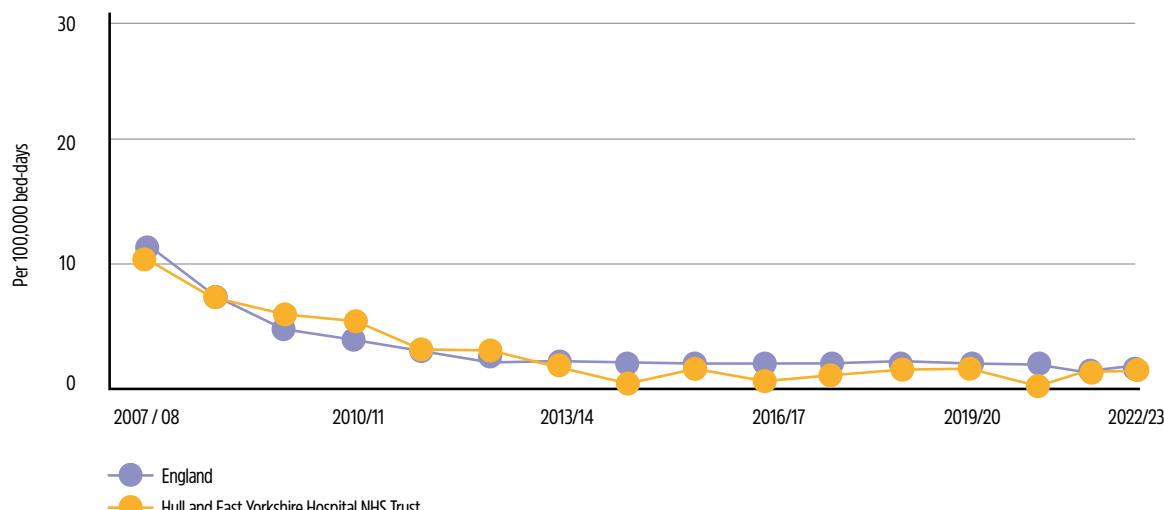


Figure 1. MRSA bacteraemia all rates by reporting acute trust and financial year in England 2007-2023 in comparison with Hull University Teaching Hospitals NHS Trust (red lines indicate introduction of universal screening)

MRSA BSI HOHA cases April 2020 - March 2024

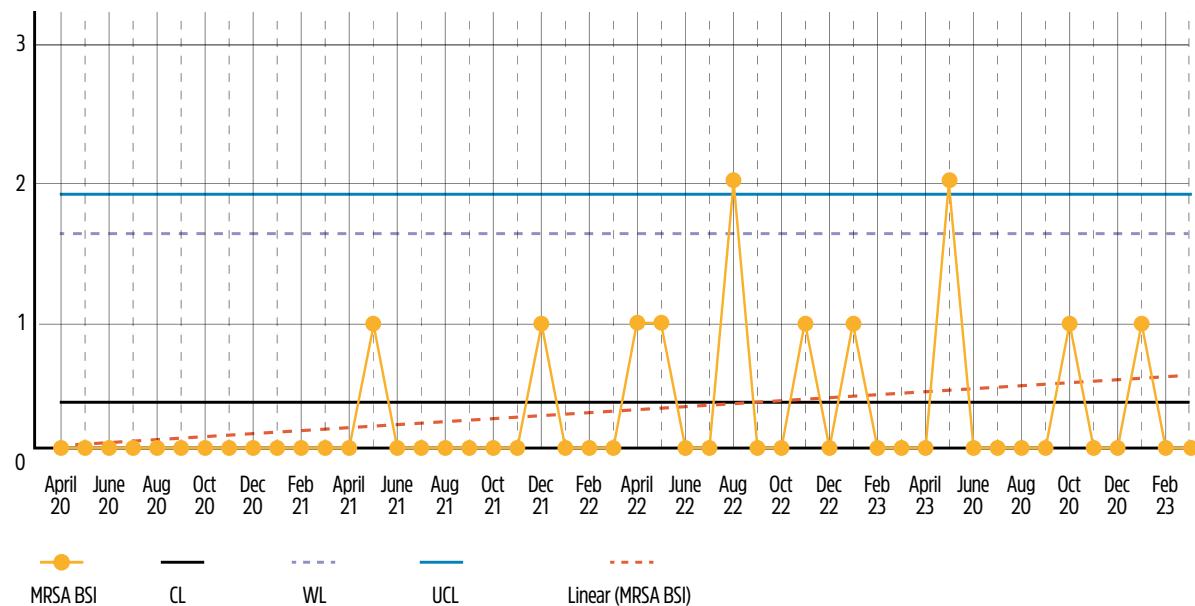


Figure 2. MRSA bloodstream infection diagnosed in HUTHT 2020-24

During 2023-24, five hospital onset healthcare associated (HOHA) cases were reported, two in May 2023, one in October 2023, one in January 2024 and a further case in February 2024. All five cases were investigated via Post Infection Reviews (PIR) by both the Trust and System Partners. One community onset community associated (COCA) case was reported in April 2023. The majority of HOHA cases, 60% were reported in the Medicine Health Group, 20% in Surgery Health Group and latterly 20% in Clinical Support Health Group with no reported cases in Families & Women's Health Group. There were no reported outbreaks of MRSA BSI.

Of the five reported HOHA MRSA bacteraemia cases all represent patients with complex past medical histories and multiple comorbidities. The majority of the cases had a history of MRSA colonisation and/or previous infection. To date five cases investigated via PIR and four tabled to date at the Hull & East Riding HCAI Review Group – all four cases agreed as unavoidable with no lapses in care identified with the fifth case scheduled for tabling with System Partners.

The hospital-onset rate at Hull University Teaching Hospitals NHS Trust is 1.6 per 100,000 bed-days compared to the England hospital-onset rate of 0.8 per 100,000 bed-days (2022-23 available data).

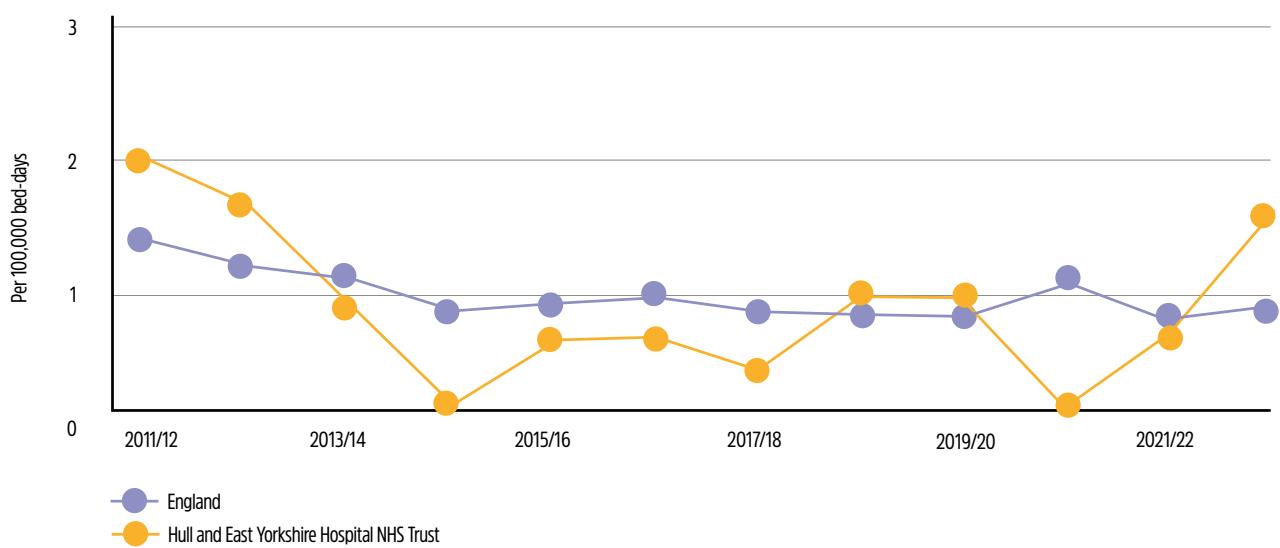


Figure 3 MRSA hospital-onset counts and rates by reporting acute trust and financial year

In October 2021, the Hospital Infection Society (HIS) and Infection Prevention Society (IPS) published national guidelines for the prevention and control of meticillin-resistant *Staphylococcus aureus* (MRSA). The guideline supports screening for MRSA carriage as a targeted approach but using universal screening as appropriate depending on local facilities. The Trust developed a risk assessment to assist clinical areas with identifying which patients, which areas and when HCAI screening is required inclusive of MRSA and is included in an IPC risk assessment embedded within NerveCentre during 2023-2024. This is vital not only for the identification and reporting of MRSA but other resistant organisms such as Carbapenemase producing Enterobacteriaceae (CPE) and Vancomycin Resistant Enterococci (VRE).

CLOSTRIDIODES DIFFICILE ASSOCIATED DIARRHOEA (CDAD)

The Trust has participated in the mandatory surveillance of Clostridioides difficile since 2004 and was previously a significant outlier with regards hospital acquired C difficile infection but the Trust maintained a steady improvement in performance for the last 10 years, (Figure 3).

In 2019, the Department of Health and PHE introduced updated CDAD objectives which included the addition of a prior healthcare exposure element for community onset cases, reducing the number of days to apportion hospital-onset healthcare associated cases from three or more (day 4 onwards) to two or more (day 3 onwards) days following admission has continued during 2023-24.

- hospital onset healthcare associated: cases that are detected in the hospital three or more days after admission (HOHA)
- community onset healthcare associated: cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks (COHA)
- community onset indeterminate association: cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous 12 weeks but not the most recent four weeks (COIA)
- community onset community associated: cases that occur in the community (or within two days of admission) when the patient has not been an inpatient in the trust reporting the case in the previous 12 weeks (COCA)
- Acute provider objectives via NHS Standard Contract 2022/23 were published for 2022-23 on the 26th May 2023 and data was collected utilising these two categories:
- hospital onset healthcare associated: cases that are detected in the hospital three or more days after admission
- community onset healthcare associated: cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks.

Clostridioides difficile 2022/2023 Threshold	Year-end Reported Cases
53 reported cases (HOHA & COHA combined)	60 reported cases (41 HOHA & 19 COHA combined)

This demonstrates an increase of HOHA reported cases and a reduction in COHA cases. The majority of reportable cases, 57% were reported in the Medicine Health Group, 20% in Clinical Support, 18% in Surgery Health Group and latterly 5% in Families & Women's Health Group.



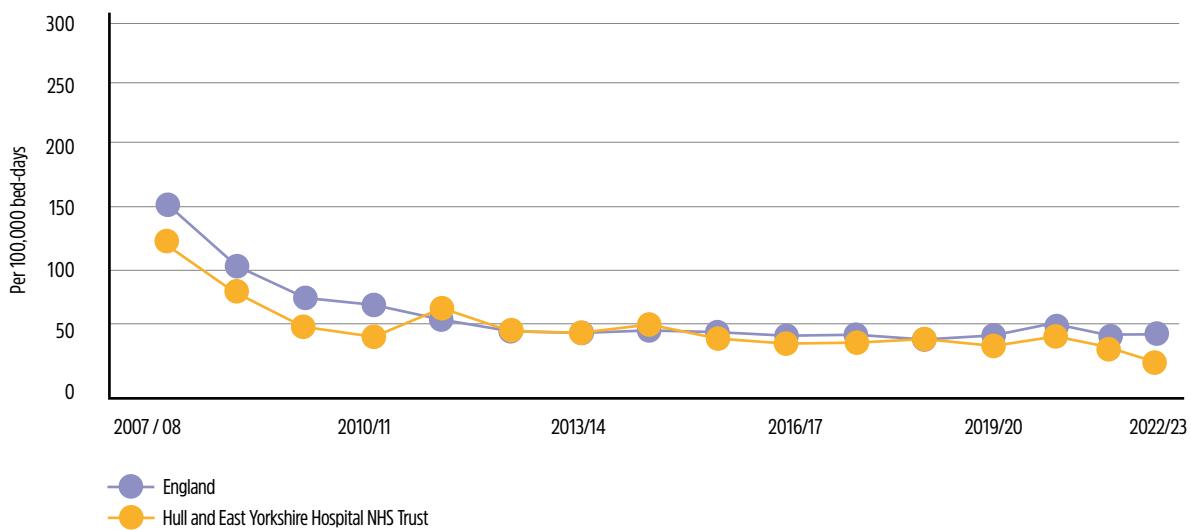


Figure 4. C. difficile all rates by reporting acute trust and financial year in England 2007-2023 in comparison with Hull University Teaching Hospitals NHS Trust crude rate per 100,000 bed-days (UKHSA Fingertips).

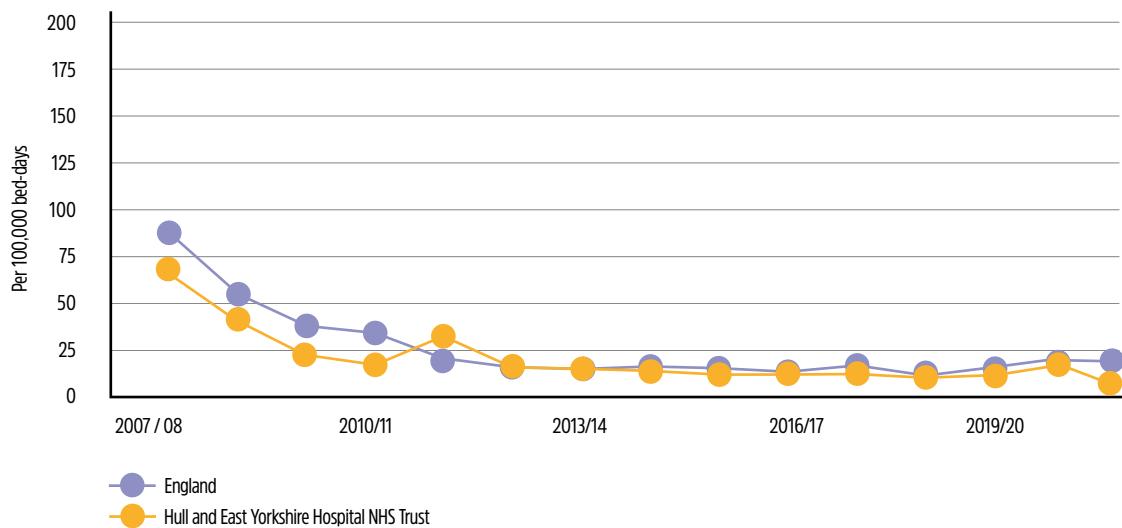


Figure 5. C. difficile hospital-onset rates by reporting acute trust and financial year in England 2007-2022 in comparison with Hull University Teaching Hospitals NHS Trust per 100,000 bed-days (UKHSA Fingertips).

During 2023-24, monitoring of ribotypes continued to identify trends and any potential links with hospital onset cases. A review of ribotypes April – September 2023 did identify some commonality in ribotypes (RT002, RT015, RT001), these were investigated but did not identify any potential source of infection. RT002 and RT015 were however reported during 2022/23 and appear to be the dominant ribotype affecting patients across the Humber area.

In July 2023, a period of increased incidence was reported when two CDI cases were reported related to time and place on a Medical Elderly ward at HRI, these were investigated via RCA and findings discussed at a convened incident meeting. Learning included effectively managing patients in isolation and the importance of IPC measures e.g. wearing PPE appropriately and effective hand hygiene when caring for patients in isolation.

Since December 2021, the Hull & East Yorkshire HCAI Review Group with Trust IPCT and System Partners representatives met monthly to review community and hospital onset cases of Clostridioides difficile providing the ability to confirm and challenge RCA outcomes along with scope to discuss other complex infections, such as MRSA bacteraemia. During 2023-24 several CDI cases (HOHA & COHA) were tabled, and the majority reported as no lapses in practice. In December 2023, the Group decided to stand down the formal element of tabling RCAs as findings were consistent, with no new learning being identified in favour of tabling themes and trends and in preparation for the application of PSIRF investigation.



Clostridium difficile HOHA cases April 2021 - March 2024

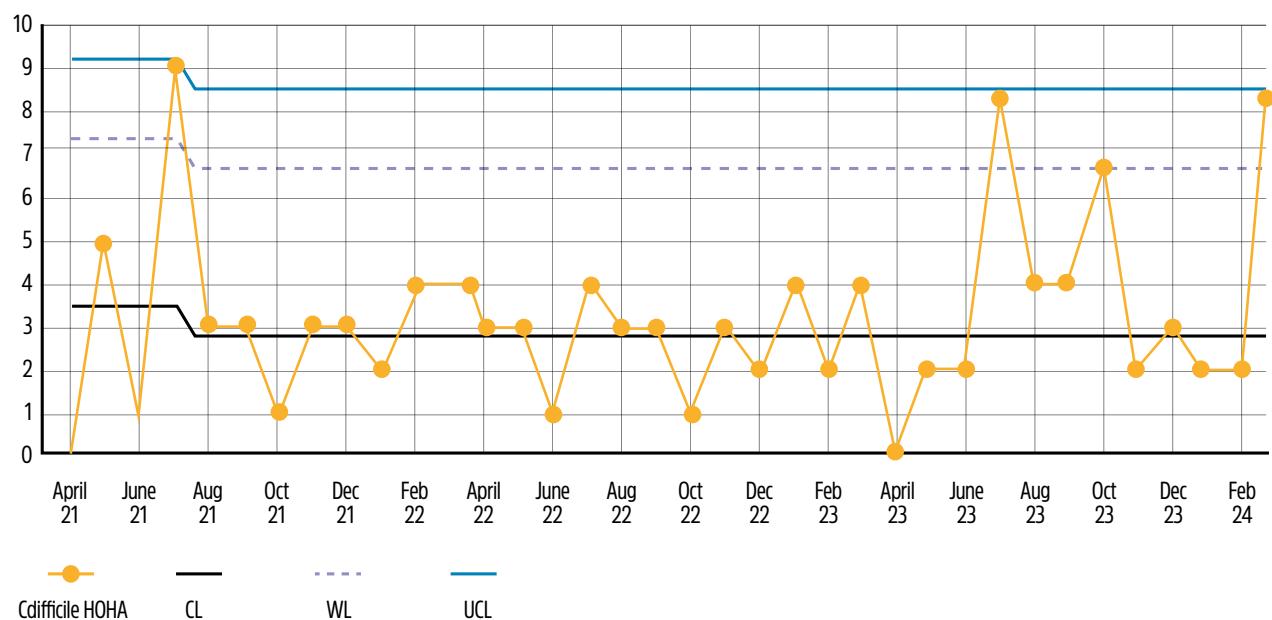


Figure 6. Hospital onset Clostridioides difficile infections diagnosed in HUTHT 2021-24

All cases of C difficile infection are actively reviewed by the IPCT and the Health Group responsible for the patients care. There were no reported outbreaks of CDI and one period of increased incidence. All CDI samples are sent to the reference laboratory for ribotyping, with predominant ribotypes affecting patients across Hull & East Riding being 020, 005, 014, 015 and 023. All cases are subject to a Root Cause Analysis (RCA), led by the senior clinicians (medical and nursing) involved with the care of the patient, and supported by the IPCT. Summary outcomes are presented to the IRC. In most cases there were no significant failures of care apparent that had led to the development of CDI. One identified issue for improvement related to antimicrobial stewardship and adhering to the Trust antimicrobial prescribing guidance, with lapses in practice identified when this was not congruent with Trust guidance. Several measures driven by SIRC were adopted to improve compliance with antimicrobial stewardship and during 2023-24 CDI RCAs demonstrated increased compliance with Trust prescribing guidance.

Meticillin resistant Staphylococcus Meticillin sensitive Staphylococcus aureus (MSSA) BSI

National data show that the general reduction in MRSA BSI has not been mirrored by a fall in MSSA bloodstream infection. This is of concern as the two organisms have similar epidemiology and pathogenesis. The Department of Health therefore introduced mandatory surveillance of MSSA bacteraemia from January 2011.

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

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

The hospital-onset rate at Hull University Teaching Hospitals NHS Trust is 21.7 per 100,000 bed days compared to the England hospital-onset rate of 11.0 per 100,000 bed days (2022-23 available data).

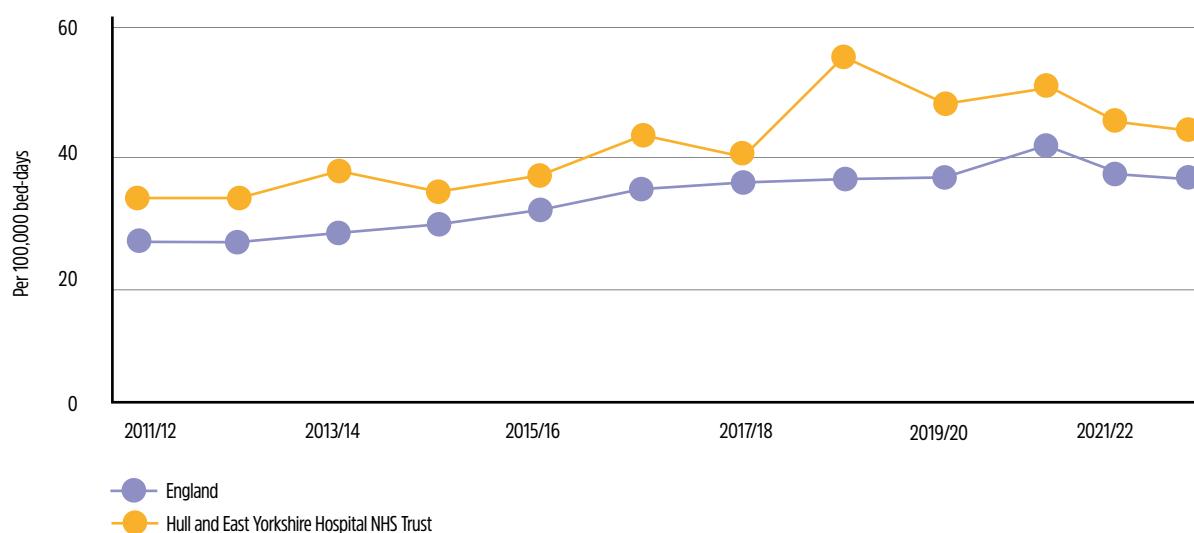


Figure 7. MSSA BSI rates in England 2011 – 2023 in comparison with Hull University Teaching Hospitals NHS Trust (UKHSA Fingertips).

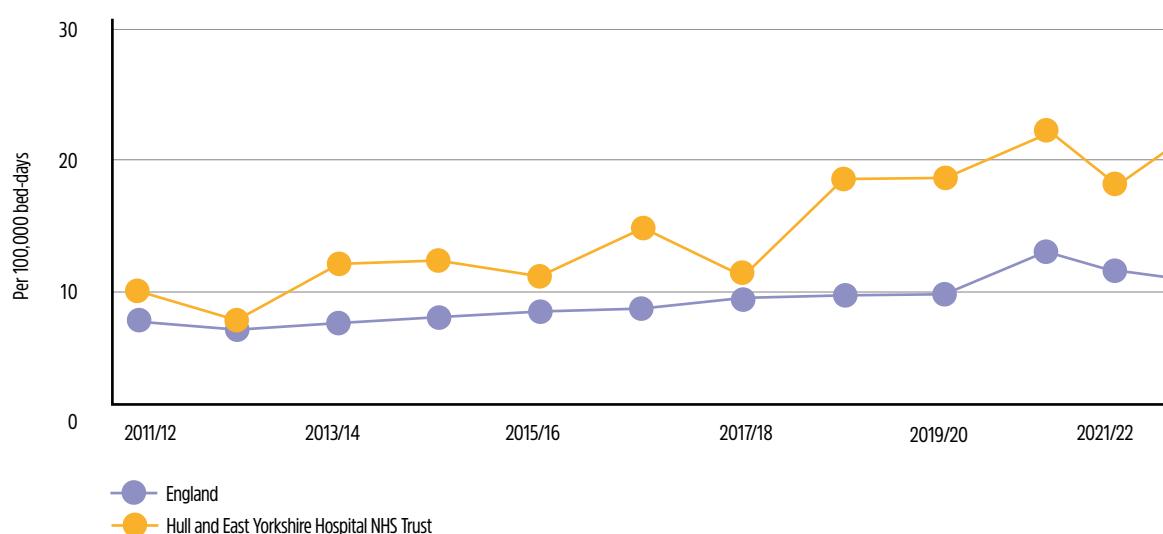


Figure 8. MSSA bacteraemia hospital-onset rates by reporting acute trust and financial year in England 2007-2023 in comparison with Hull University Teaching Hospitals NHS Trust per 100,000 bed-days (UKHSA Fingertips).

MSSA BSI HOHA cases April 2021 - March 2024

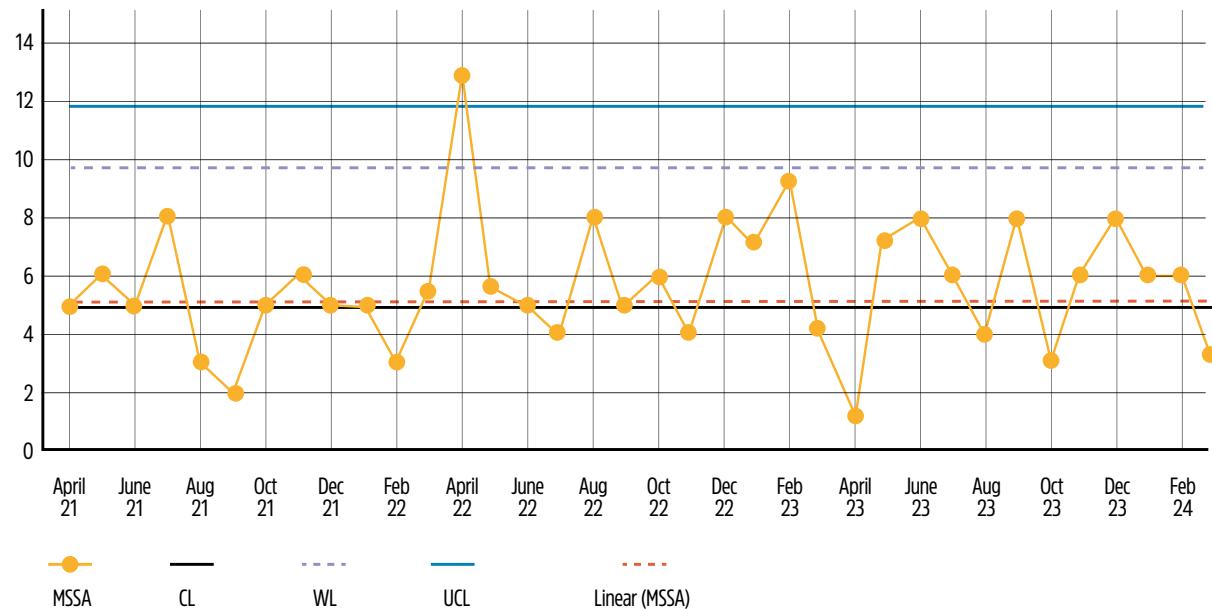


Figure 9. MSSA bloodstream infection HOHA cases diagnosed in HUTHT 2021-24

Financial year	Total number of reported MSSA bacteraemia (HOHA)	Total number of reported MSSA bacteraemia (HOHA&COHA combined)
2019-20	62	Not reported
2020-21	62	75
2021-22	59	81
2022-23	80	97
2023-24	63	95

Currently there is no national threshold for MSSA bacteraemia but as a Trust, a local threshold was agreed with System Partners – sixty HOHA cases which was breached by just 3 cases during 2023-24. This demonstrates an improvement on the previous years reported numbers, the reasons for this improvement are multifactorial, improved cannula insertion, aided by the introduction of an extension set to the existing cannula reducing the risk of trauma and phlebitis around the cannula site. Additional training provided to clinicians and training aids on cannula insertion. A greater focus on vascular device insertion and management with a focus of creating a Vascular Access Service, currently at the business case stage and awaiting Trust Board approval.

In addition, the Infectious Disease team are undertaking research on the risks associated with the development of MSSA BSI and initial findings suggest a correlation of being currently and/or previously infected/ colonised with MSSA, with many patients found retrospectively to be colonised with MSSA which was not known on admission. Further research is intended to scope the benefits of proactive decolonisation treatment, a topic previously discussed and proposed at SIRC because of a rise in cases reported in augmented care areas where patients are nursed with a greater number of invasive devices.

Most reportable cases, 46% were reported in the Medicine Health Group, with the same percentage in Surgery Health Group, 4% in Clinical Support, and latterly 4% in Families & Women's Health Group. Thematic analysis identifies a previous history of MSSA, presence of an invasive device such as a cannula and or central venous catheter and skin and soft tissue infections. There were no reported outbreaks of MSSA BSI.

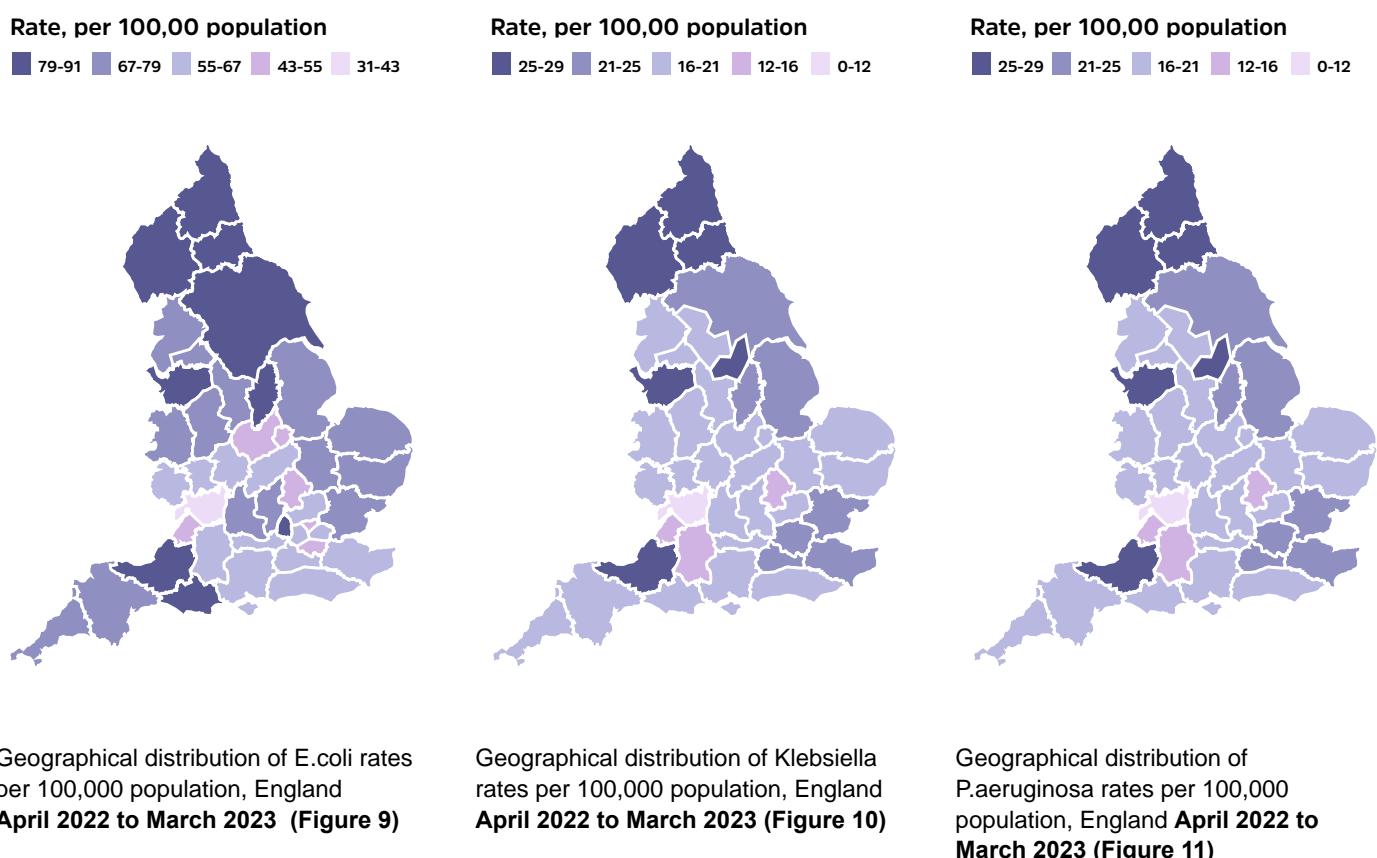
During 2023-24, NHSE were concerned about the rise in MSSA BSIs across England and requested NHSE regional teams to scope MSSA BSI, requesting information on risk factors, challenges and reduction strategies as a result the Trust completed and submitted a survey in January 2024. Results of the survey across the North of England, mirrored that of the Trust with risk factors associated with chronic wounds and wound care, intravenous devices and management, people who injection drugs (PWID's), skin colonisation and diabetic patients being at greater risk. Challenges across the region and therefore reduction strategies are centred on intravenous devices insertion and management, Aseptic Non-Touch Technique (ANTT), screening and decolonisation protocols, effective documentation and education. During 2024-25, a regional workshop on preventing MSSA BSI is being scheduled with any consequent recommendations forming part of any Trust MSSA BSI reduction strategy.

Gram- Negative bloodstream infection (GNBSIs)

For the operational period 1st April 2023 to 31st March 2024, UKHSA and NHS England required NHS Trusts to continue to report cases of bloodstream infections due to Klebsiella species and *Pseudomonas aeruginosa*.

On the 26th May 2023, NHS England published NHS Standard Contract 2023/24 - Minimising *Clostridioides difficile* and Gram-negative bloodstream infections (GNBSIs). Trusts were required under the NHS Standard Contract 2023/24 to minimise rates of both *C. difficile* and of Gram-negative bloodstream infections so reported HOHA & COHA cases are no higher than the threshold levels set by NHS England. This is to support the government initiative to reduce Gram-negative bloodstream infections by delivering a 50% reduction by 2024-2025, inclusive of *Escherichia coli* (E. coli), Klebsiella and *Pseudomonas aeruginosa* bacteraemia.

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



GNBSI THRESHOLDS

E. coli BSI 2023/2024 Threshold	Year-end Reported Cases
157 reported cases (HOHA & COHA combined)	224 reported cases (124 HOHA & 100 COHA combined)
Klebsiella BSI 2022/2023 Threshold	Year-end Reported Cases
64 reported cases (HOHA & COHA combined)	89 reported cases (60 HOHA & 29 COHA combined)
Pseudomonas aeruginosa BSI 2022/2023 Threshold	Year-end Reported Cases
25 reported cases (HOHA & COHA combined)	38 reported cases (26 HOHA & 12 COHA combined)

Escherichia coli bacteraemia

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

This increase was primarily driven by community-onset cases. The incidence rate of hospital-onset cases remained relatively stable except for a sharp reduction observed in April to June 2021, this was followed by a steady return to pre-pandemic rates although remaining lower than the start of E. coli surveillance.

During 2023-24, NHSE focused on reducing healthcare associated E. coli bloodstream infections because they represent 55% of all Gram-negative BSIs. As approximately three-quarters of E. coli BSIs occur before people are admitted to hospital, reduction requires a whole health economy approach. To commence this key work stream the IPCT completed a GNBSI self-assessment intended to assist organisations or systems to produce a focused and effective action plan for reducing E. coli BSIs. A hydration QIP was developed with further QIPs in development for urinary catheter related infections (CAUTI) the focus predominantly in DME areas. The Trust also participated in a regional hydration quality improvement group facilitated by NHS England regional teams.

The hospital-onset rate at Hull University Teaching Hospitals NHS Trust is 35.2 per crude rate compared to the England hospital-onset rate of 22.2 per crude rate of 100,000 bed-days (UKHSA Fingertips) (2022-23 available data).

E. coli bacteraemia are subject to review by the IPCT and following review if an RCA is warranted the request to complete an RCA is forwarded to the respective HGs. Completion of an RCA by the clinical team within the HG is supported by the IPCT. There were no reported outbreaks of E. coli BSI.

Continued improvement work will be required during 2024/25, in conjunction with System Partners on the topic of hydration, urinary catheter insertion and management and the management of urinary tract infections.

The majority of reportable cases, 42% were reported in the Medicine Health Group, 33% in Surgery Health Group, 21% in Clinical Support, and latterly 4% in Families & Women's Health Group.

Thematic analysis

Of the reported HOHA and COHA cases, male patients were affected more than females in line with national prevalence.

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

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

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

A slowly increasing trend has been observed in the mortality rate of community-onset (CO) Escherichia coli (E. coli) bacteraemia between April 2012 and March 2020, which declined in financial year 2021 to 2022 and increased again in financial year 2022 to 2023. The mortality rate of hospital-onset (HO) cases, on the other hand, has been relatively stable since April 2012, with the exception of financial year 2020 to 2021, when a slightly steeper rise was seen. Of note, mortality rate and case fatality rates (CFR) have returned to pre-pandemic levels, despite incidence remaining lower than pre-pandemic levels.

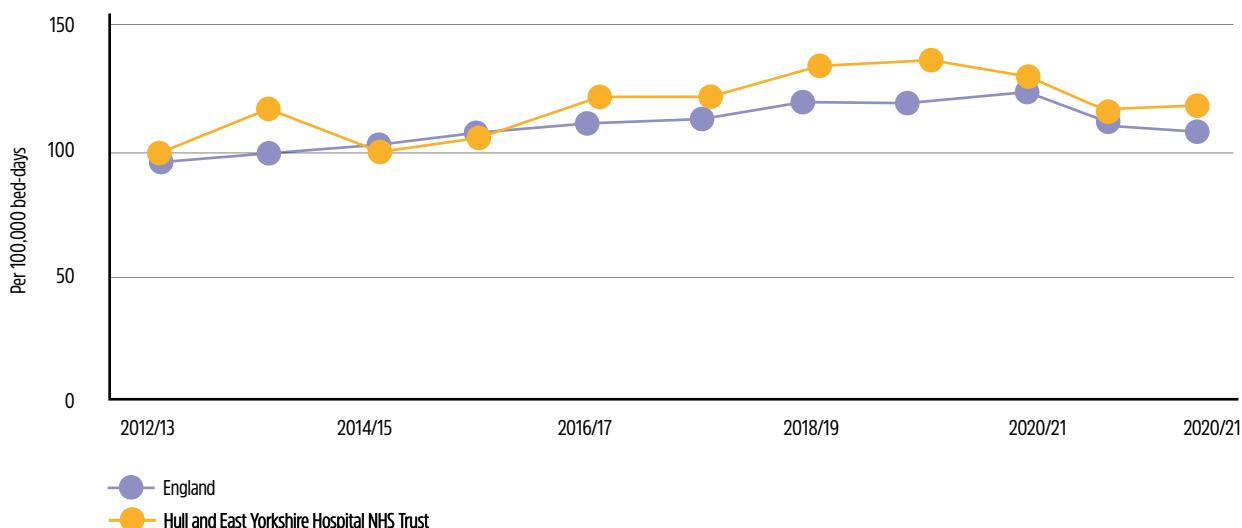


Figure 10. E. coli bacteraemia all rates by reporting acute trust and financial year in England 2007-2023 in comparison with Hull University Teaching Hospitals NHS Trust per 100,000 bed-days (UKHSA Fingertips)

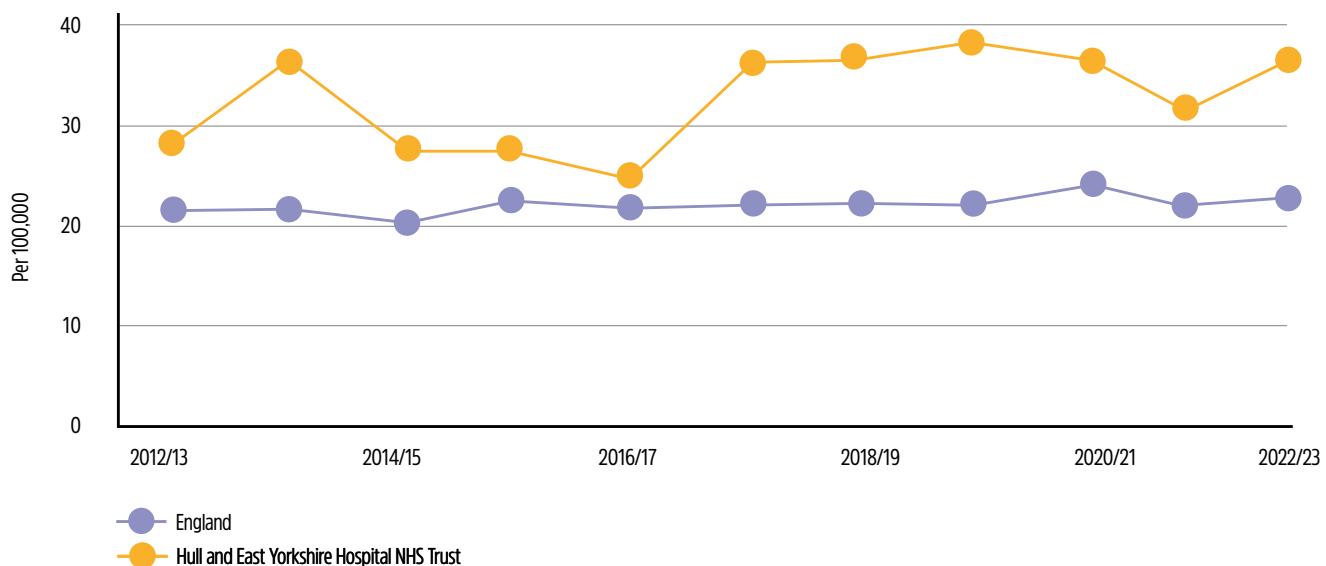


Figure 11. E. coli bacteraemia hospital-onset counts and rates by NHS acute trust and financial year in comparison with Hull University Teaching Hospitals NHS Trust per 100,000 bed-days (UKHSA Fingertips)

E.coli Bacteraemia HOHA cases april 2021 - 2024

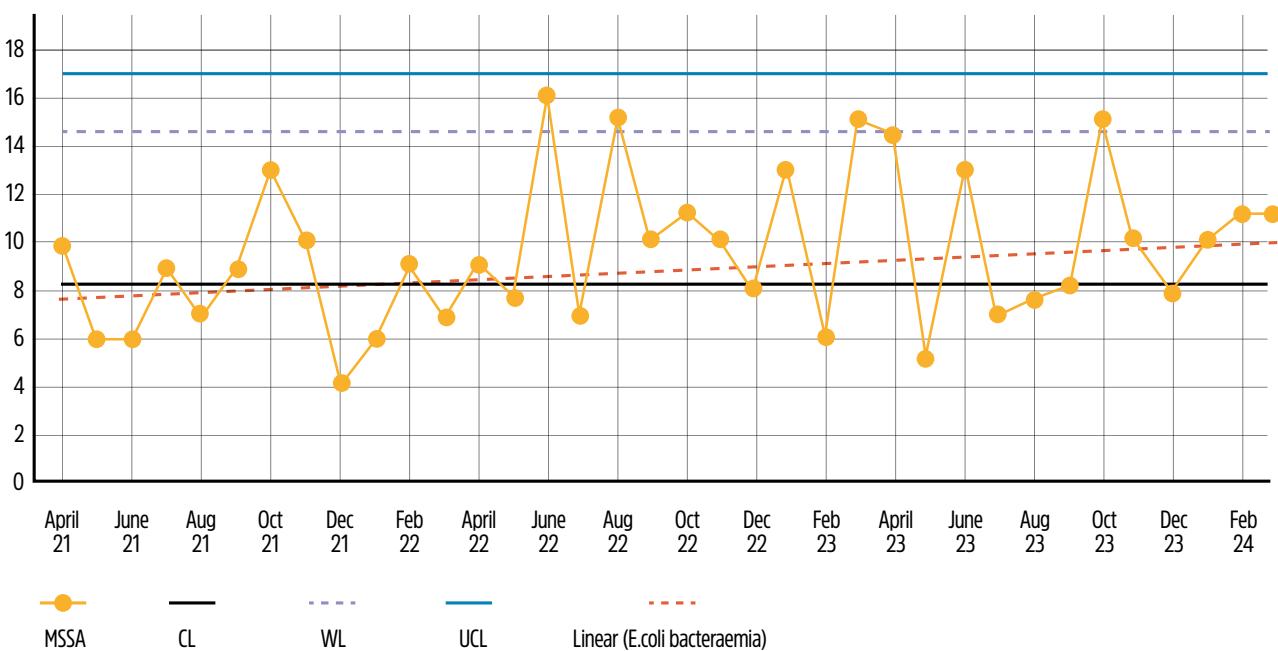


Figure 12. E. coli bloodstream infection HOHA cases diagnosed in HUTHT 2021-24

In February 2024, NHSE launched a GNBSI Economic Tool. The tool is intended to help IPC practitioners, commissioners, AMR and QI leads to understand the impact of E. coli bacteraemia on mortality in the Trust, your area and across England in terms of the associated costs of excess bed days and emergency department admissions. The tool can be used to support GNBSI and associated IPC and AMR improvement work in individual organisations, ICBs and regionally. It is important to remind non-IPC colleagues that not all healthcare-acquired Gram-negative bloodstream infection is preventable, therefore the benefits of any policy or improvement work to reduce GNBSI may be lower than shown in the model.

Data for Hull University Teaching Hospitals NHS Trust can be found at Appendix 8.

Klebsiella and Pseudomonas Aeruginosa bacteraemia

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

Klebsiella bacteraemia

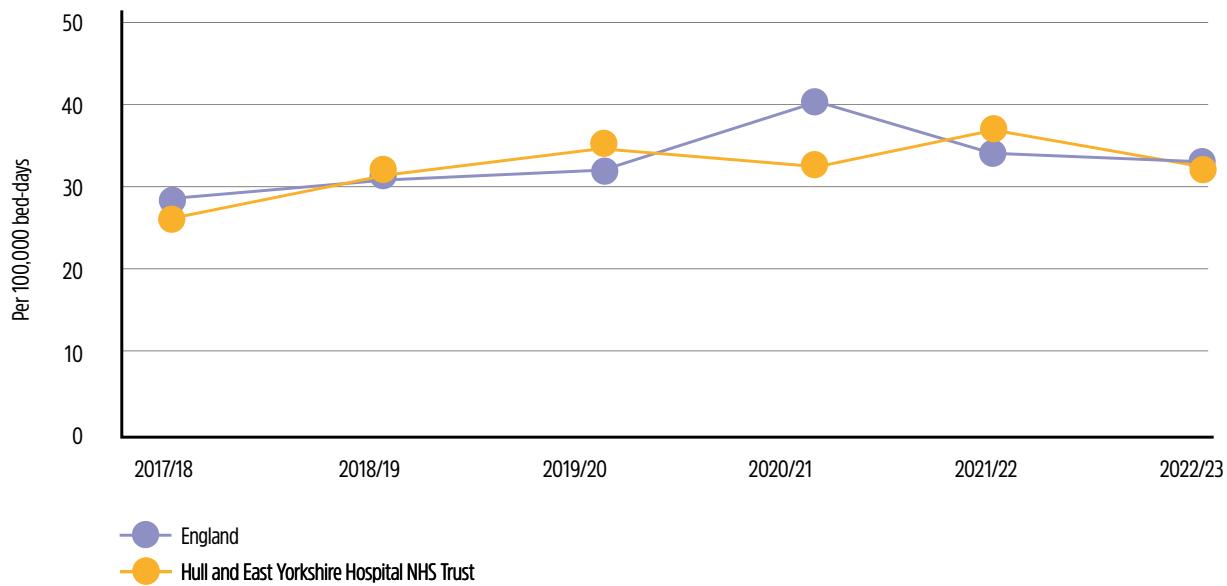


Figure 13. Klebsiella spp. bacteraemia all counts and rates by acute trust and financial year in comparison with Hull University Teaching Hospitals NHS Trust per 100,000 bed-days (UKHSA Fingertips)

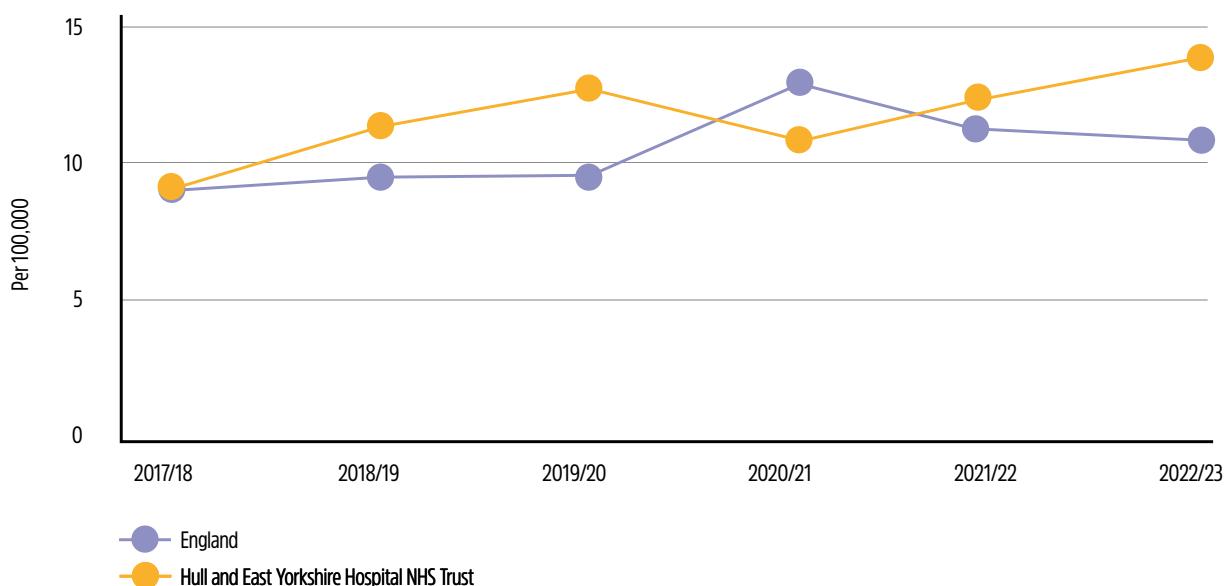


Figure 14. Klebsiella spp. bacteraemia hospital-onset counts and rates by acute trust and financial year in comparison with Hull University Teaching Hospitals NHS Trust per 100,000 bed-days (UKHSA Fingertips)

The majority of reportable cases, 44% were reported in the Surgery Health Group, 34% in Medicine Health Group, 18% in Clinical Support, and latterly 4% in Families & Women's Health Group. There were no reported outbreaks of Klebsiella BSI.

Thematic analysis

Of the reported HOHA and COHA cases, male patients were affected more than females in line with national prevalence.

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

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

Mandatory surveillance of Klebsiella spp. bacteraemia started during FY 2017 to 2018, meaning trends are not as established as those in data collections such as MRSA or E. coli bacteraemia. The mortality rate increased from 3.4 to 4.1 deaths per 100,000 population between FY 2017 to 2018 and FY 2022 to 2023.

Klebsiella BSI HOHA cases April 2021 - March 2024

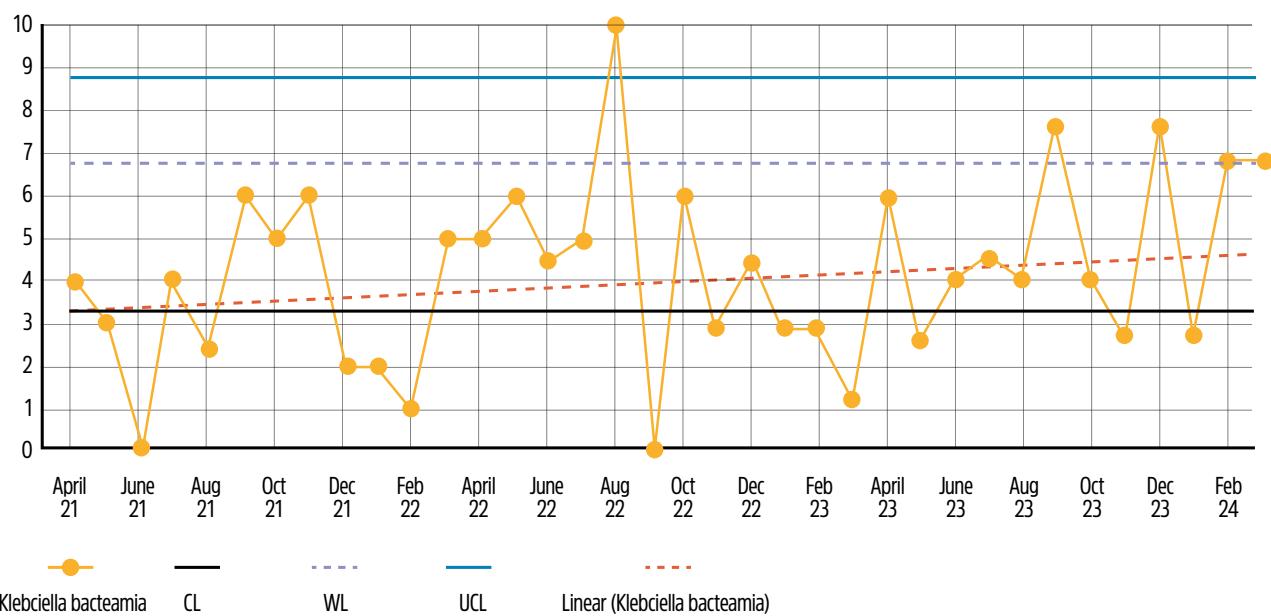


Figure 15. Klebsiella bloodstream infection HOHA cases diagnosed in HUTHT 2021-24.



Pseudomonas aeruginosa bacteraemia

During 2023-24, the Trust remained an outlier across Yorkshire and the Humber but in line with other major teaching hospitals with regards Pseudomonas aeruginosa BSIs.

There were no reported outbreaks of Pseudomonas aeruginosa BSI, although monitoring of cases in augmented care areas continued during 2023-24 due to the risk correlation associated with water and possible transmission routes.

The majority of reportable cases, 42% were reported in the Medicine Health Group, 32% in Surgery Health Group, 21% in Clinical Support, and latterly 5% in Families & Women's Health Group.

Overall, a Trust reduction in Pseudomonas aeruginosa BSI were reported during 2023-24, compared to the previous financial year.

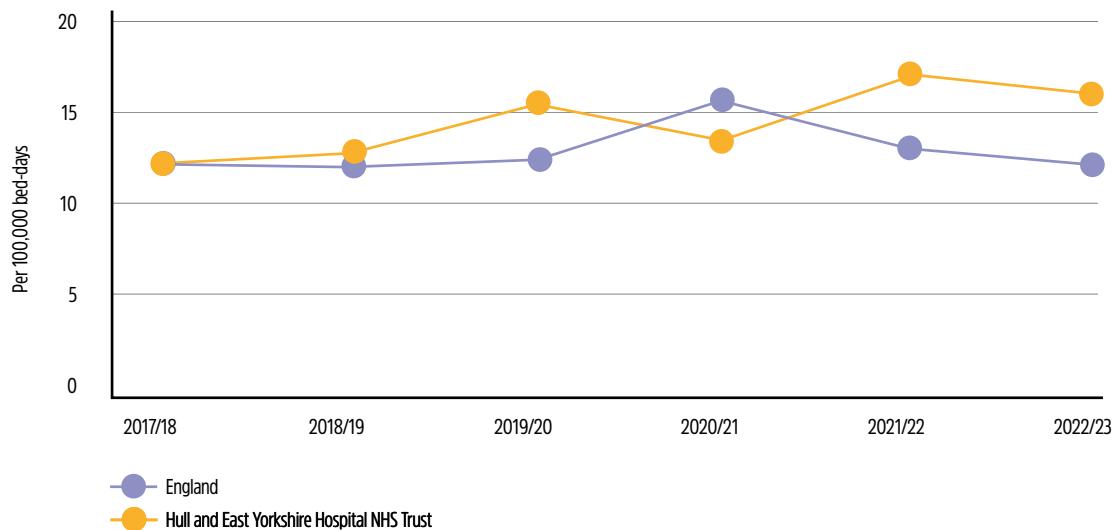


Figure 16. P. aeruginosa bacteraemia all counts and rates by acute trust and financial year in comparison with Hull University Teaching Hospitals NHS Trust per 100,000 bed-days (UKHSA Fingertips)

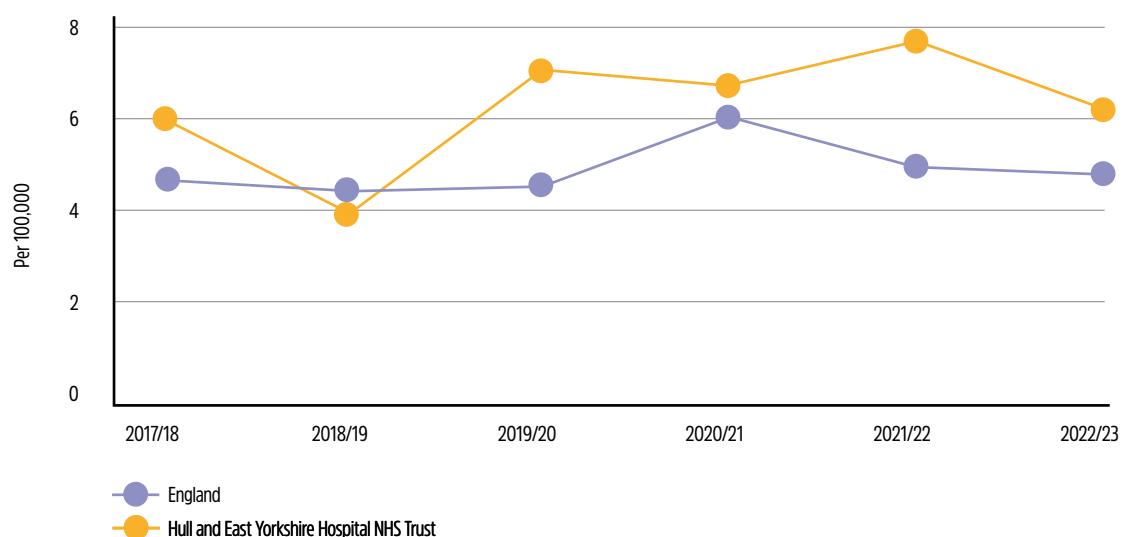


Figure 17. P. aeruginosa bacteraemia hospital-onset counts and rates by acute trust and financial year in comparison with Hull University Teaching Hospitals NHS Trust per 100,000 bed-days (UKHSA Fingertips).

Thematic analysis

Of the reported HOHA and COHA cases, male patients were affected more than females in line with national prevalence. Age distribution of the affected patients demonstrates cases of Pseudomonas aeruginosa BSI across all age groups but with a highest percentage reported from fifty – ninety years of age again in line with national prevalence.

Causation was associated with hospital, community and/or ventilator associated pneumonia, skin and soft tissue infections, biliary and neutropenic sepsis – most of which were unavoidable.

During Quarter One, HOHA BSI isolates were sent off for typing due to a national UKHSA investigation of BSI isolates to identify any commonality, but VNTR profiles were different across the Trust which was reassuring.

Pseudomonas Aeruginosa BSI HOHA cases April 2021 - March 2024

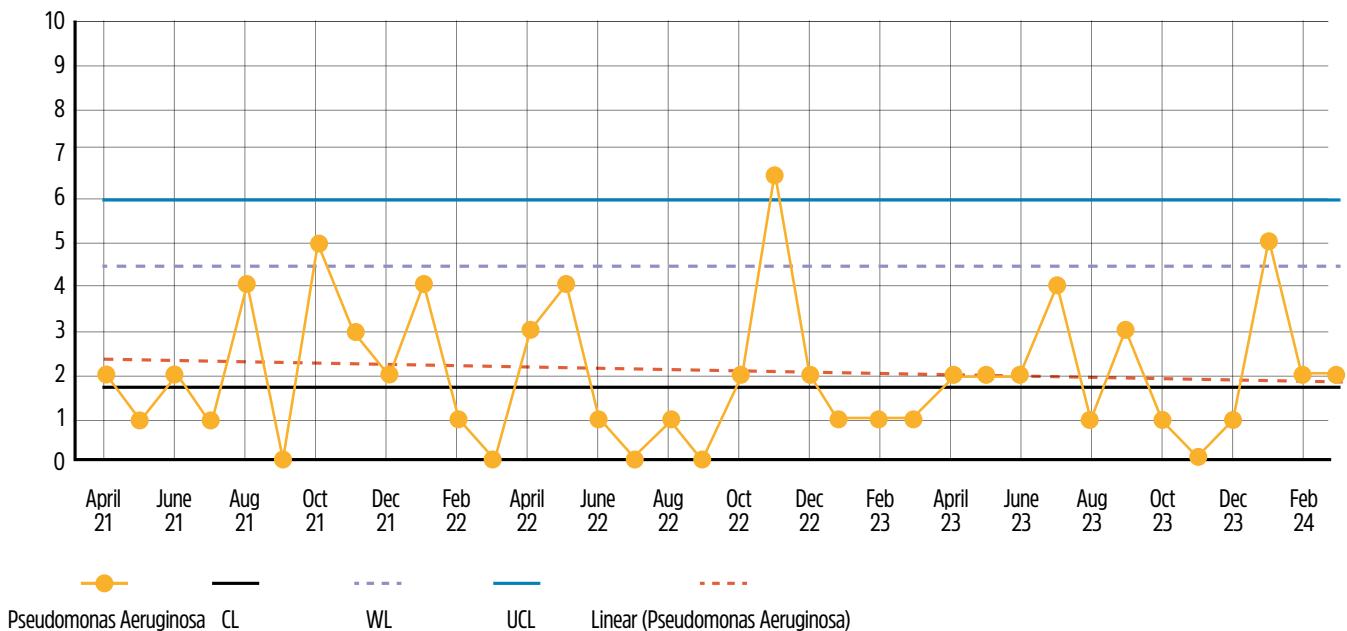


Figure 18. Pseudomonas aeruginosa bloodstream infection HOHA cases diagnosed in HUTHT 2021-24.

NHS England nationally and regionally are encouraging Acute Trusts and Integrated Care Boards to scope improvement opportunities when tackling GNBSIs - the Trust IPCT are actively involved in these work streams, an ongoing priority for 2024-25.

Blood Culture Pathway

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

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

Graphical representation of blood culture sets per 1,000 bed-days performed by reporting acute trust and quarter across the ICB included. By the end of quarter 3 2023-24 the counts of blood culture sets varied across the Trusts in the ICB with HUTHT submitting the most – 7129. However, there had been an increase in blood culture sets for all organisations from quarter 3 2022-23.

Hull University Teaching Hospitals NHS Trust

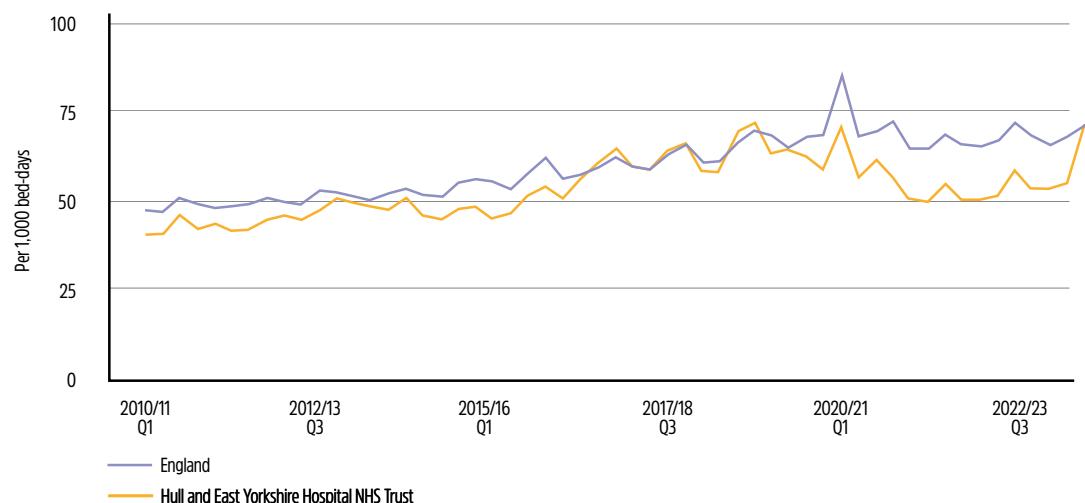


Figure 19. Blood culture sets per 1,000 bed-days

Surgical Site Surveillance

The Trust continues to participate in both mandatory and voluntary surveillance of surgical site infection: in 2022/23 this included orthopaedic surveillance (fractured neck of femurs) and was commenced during January 2024 – March 2024, providing the opportunity to compare year on year figures.

With regards repair of neck of femur fracture surveillance completed during January – March 2024, one hundred and twenty seven repair of fractured neck of femur operations were surveyed, provisional data suggests four patients developed a surgical site wound infection providing the percentage of surgical site infections (SSIs) at the Trust at 3.1%, and above the national hospital SSI rate. At the time of drafting the report, the surveillance is awaiting sign off and ratification by the UKHSA Surgical Site Surveillance Service (SSISS).

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

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

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

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



OUTBREAKS AND RESISTANT ORGANISMS

Diarrhoea & Vomiting/ Norovirus

During 2023-24, there were incidences and/or outbreaks of Norovirus reported.

During Quarter 3 and Quarter 4, outbreaks of Norovirus occurred on wards on the HRI site. The outbreaks were promptly identified but affected both patients and staff, they were short lived in duration with incident meetings held to discuss control measures. All wards were cleaned and reopened following advice taken from the IPCT.

During 2023-24, outbreaks of diarrhoea & vomiting (D&V), mainly affecting general medical & medical elderly wards were reported. In the majority of cases, only bays were affected and following applied control measures and sampling, closures was short-lived.

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

Tuberculosis

During 2023-24, the identification of Tuberculosis (TB) in inpatients, resulting in contact tracing of both staff and patients continued.

The infection prevention and control team have worked closely with the community TB nursing team, infectious diseases consultants, respiratory consultants and UKHSA to reduce ongoing risks to patients and staff. These incidences have provided the opportunity to reinforce the importance of appropriate isolation of 'at risk' patients, use of appropriate personal protective equipment (PPE) e.g. FFP3 facemasks and also communication of cases and incidents to local System Partners both on the North & South Bank.

During 2023-24, the Infectious Diseases team managed a complex patient with XDRTB at the request of NHS England. The patient was treated in conjunction with the cardiothoracic surgeons and managed on ward C7. The patient was successfully treated with NHS England commending the team for their input and treatment pathway. The patient was discharged with follow up arranged via their respective community TB team. It served as a positive example of joint System Partner working.

Carbapenemase producing Enterobacteriaceae (CPE)

During 2023-24, single cases of CPE were identified in patients admitted from abroad and/or other hospitals across the UK but managed in accordance with Trust policy and did not result in onward transmission.

As previously reported in 2022-23, additional cases associated with CPE resistance, synonymous to the local population were identified. These represented patients with ongoing resistance but in some cases reported amongst patients who were treated with antibiotics for longer periods due to clinical condition which can increase the risk of CPE production.

Patients and contacts were identified and proactively managed, no significant outbreaks reported.

A task and finish group was formed during 2022-23 based on national guidance as a result of an outbreak, patients admitted with CPE and the published national framework on containing CPE infections which was updated in September 2022. A gap analysis identified that our Trust processes were not aligned, therefore a business case was drafted to ensure polymerase chain reaction (PCR) screening processes were optimal for prudent patient management with the inclusion of screening for Vancomycin Resistant Enterococci (VRE). The business case was approved providing greater assurance for patient safety.

Screening commenced as a pilot for patients managed in the Queens Centre and has since rolled out to other high-risk areas during 2023-24 with active management of patients who screen positive on admission.

Vancomycin Resistant Enterococci (VRE)

During 2022-23 & 2023-24 a marked increase in VRE cases were reported, predominantly in the Surgery Health Group.

Cases were initially reported across a number of surgical areas including both intensive care units on the Hull Royal Infirmary site but predominantly on trauma and orthopaedic wards at the Trust. Following further investigation initial cases were found to be linked to time and place with patients being transferred to and from affected clinical areas during their hospital stays, providing transmission opportunities. In all cases, the outbreaks commenced with a cluster of clinical infections, mainly wound infections. Clinical isolates were sent for typing to UKHSA which confirmed indistinguishable VRE infection in at least two clusters. Reactive and proactive screening for VRE was initiated as was appropriate isolation and cohorting. Rectal screening identified community cases with patients positive for VRE on admission. Reinforcement of prudent IPC measures and as was opportunities to effectively clean and decontaminate the environments using Hydrogen Peroxide Vapours and, in some cases, restrict access to affected wards and units. For Trauma & Orthopaedics the outbreak was protracted with a number of urgent actions taken to mitigate the ongoing risk of transmission. Incident meetings were convened and held with System Partners, UKHSA and NHS England. No further clusters have been reported since August 2023.



Measles

In November 2023, NHS England in conjunction with UKHSA produced posters and resources for health professionals on measles in response to an increase in cases.

These were intended for ED, Urgent Care departments, and direct hospital admission routes with advice on what to monitor for when suspecting measles.

Prior to these resources Occupational Health departments were tasked with reviewing staff in high-risk areas for MMR vaccine uptake and/or a history of measles. The Trust Occupational Health department had commenced this during late summer and were proactively following staff up and offering MMR vaccinations. This was due in part to a national reduction in MMR vaccination uptake and a concern about a resurgence in measles cases.

During November 2023, a patient presented to ED with an illness following recent travel to Eastern Europe to visit family. Measles was not initially suspected, and the patient was therefore not isolated immediately. Tests (PCR) subsequently confirmed measles resulting in a contact tracing exercise of both staff and patients. Incident meetings were convened and held with System Partners, UKHSA and NHS England. Contacts were risk assessed and immunocompromised patient contacts were identified and followed up both in the Trust and in the community. All other contacts were provided with a 'warn and inform' text message as per national measles guidance. Although no further cases were reported, and the index patient recovered, learning from the incident included the prompt escalation and reporting of suspected measles cases and not waiting until a positive confirmed result allowing timely follow up of contacts.

In February 2024, a further confirmed measles case was reported. Again, the patient had recent travel to Eastern Europe to visit family but no links to the previously reported case. Symptoms once more were not initially suggestive of measles, although developed shortly after ED attendance

but were not considered as a working diagnosis. Again, the patient was not isolated and had been admitted to ED, transferred to AMU and then to Ward H38. This resulted in a larger contact tracing exercise of over 180 patients and staff involving three clinical areas. Contacts were risk assessed and immunocompromised patient contacts were identified and followed up both in the Trust and in the community. All other contacts were provided with a 'warn and inform' text message as per national measles guidance. Four hospital contacts (two staff members and two patients) developed measles, were managed appropriately, and recovered. Learning from the incident included identification and recognition of measles and was acted upon immediately by the areas involved. The index case formed part of a larger community outbreak which was investigated by UKHSA Health Protection Teams.

In both circumstances, the index patients were not vaccinated and had recent foreign travel prompting localised expansion of the national measles poster, working closely with System Partners.

These cases experienced in Trust were indicative of a larger national increase in Measles cases, predominantly in London, The Midlands and the North West. By the 28th March 2024, 868 measles cases had been confirmed since the 1st October 2023, compared to just 54 confirmed cases reported in 2022-23 and by year end most English counties had reported confirmed cases.

Risk factors are:

- recent foreign travel outside the UK,
- contact with a confirmed case
- Born since 1970
- Born outside the UK
- Not received 2 measles containing vaccinations e.g. MMR x 2

Resurgence in vaccine preventable diseases poses a significant threat to healthcare as demonstrated by the examples previously given, compounded by overcrowding and increased length of stay in ED departments and remains a current priority for UKHSA and the DoH.

Influenza

Cases of Influenza were reported from September 2023, peaking in January 2024.

During January 2024, a noted increase was reported in the identification of Influenza A cases amongst patients due in part to PCR testing for viral respiratory infections identifying Influenza A. These predominantly were amongst patients acquiring infection in the community but resulted in ongoing transmission in ward areas with prudent management of contacts identifying additional hospital onset cases. This marked rise in Influenza A was comparable with other acute Trusts regionally and nationally.

Cases of Influenza B were reported on point of care testing (POCT) from January 2024 but due to a national quality control issues with POCT these were deemed false positive with additional testing required. Nationally, cases of Influenza B were reported but in very low numbers, peaking in March 2024.

Patients were proactively screened for influenza, along with COVID-19, during admission and/or treatment when presenting with flu-like symptoms which is to be commended and encouraged, ensuring patient and staff safety.

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

Influenza Activity 2023/24 at Hull University Teaching Hospitals NHS Trust

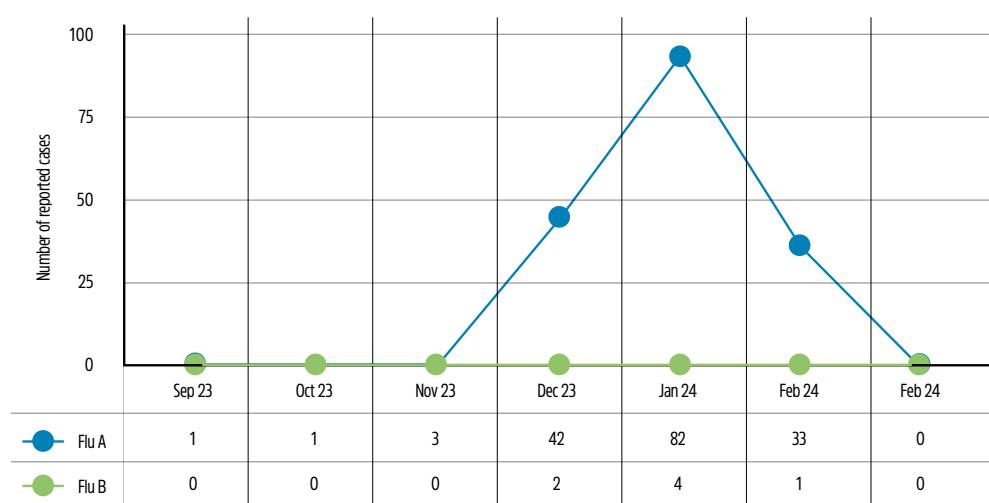


Figure 20. Represents influenza activity at the Trust during 2023-24.

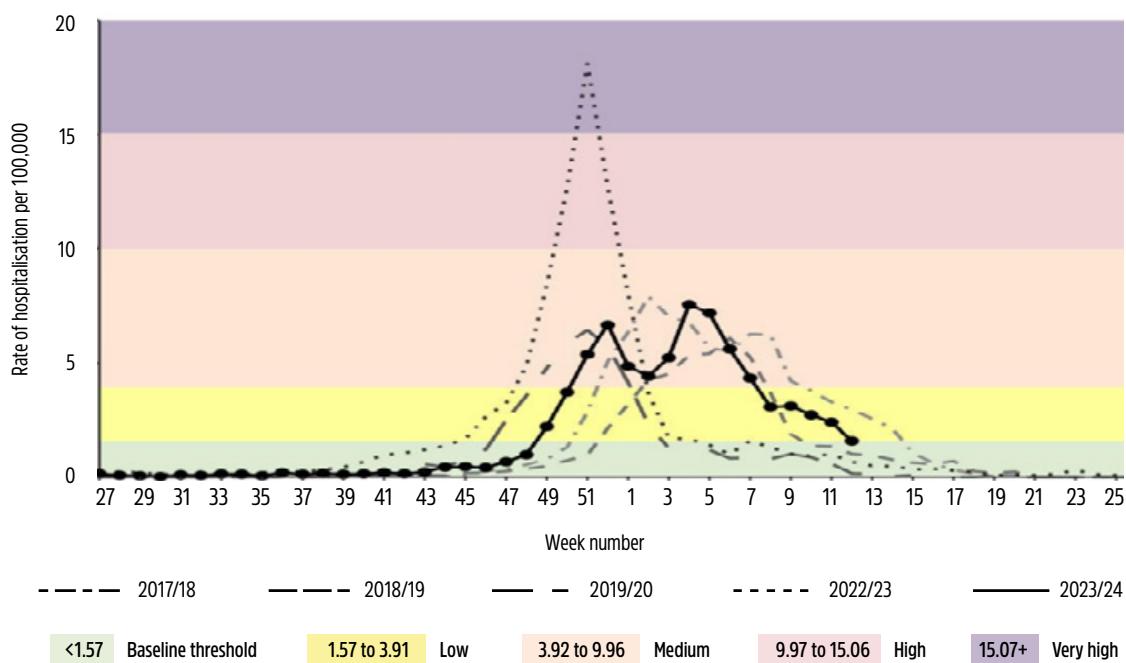


Figure 21. Weekly overall influenza hospital admission rates per 100,000 trust catchment population with MEM thresholds, SARI Watch, England

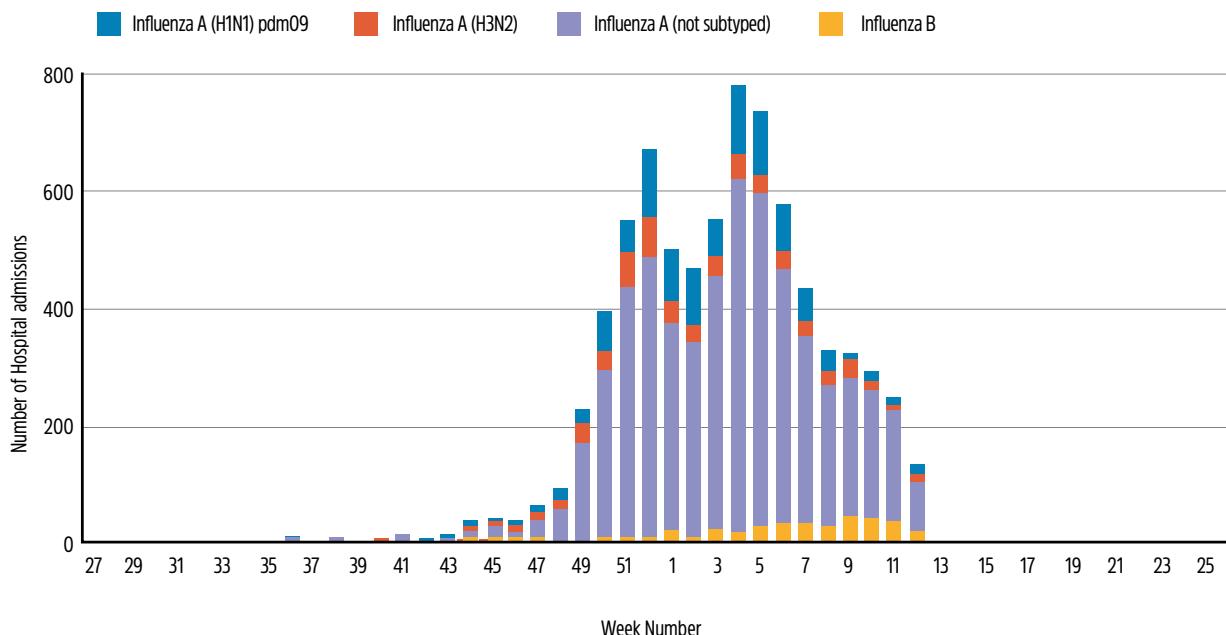
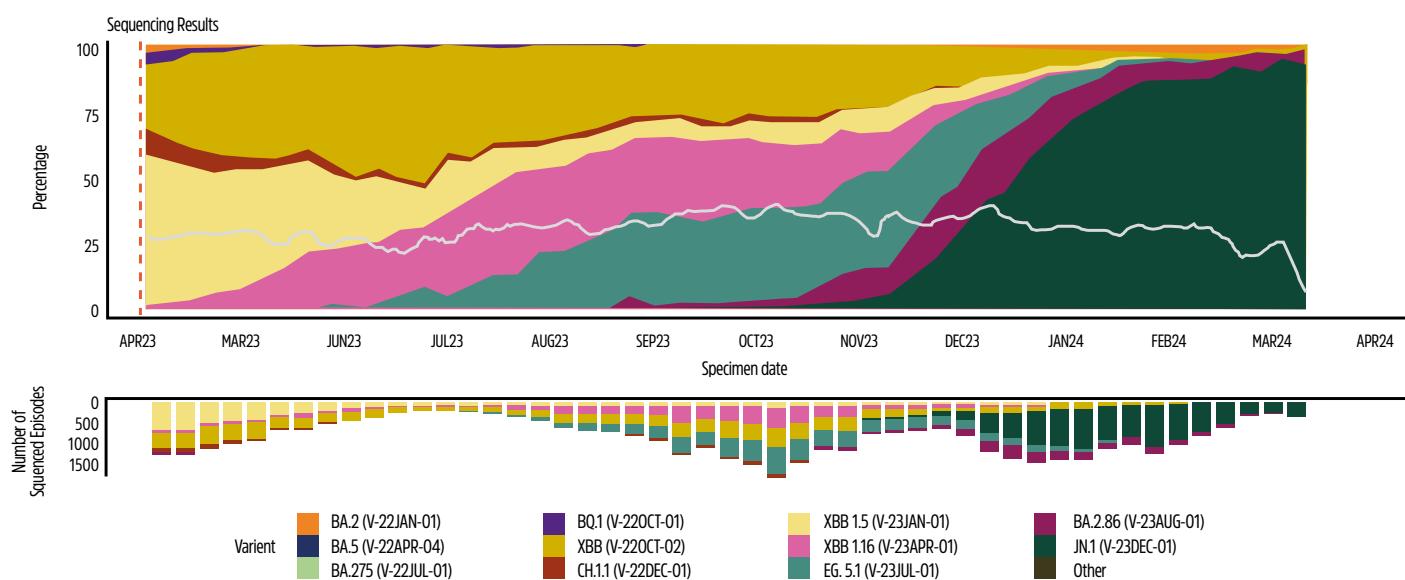


Figure 22. Weekly influenza hospital admissions by influenza type, SARI Watch, England

COVID-19

During 2023-24, COVID-19 continued to be a challenge for the organisation alongside resistant infections adept at causing outbreaks, but this was comparable with the volume of patients who medically fit for discharge, had subsequently no criteria to reside, resulting in a number of wards dedicated to their care.

Cases of COVID-19 during 2023-24 were again punctuated with different COVID-19 variants which resulted in peaks and troughs of reported COVID-19 cases, resulting in high prevalence and incidence within the community and subsequently an increase in hospital admissions and resulting outbreaks of infection.



The grey line indicates proportion of cases sequenced. The vertical dashed line (red) in April 2023 denotes changes in PCR test in social care and hospital setting.

Figure 23. Variant prevalence (UKHSA designated variant definitions only) of available sequenced cases for England from 2 April 2023 to 17 March 2024

During 2023-24, the Infection Prevention & Control team responded to updates in guidance providing a pragmatic approach to the management of patients and staff across the Trust. When rates of infection increased additional measures were introduced such as clinical staff wearing respiratory protection, additional enhanced cleaning and cohort areas being created to manage patients safely. Asymptomatic screening to facilitate discharge to social care remained in place during 203-24 and in some cases identified asymptomatic carriage of COVID19 and as such reported as hospital onset cases due to the patient length of stay. In the absence of asymptomatic testing, it was difficult to illicit if COVID-19 occurred prior to admission and the patient remained asymptomatic throughout.

The ongoing impact of COVID-19 vaccination and associated boosters resulted in patients being affected by COVID-19 differently, patients did not require escalation of treatment less requiring supportive treatment, although this was still prescribed in some instances, as per Trust Guideline for the Clinical Management of Proven / Suspected COVID-19 in Adults.

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

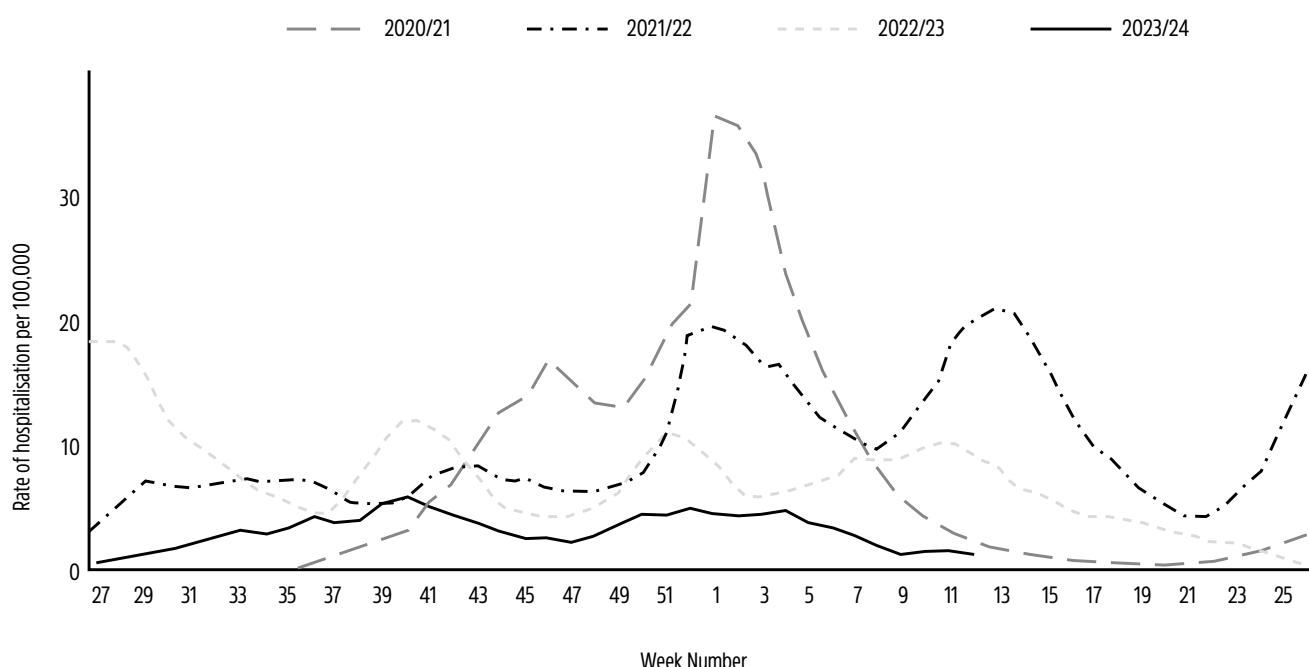


Figure 24. Weekly overall hospital admission rates of new COVID-19 and Influenza positive cases per 100,000 population reported through SARI Watch, England (COVID-19 hospital admission rate based on 88 NHS trusts for week 15/ Influenza hospital admission rate based on 21 sentinel NHS trusts for week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



ISOLATION FACILITIES

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

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

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

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

Concern remained with regards the adequate isolation of children especially those with airborne infections and in January 2023 new paediatric facilities opened following reconfiguration of existing hospital estate on the HRI site. This provided a new paediatric inpatient, high dependency unit and outpatient facility. Improved isolation capacity and smaller bedded areas e.g. 2 bedded bays enable prudent management of paediatric patients and minimise the risk but not totally exclude the transmission of infections. Parental and family facilities were also improved as part of the scheme. During 2023-24, the new ward area was impacted by a series of plumbing leaks which were managed by the ward, IPCT and Estates to mitigate risks to patients, families and staff.

The Neonatal Intensive Care Unit (NICU), a tertiary level 3 unit, previously experienced incidents and outbreaks with the environment cited as being a contributory factor and significant work has been undertaken on the unit to mitigate risks. During 2023-24, the remaining reconfiguration of the environment,

including the 'blue room' and special care areas were completed with input from the clinical teams, IPCT, Apleona and contractors.

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

ANTIMICROBIAL STEWARDSHIP

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

This is useful in reducing the development of C difficile infection but is even more important in limiting the emergence of bacterial resistance. The Trust has for many years had a good record in antimicrobial stewardship. During 2023-24, Dr Debbie Wearmouth, Consultant Microbiologist and Infection Control Doctor was the clinical lead for antimicrobial stewardship.

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

The three AWaRe categories divide antibiotics as follows:

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

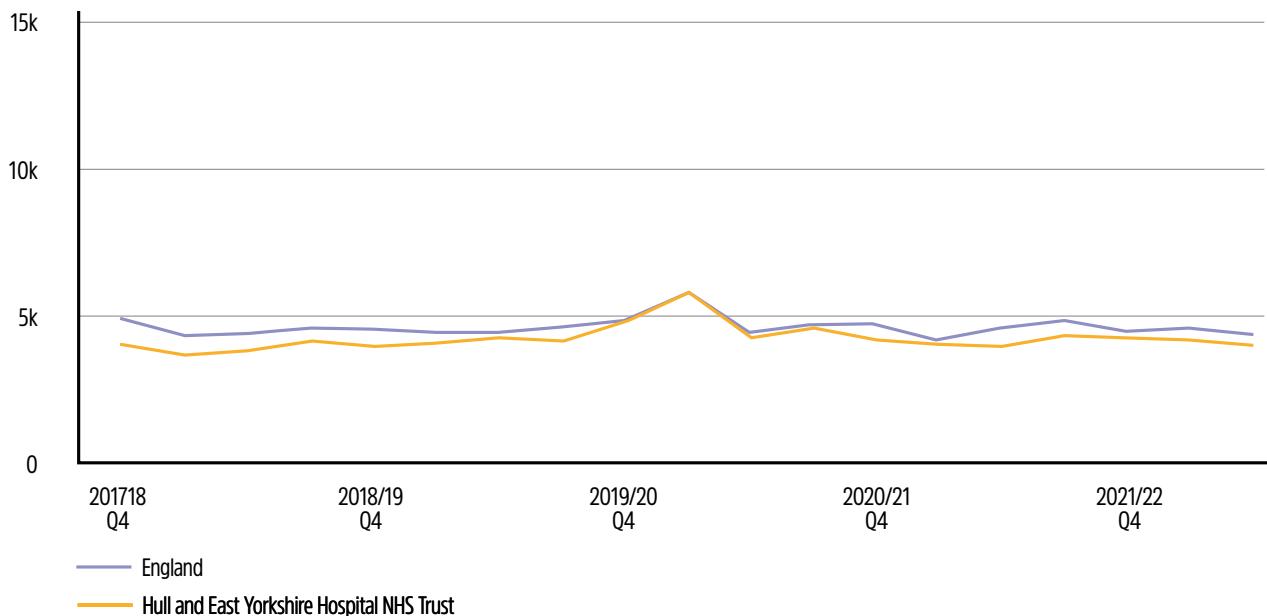


Figure 25. Total antibiotic prescribing DDDs per 1000 admissions; by quarter and trust

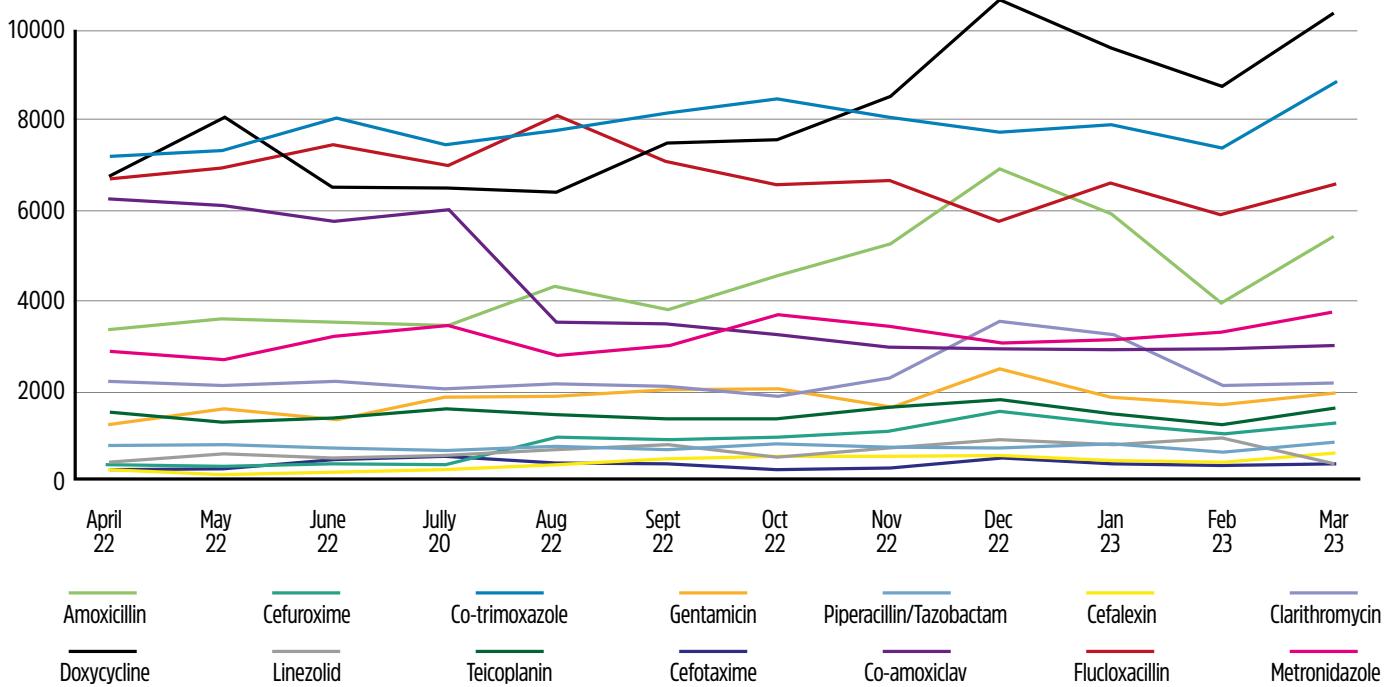
Total Antibiotic Consumption (March 2023)

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

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

Figure 26. Trust Total Antibiotic Consumption by March 2023

Total DDD Figures



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

Figure 27. Trust Total DDD Figures by March 2023

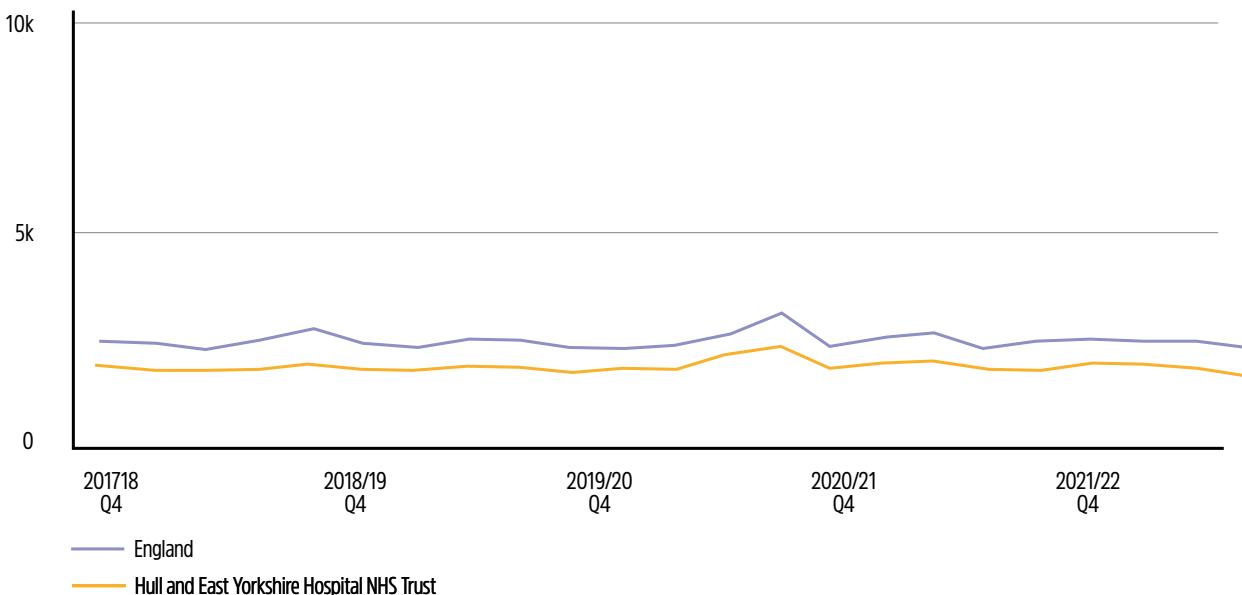


Figure 28. Antibiotic prescribing from the “Watch” and “Reserve” categories of the WHO essential Medicines List AWaRE index; DDDs per 1000 admissions by quarter and trust (Please note slight differences exist between what is reported on Fingertips/ Define and the Trust’s our local data)

2022/23 National Contract (March 2023)

Target: 4.5% Reduction in Watch and Reserve (NHS Adapted LIST) Antibiotics from 2018 Calendar Year

Total Watch and reserve DDDs per 1000 Admissions - Baseline (Calendar Year 2018)	1731.43
Total Watch and reserve DDDs per 1000 Admissions - Financial Year 2022/23, April to March	1585.47
% Change - Baseline Year vs Financial Year 2022/23, April to March	-8.4%

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

Figure 29. Performance against National Contract (2022/23)

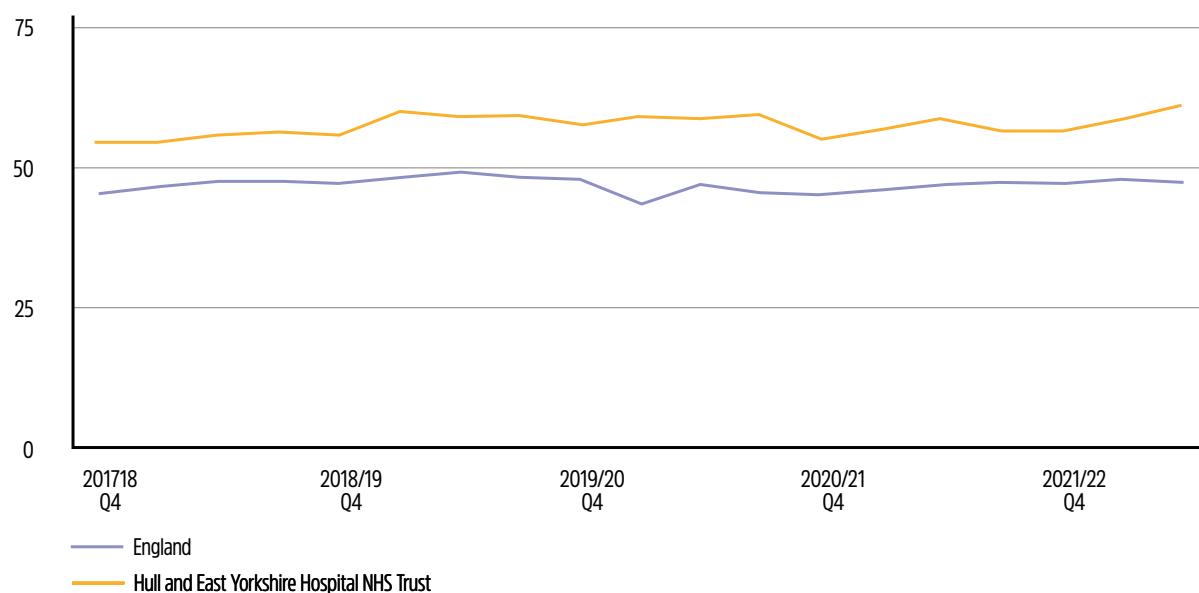


Figure 30. Proportion of total antibiotic prescribing from the “Access” category of the WHO Essential Medicines List AWaRE index; by quarter and acute trust

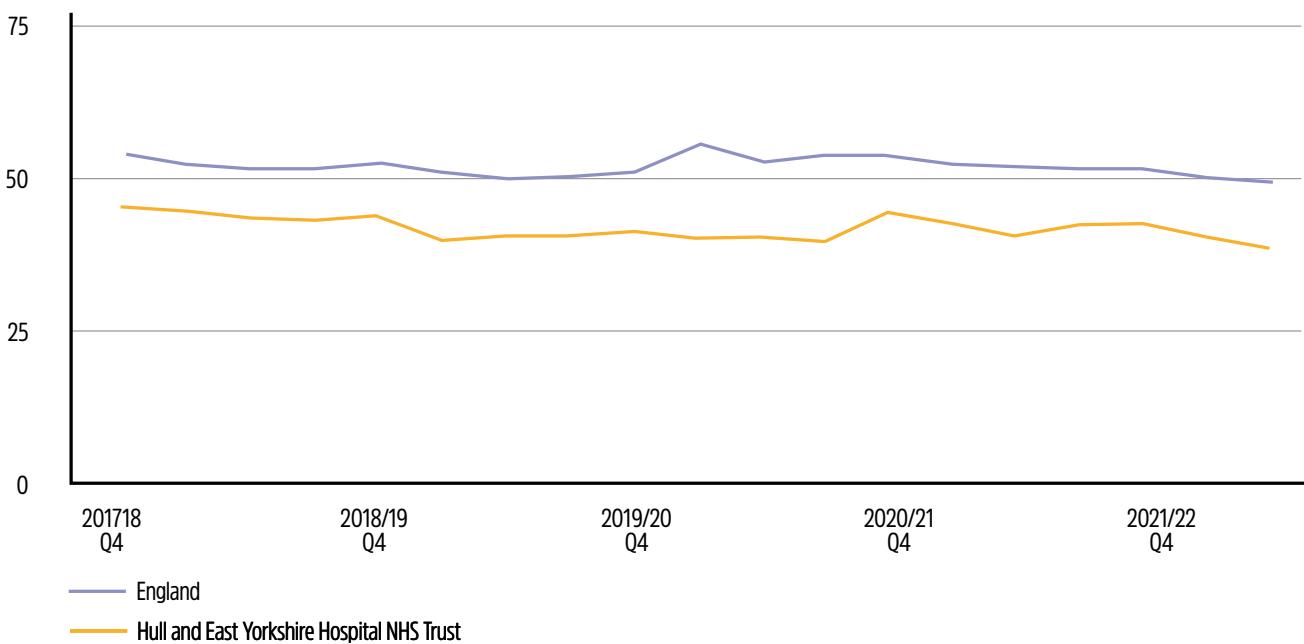


Figure 31. Proportion of total antibiotic prescribing from the “Watch” and “Reserve” categories of the WHO Essential Medicines List AWaRE index

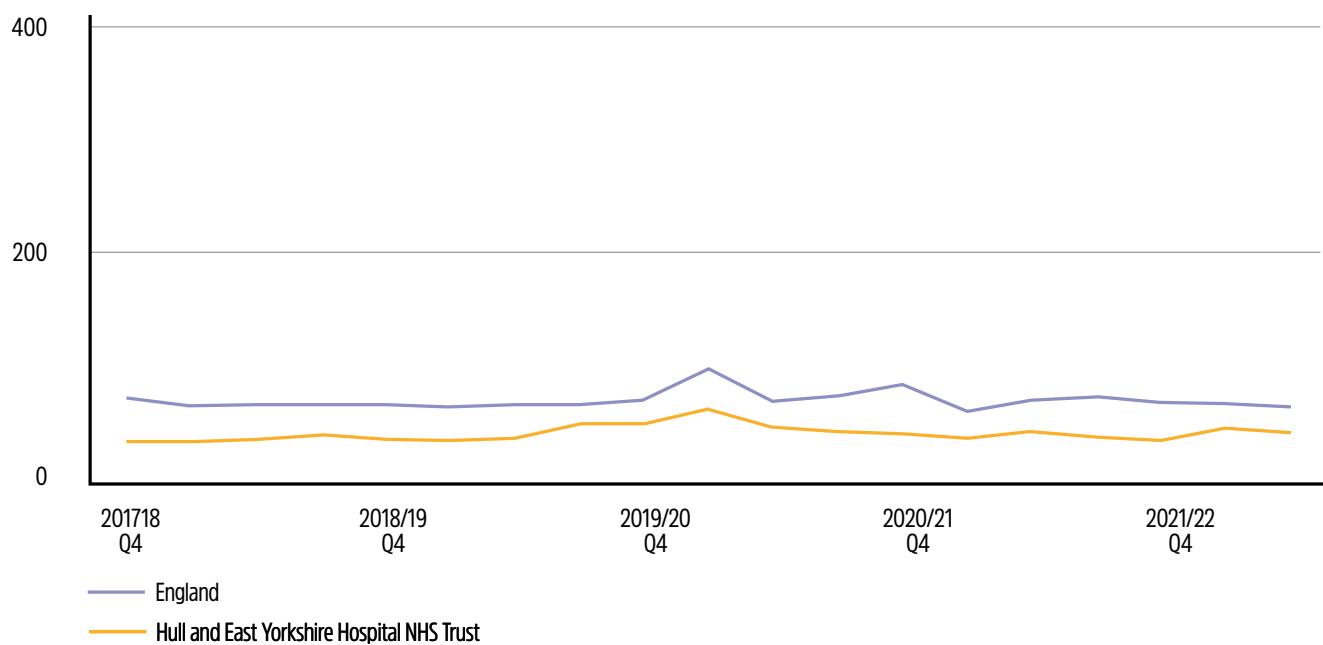


Figure 32. Carbapenem prescribing DDDs per 1000 admissions; by quarter and acute trust

The Antibiotic Control and Advisory Team (ACAT) continues to work on improving antibiotic usage within the Trust. In addition to an innovative antibiotic formulary (promoting less use of broad-spectrum agents) ACAT has produced guidelines on empiric antibiotic prescribing, antibiotic ‘streamlining’, and surgical antibiotic prophylaxis. All this guidance is available both in hard copy and on Pattie. The Antibiotic Pattie page has been reviewed and improved so that each specialty has their own section. Closer links with the specialties concerned is integral to the development of the updates which will hopefully encourage guideline adherence. Another tool to improve guideline adherence is MicroGuide which was introduced in 2022. An application suitable for mobile device use, enabling clinical teams to access in real time Trust antibiotic guidelines, enabling greater compliance and improved antimicrobial stewardship. The application markedly improved access to HUTHT antimicrobial guidance in real time.

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

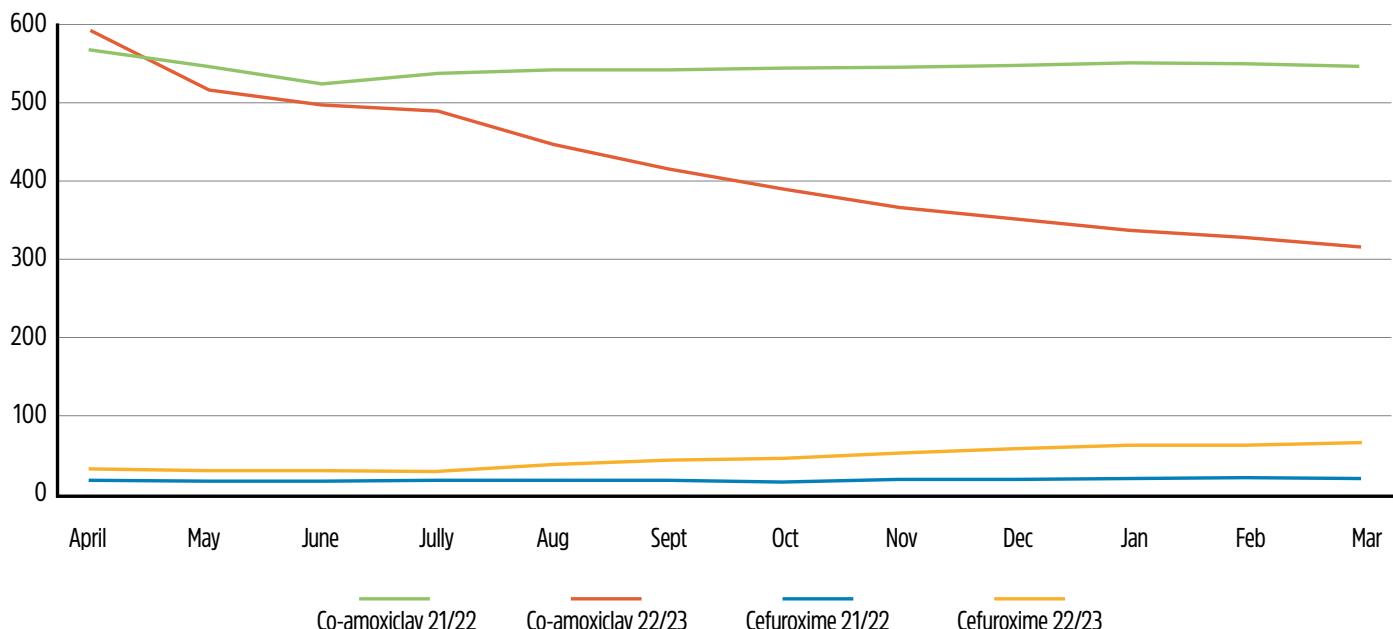
This has markedly improved access to HUTHT antimicrobial guidance. There has been a slight improvement in antibiotic prescribing as per guidance (45% compared to 36% a year ago) and overall prescribing as per guidance or with clinical justification has increased from 62% to 69%. However, all parameters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

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

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

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

Co-amoxiclav - DDDs per 1000 Admissions - Financial Year 2021/22 vs. Financial Year 2022/23



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

Figure 33. Trust data on Co-amoxiclav to Cefuroxime switch for severe CAP



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

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

Along with conventional antimicrobial stewardship, the benefit of an outpatient parenteral antimicrobial therapy (OPAT) service to manage the delivery of intravenous and complex oral antibiotics to patients who are medically stable, within an outpatient setting eliminates the need to either admit or keep in hospital patients whose only reason to stay in hospital is to receive IV / complex oral antibiotic therapy. All OPAT patients continue to have their medical condition and therapy closely supervised by a multidisciplinary team with a proven record that this service contributes to reducing patient's length of stay in hospital, promotes early discharges and improves patient experiences. It improves quality of life for patients and reduces the risk of hospital-acquired infection. Feedback from OPAT patients is overwhelmingly positive, citing the benefits of receiving treatment as an outpatient, the ability to return to work, and the care, support and expertise of the OPAT team.

During 2023-24 the OPAT service continued to provide a service on the HRI site.

SEPSIS

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

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

DECONTAMINATION

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

The Committee has met quarterly and the Trust endoscopy users, sterile services department and theatre report into this group and during 2023-24, escalation of concerns has been reported via the IPCT and Surgical Health Group to OIRC.

A continued focus has been the development of an asset register to document patient care equipment and the required decontamination including responsibility, process, frequency and traceability. An asset register will need to encompass all patient care equipment where decontamination is required

and as such during 2023-24 it was evident decontamination of patient care equipment was taking place across the Trust by multiple teams and differing disciplines. An asset register, methods of decontamination and audit of processes and practices will form the basis of the committee's direction for 2024-25 and as such will remain a priority.

Cleanliness audits of patient care equipment such as blood glucose monitors is undertaken by the Trust and manufacturers with results fed back to the wards and departments with immediate effect should equipment found to be contaminated – in some cases individual nurses and clinicians who last used the equipment can be identified with appropriate training and education provided. This is facilitated by the Point of Care Team with support from the IPCT and completed at regular intervals during the year, the last audit undertaken was in March 2024.

During 2023-24, an Endoscopy User Group (EUG) met bimonthly with input from the infection prevention & control team. This input is pertinent given the challenges of no onsite decontamination for endoscopes on the HRI site, reliant on CSSD to provide a timely turnaround of scopes and advice and support required for the new endoscopy suites under development within the Allam Digestive Health Building.

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

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

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

During 2023-24, embedded support for CSSD, theatres and endoscopy by the Infection Prevention and Control team, in respect to surgical instrumentation, cleaning and disinfection and advice on quarantining instruments and scopes has continued with the additional development of an Standard Operating Procedure. (SOP).



WATER SAFETY

As per national guidance on water safety Health Technical Memorandum 0401 (HTM0401), during 2023-24, water safety was monitored by the Water Safety Group (WSG), reporting to OIRC & SIRC, as and when required.

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

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

During 2023-24, the Estates team invested in recruiting an experienced Senior Water Technician whose duties that are solely focussed on water safety, and the evident improvements to patient safety this has brought, including the review of asset lists and schematic drawings all of which contribute to a better understanding of water systems and better management of risks, as well as fulfilling the Trust's requirement to keep its LRAs up to date.

The trust currently holds two risks relating to water, namely the risk of the proliferation of legionella bacteria within the tower block at the Hull Royal Infirmary. This risk is primarily down to the pipework installation of the day which does not now reflect the acknowledged modern-day designs for legionella prevention. The second risk is the potential loss of mains water supply to the CHH site due to an issue with one of the site reservoirs.

There has been a systematic approach to risk minimisation and multiple preventative actions have been taken as recommended by the Authorising Engineer (AE) with respect to water safety over several years. In addition, there is good awareness of the primary water safety issues through the recently set up internal water management subgroup meetings, crucial to the implementation of successful policies and procedures.

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

A clinical wash hand basin task & finish group was convened during 2023 with the purpose of ensuring all reasonable steps are taken to minimise/ mitigate risks from wash-hand basins, providing assurance for patient and staff safety. The group continue to meet monthly, with representation from Estates, Facilities, IPCT and Health Groups and reports to WSG.





CLEANING SERVICES

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

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

During 2023-24, Outsourced Client Solutions (OCS) has been responsible for providing cleaning services for Hull University Teaching Hospitals NHS Trust. Healthcare demand post pandemic and a rise in reported resistant organisms has brought challenges with regards cleaning services, especially during surges of infection. Enhanced cleaning with additional hours needed and an increased staffing resource over and above the existing Trust contract has been required, in addition an increase of post-infection (Amber) cleans have been required along with specialist cleans involving Hydrogen Peroxide Vapours (HPV).

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

National Standards of Healthcare Cleanliness (2021) apply to all healthcare environments and replace the National specifications for cleanliness in the NHS 2007 (and amendments) published by the National Patient Safety Agency. To encourage continuous improvement they combine mandates, guidance, recommendations and good practice. The standards incorporate significant changes such as the "percentage scoring" system which was not clear to patients/ visitors, replaced with cleanliness ratings from zero – 5, similar as seen in the hospitality industry. A zero-star rating equates to "urgent improvement necessary" while a 5-star rating confirms the cleanliness in the area concerned as "very good".

Environmental auditing remains a priority for both the Trust Facility Team, OCS and IPCT to ensure the Trust remains compliant with the standards. All clinical areas display 'Our Commitment to Cleanliness Charter' and cleaning ratings. Efficacy auditing is required if a ward / department scores 3 or below and during 2023-24 this occurred in two clinical areas with remedial action taken to improve the ratings.

During 2023-24, due to an increase in resistant infections affecting patients both at Hull Royal Infirmary and Castle Hill Hospital, additional specialist cleaning and decontamination processes were required. These processes involved primarily the use of HPV and were delivered on an ad hoc call out basis by Sanondaf, who have facilitated this since January 2023. There is a significant cost burden associated with this, regardless of provider which year on year has increased. Inivos, are the leading provider of HPV decontamination and were the preferred provider but at a significant cost to the Trust.

At the time of writing this annual report an options appraisal paper was drafted to scope acquiring a Trust HPV decontamination service, enabling reactive and proactive decontamination. Consideration given to Facilities, Hotel Services, OCS and the financial burden resulted in a delay in this being given the traction it required. Issues about preferred suppliers and suppliers being on the NHS supplies framework, alongside cost efficiency and effective delivery of a service were also factors in the delay.

During 2023-24, Synergy Linen Management Services has been responsible for providing linen services for the Trust from the 1st of August 2021. The IPCT continue to work closely with facilities and the linen contractor to ensure that the contract meets the requirements of the HTM 01-04 and reduces the risk of hospital linen being a source of infection transmission and that adequate safe linen supplies are maintained.

During 2023-24 ongoing construction work at both HRI and CHH, resulted in the need for prudent pest control by both the IPCT, Estates & Facilities teams and external pest control contractors and this will be monitored as ongoing construction continues into 2024-25.

PLACE INSPECTIONS

The annual PLACE programme was suspended in 2020 and 2021 during the pandemic and replaced with PLACE-Lite but was reintroduced in 2022.

The 2023 PLACE assessments were undertaken at Castle Hill Hospital between 6th October and 19th October 2023 and at Hull Royal Infirmary between 24th October and 17th November 2023 by a multidisciplinary Trust Team and trained patient assessors. The two pertinent PLACE inspection elements to include within the DIPC Annual Report are Cleanliness and Condition, Appearance and Maintenance. For Cleanliness the national and regional average score is 98.1%, the Trust scored below the national average (97.64%). For Condition, Appearance and Maintenance the national average score is 95.9%, with the regional score being 96.5%, the Trust scored below the national and regional average (93.61%). These scores are a concern and demonstrate a deterioration in previous PLACE results but reflect the ongoing challenges of maintaining and cleaning an aged estate none more so than on the HRI site.

AUDIT

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

The audit programme is a combination of policy and general IPC audits carried out as part of an unannounced visit schedule. Audits of both practice and environment are also undertaken following incidents/outbreaks of infection. Audit results are collated and fed back to the clinical area and action plans are requested as appropriate. During 2023-24 audits were presented to the respective Infection Reduction Committees by the reporting Health Group, summarising all of the audit activity and high-level findings.

During 2023-24, the IPCT focused on the timely completion of IPC Fundamental Standards audits and audit documentation with an updated audit form to reflect introduced electronic nursing records. By year end IPC Fundamental Standards were up to date in spite of ongoing challenges faced with the reactive nature of the service, dealing with outbreaks and incidents.

Thematic audit analysis is a regular element and highlights an improvement in audit compliance and associated scoring with exceptions including lack of storage facilities resulting in cluttered environments, gaps in cleaning checklists especially at weekends/ bank holidays, lack of compliance with effective hand hygiene/use of PPE and gaps in electronic nurse documentation.

At ward / departmental level audit processes utilised an updated audit format and audit schedule via MyAssurance alongside a live dashboard, thereby allowing Health Groups and the IPCT to identify trends and required action to improve compliance and practice. Audit processes were slow to embed at ward level. Self-assessment can result in positive scoring not reflective of real time so the need for peer review was being scoped.

POLICIES

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

All policies are available to staff on PATTIE, and many are also available to the public on the main internet web page. During 2023-24, the IPCT reviewed existing IPC/ HCAI Trust policies alongside the National Infection Prevention & Control Manual (NICPM), with the premise that generic IPC policies used by NHS Trusts, including HUTHT e.g. CP178 Standard Precautions Policy could be replaced by the national manual providing standardisation of key IPC policies. This is a continuous process as policies are tabled for review and/or revision and where suitable defaults to the NICPM. The NICPM is a live document, updated as evidence dictates. Alongside the manual NHS England published a compendium of HCAI guidance and resources to provide reference, again this is a live resource to complement and/or replace Trust HCAI specific policies.





TRAINING AND EDUCATION

The Infection Prevention and Control (IPC)

education framework has recently been

March 2023 by NHS England.

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

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

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

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

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

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

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

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

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

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

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

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

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

KEY POINTS AND RECOMMENDATIONS

- During 2023-24, the Trust continued to monitor healthcare associated infection case numbers and trends. The Trust performed at or better than the benchmark in all cases with the exception of hospital onset MSSA BSIs and GNBSIs which will be a priority for 2024-25.
- The Trust via an antimicrobial stewardship programme continues to collaborate with clinical teams to develop antimicrobial prescribing guidance in line with national guidance and continues to monitor compliance with regards antimicrobial prescribing and escalate to improve patient outcomes.
- The Trust is the highest placer of vascular lines in the region and with it the increased risk of suboptimal management and ensuing line related infections – this too is a priority for 2024-25.
- The identification of sepsis on admission and during inpatient care along with the impact on morbidity and mortality is an ongoing priority 2024-25
- The findings from the CQC inspection associated with suboptimal IPC practice are a driver for improvement not only in the areas inspected but Trust-wide
- Utilisation of the national IPC BAF during 2024-25 as a means to provide assurance
- The identification and management of resistant infections with the propensity to cause outbreaks are and will be a priority for the IPCT and Trust
- Ownership of patient outcomes associated with surgical site infections will be multi-disciplinary and not confined to the IPCT
- During 2023-24 patients medically fit but unable to be discharged continued to increase alongside the Trust ensuring elective recovery was prioritised. This continued to create other issues such as caring for patients on wards across the Trust with finite staffing resource. Patients with no criteria to reside remain in hospital longer and with it the potential to develop healthcare associated infections during protracted hospital stays.
- The lack of robust digital systems to support an effective IPCT is a significant risk both from a governance and quality perspective and relies heavily on the IPCT managing with the outdated systems, which with time will affect the quality of data collected, the functionality of the team and potentially impact on patient safety. This will be mitigated by the introduction of funded ICNET but to date is delayed
- Embedding learning from incidents involving HCAs and outbreaks of infectious diseases
- Working alongside Northern Lincolnshire & Goole Hospitals NHS Foundation Trust, York and Scarborough Teaching Hospitals NHS Foundation Trust, Integrated Care Boards, System Partners, NHS England and UKHSA will continue during 2024-25



SINGLE OVERSIGHT FRAMEWORK (SOF) INDICATORS 2023/24

Responsive

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	23/24
Diagnostic Waiting Times: 6 Weeks	<=5%	32.5%	32.8%	34.9%	35.1%	38.7%	39.5%	37.4%	35.9%	36.4%	30.6%	22.3%	24.5%	
Referral to Treatment Incomplete pathway	92%	61.8%	63.2%	63.3%	61.7%	60.7%	59.6%	60.3%	60.7%	58.7%	59.5%	59.7%	59.3%	-
Referral to Treatment Incomplete 52+ Week Waiters	0	3779	3635	3411	3292	3232	3101	2941	2682	2508	2221	2021	1972	-
Referral to Treatment Incomplete 78+ Week Waiters	0	77	53	26	17	14	10	8	9	11	10	9	8	-
Referral to Treatment Incomplete 104+ Week Waiters	0	0	0	0	0	0	0	0	0	0	0	0	1	-
Proportion of patients not treated within 28 days of last minute cancellation	0	25	42	26	24	35	29	33	34	28	46	13	28	-
A&E Waiting Times: Patients seen within 4 hours	76%	54.6%	49.3%	51.8%	53.7%	51.8%	51.3%	46.2%	45.4%	44.8%	45.1%	48.2%	45.3%	-
Ambulance turn around - number over 30 mins	0	19.7%	19%	18%	14.4%	18.5%	18.1%	24.1%	23.8%	24.8%	24.1%	24.4%	25.1%	-
Ambulance turn around - number over 60 mins	0	15.4%	18.1%	17.4%	12%	13.5%	16%	35.5%	28.5%	28.7%	25.1%	28.3%	26.6%	-
Stranded Patients (21 days)	reduction	189	223	212	198	192	211	222	223	205	208	220	227	-
Elective Admissions	-	954	1144	1163	1051	1052	1113	1258	1313	984	1237	1109	1216	-
Outpatients: Followup Attendances	-	44041	51253	52289	50000	50912	50871	54454	55068	46036	56845	53360	49280	-
Two Week Wait Standard	>=93%	86.3%	90.4%	90.5%	90.1%	87%	90.6%	92.5%	92.2%	90%	90.6%	94.5%	90.3%	-
Breast Symptom Two Week Wait Standard	>=93%	51.2%	57.2%	84.1%	77%	86.9%	91.8%	89.7%	61.2%	56.3%	46.1%	65%	38.9%	-
31 Day Standard	>=96%	81.1%	79%	78.1%	80.9%	83.9%	80.4%	80%	78.3%	80.8%	77.3%	79%	81.7%	-
31 Day Subsequent Drug Standard	>=98%	91%	95.5%	98.3%	99%	97.3%	97.2%	100%	97.6%	95.7%	93.8%	99.1%	98.6%	-
31 Day Subsequent Radiotherapy Standard	>=94%	44.6%	45.1%	47.8%	58.1%	47.8%	57.3%	55.4%	55.3%	62.2%	62.5%	57.9%	63.2%	-
31 Day Subsequent Surgery Standard	>=94%	55.4%	65.4%	62.6%	68.1%	68.5%	58.6%	50.5%	65.4%	76.1%	53.4%	65.8%	66.7%	-
Cancer: 62 Day Standard	>=85%	58.7%	58.8%	56.2%	62.2%	55.8%	50.7%	51.1%	56.9%	61.7%	52.1%	58.9%	63.2%	-
Cancer: 62 Day Screening Standard	>=90%	74.1%	61%	30.8%	62.7%	58.7%	55.9%	62.7%	60%	67.2%	54.7%	56.5%	59.4%	-
Cancer: 28 Day Faster Diagnosis	>=75%	73.4%	74.2%	71.4%	75.7%	76.5%	75.5%	76.2%	72.7%	77.2%	75.2%	81.7%	81.2%	-

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. Improvements in the timeliness of MRI, CT and Non-obstetric ultrasound have been made during the year; a Dexa scan recovery plan is making good progress. The mobile scanning capacity continues to be in place, supported by the Community Diagnostic Centre

capacity across the Humber and North Yorkshire Integrated Care System.

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 to 9, related wholly to complex gynaecology
- Reduce the number of patients waiting +65 weeks to 69.
- Reduce the number of patients waiting +52 weeks, which is ahead of trajectory
- The total waiting list increased during 2023/24 to 73,820 (+6,232).

The Trust made good progress on achieving the Faster Diagnosis (FDS) standard, against the target of 75%; from July 2023, +75% of people received their diagnosis within 28-days of being referred on an Urgent Suspected Cancer (USC) pathway.

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 recovery plan commenced in November 2023, this will take 12 months to fully recover the position.

In terms of the +63 day backlog target, the Trust had a trajectory of no more than 148 patients who, following an USC referral, had not commenced treatment – at 31 March 2024, the Trust reported 180 patients. This represented a significant in-year improvement – a focus for 2024/25 is a reduction in the time taken for patients to be referred from cancer units to the cancer centre (HUTH).

In relation to the four-hour target in the Emergency Department, the Trust was measured against 76% compliance as at 31 March 2024, which did not achieve with actual performance at 61%, and continues to be subject to focussed improvement activities. The co-located UTC opened in February 2024. The UTC is currently receiving and treating 12.5% of activity which previously would have presented to the ED.

Ambulance handover within 30 minutes achieved 48.3% at 31 March 2024 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 a 45 min handover plan for implementation.

Safe

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	23/24
Occurrence of any Never Event	0	0	0	0	1	0	0	0	0	0	0	0	0	-
VTE Risk Assessment	95%	-	-	90.2%	-	-	89.6%	-	-	75.2%	-	-	-	-
Patient Safety Alerts Outstanding (CAS)	0	0	0	0	0	0	0	0	0	0	0	0	0	-
MRSA Bacteraemias	0	0	2	0	0	0	0	1	1	0	1	1	-	-
Clostridium Difficile	<=38 (22/23)	0	2	2	7	4	4	6	2	3	2	2	-	-
Emergency C-section rate	<=12.1%	18.6%	22%	19.7%	24.6%	22.9%	27.6%	24.5%	22.9%	19.8%	21.4%	23.7%	0.213	-
Stroke - % of patients spending at least 90% of their time on a Stroke Ward (Best Practice Tariff)	≥80%	78.21%	77.78%	84.44%	79.1%	69.86%	77.63%	68.24%	72.73%	60.26%	69.35%	61.76%	-	-
Stroke - % of patients admitted to a Stroke Ward within 4 hours via A&E	≥90%	65.2%	75.8%	72.7%	75.8%	81%	66.7%	69.2%	63.2%	48.1%	75.4%	68.3%	73.3%	69.5%
Stroke - TIA Service: % scanned within 1 hour (Best Practice Tariff)	improvement	42.31%	52.78%	43.33%	58.21%	56.16%	46.05%	48.24%	45.45%	42.31%	51.61%	54.41%	-	-
Stroke - TIA Service: % scanned within 12 hours (Best Practice Tariff)	improvement	92.31%	87.5%	86.67%	94.03%	90.41%	92.11%	88.24%	90.91%	93.59%	90.32%	92.65%	-	-

The Trust has reported 1 Never Events this year; 7 were reported last financial year. A full investigation has taken place for each incident. The Trust has implemented more robust measures on its safer surgical checklist training, audit and policy.

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

Areas where further improvements are required: The Trust continues to work on its compliance with Venous Thromboembolism Episode (VTE – a blood clot) risk assessments and acknowledges that compliance needs to reach the required standard in this area.

Effective

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	23/24
HSMR		< 100	182	148	153	150	161	155	163	174	176	171	-	-
HSMR Weekend		< 100	182	148	153	150	161	155	163	174	174	171	-	-
SHMI		< 1.0	1.06	1.06	1.08	1.09	1.1	1.12	1.12	-	-	-	-	-
Theatre Utilisation		85%	73.6%	83%	75.5%	67.5%	60.9%	73.2%	72.9%	78.2%	73.3%	80.6%	76.5%	84%
30 Day Readmissions		<=8.6%	8%	8.3%	8.5%	8.2%	7.9%	8.5%	7.9%	7.7%	8.4%	7.8%	7.1%	-

Caring

Indicator	Standard	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	23/24
Inpatient Scores from Friends and Family Test - % positive	-	89%	89%	89%	89.8%	89.8%	90%	90.5%	89.4%	89.2%	89.1%	-	-	-
A&E Scores from Friends and Family Test - % positive	-	79%	74%	73%	72.8%	72.5%	74.2%	67.7%	64.6%	67%	67.6%	-	-	-
Maternity Scores from Friends and Family Test - % Positive	-	98%	100%	96%	96.2%	100%	94.3%	97%	100%	100%	100%	-	-	-
Staff Surveys: FFT recommend the Trust as a place to work	-	-	-	-	-	-	-	-	-	-	-	-	-	54.72%
Staff Surveys: FFT recommend the Trust as a place for care/treatment	-	-	-	-	-	-	-	-	-	-	-	-	-	55.21%
Written Complaints Rate	Reduction 22/23 (1.22)	1.55	1.31	1.83	1.19	1.14	1.31	1.04	1.18	0.54	0.60	0.96	0.91	-
Mixed Sex Accommodation Breaches	0	0	0	0	3	0	0	4	0	0	0	0	0	-

Learning from Deaths

The Trust has in place a Mortality and Morbidity Committee, which is a multi-agency Committee across the Care Groups and Corporate functions, including Quality Governance, the Medical Examiner Service and primary care colleagues. It forms part of the new Group approach and is reported in synchronisation with NLaG. In addition to this joined up approach, there are also bespoke, HUTH-centric reports that will be required. The Committee undertakes more detailed analysis of the factors affecting mortality and how improvements can be made against the end of life care and bereavement services. The Committee is improvement focused with presentations on key improvement work that is planned, or on-going, within the Specialties.

Learning from Deaths forms part of the new Group approach and the quarterly Learning from Deaths Report is reviewed at the Mortality and Morbidity Committee and the Quality and Safety Committee in Common. Work continues to improve the structure and information available to further enhance the discussions and learning at Mortality and Morbidity Meetings across all Specialties, with improvements noted in Stroke, Cardiology and joint working between the Emergency Department and Medicine relating mortality and morbidity meetings and reviews.

In 2023/24, the Trust saw a significant reduction in SHMI for Pneumonia, which is one of the top 3 most prevalent diagnoses for patients admitted to the hospital. It reduced from "higher than expected" to "as expected" and has consistently being "as expected" since January 2023.

The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. The target for SHMI is 1.0.

The SHMI for patients admitted with Stroke has increased notably since January 2023, rising to 1.29 (at time of publication) and is the highest among peers. The number of patients admitted with Stroke is increasing, year on year. This a result of a mixture of factors, including a higher deprivation in the area, in addition to people living longer and therefore increasing the frequencies of people presenting with stroke.

Key proposed actions include:

- Dedicating time to discuss mortality and share learning with all stakeholders.
- All Stroke deaths reviewed via Structured Judgement Review.
- A wider, multi-disciplinary and collaborative approach to M&M, encompassing ED, Stroke, Neurosurgery and Acute medicine.

Another key area of focus is patients admitted with Sepsis. The current SHMI for Sepsis is higher than expected. In addition to the on-going review of Sepsis mortality, a detailed project proposal is currently being planned which will aim to provide a framework for the improvement of care given to patients with Sepsis.

It will include:

- Outcome measures of interest
- Stakeholder analysis
- Communications plan
- Proposed methodology

The project will be a group wide initiative and will be a top priority.

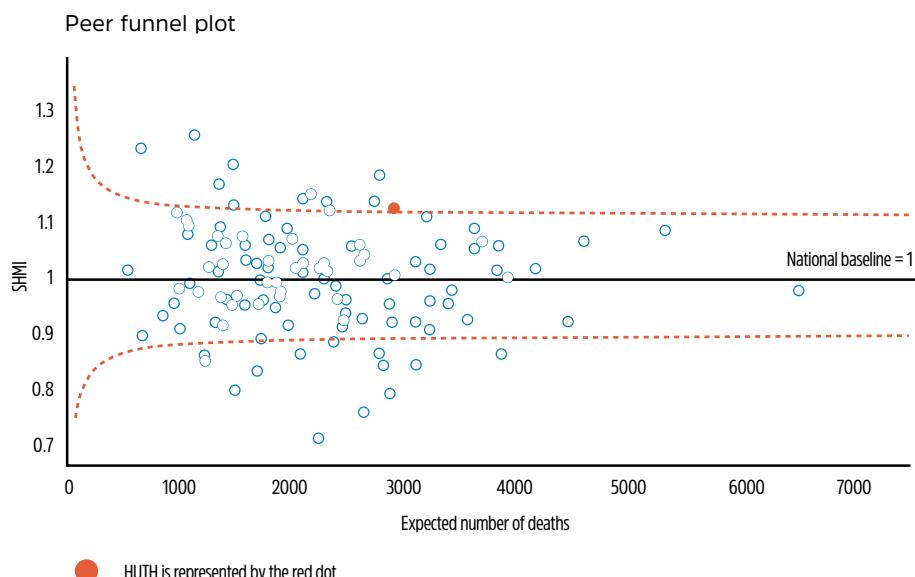
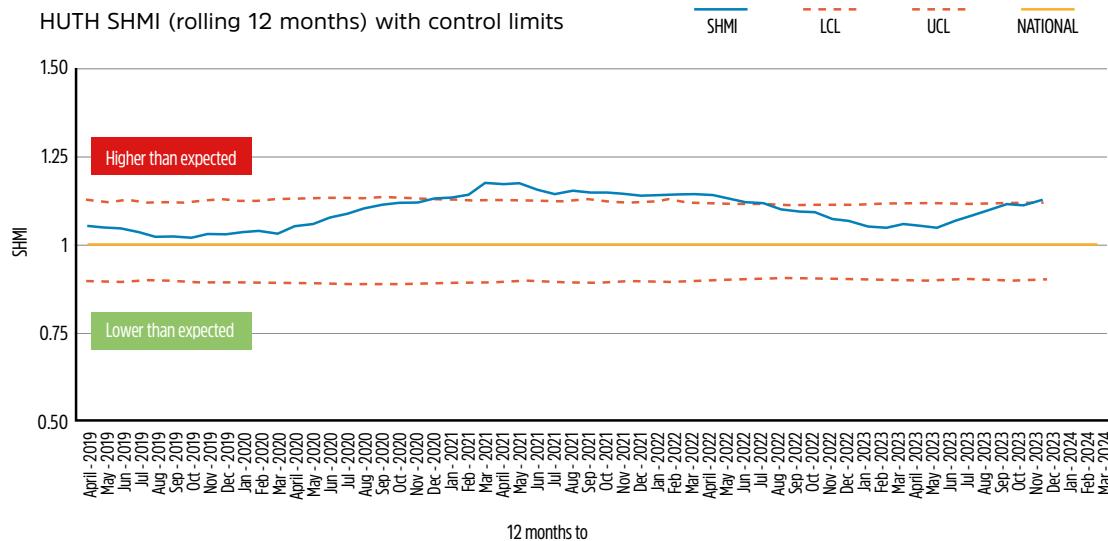
The current SHMI for fractured neck of femur is higher than expected, currently at 1.33. Regular and robust mortality and morbidity meetings, along with detailed Structured Judgement

Reviews are one of the key actions being taken to help the Trust learn from deaths of this patient cohort. In addition to this, the digital mortality review platform (AMaT) is being utilised to allow for bespoke, neck of femur centric reviews to be undertaken and recorded digitally, providing more robust data analysis opportunities and subsequent action plans to be measured and monitored for improvement.

A new digital platform (AMaT) for Mortality review, encompassing SJR and Speciality level M&M, in addition to Medical Examiner scrutiny, is currently being deployed across the Trust. The platform will allow for closer monitoring of mortality review compliance, as well as allowing lessons to be shared and monitored more accurately and aims to bring a standardised approach to Speciality level mortality and morbidity review (M&M). It will allow for the various review processes to be joined up and give better visibility across the Group.

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

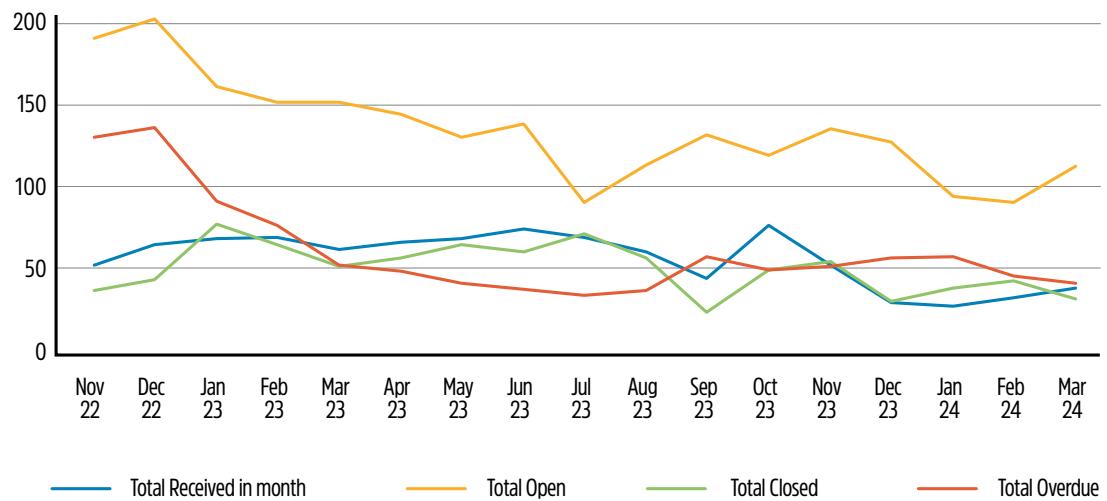
HUTH is identified as having a 'higher than expected' SHMI, with an overall SHMI of 1.1297, as shown in the following chart: having 'expected' SHMI.



PATIENT EXPERIENCE

Complaints

Complaints Activity November 2022 to March 2024



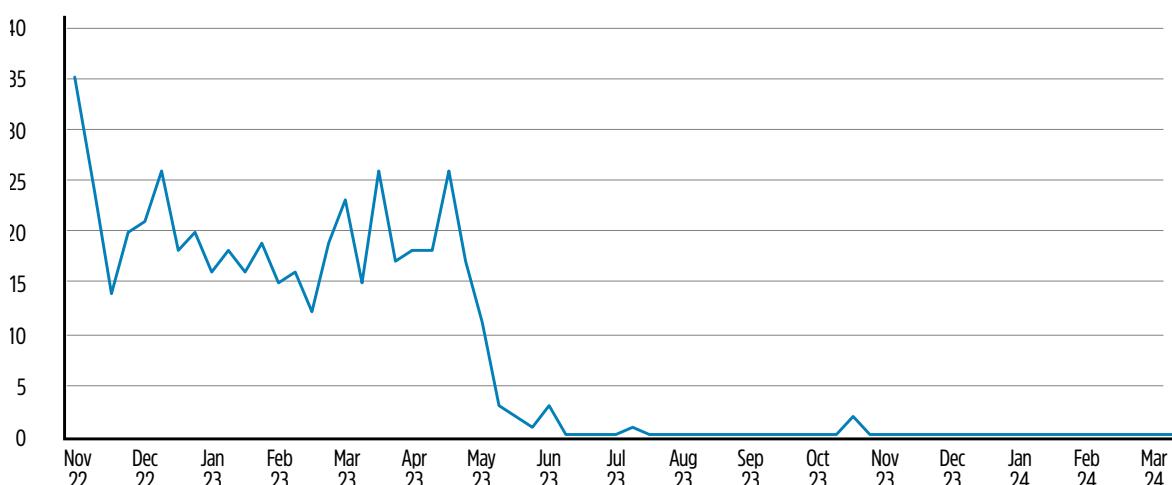
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2020-21	17	29	24	25	42	29	44	39	27	38	46	50	410
2021-22	51	20	37	65	44	51	36	49	37	37	31	43	501
2022-23	35	47	27	35	46	38	41	22	41	55	50	67	504
2023-24	66	68	74	69	60	44	76	52	29	27	32	38	635

This graph sets out comparative complaints data from November 2022 to March 2024. Complaint numbers over the past four years have increased, with the largest increase between 2020/21 and 2021/22 and then again during 2023-24.

The main reasons for the complaints are due to delays in treatment, cancellations and communication. Although, the numbers of complaints received has increased, the management of complaints and patient experience overall in the Trust has improved, as demonstrated in the chart above. The number of open complaints reducing by half, the number of overdue complaints has also reduced, both of these improvements demonstrate a more responsive service to the complainants.

The Patient Experience Team are maintaining a balanced level of opening and closing complaints within each month, achieving a sustained improvement against the backlog of logging complaints, which in November 2022 there was a backlog of 5 weeks, the team consistently now log all complaints within three working days of receipt, as demonstrated in the chart below.

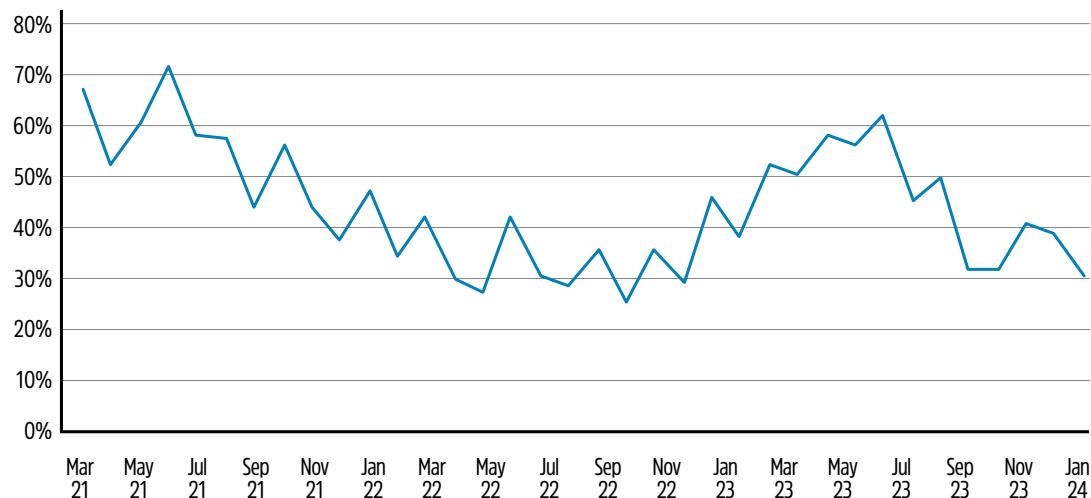
Backlog Logging Complaints



Complaints are not always reflective of activity in the month received and can often be about episodes of care that relate to several months, or even years previously. The Trust's Complaints Policy allows complaints to be raised up to 12 months prior to doing so.

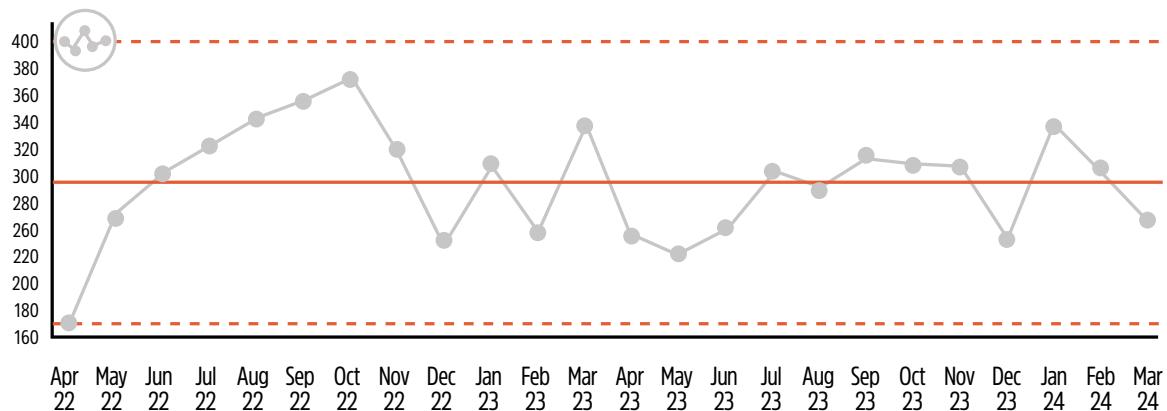
During 2023/24, 574 complaints were closed, which is very similar to the 565 complaints closed during 2022/23. The Parliamentary Health Service Ombudsman, in their NHS Complaint Standards recommend a timescale of 6 months to investigate a complaint. Although the Trust has adopted the NHS complaint standards, it has decided to continue to work towards a gold standard complaint response time and aims to close complaints within 40 working days from when it was received. During 2022/23, an average of 29% complaints were closed within 40 working days. Improvements against this target were seen at points during 2023/24; however, further work is required to ensure this is sustained.

Complaints closed within 40 working days



Patient Advice and Liaison Service

PALS Received



During 2023/24 3,732 PALS concerns were received. The top five themes remain similar to the complaint themes:

- Delays, waiting times and cancellations
- Treatment
- Communication / advice
- Discharge
- Attitude

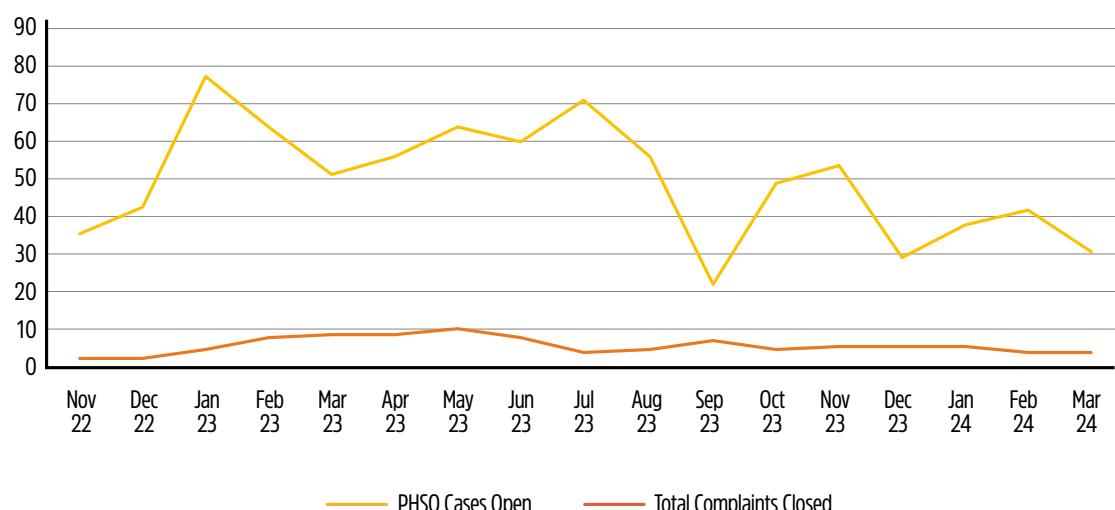
At the end of March 2024 95.9% of all PALS concerns were addressed within a timely manner.

Parliamentary and Health Service Ombudsman (PHSO)

At the end of 2022/23 there were 9 cases still open by the PHSO.

During 2023/24 5 of those cases were closed, with four remaining open at the end of March 2024. No new cases were opened during 2023/24. This is a positive reflection on the improvement in the overall complaint management across the organisation. The chart below demonstrates the rate of complaints closed overall to those that have been opened with the Ombudsman, is significantly higher, showing a low level of cases requiring escalation to the PHSO.

PHSO Cases

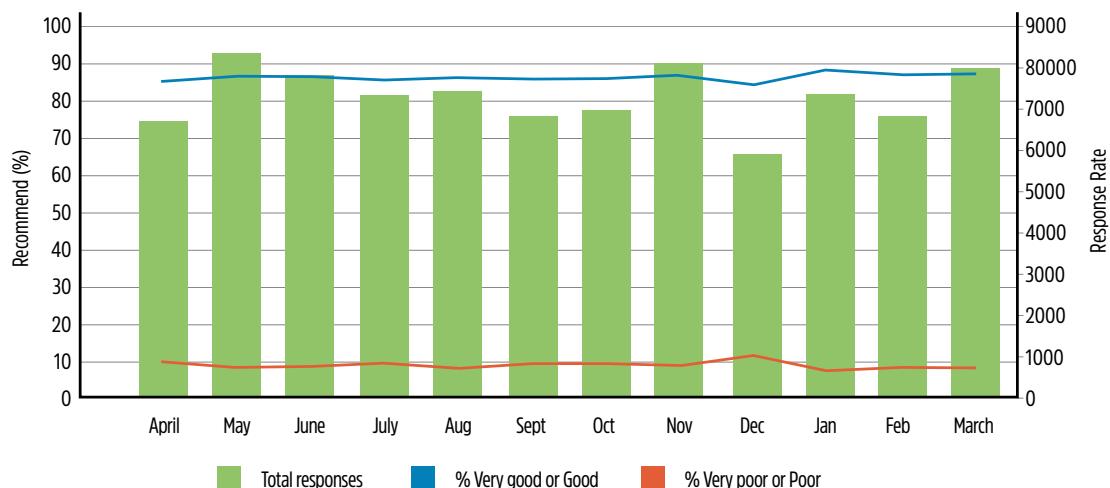


Friends and Family Test (FFT)

Hull University Teaching Hospitals NHS Trust offers patients the opportunity to feedback from all areas of the Trust.

This includes inpatients, outpatients, Emergency Department, Day Surgery, Paediatric Services, Maternity services as well as specialist nurses, Bereavement services, Dementia Care Radiology, Audiology, Therapy Services and Radiology.

Trust Total Recommendation % v Response Rate 2022/23

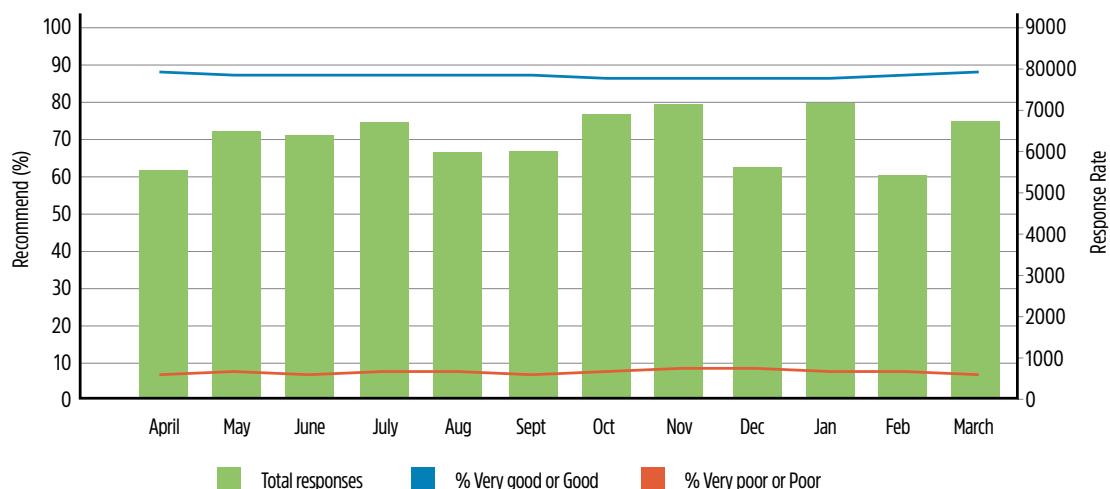


The Trust has received 116,000 pieces of individual feedback between April 2022 and March 2023 from patients and their relatives. This is supporting the learning of lessons and making improvements to patient services throughout the Trust. All feedback is cascaded back through the Trust to wards and department and to the Trusts multi-disciplinary teams.

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

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

Trust Total Recommendation % v Response Rate 2023/24



The Trust has received 120,000 pieces of individual feedback between April 2023 and March 2024 from patients and their relatives. This is supporting the learning of lessons and making improvements to patient services throughout the Trust. All feedback is cascaded back through the Trust to wards and department and to the Trusts multi-disciplinary teams.

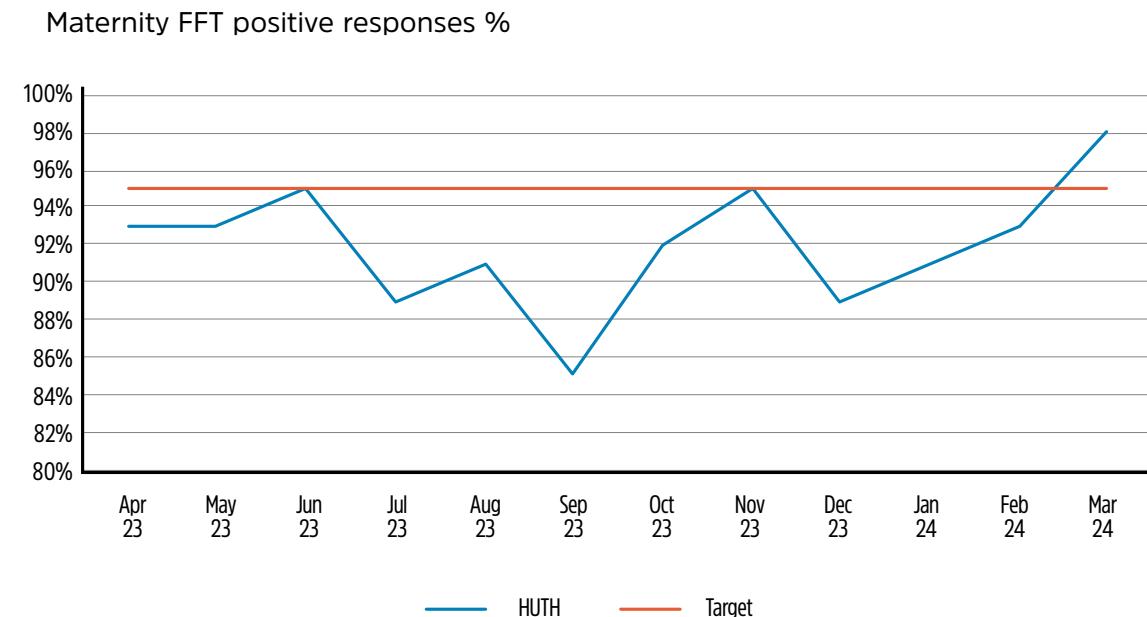
Patient results are classified as Very good, Good, neither good nor poor, Poor, Very poor or don't know.

- 89.85% of patients have said that they would be likely to recommend HUTH if they needed to receive care in the future
- 6.17% of patients have said that they would be unlikely to recommend HUTH

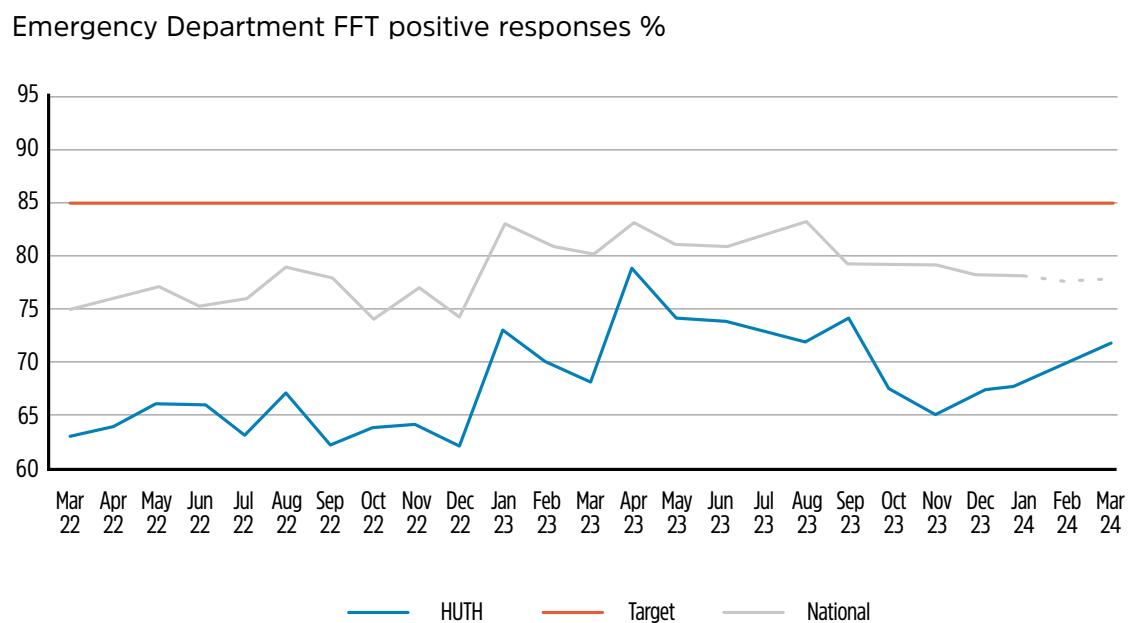
Both of these indicators have improved during 2023/24.

During 2023/24, the Trust has placed an increased focus on FFT within the Emergency Department and Maternity to improve the feedback rates and performance. Both have been successful in achieving this.

Maternity Friends and Family Test Score - Positive Percentage



Emergency Department Friends and Family Test Score - Positive Percentage



The Trust has received 120,000 pieces of individual feedback between April 2023 and March 2024 from patients and their relatives. This is supporting the learning of lessons and making improvements to patient services throughout the Trust. All feedback is cascaded back through the Trust to wards and department and to the Trusts multi-disciplinary teams.

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VOLUNTEER SERVICES

Volunteering is at the forefront of all NHS organisations. Voluntary Service Managers across all provider services meet monthly with NHS England to look at the impact volunteering is having across the country. .

Hull University NHS Teaching Hospital volunteers have dedicated 33,770 hours between April 2023 and March 2024. We currently have a team of 462 Volunteers and 8 patient assisted therapy (PAT) dogs. The voluntary service team continue to recruit volunteers on a rolling programme.

The Voluntary Service's team continues to provide pastoral support to all Trust volunteers, visiting wards and departments to offer support. The team keep in contact with volunteers who may be unwell or have not been able to volunteer. This contact is really appreciated by all volunteers, especially those who live alone or feel isolated.

SUCCESSES

Voluntary services has been instrumental in developing a wide variety of volunteer roles that support the clinical and non-clinical teams across the organisation.

In the last twelve months we now have volunteers supporting the VR (Virtual Reality) surgery in the new day surgery unit, SPA volunteers who are trained beauty therapists and volunteer their time in the Queens Centre for our oncology patients and our pianists who play in the main entrance of the Queens Centre.

We have introduced eight PAT dogs across the Trust who visit wards and departments weekly and are an amazing and much loved edition to the voluntary team. We have Pharmacy runners making sure that patient medication is delivered on time enabling patients to be discharged home quicker. You will always see a friendly face when coming to hospital as our volunteers will welcome you on meet and greet at all entrances to the hospital. These are just a few roles within the service.

The Trust is supporting 197 Young Health Champions aged sixteen and upwards across all hospital sites. Through the Young Health Champions volunteering programme, the Trust is offering opportunities to young people, some of whom have a learning disability, experience social difficulties, or are otherwise struggling to find employment. Many of our Young Health Champions are applying for the HUTH apprenticeship pathways or staying in the Trust in full time employment. We also have many young health champions that go onto university to pursue a career in health.

In February 2024 we launched 'Young Health Champions Together' programme. This new initiative is a collaboration between HUTH and City Health Care Partnership (CHCP) voluntary service teams. The programme enables young volunteers to volunteer at both organisations to experience the world of health in both primary and secondary care settings. This innovative youth volunteering collaborative is the first of its kind across the country and has had a lot of interest from voluntary leads, NHS England and the Integrated Care Board.

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HUTH's voluntary service team continues to inspire both adult and young health care supporters from across the wider community to apply and become volunteers in the Trust. In 2023 we founded the Voluntary Service Hub. The Hub is available to all volunteers in the Trust for pastoral care, a place where the team can help with training modules, job applications, apprenticeships and university applications as well as a place to meet new people and find out more about what the NHS has to offer.

QUALITY ACCOUNTS 2023/24

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

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

They can be accessed via the Trust's website.

CARE QUALITY COMMISSION

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

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

A Maternity Services inspection was undertaken in March 2023, following the inspection the Trust was required to respond to urgently including action plans, in April 2023 a further visit was undertaken by the Care Quality Commission at which point the Section 31 notice was issued. The final report was published in August 2023, it can be accessed via <https://www.cqc.org.uk/location/RWA01/reports>

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

TRUST OVERALL RATING: REQUIRES IMPROVEMENT →		Safe	Inadequate
		Effective	Requires improvement
		Caring	Good
		Responsive	Requires improvement
		Well-led	Requires improvement
		Overall	Requires improvement

The following table details the ratings against each of the core services that take place at Hull Royal Infirmary. The drop in rating for Maternity resulted in the overall rating for Hull Royal Infirmary dropping to 'Inadequate' for safety and 'Requires Improvement' overall.

Hull Royal Infirmary - Overall rating: Inadequate

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

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

Castle Hill Hospital - Overall rating: Requires improvement

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

OVERALL TRUST INSPECTION

Several significant changes were published in the report with the Trust receiving 'Inadequate' ratings for Urgent and Emergency Care in Safe, Effective Well-Led. Surgery also received at 'Inadequate' rating in Safe.

In summary, the areas of improvement noted following this inspection were as follows:

- Assessment of women presenting to triage
- Completion of the WHO Checklist
- Medicine Management – Controlled drug storage and recording
- Medicine Management within Theatres – storage of food in fridges
- Learning embedded from Never Events
- Flow of patients from ED throughout the Trust and NCTR patients
- Appropriate consent
- Mental capacity assessments, DOLS
- VTE Compliance
- Policies and procedures – in date
- Governance arrangements especially in Surgery and Maternity
- Implementation of NATSIPPs

The 2023 report had 51 'Must do' and 16 'should do' actions across both sites totalling 194 actions, these have been reviewed and incorporated into a robust action plan. The Trust has already made significant progress with completing 78% of the action plans as at 31st March 2024.

Progress on actions are as follows

Actions completed with evidence of completion provided	153
Actions implemented with ongoing monitoring	38
Actions not yet due but on track	0
Actions overdue	3

MATERNITY INSPECTION

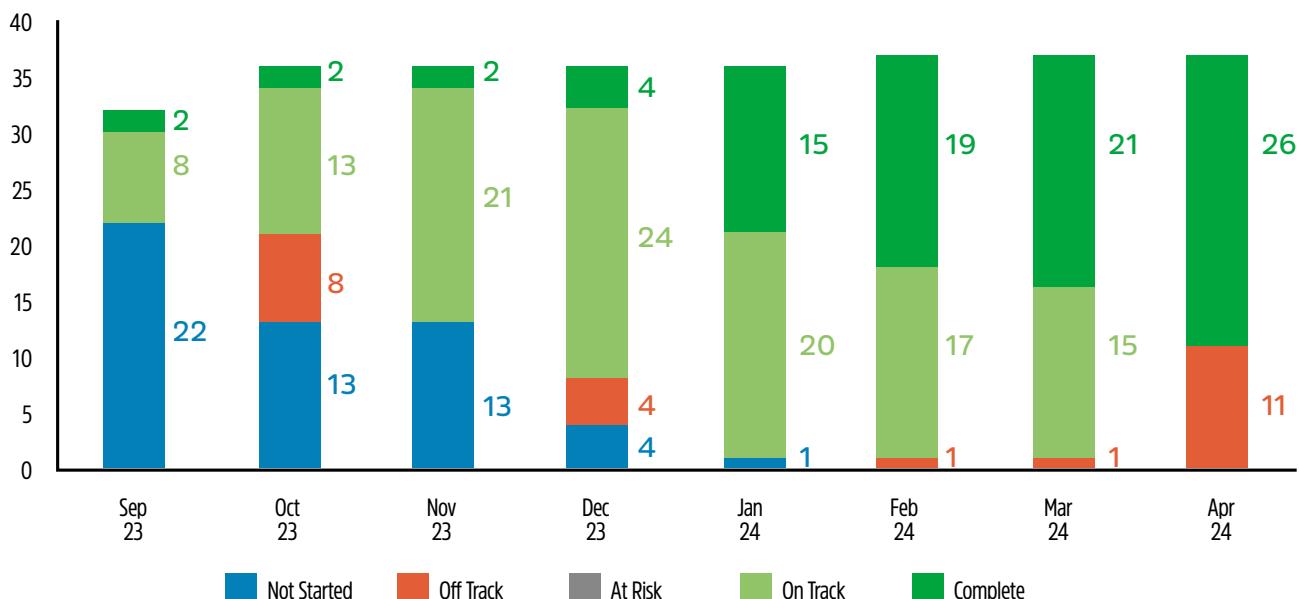
Several significant changes were published in the report for Maternity with the Trust receiving 'Inadequate' ratings in Safe and Well-Led.

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 Section 31 condition actions are incorporated in the Trust's overarching CQC action plan which contains 37 actions overall. This is monitored on a fortnightly basis at the Maternity Transformation Assurance Committee (MTAC) that has been chaired by the Interim Chief Nurse. At the end of April 2024, 26 actions had been delivered and evidenced. 11 actions remain open. Good progress against these actions has been demonstrated and evidenced; however, further embedding is required to ensure sustainability and for final sign off.

Progress Delivery Status



(i) ADU/ Maternity Triage Activity

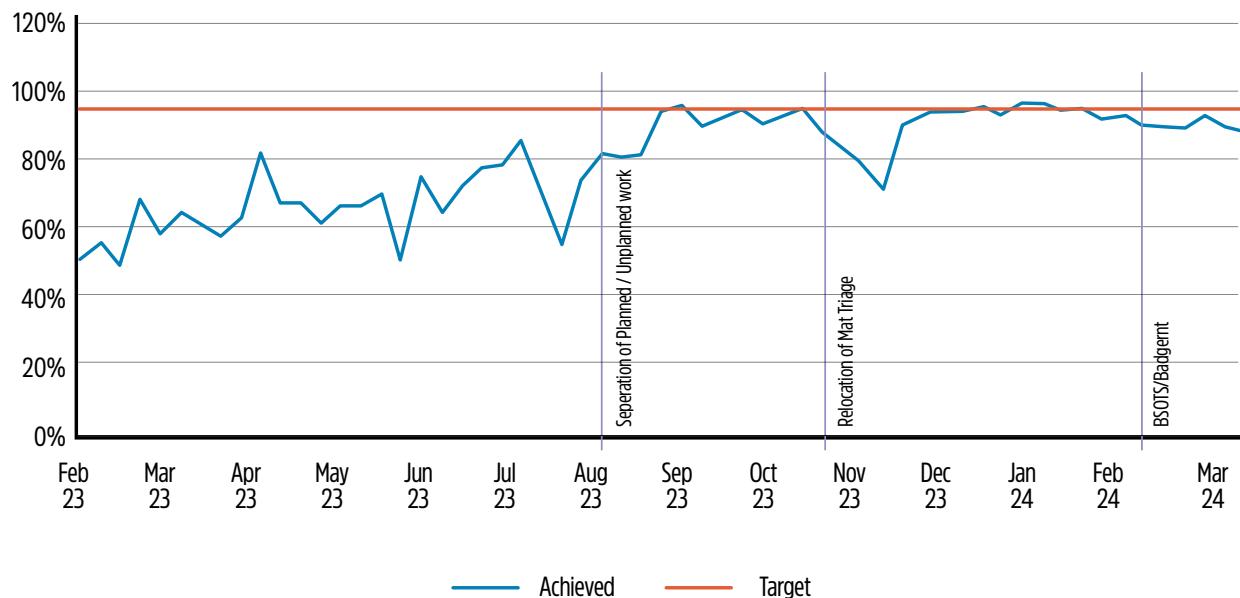
There has been continued improvement in ADU and Maternity triage. In response to the CQC visit, the service began electronic recording in March 2023.

Planned and unplanned activity was originally seen in the same area and was then separated in September 2023. This has driven the significant improvement since October 2023 to ensure that women attending the hospital are triaged, assessed and streamlined in a timely manner by appropriately skilled and qualified staff.

The service's new Maternity Triage Unit opened in November 2023 and the service implemented BadgerNet / BSOTS on 12 March 2024.

The Maternity Triage is 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 to commence on the staffing model to support a 24/7 triage service, however, staffing is in place now on the Labour Ward in the interim.

BSOTS - time to be seen



(ii) Risk and governance systems

There has been continued improvement in ADU and Maternity triage. In response to the CQC visit, the service began electronic recording in March 2023.

A significant amount of work has been undertaken against this action and the overall governance arrangements within Maternity since the inspection in March 2023 with the Maternity Service, Quality Governance, external consultant and MSSP; however, this is the overarching action and it is proposed to leave this action open and at risk until the diagnostic report has been received from the Maternity Services Support Programme to review the recommendation it makes and agree next steps. Work has been undertaken as follows:

- Development of a draft MatNeo Governance Framework, which was reviewed and commented on by an external consultant
- Review of the Obstetric Speciality Governance agenda to ensure the correct items are presented and discussed as required. This also included strengthen the documentation of discussions and actions in the minutes
- There is a Governance structure in place; however, due to the recent Group and Care Group changes, this will change again slightly. This is under review by the Group Quality Governance Team
- PMRT was reformed and embedded into practice with positive feedback from staff during assurance visits
- MIRM further embedded with the introduction of ward MIRM information boards

Further work is now required with the Family Services Care Group and the new Quadumvirate as part of the new NHS Humber Health Partnership Group.

Progress on the Maternity Services action plans is 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.



EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE

The Trust has robust emergency preparedness and business continuity arrangements in place which have been tried and tested in response to the COVID-19 pandemic crisis and continue to be reviewed and monitored.

The Trust achieved an assurance rating of non-compliant against the NHS England Core Standards for Emergency Preparedness, Resilience and Response for 2023/24. The national assurance process had been amended during 2023, with organisations required to provide evidence of compliance against a total of 62 EPRR core standards to be reviewed by NHS England with an increase in requirements to become compliant with each standard. NHS England assessed that the Trust was fully compliant against 11 core standards and partially compliant against 51, with an overall rating of non-compliant. NHS England have acknowledged that this does not signal a material change in the Trust's preparedness or ability to respond to an incident, but should be considered as a revised and more rigorous baseline for improvement in resilience and response.

The Trust's annual assessment for 2023 of its preparedness in the event of a Chemical, Biological, Radiological or Nuclear (CBRN) incident resulted in a compliance rating of 'Prepared – Level 2' (Level 1 being well prepared and Level 4 being unprepared).

An internal audit of the Trust's Business Continuity Management System and plans was conducted in 2023, concluding that there was 'significant assurance' regarding the processes in place.

The Trust's Industrial Action Planning Group was established to manage the response to national, regional and local industrial action events. The response has included establishing command and control arrangements, and lessons learned from each event was incorporated into planning for similar events in the future.

The Trust has participated in a range of regional and local exercises during the year aimed at testing the Trust's response to adverse weather conditions, supplier failure, major incidents and infrastructure failure. The 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 2023/24.

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
- 25% of Trust vehicles to be zero emissions by 2024
- A minimum of 10% of the award criteria for all procurement to be attributed to sustainability by 2022

The Trust has created its own website which gives further details on the Trusts objectives, a copy of the green plan can be downloaded from the front page. www.zero30.uk



WORK COMPLETED OVER THE LAST YEAR

The work of the previous years has been built on with projects completing during the last financial year.

Additional funding to support the Trust sustainability goals has been secured in the last year. Match funding of £251,381 was secured from the Heat Network Efficiency Fund this was to carry out improvements to the steam infrastructure on both the HRI and CHH sites that carry heat around the site to provide heating and hot water. The funding will not only deliver significant carbon savings from reducing heat loss from the pipework but also significant financial savings from the reduced amount of gas required.

Further funding was secured from the NHS Energy Efficiency Fund. This totalled over £1M to replace the remaining non LED lighting and install roof mounted PV onto a number of building roofs at the HRI site. These will help to reduce carbon emissions by over 191 tonnes per year and save £241,000.

Anaesthetic gases are one of the Trusts highest single areas of carbon emissions, following the work to reduce Entonox the trust focused on the next highest source of emissions Nitrous oxide. A multi discipline team was set up to tackle the issue resulting in all piped nitrous oxide at HRI being turned off and all three manifolds being removed. Nitrous is still available via small mobile units available in key areas.

The monitoring of consumption showed a leak within the system that was worsening. At the time the manifolds were turned off in Jan the resultant savings were 500,000 litres per month with forecast annualised savings of £250k had the work not been completed. This is forecast to deliver savings of over 800 tonnes per year.

The Trust has now installed four anaesthetic gas capture units into the new day surgery building. These units from UK company Sagetech will capture exhaled volatile anaesthetic gases within their filters avoiding the gases being released to the atmosphere and contributing to climate change. Longer term the captured gases are planned to be processed and put back into use creating a circular system.

Last year saw the first sustainability award category included in the Trust annual Golden Hearts awards recognising achievement.

The woodland walk started last year was expanded and officially opened early this financial year with a number of Exec team choosing to come along and walk the trail with the gardening team to show their appreciation for the hard work the team had put in.

New builds such as the day surgery have been installed with air source heat pumps as the primary heating source avoiding the use of fossil fuels.

The work of the transport, communications and property teams was recognised at the Modeshift National Awards where they won the Team of the year award. This was for work to encourage staff to move away from car usage into alternative forms of transport, the success of this project has resulted in a reduction in car use of 13% in only one year.

A sustainability awareness day was held with the procurement teams of all three Trusts within the group procurement. With procurement being our largest source of emissions this is an area that can deliver significant savings towards our net zero targets while at the same time delivering financial savings.

In addition the Trust is keen to share good practice and experience were possible to support and assist NHS transition to net zero. Due to the success in delivering a number of projects over the last year the Trust has been asked to share our learning with others.

These include:

- Presenting at National Modeshift conference
- HEFMA North East branch meeting
- Presentation at NHS Scotland Entonox event
- ICB/S awareness sessions
- Greener NHS transport webinars

Written articles

- HEFMA Pulse Article
- Greener NHS Entonox case study
- NHS Transport case study
- NHS Scotland Entonox technical briefing document
- Entonox work incorporated in NHS guidance

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 2023/24
- 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
- 15% of Trust vehicles zero emissions by 2023/24
- Zero waste to landfill by 2025
- Zero waste sent to landfill in 2023/24
- Reduce anaesthetic gas emissions by 50% by 2025
- 45% reduction achieved by 2023/24
- 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

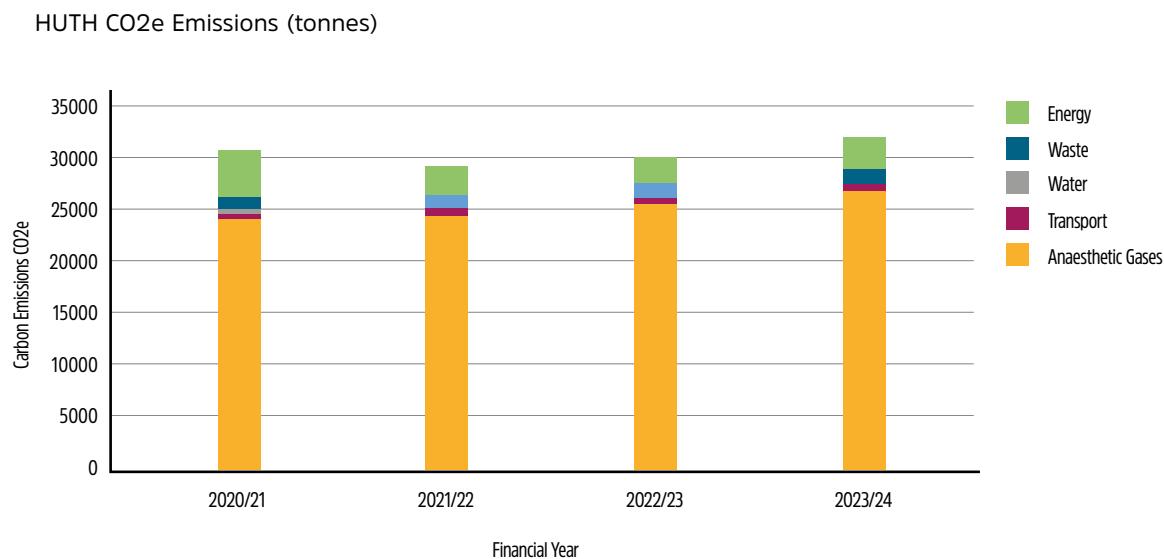
The biggest challenges around delivery of the net zero goals are financial and staff resources.

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 £1.25M 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 last year from two main areas, energy and anaesthetic gases. The main cause of increases in energy usage has come from new buildings coming on line and failure of plant or equipment. The increase to anaesthetic gases was due to a leak on a main piped supply and potential issues with the main area of Entonox usage the reasons for this are expanded on in their respective sections. Plans are in place to tackle the issues in

order to place the Trust back onto the correct trajectory of emissions reduction.



ADAPTATION

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

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

GREEN SPACE AND BIODIVERSITY

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

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

ENERGY

There has been an increase in the emissions from energy, these are from the increase in electricity HRI and increased gas usage at CHH.

The increased electrical import was due to the reduced running of the CHP on HRI due to a fault meaning an increase in the amount of electricity required to meet site demand. The increased gas usage at CHH was a combination of increased demand from a number of new building coming on line and a failure of a step up unit used to supply heating to a key area of the Trust. This resulted in the back up gas fired boilers running to meet demand through the winter. One of the new buildings our new day surgery now has air source heat pumps installed as the primary heating source which should reduce gas demand in the future.

The Trust was successful in gaining funding from the Heat Network Efficiency Scheme (HNES) this provided £251k of match funding to replace failed insulation on the steam pipework. This work will significantly reduce the heat lost due to aging and failed insulation on the main distribution pipework at both sites and hence the amount of gas burnt. The majority of the benefit of this work will be seen from quarter three next year as we enter the heating season.

Further funding was secured from the NHS Energy Efficiency Fund (NEEF 2) at the end of the financial year. This totalled over £1M to replace the remaining non LED lighting and install

roof mounted PV onto a number of building roofs at the HRI site. These will help to reduce carbon emissions by over 191 tonnes per year and save £241,000 from quarter two next year.

The Trust bid for additional funding to support infrastructure decarbonisation from the Public Sector Decarbonisation Scheme (PSDS) but was unsuccessful. 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.

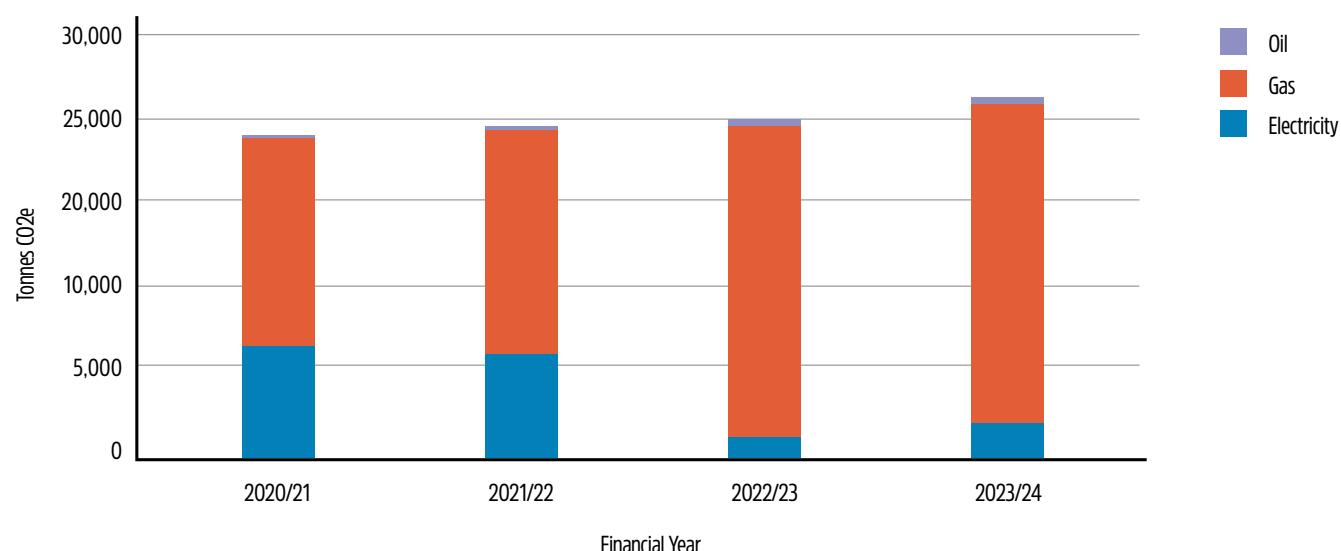
The PV fields generated over 4.3 million kWh of electricity over the year avoiding over £1 million of electricity costs. The Combined Heat and Power (CHP) plant at Castle Hill Hospital was fitted with load following during the last quarter to ensure that the solar PV is our primary source of power. Initial readings are positive reducing the time the CHP is running delivering reductions in the amount of gas burned saving emissions and costs.

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

Energy Consumption	2020/21	2021/22	2022/23	2023/24
Electricity Use (kWh)	25,137,847	19,176,384	7,003,724	10,061,571
Gas Use (kWh)	79,769,461	90,028,622	108,782,621	111,524,379
Oil Use (kWh)	689,436	300,565	1,202,659	821,340
Total kWh	105,596,744	109,504,571	116,989,004	122,407,290

Carbon Emissions from Energy tCO2e



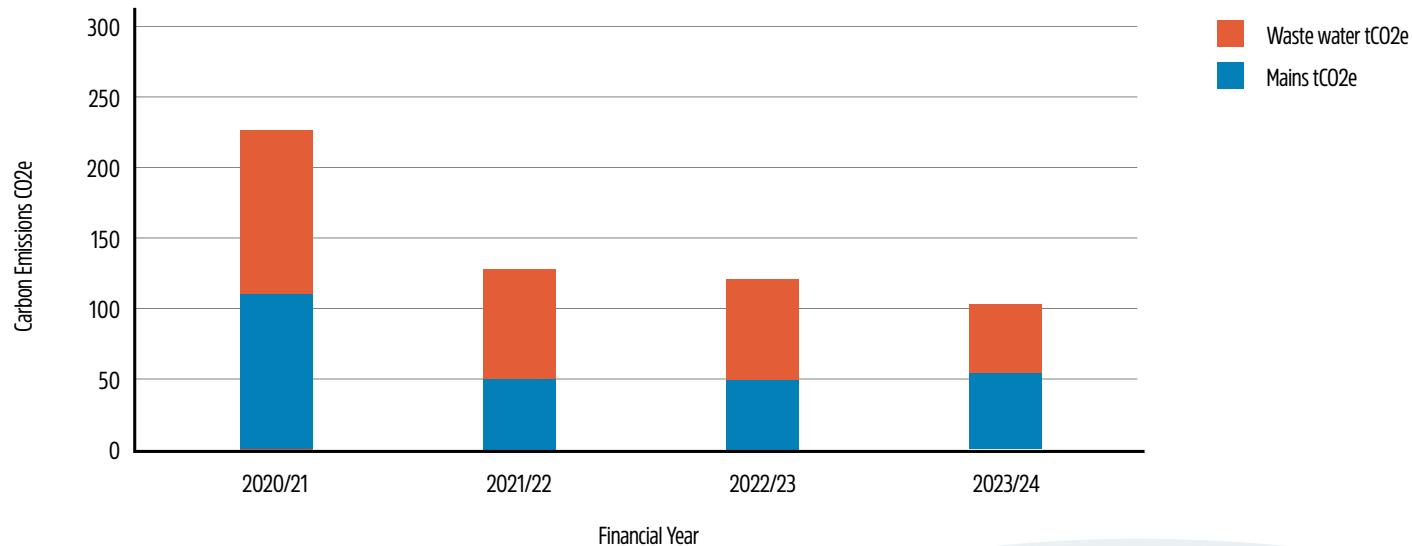
WATER

There has been significant reduction in water usage at the trust this has been driven by continued monitoring and repairing of leakage.

HRI installed a system to monitor water night line usage in the same way as CHH which has supported greater visibility of usage. These figures are now reported monthly at the EF&D zero 30 committee. The primary reductions have come from the repair of leakage from the CHH site. Carbon reductions are due to a combination of reduced usage and changes to the Government emissions factors.

Water Consumption	2020/21	2021/22	2022/23	2023/24
Mains m3	309,451	327,438	336,579	304,233
Waste water m3	247,561	288,149	269,263	243,386

Carbon Emissions from Water tCO2e



WASTE

There has been an increase in waste volume compared to 22-23, from 3026.83 to 3302.59 which has been derived from both increased patient numbers and activity in the hospital as staff and visitors return following COVID restriction.

However due improvements in the segregation of waste and processing via lower carbon disposal routes a reduction in CO2e emissions has been achieved.

The reduction in Alternative Treatment (AT) and subsequent increase in Offensive Waste (OW) can be partially attributed to the reduction in COVID patients being treated. The ratio of clinical waste has improved in line with Healthcare waste strategy targets of 20/20/60 (High Temperature Incineration (HTI), AT, OW), with improved segregation in clinical areas following support from waste monitoring teams. A combination of auditing clinical areas, and offering training alongside Mitie management for all areas, has had a positive impact on waste segregation and understanding of the waste hierarchy.

The offensive waste ratio has been further boosted by targeted work in theatre areas training senior leads and theatre staff, increasing an understanding of waste streams. As a result, improved practices to divert waste from expensive HTI disposal to the correct routes, reducing costs and CO2e.

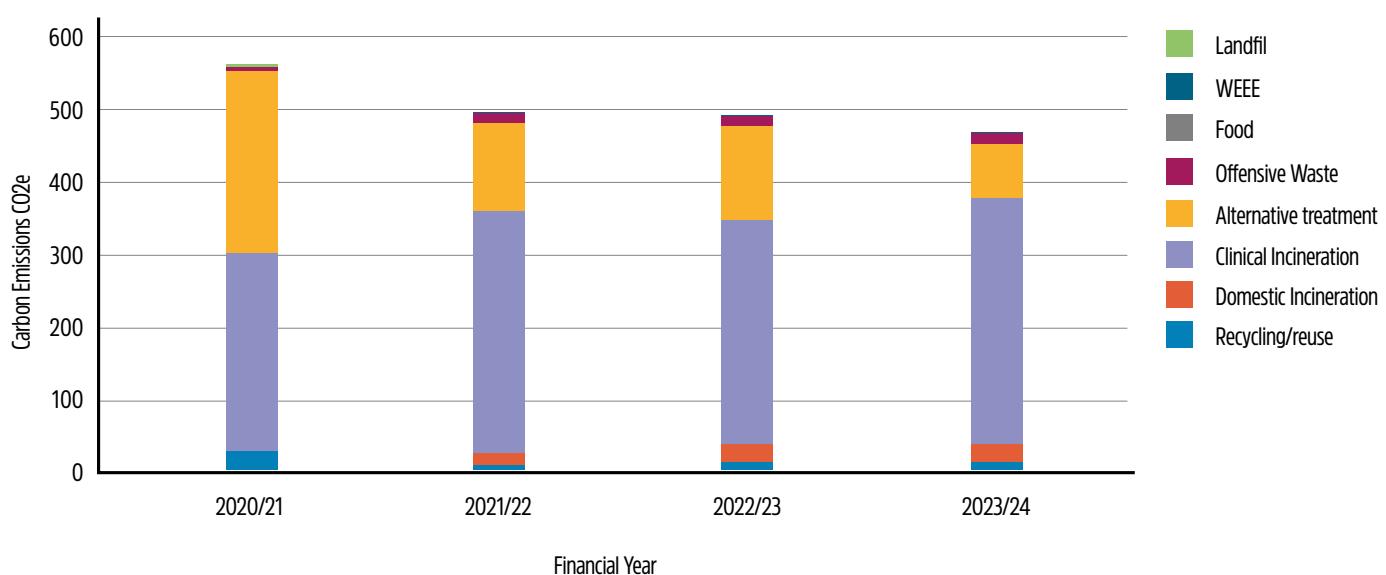
Reported food waste has increased 250%, down to increased training at ward and retail level to segregate food waste, and the requirement to do so for this year's ERIC return. A significant increase in waste stream use occurred following the rollout of food caddies in September 2023, and having more accurate data will ensure targeted reduction in food waste where levels are high.

Recycling of domestic waste has increased from 22/23's 31% to 36%, with further improvements targeted – funding has been applied for to install an onsite Mixed Recycling Facility at HRI to maximise segregation.

The opening of a new waste compound at HRI with more space has enabled segregation and storage of recycling. The installation of a compactor for offensive waste at HRI has significantly reduced transport costs and mileage in this waste stream – this stream has seen a 45% reduction in transport costs despite a 12% increase in waste volume. The progress in this area has led to funding submissions for additional compactors to further reduce transport mileage.

Waste Tonnes	2020/21	2021/22	2022/23	2023/24
Recycling / reuse (tonnes)	1,254	432.11	548.32	692.23
Domestic Incineration (tonnes)	-	787	1,177	1,213.47
Clinical Incineration (tonnes)	304	369.55	343.32	370.79
Alternative treatment (tonnes)	694	336.76	353.32	202.91
Offensive waste (tonnes)	221	528	598.95	724.08
Food (tonnes)	20	25.58	33.05	86.62
WEEE (tonnes)	32	32	8.42	12.49
Landfill (tonnes)	7	6.87	-	-
Total Waste (tonnes)	2,532	2,517.87	3,062.38	3,302.59

Carbon Emissions from Waste tCO2e



TRANSPORT

The overall Trust emissions have seen a small increase of less than 0.5%, however the Trust only emissions when third party transport is excluded has seen a reduction of 8% equal to 60t CO2e.

This has been achieved by a significant reduction in staff travel of over 175,000 miles offsetting the increase in the Trust fleet mileage. The majority of the increase has come from third party transport which increased by almost 160,000 miles. Third party providers are organisation who carry out services for us such as patient transport and movement of equipment and surgical instruments.

The work started in the previous financial year to encourage staff to switch from using their cars to travel to work by either

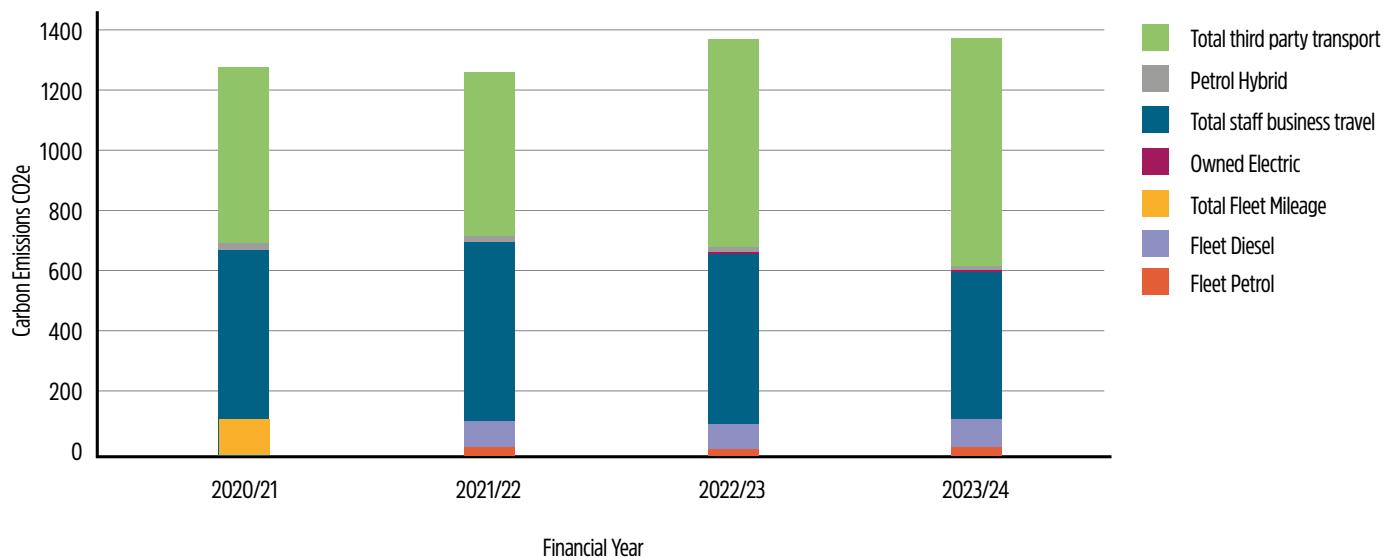
public or active transport continued and achieved great results for the first year. The project which includes new cycle storage and changing facilities, new bus routes, discounted bus travel and 'mini park and ride' options achieved a reduction in car travel of 13% in the annual staff travel survey. The work around this has been recognised in the team winning the Team of the year award in the National Modeshift awards. The work has also been shared as a case study for NHS England and presented at the annual modeshift conference and a greener NHS travel sharing session.

The Trust offers a salary sacrifice scheme for lease cars and in the last year 70% 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.

Trust Transport Mileage	2020/21	2021/22	2022/23	2023/24
Fleet Petrol (litres)	-	10,031	8,030.9	9,526.58
Fleet Diesel (litres)	-	26,416	25,160	29,319.38
Total Fleet Mileage (miles)	254,081	265,298	247,687	284,006
Total Staff Business Travel (miles)	1,584,615	1,692,937	1,612,742	1,437,030
Owned Electric (miles)	25,777	26,854	36,750	34,074
Petrol Hybrid (miles)	75,185	66,765	68,829	67,836
Total Third Party Transport (miles)	1,187,363	1,135,356	1,463,727	1,623,566

Carbon Emissions from Transport tCO2e





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 we 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.

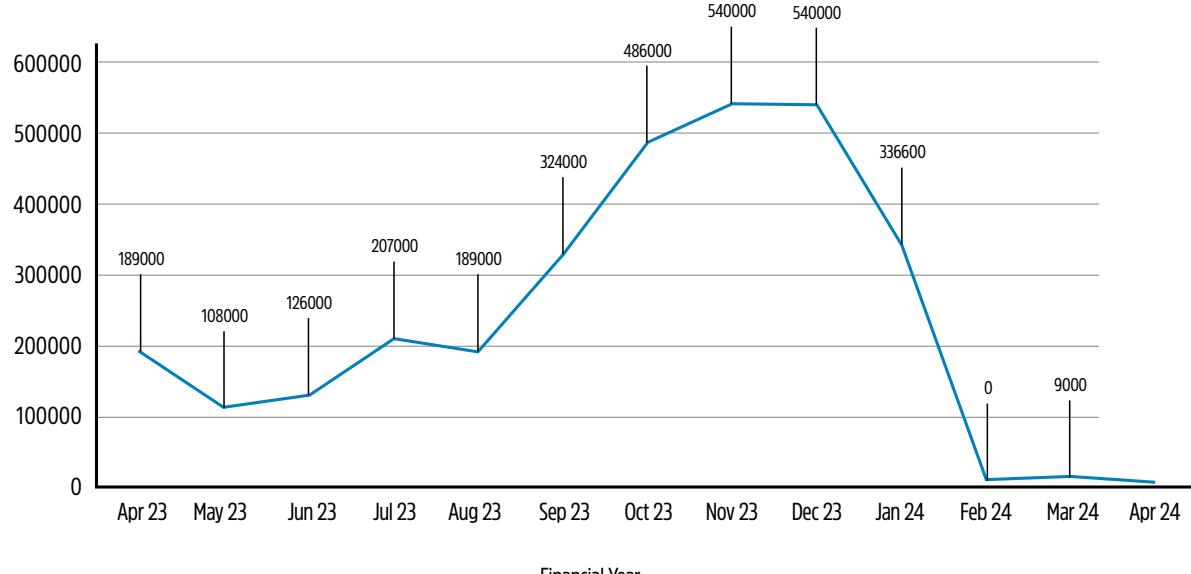
Unfortunately there has been an increase in our total emissions from anaesthetic gases. This is from two gases, nitrous oxide and Entonox, a blend of nitrous oxide and oxygen. The emissions from pure nitrous oxide were caused by a leak within the piped system at HRI.

A plan was already in place to tackle the high usage prior to the leak worsening. The use of nitrous oxide was the focus of a multi discipline team established to reduce its use in the piped systems. The team reviewed the usage and established that a small mobile cylinder solution would be an effective alternative due to the low clinical demand. Following gaining agreement from clinical teams and sign off at relevant committees the piped systems were turned off and the mobile cylinders put into operation.

The monitoring of consumption showed a leak within the system that was worsening. At the time the manifolds were turned off in Jan the resultant savings were 500,000 litres per month with forecast annualised savings of £250k had the work not been completed. This is forecast to deliver savings of over 800 tonnes CO₂e per year.

The graph below shows the impact of the leak that worsened at HRI once the new solution was implemented it had an immediate impact on the usage and emissions of nitrous oxide.

Nitrous Oxide Use - HRI



The increase seen in Entonox use is from the piped system that supplies the Women and Children's Hospital. There have been some leaks to the system that have been repaired though there is also an overall increase which will need to be investigated to establish the cause.

The Trust has now installed four anaesthetic gas capture units into the new day surgery building. These units from UK company Sagetech will capture exhaled volatile anaesthetic gases within their filters preventing the gases being released to the atmosphere and contributing to climate change. Longer term the captured gases are planned to be reprocessed and put back into clinical use creating a circular system.

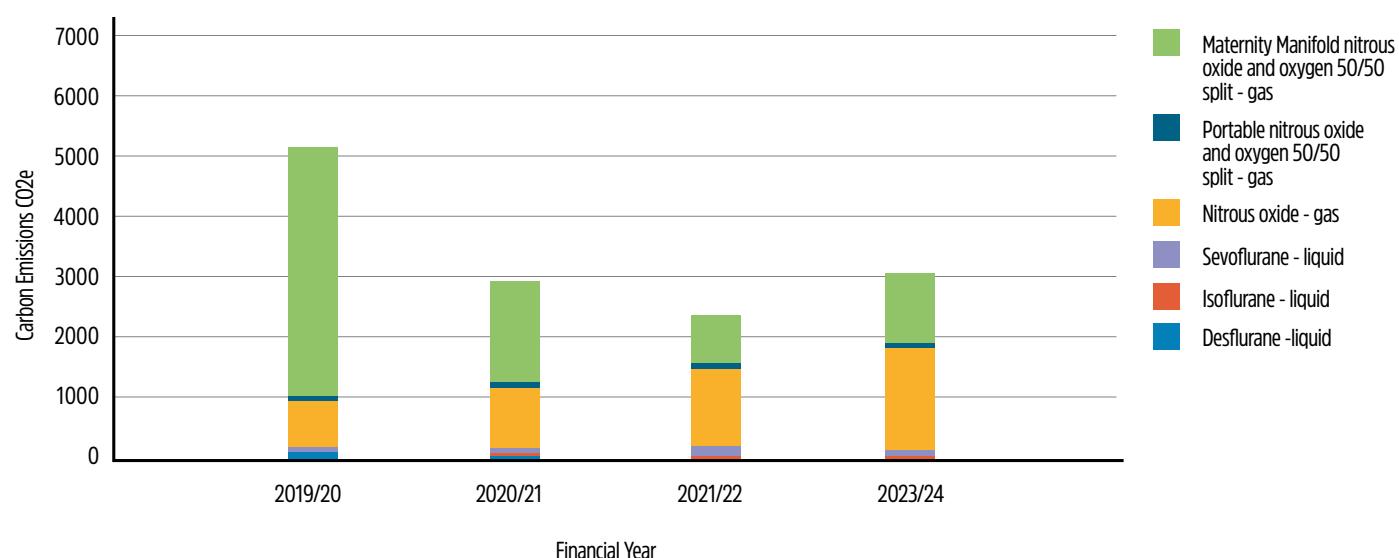
No Desflurane was used ensuring we exceed the NHS target of 2% of total volatiles anaesthetics.

Our emissions are still well below the levels seen in 2020/21 and earlier before the enhanced focus of the Trust green plan.

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

Anaesthetic Gases Volume	2020/21	2021/22	2022/23	2023/24
Desflurane - liquid (litres)	39	19	6	-
Isoflurane - liquid (litres)	11	53	50	41
Sevoflurane - Gas (litres)	322	550	644	614
Nitrous oxide - gas (litres)	1,312,200	1,962,000	2,682,000	3,405,600
Portable nitrous oxide and Oxygen 50/50 split gas (litres)	331,100	426,300	414,400	425,600
Maternity Manifold nitrous oxide and Oxygen 50/50 split gas (litres)	14,640,000	6,645,000	3,130,000	4,620,000

Carbon Emissions from Anaesthetic gases CO2e



ELIMINATING MIXED-SEX ACCOMMODATION (EMSA)

Declaration Of Compliance 2022/23

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

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

The Trust is able to confirm that mixed gender accommodation has been virtually eliminated in the Trust. There has been seven breaches in 2023/24, but on the whole patients who are admitted to any of our hospitals will only share the room where they sleep with people of the same gender. In addition, same gender toilets and bathing facilities will be as close to their bed area as possible.

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

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

How well are we doing in meeting these standards?

The Trust has made physical changes to many inpatient accommodation areas to provide privacy screening/partitioning and additional toilet and bathing facilities. Toilet and bathroom signage has also been improved and this work continues. New ward accommodation that has been built in the last 2 years has maintained single-sex standards.

The Trust is required to report any breaches of the Eliminating Mixed Sex Accommodation (EMSA) standards to its commissioners. The Trust can be subject to a financial penalty of £250 for each of these breaches. In 2023/24, there were seven breaches of the standards. There were no particular themes identified and appropriate actions were taken in each case.

The Trust has not received any contacts through its Patient Advice and Liaison Service (PALS) or any formal complaints relating to mixed sex accommodation concerns during 2023/24.

Information for patients and service users

'Same gender-accommodation' means:

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

It is possible that there will be both male and female patients on the ward but, apart from a few exceptions for clinically-justifiable reasons such as in intensive care or high dependency areas, they will not share your sleeping area. You may have to cross a ward corridor to reach your bathroom, but you will not have to walk through sleeping areas that are designated for people of the opposite gender to you.

You may share some communal space, such as day rooms or dining rooms, and it is very likely that you will see both men and women patients as you move around the hospital (e.g. on your way to X-ray or the operating theatre).

Also, it is most likely that visitors of the opposite gender will come into the room where your bed is, and this may include patients visiting one other.

It is almost certain that both male and female nurses, doctors and other staff will come into your bed space/area.

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

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

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

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

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

Signed:



Sean Lyons,
Group Chairman



Jonathan Lofthouse,
Group Chief Executive

May 2024

GREAT FUTURE

Despite the many challenges of 2023/24 it has been a positive year for Quality Improvement at HUTH.

QUALITY IMPROVEMENT FRAMEWORK

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

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

EQUALITY, INCLUSION AND DIVERSITY

Equality Objectives 2022-26

The Trust's equality objectives 2022-26 are:

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

RESEARCH DEVELOPMENT AND INNOVATION

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

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

The number of patients receiving NHS services provided or sub-contracted by Hull University Teaching Hospitals NHS Trust in 2023/24 that were recruited during that period to participate in research approved by a research ethics committee or Health Research Authority was 4,823.



CLINICAL RESEARCH NETWORK

National Institute for Health Research portfolio:

There were 4,766 participants recruited onto 192 National Institute Health Research (NIHR) portfolio adopted studies. Specifically, we would like to highlight the following:

- Participant recruitment for 2023-24 was 99% of our year to date target set by our Clinical Research Network (Yorkshire and Humber) and so represents notable value for money and impact on the local community – delivering the third highest number of studies in the network.
- Our overall portfolio recruitment for 2023-24 ranked the Trust sixth in Yorkshire and Humber in terms of Teaching Hospital performance.
- The Trust's commercial activity is also ranked second highest in the network with 53 studies (350 participants recruited) showing a commitment to delivering the CRN 'Managed Recovery' for the Life Sciences Industry post-pandemic.
- Respiratory Diseases was the top recruiting specialty in the Trust's portfolio with the 'Hull Lung Health' and a broad range of interventional drug studies.
- The Trust continues to deliver a broad research portfolio with 192 active and open portfolio studies – again, ranked third highest in the network.
- Notable activity areas to highlight based on recruitment figures include; Endocrinology, Respiratory and ENT (ranked 1st across Yorkshire and Humber), Diabetes, Renal and Hepatology (ranked 2nd across Yorkshire and Humber), Haematology, Cardiovascular, Surgery, Gastroenterology (ranked 3rd across Yorkshire and Humber), Cancer, Infection, Trauma and Emergencies (ranked 4th across Yorkshire and Humber).
- In the annual Participant in Research Experience Survey (PRES) 98% of our research participants feel that they are fully prepared for their research experience by our research staff and feel valued when taking part in our research. 100% of our research participants feel they are always treated with courtesy and respect by staff and 96% would take part in further research trials. Over 300 responses were received in 2023-24.
- 2023-24 has again illustrated the significance of the step-wise increase in Trust-led research undertaken nationally, which is providing the catalyst for the Trust's planned expansion of research capability and capacity. We have seen another year of the tireless efforts of all staff (research and non-research) in ensuring all possible opportunities to participate have been made available for our patients, staff and carers.





R&D SUMMARY DASHBOARD 2023-24

4823 patients were recruited in **2023/24**

Top 5 Contributors

Respiratory **1112**



Renal **481**



Ear Nose & Throat **472**



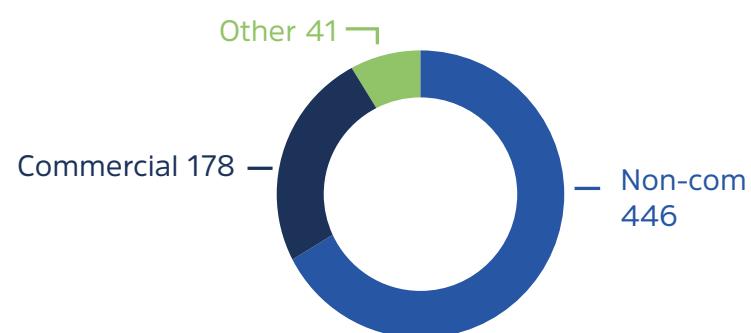
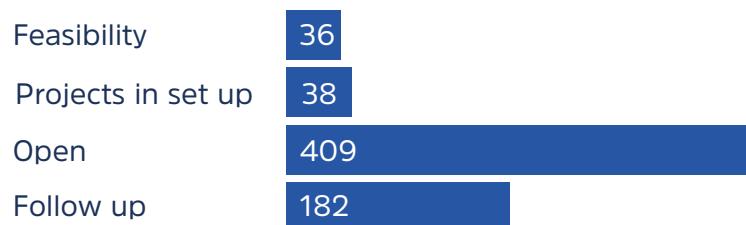
Ageing **341**



Cardiovascular **278**



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



CELEBRATING RESEARCH SUCCESS IN 2023-24

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

February 2024 saw the launch of the Born and Bred (BaBi) in Hull and East Yorkshire study. Families across Hull and the East Riding are being invited to help shape a healthier generation by taking part in a unique study. The BaBi project is a significant study specifically looking at children's health in their early years. We want to connect up all the information which health, education, social care and other organisations hold about young children and families to try and identify patterns which could then drive improvements in the lives of the next generation and beyond. External support funding has been secured for this initial work and discussions are ongoing with maternity services and external partners (University of Hull and Hull City Council) about how we can maximise the benefits of this cohort work. A Research Midwife is taking a pivotal role in leading this work with over 240 participants recruited in the first eight weeks.

Northern Powerhouse Life Sciences Team

HUTH RDI Team, in conjunction with the University of Hull and Hull City Council, had the pleasure of welcoming a delegation from the Northern Powerhouse (NPH). The NPH is the government's vision for a super-connected, globally-competitive northern economy with a flourishing private sector, a highly-skilled population, and world-renowned civic and business leadership. Through investment in research and development, the NPH is committed to supporting science and innovation in the North. The visit provided an opportunity to showcase a fraction of our research capabilities forged from our core academic partnerships with Hull York Medical School, the University of Hull and the Daisy Appeal with a tour of the CHH campus which included visits to the Daisy Laboratories outlining our collaborations on 'Lab on a Chip' microfluidics work and extensive wound healing research programmes; Ward 7 and the growing Infection Research Group vaccine and OMICS research capabilities and the Molecular Imaging Research Centre (MIRC), demonstrating our strong and unique proposition of access to on-site radiochemistry and cyclotron unit – allowing us to specialise in systemic diseases and drug development research. The NPH were truly impressed with our research offering to the Life Sciences Industry and has already promoted our capabilities to the extensive network of industry partners and contacts, ensuring our work can expand for the benefit of everyone.

Exploiting our research potential (OMICS Research)

HUTH, in collaboration with the University of Hull, has been awarded a PromethION24 (approx. £400k), via the MRC World Class Labs funding scheme. This device uses nanopore DNA/RNA sequencing technology to sequence DNA/RNA in real-time and supports metagenomics, whole genome sequencing (WGS) and transcriptomics. Clinicians at HUTH are applying "omics" to a range of clinical samples, which has resulted in local expertise with an established bioinformatics pipeline at HUTH. Importantly, the technology will increase research participation opportunities for local patients, who live in an area with high disease burden.

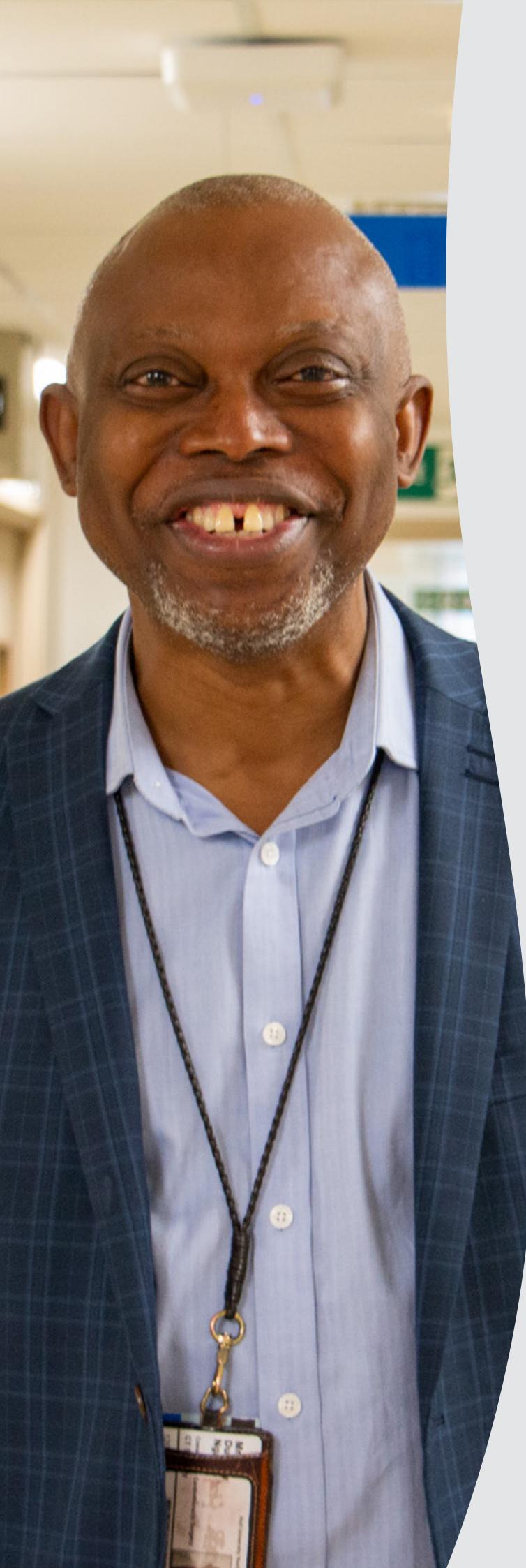
Exploiting our research potential (Home-grown research)

As our research activity and workforce capacity incrementally expand, our success in securing externally funded grant income from the NIHR continues. We can now boast to lead multi-centre national research in the areas of Vascular Surgery, Gastroenterology (IBD and Hepatology), Renal, Orthopaedics, Respiratory, Infection and Haematology and Cardiothoracic Surgery and Rehabilitation with over £1.6m of NIHR research funding in the last 12 months.

Global and European Firsts Commercial Research

The achievement of Global and European first participants into trials is now considered an indicator within the NIHR Outcomes Framework (NOF) Economic Benefit domain, as it is a measure/indicator of the global competitiveness of the UK's research system. HUTH is proud of achieving multiple European and UK first trial participants in commercially led research (Endocrinology, Renal, Respiratory, Hepatology, Rheumatology, and Paediatrics).





PROGRESS ON KEY STRATEGIC PRIORITIES IN 2023-24

Increasing research capacity in our workforce

HUTH continued to work towards securing additional research capability and capacity. Areas supported by additional funding in 2023-24 include; Imaging, Pathology, Pharmacy, Paediatrics and Reproductive Health.

Research Workforce Strategy

HUTH is currently supporting 7 staff through a pathway to obtain PhDs (4 nurses, 2 AHPs and 1 medic) including projects commencing in the areas of ultrasound services, plastic surgery/infection and wound management, physiotherapy and liver disease. 4 RDI funded Clinical Research Fellows have continued to work on the delivery of research programmes (including endometriosis, wound management, chronic endocrine conditions and artificial intelligence). 5 nursing staff have had successful applications to PG Cert Research Courses that commenced in September 2022.

Professorship promotions at UoH/HYMS

In 2023-24 there have been several professorship promotions including Prof Gavin Barlow (Infection), Prof Dumbor Ngaage (Cardiothoracic Surgery) and Prof Mike Crooks and Prof Simon Hart (Respiratory). These will serve to enhance research activities and awareness in these core specialties and facilitate further building of critical mass.

Strategic Bid for NMAHP Research Engagement Initiative

The Trust received CRN funding for a 2023-24 project to look at how best to engage NMAHP staff in Research. The deliverables from this work will include a nursing, midwifery and AHP research strategy that will form part of the wider Group research strategy, a peer-to-peer forum to signpost, support and mentor nursing and AHP staff on their early career research journeys as well as tools for how to get involved in delivering and designing research projects and seeking funding.

NIHR Capital Funding Bids

HUTH successfully secured over £500k of capital funding for research equipment and associated building refurbishment costs. This bid will help enhance facilities and capabilities across several research areas including rehabilitation (CDP/IVR System Computerised Dynamic Posturography System), Diabetes and Endocrinology (Fibroscan), Gastroenterology and Hepatology (-80 Freezer, Incubator and GridION Mk1 CapEX sequencing device) and Vascular (Ultrasound and Shockwave machines)

Research communications and engagement strategy: HUTH RDI Newsletter

A monthly update on research successes, publications, funding opportunities and career development pathways is helping to raise awareness of our research activities and is helping to encourage other staff to engage positively. A Group newsletter is planned in 2024-25 to ensure that the achievements of both NLaG and HUTH are promoted.

Exploiting our innovation potential

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

Humber and North Yorkshire Integrated Care Board (ICB)

As the largest provider Trust and most active research partner, HUTH is taking a proactive approach in shaping the establishment of a HNY ICB 'Research Collaborative' with a view to prioritising a formal governance pathway for joint research and innovation activities and identifying projects that can be jointly delivered for the mutual benefit of patients in our region. HUTH and NLaG have been representing the Group in Innovation, Research and Improvement System (IRIS) 'Communities of Practice' forums for research and innovation as we seek to influence the HNY ICB research strategy.

Northern Lincolnshire and Goole NHS Foundation Trust (NLaG)

In parallel to the provision of plans to ensure HUTH and NLAG clinical pathways and synergies are realised, the RDI Teams at both organisations are now implementing plans with regards to how we might pool resources, expand research programmes across both sites and streamline governance pathways. This work will also be critical to our respective and joint influence within the research and innovation strategies of the HNY ICB. Some of the short to longer term structural, operational and strategic work programmes that will be considered throughout 2024-25 under the Group Structure include:

- o A Group research leadership and management model (effective from 01/04/2024)
- o Development of a Group Research Strategy
- o Alignment of research governance, finance, engagement and promotion activities.
- o Increasing joint capability and capacity to maximise opportunities for patients (including 'home-grown' research for vulnerable patient cohorts).



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.

How our joint research is making a difference:

- 1. Unlocking the genetic code of blood cancer | Hull York Medical School (hyms.ac.uk)** – Dr David Allsup's research means that treatment can be personalised based on a patient's genetic makeup.
- 2. Researchers revolutionise type 1 diabetes management with flash glucose technology | Hull York Medical School (hyms.ac.uk)** – Led by Professor Thozhukat Sathyapalan and Dr Harshal Deshmukh, people with type 1 diabetes now have the Freestyle Libre device through the NHS to manage their diabetes effectively.
- 3. Addressing the silent killer: Revolutionising diabetic foot ulcer healing with shockwave therapy | Hull York Medical School (hyms.ac.uk)** – Ms Louise Hitchman is making waves in improving diabetic foot ulcer healing - a stark marker of advance stage of the disease.
- 4. Research reveals the crucial role of the skin microbiome in wound healing and antimicrobial resistance | Hull York Medical School (hyms.ac.uk)** – Research in laboratories in the Daisy Building at Castle Hill Hospital is paving the way in skin and wound healing.
- 5. Research trial aims to revolutionise antifungal treatment for patients with acute leukaemia | Hull York Medical School (hyms.ac.uk)** – A study led by Professor Gavin Barlow will seek to identify the most effective to prevent and detect fungal infections in patients with acute leukaemia.
- 6. Revolutionising asthma care cuts blue inhaler reliance and carbon emissions | Hull York Medical School (hyms.ac.uk)** – A project led by Professor Mike Crooks is improving appropriate use of inhalers, leading to a huge reduction in the use of blue SABA inhalers.
- 7. Trial investigates whether vacuum dressings accelerate healing of open surgical wounds | Hull York Medical School (hyms.ac.uk)** – Professor Ian Chetter is leading a trial that could help patients suffering from open wounds.

BAME and Research Ready Communities initiatives

work led by Jenny Ubi is looking at how best we can provide opportunities to engage BAME and socially deprived communities in research participation. Working alongside the NIHR Ethnic Minority Research Inclusion (EMRI) colleagues, Jenny is making a real impact in this area and is working closely with the commercial research companies to ensure BAME representation is increased. Trials activity is increasing as a direct result of this initiative.

Innovation

The Faculty of Health Sciences within University of Hull (UoH) in conjunction with Hull University Teaching Hospitals (HUTH) has established the Health Innovation Hub from April 2022.

The Innovation Hub is the first of its kind within the Humber region; bringing together academia from all disciplines from across the University of Hull (not just those from health) to address the challenges and unmet needs within the services in HUTH and also wider healthcare system partners. The vision for the Innovation Hub is to serve to catalyse interactions within both the University and the Trust, harnessing the appropriate expertise to deliver innovative solutions to demand-informed, health challenges. There is strong partnership between HUTH, UoH and HYMS through the research projects and the innovation hub further enhances this partnership working to bring in mutual benefits for both organisations and improve the quality of the care delivered to the patients. The Health Innovation Hub website was launched this year: [Health Innovation Hub | University of Hull](#)

A key part of the Innovation Hub is to actively engage with the Innovation partners in the region and promote the visibility of Innovation team from HUTH and work collaboratively with the partners to support delivery of innovation pathways within our clinical models. In 2023-24 HUTH has continued to develop close partnership working with the following teams:

- Health Innovation Yorkshire & Humber (formerly Y&H AHSN)
- Northern Health Science Alliance (NHSA)
- Innovation, Research and Improvement System (IRIS), Humber & NY ICB
- Humber & North Yorkshire Cancer Alliance

Ongoing Innovation Projects:

- o **Development of Health optimisation in elective & cancer pathways** and Pre-habilitation in elective surgical pathways in collaboration with the Sports & rehab medicine team at UoH
- o **Chin Tuck Against Resistance (CTAR) Exercise kit** - Creation of a comfortable, hands free device to support patients with dysphagia; using initial HEIF funding through UoH a prototype has been developed.
- o **Rehab pathways** - To support with remote rehab facilities, technology supported exercise kit has been explored; Innovation bid for the Israeli Innovation Authority (IIA) as part of the NHSA / IIA collaboration has been successful. A project team is in place and work scoped out with the help of Therapy services in HUTH.
- o **Patient videos using Artificial Intelligence** - Working with Roche Limited & Breast Surgery teams in HUTH to generate automated patient videos using Artificial intelligence software Synthesia; 5 pilot videos have been generated which is the first of its kind in the country. We have been successful in the bid for 12 months of funded license for use within HUTH; this would help with generating automated high quality videos across the specialities and also non-clinical teams.
- o **Voice Assist Project** - Successful in Innovate UK knowledge asset fund for around £25K to support with the initial prototype development of voice assisted management tool in clinical setting. On-going work with UoH teams to develop the product.

ANNUAL REPORT 2023/24

NHS

**Hull University
Teaching Hospitals
NHS Trust**



ACCOUNTABILITY REPORT

CORPORATE GOVERNANCE REPORT

DIRECTORS REPORT

Sean Lyons has been the Chair of the Trust in 2023/24 and is also the joint Chair with Northern Lincolnshire and Goole Hospitals NHS Foundation Trust. Sean commenced as Chair in February 2022.

The Trust Board comprises the Chairman, five voting Non-Executive Directors, 2 non-voting Non-Executive Directors and 7 voting directors. The directors with voting rights are the Group Chief Executive, Interim Chief Nurse, Group Chief Financial Officer, Group Chief Medical Officer, Group Chief Delivery Officer, Group Chief People Officer, Group Chief of Strategy and Partnerships.

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

TERMS OF OFFICE OF NON-EXECUTIVE DIRECTORS

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

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

Terms of office, Non-Executive Directors

Name	Title	Term 1	Term 2	Term 3
Sean Lyons	Chair	1 February 2022 and end on 31 January 2025		
Stuart Hall	Vice Chair/ NED	01.01.15 to 31.12.16 Extended to 30.06.17	01.07.17 to 30.09.19	01.10.19 to 30.09.23 (takes to 8 yrs 8 mths) Extended to 30.09.24
Tracey Christmas	NED/SID	06.07.15 to 31.07.17	06.07.17 to 30.09.18 Extended to 30.09.19	01.10.19 to 30.09.21 (takes to 6 yrs 2 mths) Extended 31.07.23 Left the Trust 31.07.23
Tony Curry	A/NED NED	01.04.19 to 31.03.21 01.10.19 to 30.09.21 (takes to 2 years)	01.10.21 to 30.09.23 (takes to 4 years)	01.10.23 to 31.03.25
Mike Robson	NED	01.04.20 – 31.03.22 (takes to 2 years)	01.04.22 – 31.03.25 (takes to 4 years)	01.04.22 to 31.03.25
Una McLeod	NED	01.04.20 – 31.03.21 (takes to 1 year)	01.04.21 – 31.03.23 (takes to 3 years)	01.04.23 – 31.08.24
Linda Jackson	A/NED	01.04.20 – 31.03.22 (takes to 2 years)	01.02.22 – 31.01.24 (takes to 4 years)	31.01.24 to 30.09.24
Ashok Pathak	A/NED	01.04.21 – 31.03.23 (takes to 2 years)	01.04.23 – 31.03.25 (takes to 4 years)	
Jane Hawkard	NED	21.08.23 to 20.08.25 (takes to 2 years)		

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

CHAIRMAN AND NON-EXECUTIVE DIRECTORS

Sean Lyons, Chairman (Joint Chair with NLAG)

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



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

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

Stuart Hall, Vice Chair



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

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

Jane Hawkard, Audit Chair



Jane Hawkard joined HUTH in August 2023 with 30 years experience in the NHS working in finance across acute, mental health, community and commissioning roles.

Jane was the Chief Executive of East Riding CCG for 5 years and Finance Director for North Yorkshire CCG for 3 years prior to starting her role at HUTH as a non-executive.

Tony Curry



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

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

Mike Robson, Senior Independent Director



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

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

Una MacLeod



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

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

Linda Jackson



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

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

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

Ashok Pathak



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

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

Currently, Dr Pathak is a member of Her Majesty's Court Service in the capacity of Medically Qualified Tribunal Member. He is a former first-class cricketer who played at County level in India (Ranji Trophy) and was an expert cricket analyst for the World Cup in 1996. Currently, he is a Trustee of Cricket Beyond Boundaries, a charity which supports the development of underprivileged cricketers from India. He was also a Governor at Hymers College and is currently an Ambassador for Hymers College. Dr Pathak was awarded an MBE in 2010 for his lifetime contribution to medicine in Yorkshire and India.

Tracey Zepherin



Tracey was appointed in July 2015.

Tracey has extensive knowledge of both the public and private sectors, predominantly in finance and corporate services roles. Tracey is a Finance Business Partner for the Ministry of Justice / National Offender Management Service working within the Yorkshire Region at HMP Full Sutton and HMP Hatfield. She is also a past president of the ACCA Women's Society and International Assembly UK Representative, and is currently an elected representative for Yorkshire and the North East on the ACCA's Strategy Implementation Committee. Tracey has previously served as a Non Executive Director of Eastern Hull NHS Primary Care Trust. Tracey left the Trust on 31 July 2023.

EXECUTIVE TEAM

Jonathan Lofthouse, Groups Chief Executive Officer



Jonathan is the Group Chief Executive for Hull University Teaching Hospitals NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust.

He was appointed from 7th August 2023. Jonathan was previously Site Chief Executive (Princess Royal University Hospital and South Sites) at King's College Hospital NHS Foundation Trust in London and has significant experience of not only working in but also developing a group leadership structure within that organisation. Prior to this he was Director of Improvement at Liverpool University Hospitals NHS Foundation Trust. His experience and background make him well suited to helping HUTH and NLaG tackle some of our most challenging joint issues around flow, elective backlog, patient environments, and the recruitment, retention and wellbeing of staff. Jonathan firmly believes in creating a diverse and innovative workforce where staff have a strong voice in the co-creation of safe and effective patient services.

Kate Wood, Group Chief Medical Officer



Dr Wood studied medicine at Glasgow University, graduating in 1994.

She started work in anaesthetics in 1999 training in Hull, during which time she worked as a Senior House Officer and Registrar at Grimsby Hospital. She loved her time in Grimsby so much she returned in 2006 when she was appointed as a Consultant Anaesthetist. Since then she has held a number of managerial roles including Lead for Obstetric Anaesthesia in Grimsby, Clinical Director, Associate Medical Director and Deputy Medical Director and Acting Medical Director. Kate was appointed as Group Chief Medical Officer on 31 October, 2023.

Shaun Stacey, Group Chief Delivery Officer



Shaun Stacey was appointed as Group Chief Operating Officer in October, 2023.

He originally trained as a Nurse/Operating Department Practitioner, before moving into the role of Resuscitation Officer. Shaun has a wide range of experience across mental health, acute care, private healthcare, hospice care, training and commercial healthcare. He has undertaken many senior management positions, including working in a number of London hospitals, and joined the Trust from the Isle of Wight NHS Trust where he held the same position.



Lee Bond, Group Chief Financial Officer

Lee is our Group Chief Financial Officer.

Lee was appointed at Hull University Teaching Hospitals NHS Trust in March 2013 and with Northern Lincolnshire and Goole Foundation Trust in October 2020. Prior to this, he held senior financial roles in Central Manchester Hospitals and East Midlands Strategic Health Authority. Between 2003 and 2011, he was Director of Finance successively at Sheffield Children's Hospital and Sherwood Forest Hospitals.

Simon Nearney, Group Chief People Officer



Simon joined Northern Lincolnshire and Goole Foundation Trust as Interim Director of People in January 2023 and has held the position of Director of Workforce for Hull University Teaching Hospitals since 2012.

He became our Group Chief People Officer in October 2023. Previous to this he was Director of Human Resources at Leicestershire County Council and has held several senior Human Resources and Organisational Development management roles in large public sector organisations. Simon has a track record of transforming services, leading major organisational change programmes and improving the customer experience.

EXECUTIVES AND NON EXECUTIVES WHO HAVE LEFT THE ORGANISATION IN 2023/24



Christopher Long, Chief Executive

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

He worked in a variety of roles before being appointed Chief Executive of one of the first primary care trusts (PCTs) in 2002. He moved to Hull PCT as Chief Executive in 2004, where he stayed until PCTs were abolished in 2013. Following a brief spell in NHS England he was appointed as Chief Executive of our Trust in October 2014. Chris left the Trust on 30 November 2023.



Makani Purva, Chief Medical Officer

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

Purva left the Trust on 31 January 2024.



Ellen Ryabov, Chief Operating Officer

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

Having previously worked as Chief Operating Officer with the Trust for 3 years, Ellen returned to the Trust in an interim capacity January 2019, initially as Director of Operations in the Medicine Health Group and now as the Chief Operating Officer. Prior to her time with the Trust Ellen spent 2 years at Sheffield Teaching Hospitals NHS Foundation Trust, latterly as their Interim Chief Operating Officer. Her previous substantive NHS role was Chief Operating Officer at Heart of England NHS Foundation Trust, and prior to that she worked in London and the South East. Ellen has worked in the NHS for over 30 years, starting her career as a Finance Trainee in the Scottish Health Service, following which she moved from finance into acute operational management where she has remained throughout her career Ellen left the Trust on 31 January 2024.



Shauna McMahon, Joint Chief Information Officer

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

Shauna managed the Information, IT Management Team and Digital Services. Shauna has 20 years' experience in leading change and transformation in the healthcare sector within providers, commissioners and health authorities in both the UK and Canada. Prior to her appointment she worked at South, Central and West Commissioning Support Unit (CSU) in Bristol where she was a Partner in Digital Transformation Consulting. At the CSU she was involved in work to develop digital programmes at a health system level. She was also CIO at Frimley NHS Foundation Trust where she modernised the infrastructure to create a foundation that would support both clinical and administration work. In Canada she spent several years managing large operational departments in a regional health authority. Shauna left the Trust on 24 October 2023.



Suzanne Rostron, Director of Quality Governance

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

When Suzanne initially left she set up her own business and undertook work for the CQC as a specialist adviser for Well Led, gaining a wide range of experience from other organisations. More recently Suzanne has specialised in working with challenged organisations to successfully drive improvement. This included the position of Executive Director of Quality Governance at the Isle of Wight NHS Trust and as an Improvement Director with NHSEI. Suzanne left the Trust on 31 December 2023.

STATEMENT OF DIRECTORS RESPONSIBILITIES

Name	Job Title	Key areas of responsibility
Jonathan Lofthouse	Group Chief Executive	Accountable Officer
Lee Bond	Group Chief Financial Officer	Financial Management Estates, Facilities and Development
Jo Ledger	Interim Chief Nurse (Hull University Teaching Hospitals NHS Trust)	Professional lead for nursing and midwifery Patient Experience Safeguarding
Kate Wood	Group Chief Medical Officer	Professional lead for medical staff
Shaun Stacey	Group Chief Delivery Officer	Performance Clinical Service delivery
Ivan McConnell	Group Chief of Strategy and Partnerships	Operational and business planning Trust Strategy Improvement Emergency Preparedness
Simon Nearney	Group Chief People Officer	Human Resources (Policy and HR delivery) Learning and Organisational Development Occupational Health Communications and Engagement Employee Service Centre



STATEMENT OF NON-EXECUTIVE DIRECTOR'S ROLES

Name	Title	Committee Membership	Other Trust Roles
Sean Lyons	Chair		
Stuart Hall	Vice Chair/ NED	Remuneration CIC	Lead for RTT Deputy Lead ICS Maternity Champion
Tony Curry	A/NED NED	Remuneration CIC Performance Estates and Finance CIC Charitable Funds (HUTH only) (Chair) Workforce, Education and Culture CIC (Co-Chair)	Lead for Digital & IT Non-Executive Champion for Scan4Safety
Mike Robson	NED	Remuneration CIC Audit CIC Performance, Estates and Finance CIC (Co-Chair) Charitable Funds Committee (HUTH only)	Non-Executive Champion for GIRFT
Una McLeod	NED	Remuneration CIC Quality and Safety CIC (Co-Chair) Workforce, Education and Culture Committee CIC	Lead for Hull University partnership Champion for End of Life Care
Linda Jackson	A/NED	Attends: Remuneration CIC Quality and Safety CIC	
Ashok Pathak	A/NED	Attends: Remuneration CIC Quality and Safety CIC Workforce, Education and Culture CIC	
David Hughes	NED	Audit, Risk and Governance CIC (Co-Chair) Remuneration CIC Performance, Estates and Finance CIC	

TRUST BOARD MEETINGS

The HUTH Trust Board met on 8 occasions during 2023/24, including extraordinary Trust Board meetings to approve the annual report and accounts, maternity CNST and operational planning.

There were a further 2 Group Board meetings in December 2023 and February 2024. A record of attendance is kept for each Board meeting and the table below sets out the attendance of Board members during the year.

Attendance 2023/24

Name	24/04	09/05	21/06	11/07	12/09	14/11	12/12	08/02	Total
Sean Lyons	✓	✓	✓	✓	✓	✓	✓	✓	8/8
S Hall	✓	✓	✓	✓	✓	✓	✓	✓	8/8
J Hawkard	-	-	-	-	✓	✓	✗	✓	3/4
T Curry	✓	✗	✓	✗	✓	✓	✓	✓	6/8
U MacLeod	✗	✗	✗	✓	✓	✓	✓	✓	5/8
M Robson	✓	✓	✓	✓	✓	✓	✓	✓	8/8
L Jackson	✗	✓	✓	✓	✓	✗	✓	✓	6/8
A Pathak	✓	✓	✓	✓	✓	✓	✗	✓	7/8
J Lofthouse	-	-	-	-	✓	✓	✓	✓	4/4
L Bond	✓	✓	✓	✓	✓	✓	✓	✓	8/8
S Stacey	-	-	-	-	-	✓	✓	✓	3/3
K Wood	-	-	-	-	-	✓	✓	✓	3/3
J Ledger	✓	✓	✓	✓	✓	✓	✗	✗	6/8
I McConnell	-	✗	✓	✗	✗	✓	✓	✓	3/7
S Nearney	✓	✓	✓	✓	✓	✓	✓	✓	8/8
R Thompson	✓	✓	✓	✓	✓	✓	✓	✓	8/8
C Long	✓	✓	✓	✓	-	-	-	-	4/4
M Purva	✓	✓	✓	✓	✓	✗	✗	-	5/7
E Ryabov	✗	✗	✗	✓	✗	✗	✗	-	1/7
S Rostron	✓	✓	✗	✗	✓	✗	✗	-	3/7
S McMahon	✗	✓	✗	✓	✗	✓	-	-	3/6
T Zepherin	✓	✗	✗	✗	-	-	-	-	1/4

BOARD COMMITTEES

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

These are an Audit Committee, Quality Committee, Performance and Finance Committee, Remuneration Committee, and a Workforce, Education and Culture Committee. The Trust also has a constituted Charitable Funds Committee. The Audit and Remuneration Committees are statutory requirements and the work of the committees is detailed below. Further detail on the work of the Quality Committee and Performance and Finance Committee can be found in the Annual Governance Statement within this annual report.

Following the development of the Group Model, a number of Committees in Common (CIC) have been established which include; Quality and Safety CIC, Performance, Estates and Finance CIC, Workforce, Education and Culture CIC, Capital and Major Projects CIC and the Audit Risk and Governance CIC. The development of the CICs ran in shadow form in Quarter 4 2023/24 and will be introduced in Quarter 1 2024/25 to replace HUTH only committees. The Charitable Funds Committee will remain a HUTH only committee but will transfer its fund balances to the WISHH Charity in 2024/25.

AUDIT COMMITTEE

The Audit Committee comprises of 3 Non-Executive Directors.

The Audit Committee comprises of 3 Non-Executive Directors. Other individuals attend the meeting but are not members of the Committee. These are Internal Audit (RSM), External Audit (Mazars), the Chief Financial Officer and the Deputy Director of Finance.

Once again this has been superseded by the Group Audit, Risk and Governance Committees in Common which again has 3 Non-Executive Directors from both HUTH and NLAG as its members. The Internal and External Auditors from both organisations also attend this meeting. This will run in shadow form in Quarter 4 2023/24.

The Audit Committee (and Audit, Risk and Assurance Committees in Common) provides assurance on the Trust's systems of internal control, integrated governance and risk management. A tracking system of agreed actions is in place and the internal auditors follow up recommendations to provide assurance to the Audit Committee that the issues raised have been addressed. There were 4 meetings of the Audit Committee in 2023/24 which included 1 extraordinary meeting to consider the Annual Accounts and Report. All meetings were quorate. There was also 1 meeting of the new Group Audit, Risk and Governance Committees in Common in 2023/24.

Members	Attendance
T Christmas (Chair)	1/3
J Hawkard (Chair) From October 2023	2/2
M Robson	5/5
T Curry	4/5



The Committee reviewed relevant disclosure statements in particular the draft Governance Statement and financial accounts.

The Trust's External Auditor is Mazars, appointed in April 2020 following a competitive procurement process. The Audit, Risk and Governance Committee 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, 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 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 (6.1) and is circa £103k per annum.

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. The value of any non-audit services is routinely disclosed in the Trust's financial statements at note 6.1. Mazars have not undertaken any non-audit work for the Trust during 2023/24 as the Trusts External Auditors.

The internal audit programme for 2023/24 was informed by the Trust's own risk and assurance framework, discussion with a wide range of officers and the broader context of the NHS. It was developed around the Trust's strategic objectives and its business-critical systems and was risk based. A Director of Audit Opinion and Annual Report 2023/24 gave an overall opinion of positive assurance with an amber/green rating.

As part of their plan, Internal Audit carried out audits of the following areas in 2023/24;

Audit	Assurance
Learning from Serious Incidents	Reasonable Assurance
Capital Planning – Benefits Realisation	Fieldwork QA underway 01.05.24
Sickness Absence	Partial Assurance
Emergency Planning and IT Business Continuity	Substantial Assurance
Discharge Management	Reasonable Assurance
Getting It Right First Time (Outpatients)	Substantial Assurance
CQC Improvement Plan	Reasonable Assurance
Key Financial Controls	Reasonable Assurance
Data Security and Protection Toolkit	Fieldwork to commence 09.05.24
Follow up	Advisory/Good progress

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

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

REMUNERATION COMMITTEE

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

The Remuneration Committee and new Remuneration Committees in Common met 4 times during 2023/24. The Committee was quorate at all meetings. Membership of the Committee comprises the Trust Chairman and all Non-Executive Directors. The Group Chief Executive Officer and Group Chief People Officer also attend the Committee. Non-Executive Director members' attendance is detailed below:

Name	May 2023	August 2023	November 2023	January 2024	Total
Sean Lyons	✓	✓	✓	✗	3/4
Stuart Hall	✓	✓	✓	✓	4/4
Mike Robson	✓	✓	✓	✓	4/4
Tracey Christmas	✗	-	-	-	0/1
Jane Hawkard	-	✓	✓	✓	3/3
Tony Curry	✓	✓	✓	✓	4/4
Una Macleod	✗	✓	✗	✓	2/4
Ashok Pathak	✓	✓	✓	✓	4/4

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

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

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

Key items discussed by the Committee during the year included annual performance reviews for Executive Directors, information on the top earners in the Trust and sector salary benchmarking. The recruitment process and salary packages of the new Group Executives were also received along with any redundancy projections for the displaced Executives.

A Remuneration Committee summary of issues of internal control is received every 6 months at the Audit Committee for consideration.

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

Details of company directorships which may conflict with management responsibilities

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

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



PERSONAL DATA RELATED INCIDENTS

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

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

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

The Trust's Data Security and Protection Toolkit Assessment for 2022/23 was published as: Approaching Standards, and The DSP Toolkit was audited and assessed as achieving Moderate Assurance with no standards rated as 'Unsatisfactory'. The submission date for the DSP Toolkit is 30th June 2024 and the 2023/24 result and audit result will only be available after this date.

The Trust is required to score all Information Governance Data Security and Protection Breaches using the DSP Incident Reporting Guidelines and Assessment Scoring Grid. Any breach that is scored above the threshold is required to be reported via the DSP Toolkit Incident Reporting Tool which sends an automatic notification to the ICO and also to the NHS Digital (now part of NHS England) Data Security Centre where appropriate. The Information Governance Data Security and Protection Breaches requiring reporting to the ICO via the DSP Toolkit during 2023/2024 are detailed below:

The Trust has reported 4 Data Security and Protection Breaches in 2023/2024 to the ICO as classified in the DSP Toolkit Incident Reporting Guidelines. The ICO closed 3 cases, and no further recommendations were made. One case is still being worked through in liaison with the ICO. None have resulted in regulatory action being taken against the Trust at this stage.

Log No.	Incident Description	ICO Recommendation / Response
H1913	<p>Patient made a complaint to PALS and their response from the consultant was sent to the patient's GP as well as the patient, it was also sent to another consultant in a neighbouring trust where the patient had been referred to. These were done as a CC on the letter so the patient was aware.</p> <p>The letter was then uploaded to the patient's electronic record within the trust</p>	Awaiting response
H1754	Receptionist accessed and discussed another staff member's patient record with departmental nurses.	No further Action by the ICO
H1776	Multiple people within a team have been accessing each other's patient records. This has been done with permission at some points which has then blurred the lines and access has continued without permission in some instances.	No further Action by the ICO
H1704	<p>Patient was admitted to hospital with a suspected brain tumour September 2021. He believes that his estranged sister accessed his medical records as she told his then estranged mother that he had a suspected brain tumour.</p> <p>He has recently found this out and would like to know if his sister did access his medical notes, or if there was unauthorised access, as she is a member of staff.</p> <p>A system audit was conducted and it was confirmed that the patient's sister has accessed the record and results during the patient's stay in the hospital.</p>	No further Action by the ICO

The table below shows a breakdown of all IG incidents that have been reported each month by Health Group and Corporate Function. The highest reporting month was June 2023.

Health Group	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Clinical Support	3	3	3	3	2	1	2	1	0	0	0	0
Corporate Functions	5	5	5	7	11	3	5	4	3	7	1	2
Emergency Medicine	0	1	1	0	1	1	0	0	0	0	0	1
Family and Women's Health	2	5	5	2	1	2	3	1	1	4	2	2
Medicine	1	2	0	1	1	0	1	1	0	1	3	2
Surgery	0	1	3	1	1	0	2	1	0	2	0	3
Unknown	0	0	1	0	0	0	0	1	1	0	0	0
Total	11	17	18	14	17	7	13	9	5	14	6	10

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

DIRECTORS' DISCLOSURE

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

FRAUD, BRIBERY AND CORRUPTION STATEMENT

Fraud is estimated to cost the NHS over a billion pounds a year that could have been spent on patient care, so 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 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 trusts seek to minimise losses through fraud. The Trust follows the guidance contained in the NHS Counter Fraud Functional Standard and ensures our contractual obligations with our local Integrated Care Board (formerly our local Clinical Commissioning Groups) is adhered to.

The 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 five 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 Chief Financial Officer with oversight from the Trust's Audit Committee, 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 Committee.

In addition to continuing to raise awareness of fraud against the NHS throughout the year, in November 2023 we also held a Fraud Awareness Month and the Trust was an official supporter of International Fraud Awareness Week in the same month.

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 Chief Financial Officer, via the NHS fraud and corruption reporting line on 0800 028 40 60 or online at <https://cfa.nhs.uk/reportfraud>. 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 Committee is updated on the progress in preparing the Accounts. The Group Chief Financial Officer prepared a report to the Audit Committee in April 2024 to discuss and review the Trust's status as a going concern.

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

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

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

A handwritten signature in black ink, appearing to read "Jonathan Lofthouse".

Jonathan Lofthouse, Group Chief Executive

ANNUAL GOVERNANCE STATEMENT

SCOPE OF RESPONSIBILITY

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

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 will only be enhanced by our harmonisation with Northern Lincolnshire and Goole NHS Foundation Trust to form the new Humber Health Partnership Group.

This Annual Governance Statement relates to Hull University Teaching Hospitals NHS Trust (HUTH) but will refer to the new Group development with Northern Lincolnshire and Goole NHS Foundation Trust (NLAG).

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 2024 and up to the date of approval of the annual report and accounts.

CAPACITY TO HANDLE RISK

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

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

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

The Risk Strategy and Risk Policy will be aligned with Northern Lincolnshire and Goole NHS Foundation Trust's strategy and policy as part of the Group model review. The two risk teams will come together with common processes and procedures.



THE RISK AND CONTROL FRAMEWORK

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

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

This process will be reviewed in 2024/25 in line with the Group development of the new Care Group structures being developed across the two Trusts.

At Trust Board level, the Board assesses its performance and discusses associated risks at each meeting, through the presentation of the Performance Report, which includes NHS Improvement Single Operating Framework metrics. An exception report on these measures is discussed in more detail at the Board's Performance, 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. The Trust Board undertook and agreed as self-assessment against the (formerly) Monitor (now NHS England) licence requirements, which are now mirrored for non-Foundation Trusts, and did not report any principal risks to compliance with these requirements.

*Note: As from January 2024 the Board Committees became Group Committees in Common. Performance and Finance Committee and Quality Committee became Performance, Estates and Finance Committees in Common and Quality and Safety Committees in Common.

There is a mechanism for Care Groups and corporate services to escalate risks. New high level risks are notified to the Care Group triumvirates or corporate service management teams to be dealt with immediately whilst lower level risks are discussed at the Health Group/Corporate team meetings. All Board Assurance Framework risks and the high level risks are now scrutinised in detail at the newly formed (December 2023) Group Cabinet Risk and Assurance Committee.

Up until March 2024 regular review of high-rated operational risks by the Trust's Operational Risk and Compliance Sub-committee (clinical risks) and the Non-Clinical Quality Sub-committee, recognising that risks from across the Trust have the ability to impact directly on patient care and on maintaining the Trust's statutory compliance. The sub-committees will be reviewed as part of the Group structure and governance processes in 2024/25.

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

The Trust's Mortality and Morbidity Committee 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 this, reported to the Trust Board and the Quality Committee on a quarterly basis. The Quality Committee has also kept oversight of compliance with the national guidance requirements on Learning from Deaths and is satisfied that the Trust has made sufficient progress towards requirements to date.

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

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

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

The Trust continues to review current systems and processes to ensure that it can demonstrate the best standards in research governance and delivery. The Trust adheres to National Institute for Health Research (NIHR) systems to manage the studies in proportion to risk; a full update on compliance, successes and risks in research was received by the Trust Board in April 2023.

Principal risks to compliance with the NHS provider licence conditions

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

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

Each Health Group and corporate service area identify and

enter risks on to their own operational risk registers; risks are required to be managed and mitigated at local level as far as possible.

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

This process will be reviewed in 2024/25 as part of the developing Group model and changes to governance structures.

The Group Cabinet Risk and Assurance Committee review the Board Assurance Framework and high level risks on a monthly basis. This Committee consists of the Group Chief Executive, Group Chiefs and a Non-Executive Director.

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





OPERATIONAL RISK REGISTER:

There were 238 approved operational risks on the risk register at the end of March 2024.

Operational Risk Register	High	Moderate	Low	Very Low	Total
Cardiology Health Group	3	2	1	0	6
Corporate Functions	10	39	8	0	57
Clinical Support - Health Group	7	23	8	0	38
Emergency Medicine - Health Group	2	1	0	0	3
Family and Women's Health - Health Group	13	33	15	0	61
Medicine - Health Group	8	9	1	0	18
Surgery - Health Group	4	35	8	0	47
Trustwide	3	3	1	1	8
Total	50	145	42	1	238

There has been significant movement on the Operational Risk Register across the year with 99 new risks being identified and 73 risk closed. This movement in the overall risks demonstrates that the Trust continues to undertake regular reviews at Health Group level and is indicative of an active risk management process in respect of reviewing and closing mitigated risks.

CORPORATE RISK REGISTER:

At the end of March 2023 there were 12 risks that have been escalated onto the Corporate Risk Register which were reviewed quarterly at the Non-Clinical Quality Sub-committee (NCQSC) and bi-monthly at the Operational Risk and Compliance Sub-committee (ORCSC).

The last meeting for both Committees was in March 2024. These Committees have now been stepped down and going forward, risks on the Corporate register will be scrutinised at Site Management and Group Cabinet level risk review meetings.

There were 12 corporate risks on the risk register at the end of March 2024, as follows:

Corporate Risk Register	High	Moderate	Low	Total
Clinical Support - Health Group	1	0	0	1
Emergency Medicine - Health Group	2	0	0	2
Family and Women's Health - Health Group	3	0	0	3
Trustwide	3	3	0	6
Total	9	3	0	12

The risks that could threaten achievement of the Trust's strategic objectives are set out in the Board Assurance Framework, which is reviewed by the Trust Board throughout the year. It is also reviewed by the Trust Board Committees at each meeting in relation to the risks linked with that Committee's terms of reference and also by the Audit Committee as a governance mechanism. The Board Assurance Framework includes an assessment of the source and level of assurance received as well as gaps in assurance. Any increase or decrease in a risk score is agreed by the whole Board. There were ten risks on the Board Assurance Framework at the start of 2023/24 against Trust's ten strategic aims from the Trust Strategy.



The highest-rated risks at the end of 2023/24 on the Board Assurance Framework related to the Trust's quality, the underlying financial position and staff.

The Board Assurance Framework has been reviewed in 2023/24 and the format has been changed so that both HUTH and NLAG are aligned. This is in preparation for the alignment of the BAFs to incorporate the Group Strategic Objectives and subsequent strategic risks.

There will be two new strategic risks added in 2024/25 linked to Digital Services which are; IT Failure and Cyber Security.

In respect of any principal risks to compliance with the NHS

provider licence conditions, particularly the effectiveness of governance structures, responsibilities of directors and sub-committees, reporting lines and accountabilities to and from the Trust Board, submission of timely and assurance information to assess compliance with the licence conditions or any associated with the oversight the Board has on Trust performance, the Board's assessment was as follows: at the end of the year, whilst all risk areas on the Board Assurance Framework received some positive assurance throughout the year, 2 risk areas made sufficient progress to reach the target risk ratings, which was the Trust's ability to meet its financial plan in 2023/24 and its staffing risk due to positive vacancy and sickness rates. A number of risks have remained static in year, but the high quality care risk has been reduced due to improvements relating to Ambulance turnovers and a reduction in patient harm incidents. The risk relating to partnerships was increased to take into account the system issues relating to the Emergency Department and patients with no criteria to reside. This rate of progress can be expected to some extent, as the Trust will only be able to mitigate some aspects of each risk within one year.

In 2023/24 as part of this strategic approach to risk management through the Board Assurance Framework, each of the newly formed Committees in Common receive the Board Assurance Framework at every meeting and any risk movements in month are highlighted and escalated the Board.

In 2022 a Risk Maturity Assessment was carried out by the Trust's Internal Auditors and positive feedback was received. The Trust was assessed as a developing organisation in its Risk Maturity.

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

The Trust has a People Strategy in place, which provides the blueprint for the Trust's assessment of its short-, medium- and long-term workforce plans and organisational development requirements, as the Trust plans not only to fill workforce numbers, but to continuously improve the working environment and culture of the Trust, as part of retention. The Trust's People Strategy and Workforce Development Plan detail the Trust's approach to tackling staffing and skills shortages, and good progress, including increases in staffing figures in some key areas, has been seen in 2023/24, as well as the Trust investing in new roles such as nursing associate training posts, nursing apprentices, Physicians Associates and Advanced Care Practitioners.

The Trust continues its work on staff engagement and developing staff culture around the values identified by our staff around two years ago. The People Strategy, and the work strands underneath it, are included on the Board Assurance Framework and the level of corporate risk relates to workforce. The Workforce, Education and Culture Committee as a Board Committee takes forward strategic oversight of the People Strategy. The new Workforce, Education and Culture Committees in Common will continue to monitor work relating to the People Strategy. In 2024/25 the new Group arrangements will see the HR teams aligned and a new People Strategy developed.

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

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

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

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

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

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

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

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



INFORMATION GOVERNANCE

The Trust has reported 4 Data Security and Protection Breaches in 2023/24 to the ICO as classified in the DSP Toolkit Incident Reporting Guidelines.

The ICO closed all 3 cases, and no further recommendations were made. One case is awaiting a response from the ICO. None have resulted in regulatory action being taken against the Trust at this stage.

DATA QUALITY AND 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 integration these will be amalgamated in 2024/25 into a single with oversight from an integrated Data Quality Steering Group. This 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 Policies and operational processes, undertaking 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, sophisticated monitoring tools have been commissioned and implemented 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

ANNUAL QUALITY ACCOUNT

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year.

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

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

The 2024/25 Quality and Safety Priorities will be aligned to the Group's Quality Strategy priorities. The Quality Accounts, and the process that accompanies them is a key tool for delivering the Quality Strategy as well as maintaining stakeholder involvement. The Quality and Safety Priorities will be delivered using the Continuous Quality Improvement Framework and progress will be reported to the Quality and Safety Committees in Common.

REVIEW OF EFFECTIVENESS

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control.

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

In May 2023 the Trust Board had taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (Condition G6 and FT4).



THE BOARD

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

The Trust Board met in public on 8 occasions during 2023/24 and was quorate at all meetings. The Group Board met on 2 occasions during 2023/24 in January and February 2024. The attendance of each individual Board member is set out in this Annual Report and on each Trust Board agenda. The Trust Board works towards an annual work plan including statutory and mandatory requirements. Arrangements for the discharge of statutory functions by the Trust Board have been checked for irregularities and were found to be legally compliant.

The Board had six committees in 2023/24 which supported it in discharging its responsibilities. In addition to the statutory requirement for an Audit Committee and a Remuneration Committee, the Board has a Performance and Finance Committee, a Quality Committee and a Workforce, Education and Culture Committee. A Charitable Funds Committee is in place for the management of funds held on trust. All Board committees are chaired by a Non-Executive Director and have Non-Executive Director majority membership. An attendance record is kept for the Board and each of its committees.

Note: As part of the Group Development the following Committees in Common now support the Group Board; Audit Risk and Governance, Remuneration, Quality and Safety, Performance, Estates and Finance and Capital and Major Projects. The two Charity Committees for each Trust remain independent entities.

THE AUDIT COMMITTEE INCLUDING INTERNAL AUDIT

The Audit Committee met five times during 2023/24, which is the required number as set by its Terms of Reference and was quorate for all meetings.

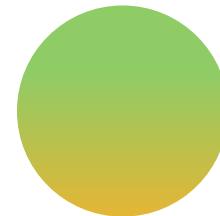
Its workplan for 2023/24 was received at its first meeting of the financial year and was also reviewed at each meeting during the year to ensure it remained relevant and current.

*Note: The Audit Committee became a Committees in Common from January 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 Committee agenda is comprised of standing items which include a review of the minutes from the Trust Board's Committees for any governance or internal control issues that require further examination by the Audit Committee. There are standing agenda sections for 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, a number of routine management reports in line with its agreed annual work plan.

The internal audit programme for 2023/24 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 2023/24 gave an overall opinion of positive assurance with an amber/green rating as follows:

**RATING:
AMBER/GREEN**



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

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

The Trust's Counter-Fraud service, undertaken as part of the internal audit contract, did not raise any issues of internal control or gaps in assurance in 2023/24.

The Audit Committee has not escalated any serious gaps in control during the year but further consideration will be made once all the reports are completed.

BOARD COMMITTEES WITH A ROLE OF RISK MANAGEMENT INCLUDING CLINICAL AUDIT

The Performance and Finance Committee met on 9 occasions in 2023/24 and the Performance, Estates and Finance Committees in Common met on 3 occasions, 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 health groups and their contribution to the Trust's underlying run-rate issues. The Committee has also monitored capital expenditure in line with plan. The Non-Executive Chair of the meeting provided a briefing to the Board each meeting on these areas.

The Quality Committee met on 9 occasions and the Quality and Safety Committees in Common met on 3 occasions in line with their Terms of Reference. Key issues discussed related to the launch of the Patient Safety Investigation Framework, the Quality Improvement Programme, compliance with the Learning from Deaths national requirements, Research and Innovation and Mental Health patient updates. Maternity Services, in particular CQC actions and CNST compliance have been a priority throughout the year. ED CQC actions were also monitored at the Committee. The Committee received annual reports relating to serious incidents and safeguarding as well as Risk Strategy and Quality Strategy annual updates. The Quality Committee has focussed on lessons learned and supporting the development of a learning culture and safety culture. Each meeting also received a report from each of the Quality Committee Sub-Committees which included any point of escalation. The Board was advised of any escalation issues following each meeting by the Non-Executive Quality Committee Chair.

The Remuneration Committee met 3 times during 2023/24 and the Remuneration Committees in Common met once, which included detailed discussions regarding the Group Model with Northern Lincolnshire and Goole NHS Foundation Trust, talent and succession planning and senior management recruitment processes. The Committee was quorate for all meetings. Agenda items included annual performance reviews, information on the top earners in the Trust and minutes from the Trust Pay Terms and Conditions Group.

OTHER REVIEW AND ASSURANCE MECHANISMS

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

The Trust Board held 3 development sessions during the year. The Group Board Development framework will be reviewed in 2024/25.

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. The Trust has in place the Quality Strategy and plan, which has detailed projects to improve quality of care in identified areas within the Trust. These are identified through internal compliance and quality checks, internal audit reports, CQC inspection reports and other internal processes. The Quality Committee monitors and provides assurance to the Trust Board.

The Trust's quality governance arrangements culminate annually in the formulation, approval and publication of the Trust's Quality Accounts. The Quality Accounts signed off in June 23 (relating to the previous year) are reviewed by the Audit Committee and the Quality Committee.

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

In 2023/24, the Trust declared 1 Never Event, this is compared to 2022/23 when the Trust declared 7 Never Events.

QUALITY, SERVICE IMPROVEMENT AND REDESIGN

As of the 1 September 2023, the national NHS Quality Service Improvement and Redesign Team (QSIR) and the QSIR programme were transferred across to AQUA (Advancing Quality Alliance) which is an external non-for-profit organisation.

Cohort 6 for QSIR Practitioner was completed in November with cohort 7 taking place in February/March 2024. The one day QSIR Fundamentals courses take place once a month. QSIR virtual courses have been developed and HUTH is working in partnership with other NHS Trusts within the North East region, including NLAG.

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 2023/24;

Audit	Assurance
Learning from Serious Incidents	Reasonable Assurance
Capital Planning – Benefits Realisation	Fieldwork QA underway 01.05.24
Sickness Absence	Partial Assurance
Emergency Planning and IT Business Continuity	Substantial Assurance
Discharge Management	Reasonable Assurance
Getting It Right First Time (Outpatients)	Substantial Assurance
CQC Improvement Plan	Reasonable Assurance
Key Financial Controls	Reasonable Assurance
Data Security and Protection Toolkit	Fieldwork to commence 09.05.24
Follow up	Advisory/Good progress

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

ED attendances and flow throughout the Emergency Department has continued to be significantly compromised in 2023/24 with some excessive waits being due to an increase in the length of time patients are in the ED waiting for a suitable bed within the hospital. The ED performance standard continues to be compromised and is compounded by patients with no criteria to reside.

The Trust did not meet the national 18 week referral to treatment (RTT - incomplete pathway) standard or the cancer standards (with the exception of the Faster Diagnostics Standard) in 2023/24. The Trust is working to reduce the waiting list size and reductions in follow-up backlogs as part of its recovery plan.

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

The Trust has committed to engaging regularly with key stakeholders and partners, including regular meetings with the CQC, NHS E, the ICB, PLACE and the Collaborative of Acute Providers. During these meetings all parties will continue to monitor progress in an environment of openness and honesty.

The Trust has received its Staff Survey results for 2023. The Trust's performance in the national Staff Survey has improved since 2022 although there is still work to do regarding culture and staff job satisfaction.

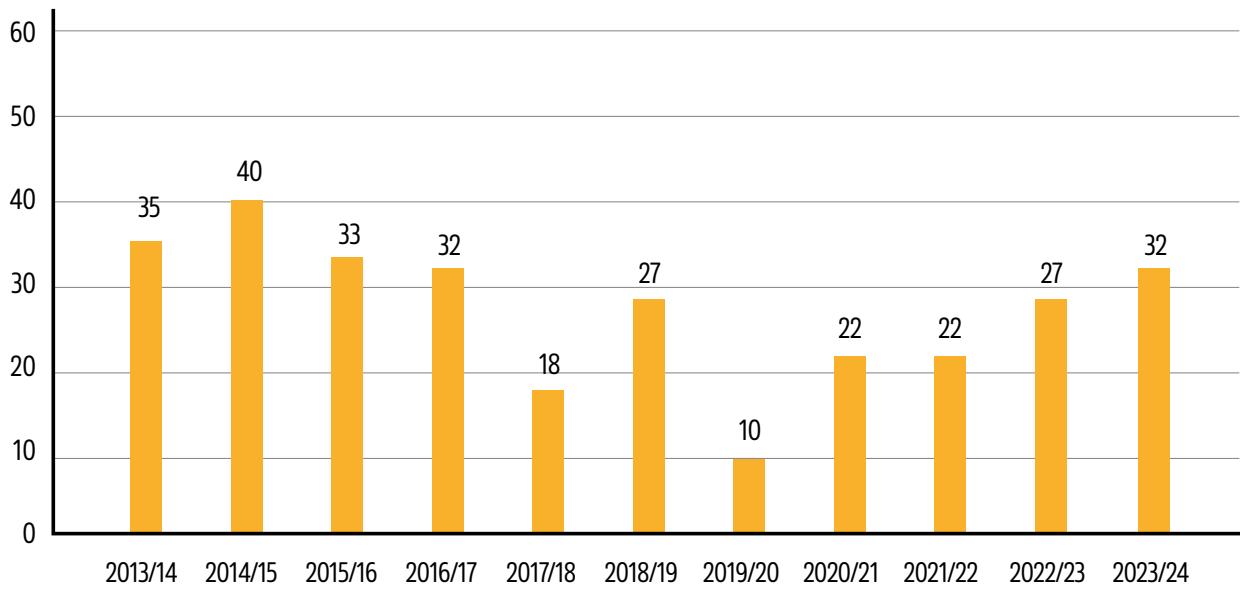
HEALTH AND SAFETY OF STAFF

The Trust maintained its strong working relationship with the Health and Safety regulator during 2023/2024.

There was a routine visit to the Pathology laboratories by the HSE which resulted in positive feedback on working practices. An advisory notice was given to both Hull University Teaching Hospitals and Scarborough and York Teaching Hospitals (due to the joint staffing) with regards to lone working which was responded to promptly.

In 2023/2024 there were 32 incidents reported to the HSE that fell under the requirements of RIDDOR (Reporting of Diseases and Dangerous Occurrence Regulations 2013). This has been an increase for the third successive year.

RIDDOR Yearly Comparison



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

The main cause of RIDDOR reportable incidents over the last year remains as 'Slips, trips and falls' (18). Actions for improvement are underway through infrastructure improvements.

Pro-active quarterly site inspections have been carried out across both HRI and CHH by members of the Safety and Estates teams. This joint work has resulted in quick responses to any issues that have been identified such as potholes.

The quarterly departmental safety inspections are being transferred onto a digital platform to enable easy reporting and monitoring. This will also help improve response and escalation timescales.





GREEN PLAN, BECOMING NET ZERO BY 2030

The NHS must not lose sight of the imminent health emergency that climate change could bring.

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

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

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

Projects in 2023/24 included:

- All new builds and refurbishments to be passivhaus or low carbon standards
- Assist patients and visitors to travel in more sustainable ways
- Establish targets to reduce emissions from procurement of pharmaceuticals
- Zero waste landfill by 2025
- Life cycle costs and the environmental impact of financial decisions to be considered

SIGNIFICANT ISSUES

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

- The Trust did not meet all of the NHS Constitution standards, many of which will be impacted by patients with No Criteria to Reside in 2023/24.
- There were also issues with the Trust's Emergency Department four-hour target, ambulance handovers and flow through the hospital. The Trust to address the issues patients with no criteria to reside, working with health partners to ensure patients are treated in the most appropriate setting.
- Elective recovery and waiting list volume performance is still an issue and although cancer and diagnostics are improving slightly performance is not where it needs to be.
- Section 31 Maternity CQC actions to be completed and improved working arrangements embedded.
- Improvements are required to the Maternity CNST standard achievement in 2024/25.
- Addressing the Trust's underlying financial position as part of a system financial plan.
- Securing capital funding to address all critical and long-term infrastructure requirements.
- The Trust's processes to ensure patient safety in relation to PSIRF requires further development and embedding in all clinical areas.
- Work will continue to develop Group working with NLAG, developing the Care Groups and accountability frameworks.

The Group acknowledges that 2024/25 will be another challenging year that staff will experience. The resilience of our staff is being particularly tested and we seek to maintain the highest standards of care we can, for as many patients as we can, in 2024/25.

CONCLUSION

This annual governance statement has identified the following risks:

- The Trust did not meet all NHS Constitutional waiting time standards in 2023/24 and will need to continue to implement the robust recovery plan in place to ensure high quality patient care.
- The Trust is developing plans to make sustained improvements in the Emergency Department and with its cancer performance.
- The Trust met its financial plan in 2023/24 but must make further progress towards addressing the underlying financial position within a system financial plan in 2024/25.
- 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 Commission rating.

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

Signed



Accountable Officer: Mr Jonathan Lofthouse

Organisation: Hull University Teaching Hospitals NHS Trust

April 2024



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

(subject to audit)

		Current year 2023/24						Previous year 2022/23					
		(a)	(b)	(c)	(d)	(e)	Total	(a)	(b)	(c)	(d)	(e)	Total
		Salary (bands of £5,000)	Expense payments (taxable) total to nearest £100	Performance pay and bonuses (£5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension - related benefits (bands of £2,500)	(a to e) (bands of £5,000)	Salary (bands of £5,000)	Expense payments (taxable) total to nearest £100	Performance pay and bonuses (£5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension - related benefits (bands of £2,500)	(a to e) (bands of £5,000)
	Note	£000	£'s	£000	£000	£000	£000	£000	£'s	£000	£000	£000	£000
Sean Lyons: Chairman (started 1/2/2022)	1	35-40	4,100	0	0	0	40-45	35-40	0	0	0	0	35-40
Stuart Hall: Non Executive Director and Vice Chair (started 01/01/2015)	2	15-20	0	0	0	0	15-20	10-15	0	0	0	0	10-15
Tracey Christmas: Non Executive Director (started 06/07/2015)		0-5	0	0	0	0	0-5	10-15	0	0	0	0	10-15
Antony Curry: Non Executive Director (started 01/04/2019)		10-15	2,300	0	0	0	15-20	10-15	0	0	0	0	10-15
Mike Robson: Non Executive Director (started 01/04/2020)		10-15	0	0	0	0	10-15	10-15	0	0	0	0	10-15
Una Macleod: Non Executive Director (started 01/04/2020)		10-15	0	0	0	0	10-15	10-15	0	0	0	0	10-15
Dr David Hughes: Non Executive Director (left 31/01/2023)								10-15	0	0	0	0	10-15
Linda Jackson: Associate Non Executive Director (01/04/2020)	3	10-15	0	0	0	0	10-15	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	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						
David Sulch: Non Executive Director (started 01/03/2024)		0-5	0	0	0	0	0-5						
Chris Long: Non Executive Director (started 29/09/14)	4	305-310	0	0	0	0	305-310	210-215	0	0	0	0	210-215
Jonathan Lofthouse - Group Chief Executive Officer (started 07/08/2023)	5	95-100	0	0	0	0	95-100						
Lee Bond: Chief Financial Officer (started 01/03/13)	6	105-110	0	0	0	0	105-110	95-100	0	0	0	45-47.5	140-145
Makani Purva: Chief Medical Officer (started 01/08/2018)	7	175-180	0	0	0	0	175-180	200-205	0	0	0	0	200-205
Katherine Wood: Group Chief Medical Officer (started Group role - 01/11/2023)	8	50-55	0	0	0	0	50-55	155-160	0	0	0	0	155-160
Simon Nearney: Director of Workforce & Organisational Development	9	80-85	0	0	0	87.5-90	165-170	125-130	0	0	0	27.5-30	150-155
Ellen Ryabov: Chief Operating Officer (started 01/11/2020)	10	185-190	0	0	0	0	185-190	155-160	0	0	0	0	155-160
Michelle Cady: Director of Strategy and Planning (left 31/03/2023)								135-140	0	0	0	32.5-35	170-175
Suzanne Rostron: Director of Quality Governance (started 01/03/2021)	11	130-135	0	0	0	0	130-135	115-120	0	0	0	27.5-30	145-150
Joanne Ledger: Interim Chief Nurse (started 01/04/2022)		165-170	0	0	0	0	165-170	155-160	0	0	0	100-102.5	255-260
Shona McMahon: Director of IT (started 01/04/2022)	12	45-50	0	0	0	62.5-65	110-115	70-75	0	0	0	35-37.5	105-110
Shaun Stacey: Group Chief Delivery Officer (started Group role - 01/11/2023)	13	35-40	0	0	0	17.5-20	55-60						
Ivan McConnell: Group Director of Strategy and Partnerships (started 01/04/2023; 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						

Notes

1. Sean Lyons is Chair of both Hull University Teaching Hospitals NHS Trust (HUTH) and Northern Lincolnshire and Goole NHS Foundation Trust (NIAG). The salary banding 40-45 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. Hall is a Non-Executive Director and Vice Chair of HUTH and Associate Non-Executive Director of NAG. The salary banding 15-20 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 30-35.

3. 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.

4. Christopher Long was Chief Executive Officer of HUTH until the end of November 2023. The salary banding 305-310 includes compensation for loss of office which amounted to £160,000 and was calculated using Agenda for Change rules.

5. Jonathan Lofthouse was appointed Group Chief Executive during August 2023, this is a joint role with NLAG. The salary banding 95-100 in the table above represents Mr Lofthouse's remuneration relating to HUTH only. Mr Lofthouse's total salary

(both Trusts) for the period August 23 - March 24 falls within the salary banding 190-195.

6. Lee Bond was appointed Group Chief Financial Officer in November 2023, this is a joint role with NLAG. Up until this point, Mr Bond was Chief Financial Officer covering both organisations. The salary banding 105-110 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 215-220.

7. Dr Makani Purva was Chief Medical Officer to the end January 2024. Dr Purva's remuneration includes £30,160 in relation to a clinical excellence award.

8. Dr Katherine Wood became Group Chief Medical Officer from the beginning of November 2023, this is a joint role with NLAG. The salary banding 50-55 in the table above represents Dr Wood's remuneration relating to HUTH only. Dr Wood's total salary for this role (both Trusts) falls within the salary banding 100-105. Dr Wood's total salary for 2023/24 falls within salary banding 240-245.

9. Simon Nearney became Group Chief People Officer during November 2023, this is a joint role with NLAG. Up until this point Mr Nearney had been covering both organisations as Director of Workforce (HUTH) and Director of People (NLAG). The salary banding 80-85 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 140-145.

10. Ellen Ryabov was Chief Operating Officer until the end of January 2024. The salary banding 185-190 includes compensation for loss of office which amounted to £46,718 and was calculated using Agenda for Change rules. Ellen Ryabov had already claimed her NHS pension.

11. Suzanne Rostron was Director of Quality Governance until the end of December 2023. The salary banding 130-135 includes compensation for loss of office which amounted to £33,370 and was calculated using Agenda for Change rules

12. Shauna McMahon resigned as Director of IT during November 2023, this was a joint role with NLAG (Chief Information Officer). The salary banding 45-50 represents remuneration relating to HUTH only. Ms McMahon's total salary for the period April 23 - November 23 (both Trusts) falls within the salary banding 95-100.

13. Shaun Stacey became Group Chief Delivery Officer from the beginning of November 2023, this is a joint role with NLAG. Up until this point he was Chief Operating Officer with NLAG only. The salary banding 35-40 in the table above represents Mr Stacey's remuneration relating to HUTH only. Mr Stacey's total salary for the Group role (both Trusts) falls within the salary

banding 75-80. Mr Stacey's total salary for 2023/24 falls within salary banding 170-175.

14. Ivan McConnell is Group Director of Strategy & Partnerships, this is a joint role with NLAG and was on an interim basis until permanent appointment from the beginning of November 2023. 40% of Mr McConnell's remuneration is recharged to the Integrated Care Board with the remainder shared equally between HUTH and NLAG. The salary banding 45-50 in the table above represents remuneration relating to HUTH only. Mr McConnell's total salary for 2023/24 falls within salary banding 150-155

15. David Sharif commenced the role of Group Director of Assurance during March 2024, this is a joint role with NLAG. The salary banding 0-5 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 5-10

Taxable benefits recorded under the 'Expense payments' heading are in relation to home to HQ travel.

Bandings recorded under column heading 'All pension related benefits', represent the joint position.

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

(subject to audit)

	Note	(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 31/03/2023 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31/03/23 (bands of £5,000)	(e) Cash Equivalent Transfer Value at 01/04/22 (£000)	(f) Real increase in Cash Equivalent Transfer Value (£000)	(g) Cash Equivalent Transfer Value at 31/03/23 (£000)	(h) Employer's contributions to stakeholder pension
Chris Long: Chief Executive Officer (left 30/11/2023)	1	0	0	0	0	0	0	0	0
*Jonathan Lofthouse: Group Chief Executive Officer (started 07/08/2023)	2	0	7.5-10	55-60	140-150	879	98	1155	0
*Lee Bond: Group Chief Financial Officer (started 01/03/2013; Group role 01/11/2023)	3	0	42.5-45	70-75	205-210	1339	223	1717	0
Makani Purva: Chief Medical Officer (left 31/01/24)	4	0	65-67.5	55-60	150-155	982	238	1339	0
Katherine Wood: Group Chief Medical Officer (started Group role 01/11/23)	5	0	22.5-25	75-80	210-215	1367	110	1800	0
Simon Nearney: Group Chief People Officer (started 01/06/2014; Group role 03/11/23)	6	5-7.5	0	30-35	0	314	118	484	0
Suzanne Rostrom: Director of Quality Governance (left 31/12/2023)		0	15-17.5	30-35	75-80	514	99	678	0
*Joanne Ledger: Interim Chief Nurse (started 01/04/2022)		0	42.5-45	40-45	115-120	704	199	985	0
Shona McMahon: Director of IT (left 26/11/23)	7	2.5-5	0	20-25	0	256	78	373	0
Shaun Stacey: Group Chief Delivery Officer (started Group role 01/11/23)	8	0-2.5	0	35-40	30-35	514	37	699	0
Ivan McConnell: Group Director of Strategy & Partnerships (started 01/04/23; Group role 01/11/2023)	9	2.5-5	0	20-25	0	268	65	381	0
David Sharif: Group Director of Assurance (started 04/03/2024)	10	0-2.5	0-2.5	10-15	15-20	211	1	266	0
Ellen Ryabov: Chief Operating Officer (left 31/01/2024)	11	0	0	0	0	0	0	0	0

Notes

* These officers are affected by the Public Services Pensions Remedy and their membership between 1 April 2015 and March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. 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

1. Christopher Long chose not to be covered by the pension arrangements during the reporting year.
2. Jonathan Lofthouse was appointed Group Chief Executive during August 2023, this is a joint role with Northern Lincolnshire and Goole NHS Foundation Trust (NLAG). The table above represents the total pension benefits for Mr Lofthouse in this joint role.
3. Lee Bond is Group Chief Financial Officer, this is a joint role with NLAG. The table above represents the total pension benefits for Mr Bond in this joint role.
4. Dr Makani Purva was Chief Financial Officer, to the end of January 2024. The table above represents the pension benefit for Dr Purva.
5. Dr Katherine Wood is Group Chief Medical Officer, this is a joint role with NLAG. The table above represents the total pension benefits for Dr Wood in this joint role.
6. Simon Nearney is Group Chief People Officer, this is a joint role with NLAG. The table above represents the total pension benefits for Mr Nearney in this joint role.
7. Shona McMahon resigned as Director of IT during November 2023, this was a joint role with NLAG (Chief Information Officer). the table above represents the total pension benefits for Ms McMahon
8. Shaun Stacey became Group Chief Delivery Officer from the beginning of November 2023, this is a joint role with NLAG. The table above represents the total pension benefits for Mr Stacey in this joint role.
9. Ivan McConnell is Group Director of Strategy & Partnerships, this is a joint role with NLAG. The table above represents the total pension benefits for Mr McConnell in this joint role.

10. David Sharif commenced the role of Group Director of Assurance during March 2024, This is a joint role with NLAG. The table above represents the total pension benefits for Mr Sharif in this joint role.

11. Ellen Ryabov has all ready claimed her NHS pension.

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

Cash Equivalent Transfer Values

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

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

Real Increase in CETV

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

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was at 31 March 2024

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 2023-24 was the Group Chief Executive Officer at £267,500 (2022-23: £217,500). This is a change of nearly 23% reflecting the 'Group' responsibilities. The relationship to the remuneration of the organisation's workforce is disclosed in the below tables.

	23/24 (£)	22/23 (£)	21/22 (£)
Median Pay	34,581	34,943	31,534
Pay Multiple	7.74	6.22	6.58
Average Pay	42,620	41,778	39,281
Average Pay (excluding highest paid Board member)	42,598	41,760	39,263
Highest paid Director – Actual remuneration	267,750	216,380	207,959
Highest paid Director (mid-point of the £5k band)	267,500	217,500	207,500
Highest paid Employee – Actual Remuneration	297,930	279,175	254,145
Highest paid Employee (mid-point of the £5k band)	297,500	277,500	252,500
Change in median pay	-1.04%	10.81%	3.00%
Change in pay multiple	24.27%	-5.41%	-0.52%
Change in average pay	2.02%	6.36%	4.79%
Change in highest paid Director pay	2.01%	6.36%	N/a
Range of staff remuneration	22.99%	4.82%	2.47%
Highest paid employee	12,514 - 297,930	9,405 - 279,175	8,408 – 254,145

Pay ratio information table	2023/2024			2022/2023		
	25th percentile	Median	75th percentile	25th percentile	Median	75th percentile
Total remuneration (£)	24,336	34,581	45,550	24,891	34,943	46,032
Salary component of total remuneration (£)	24,336	34,581	45,550	24,891	34,943	46,032
Performance pay and bonuses (£)	-	-	-	-	-	-
Pay ratio information (multiple)	11.0	7.7	5.9	8.7	6.2	4.7

The Trust's highest paid director's remuneration is 7.74 times the median remuneration of the workforce (2022/23: 6.22 times), which is £34,581 (2022/23: £34,943), 11.0 times greater than the 25th percentile remuneration (2022/23: 8.7 times) and 5.9 times greater than the 75th percentile remuneration (2022/23: 4.7 times).

The median level of remuneration has decreased by 1.04% and the remuneration of the highest paid Director has increased by 22.99%. The decrease in median salary is due to the impact of the one off non-consolidated payment received in 22/23.

In 2023/24, 6 employees (2022/23: 9) received remuneration in excess of the highest paid director/member. The remuneration for these employees was in the range of £265,000 to £300,000 (2022/23: £215,000 to £280,000). All six employees paid more than the highest paid director are Senior Medical Consultants.

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

During 2023/24 the Trust spent £620k on consultancy fees (2022/23: £31k).

EXIT PACKAGES AND SEVERANCE PAYMENTS

(subject to audit)

During 2023/24, 3 exit packages have been agreed, totalling £240k, 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	Cost of compulsory redundancies (£s)	Number of other departures agreed	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)
Less than £10,000	0	0	0	0	0	0	0	0
£10,000 - £25,000	0	0	0	0	0	0	0	0
£25,001 - £50,000	2	80,088	0	0	2	80,088	0	0
£50,001 - £100,000	0	0	0	0	0	0	0	0
£100,001 - £150,000	0	0	0	0	0	0	0	0
£150,001 - £200,000	1	160,000	0	0	1	160,000	0	0
>£200,000	0	0	0	0	0	0	0	0
Totals	3	240,088	0	0	3	240,088	0	0

There were no exit packages in 2022/23. 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)

	Permanent £000	Other £000	2023/24	2022/23
			Total £000	Total £000
Salaries and wages	392,484	2,980	395,464	372,656
Social security costs	41,190	0	41,190	36,879
Apprenticeship levy	1,961	0	1,961	1,763
Employer's contributions to NHS pensions *	61,571	0	61,571	56,637
Pension cost - other	203	0	203	183
Other post employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	-	-	-	-
Temporary staff (including agency)	0	11,780	11,780	11,408
Total gross staff costs**	497,409	14,760	512,169	479,526
Of which: Costs capitalised as part of assets	1,485	-	1,485	1,170

* The employer's contribution to NHS pensions figure includes the additional 6.3% (£18.791m) for which there is a corresponding entry on income (22/23: £17.306m).

Staff turnover for 2023/24 was 10.6%.

OFF PAYROLL ENGAGEMENTS

Staff Costs

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 2024, for more than £245* per day:

	Number
Number of existing engagements as of 31 March 2024	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 2023 and 31 March 2024, for more than £245 per day:

	Number
No. of temporary off-payroll workers engaged between 1 April 2023 and 31 March 2024	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 2022 and 31 March 2023:

	Number
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year.	0
Total no. of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure must include both on payroll and off-payroll engagements.	25

Average number of employees (WTE basis)

(subject to audit)

	Permanent £000	Other £000	2023/24	2022/23
			Total £000	Total £000
Medical and dental	1,314	193	1,507	1,508
Ambulance staff	-	-	-	-
Administration and estates	1,699	10	1,709	1,738
Healthcare assistants and other support staff	601	45	646	578
Nursing, midwifery and health visiting staff	3,350	66	3,416	3,229
Nursing, midwifery and health visiting learners	43	0	43	40
Scientific, therapeutic and technical staff	1,172	27	1,199	1,175
Healthcare science staff	264	0	264	248
Social care staff	0	0	0	-
Other	1	0	1	1
Total average numbers	8,444	341	8,785	8,517
Of which: Number of employees (WTE) engaged on capital projects	32	0	32	40

Staff turnover in 2023/24 was 10.6%



MODERNISING POLICY, PRACTICE AND TECHNOLOGY WITHIN WORKFORCE AND OD

GENDER PAY REPORTING

Regulations that took effect on 31 March 2017 (The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017) require all public sector organisations in England employing 250 or more staff to publish gender pay gap information.

These form part of the Trust's public sector equality duty under the Equality Act 2010. The Equality and Human Rights Commission has the power to enforce any failure to comply with the regulations.

The Trust published its seventh Gender Pay Gap report by 30 March 2024, to meet statutory timescales.

The Trust's data, which shows the difference in average pay between men and women in the workforce, reflects that the Trust has a majority of men in higher-paid roles, predominantly medical staff.

The Trust's mean gender pay gap is 28.47% (compared to 29.14% in the previous report). This reduction of 0.67% on the previous reporting period shows a continued improving picture. The median gender pay gap is 19.08%. (compared to 20.63% in the previous report).

Excluding medical and dental staff the Trust's mean gender pay gap would be 3.28% (a 1.13% reduction since the previous

reporting period), and based on the median, there is now a positive gender pay gap in favour of females of 1.49% (0% in the previous report).

The Trust has compared the mean and median gender pay gap since statutory reporting began in 2017. The Trust's data shows that it is gradually making inroads to tackle its gender pay gap, albeit with fluctuations along the way.

For full details, the Trust's Gender Pay Gap report is available on the Trust's website.

NURSE AND STAFF BANK, E-ROSTERING (ELECTRONIC ROSTER) AND E-MEDICAL WORKFORCE TEAMS

The rollout of the implementation of HealthRoster across all Trust services has continued.

Focussing on the completion of Allied Health Professional (AHP) rosters and the development of rosters for Clinical Admin Hubs, reducing the need for timesheets and improving reporting functionality.

EQUALITY, DIVERSITY AND INCLUSION

ZERO TOLERANCE TO RACISM FRAMEWORK

Hull University Teaching Hospitals NHS Trust is committed to eliminating racism in all of its forms in our organisation.

The Zero Tolerance to Racism Framework aims to empower staff to call out racist attitudes and behaviour and encourage staff involved in incidents to access support. Racism in any form will not be tolerated in HUTH as we believe that we all have the right to work and live in an environment free from prejudice and discrimination.

The Zero Tolerance to Racism framework aims to:

- Provide clarity on what constitutes racism, in all its forms and outline the anti-racist expectations of staff
- Empower and enable staff to approach and manage incidents involving racism effectively and in a timely manner
- Inform recipients or bystanders of racist attitudes or behaviours to know what they can do next to report the incident or access support
- Educate staff on practical steps on how to approach supporting individuals
- Set clear and accessible racism reporting pathways and defined support pathways for all those subjected to acts of racism
- Setting of clear processes through which acts of racism will be acted upon HUTH believes all forms of diversity to be a positive asset and enriching to our organisation

LGBTQIA+ NETWORK

The LGBTQIA+ Network has focussed on raising the profile and impact of the network over the past year.

The Trust have launched a brand-new framework and reporting tool designed to tackle LGBTQIA+ discrimination across the Group. This initiative reflects the Trust's unwavering commitment to creating a safe and inclusive environment for all colleagues, regardless of their sexual orientation or gender identity.

DISABILITY STAFF NETWORK

The Disability Staff Network was renamed in August 2022 from 'The Enabled Staff Support Network'.

By reclaiming the 'disabled' title the network has seen a positive increase in membership.

A network leadership team has been established, which has seen the appointment of two deputies and a Mental Health Lead.

The network Chair has delivered a number of disability awareness sessions aimed at raising understanding of disability and bridging the gap on ESR declaration rates.

DISABILITY EQUALITY

The Workforce Disability Equality Standard (WDES) came into force in April 2019 and is a set of specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff.

The Trust's WDES data has shown some improvement year on year since the launch, and the WDES Action Plan, developed in partnership with the Disabled Staff Network Chair, provides an overview of work to support this important agenda.

For full details, the Trust's WDES submission is available on the Trust's website.

RACE EQUALITY

The NHS Workforce Race Equality Standard (WRES) was commissioned in 2015 to ensure employees from Black, Asian Minority Ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

Whilst the Trust's WRES data highlights that the lived experiences of BAME colleagues within the Trust is different to other groups; working in partnership with the BAME Leadership Network, the Trust is committed to addressing this and areas for improvement have been identified.

For full details, the Trust's WRES submission is available on the Trust's website.



LEARNING AND ORGANISATIONAL DEVELOPMENT

The Learning and Organisational Development Department reaches its two-year anniversary in its current form with the Head of Learning and Organisational Development post bringing together the Hull Institute of Learning and Simulation (HILS), Organisational Development, Library and Knowledge Services, Education and Medical Education (team only).

LEARNING ENVIRONMENT

There are four main training facilities across the Trust:

- Medical Education Centre (MEC) at HRI
- Hull Institute of Learning and Simulation (HILS) at HRI
- Learning and Development including Surgical Skills at CHH
- Lecture Theatre at CHH

Across Learning and Development and Simulation venues, we have welcomed over 17000 learners over the past 12 months. We have delivered simulation to all professions, surgical skills for trainees, hosted overseas international nurse recruitment training programmes and introduced International GP's to the NHS.

A key challenge this year has been the loss of our Suite 22 Learning and Development site at Castle Hill Hospital. The building was closed overnight on January 25th due to RAAC been discovered within the roof.

The teams across all learning facilities have worked together tirelessly to reschedule activity that was due to run within the centre, ensuring that mandatory training could continue to run. Training has been split across all of the sites and a large amount hosted within the Lecture Theatre, which has compromised the teachings of the Junior Doctors. The Medical Education Team have managed to run limited viewing capacity with the Library at CHH.

Thankfully, the Trust have acted very quickly in response to the loss of the centre and a new location has been confirmed as the basement of the Day Surgery Centre to rebuild Learning and Development. The target for completion is December 2024, towards the end of the next calendar year.

The new build has presented the team with opportunity to make training more accessible and equitable by splitting training across sites ensuring all staff have opportunity to attend in person training. Simulation will be incorporated within the centre and the team are exploring cameras and simulation kit to allow this to happen. Surgical Skills is being rebuilt within the new centre, which will optimise the courses with better reach to facilities and large sluice and store areas in preparation for the Human Tissue Activity, which was unfortunately postponed due to the sudden closure of the centre.





KEY SUCCESSES OVER THE PAST 12 MONTHS INCLUDE:

The Surgical Skills were awarded with a Human Tissue Licence in June 2023, the team are currently being trained and have partnered with the Hull York Medical School who are supporting the team.

The Special Educational Needs (SEN) support service for staff aims to provide staff and colleagues with a platform to access support within the trust with the goal of making staff and colleagues feel happy, successful and supported in the work environment no matter their individual needs. Over the last 18 months, the service has received 75 referrals from the workforce for whom they have advised and supported.

The teams are working at Group level and learning from each other. Sharing best practice including the reviewing of Required Learning, the format training is being delivered and seeking ways to reduce the burden on our workforce.

The simulation team secured a bid from the Government Innovation grant to allow recruitment of an intern in partnership with the University of Hull to develop a voice activation assistant for use in clinical practice.

Developed a Learning Needs Analysis (LNA) template that is currently being piloted to allow the Trust to capture the developmental needs of the workforce allowing service leads to plan training plans to ensure that the workforce are equipped with the skills required for services to run to a high quality and safe standard.

The SPARK (Simulation Partnership for Advancing Regional Knowledge) chaired and led by the Simulation team in Hull. Membership to the group has expanded this year

with Huddersfield and Harrogate joining Hull, NLAG, York, Scarborough and the University. The group has also expanded membership to ensure that it is multi professional, inviting physiotherapy and other Allied Health Professionals. The conference is testament to the expansion of professions as the programme is truly multi-professional. The conference next year will be held in Hull on Monday 30th September 2024 and will be opened by the Groups Chief Executive Mr Jonathan Lofthouse.

The Oliver McGowan is mandatory training which has to be delivered across group to raise awareness of Autism and Learning Disabilities. All staff are required to complete an e-learning package followed by a face to face session either online or in classroom depending on the level of training required. Funding is currently being provided to enable the recruitment of a group band 5 trainer who will support current faculty to roll out the training. Funding will enable the group to have 70% of the workforce trained up within a four-year period.

Presentation Skills course has been designed and is ready for launching, the course aims to prepare individuals for presenting. Post pandemic much of the way we present changed forever, with e-presenting, classroom based and a hybrid of the two. With this in mind, the course will help individuals to feel confident and competent in presenting.

The team has developed a prospectus of events for those individuals wanting to experience what it is like to work within the NHS. A timetable of events which will take place over a 12 month academic period is currently being finalised and about to be launched. With over 20 events scheduled to take place, the team have really been working hard on expanding capacity and our offer for experiences.



MEDIATION

The Service continues to provide a responsive and efficient resource to the workforce utilising its strong network of 9 active volunteer Mediators who meet monthly to share practice based learning.

The Mediation Service has successfully recruited, trained and inducted 2 new Mediators into the team without the need for external resources/funding. The Service has accepted and allocated 15 referrals for mediation during the 2023/24 year, and provided specialist advice when mediation has not been a suitable recourse. The Mediation Service continues to upskill managers/supervisors to mediate within their own teams through the 'Manager as Mediator' webinar course, which has been scheduled monthly throughout the 2023/24 year. In September 2023, the Mediation Service launched a classroom based version of the Manager as Mediator course as an alternative format for completing the learning. In October 2023, the Mediation Service launched a new 90 online webinar course entitled 'Introduction to Mediation'. The purpose of this new course is to raise awareness of mediation throughout the workforce and to contribute to the quality and appropriateness of referrals received by the service. The Service continues to facilitate regular 'Mediation Skills Practice' sessions to enable individuals to develop their knowledge and skills in a safe, supportive environment. The Mediation Protocol continues to develop from practice-based learning with 6 revisions during the 2023/24 year to reflect best practice. The Mediation Protocol and other supporting information can be accessed via the regularly updated Mediation Service page on the Trust Intranet site, and all training is accessible via the HEY247 platform.

WIDENING PARTICIPATION

With nearly 1 in 2 NHS staff across the UK aged over 45 years of age, and only 6% of the NHS workforce aged under 25 years of age, the need to engage with our future employees has never been so critical.

The widening participation team have been working hard to promote the careers available within the Trust, enhancing attendance within schools to target students earlier on and provide them with insight into over 350 different careers within the NHS.

We now have an established ambassador network consisting of 115 staff who have attended 61 events since April 2023. Of the 40-plus secondary schools and colleges in the region, 32 have been visited or supported in a variety of activities this past year by the team and the careers ambassadors.

The team's involvement in the national 'Cornerstone Employer' network further enhances its outreach efforts.

The Trusts Careers Engagement Advisor has designed and delivered hands-on work place experiences to students with Special Educational Needs within our simulation facilities. The sessions, which are approximately 2 hours in length, enable students who may not otherwise undertake work experience, to gain a glimpse of the 'behind the scenes' side of the NHS.

WORK EXPERIENCE

The policy has been rewritten to reflect the team's expansion of experiences offered for hard to reach students, specifically those from Special Education Needs schools within the region.

The team continues to work with Hull City Council's employability team to coordinate work experience placements. Collectively, the council and the Trust offered just under 100 placements across 37 different areas across the Trust. The main work experience period in July was offered to years 10, 11 and 12 for those in full time education.

The WP team are also exploring options with the Trusts' EDI leads to link with local charities to explore options to offer increased access to work experience, and apprenticeships, for talented young people with physical disabilities and/or neurodiversity.

The team piloted a summer school programme to allow 6 students over 18 years of age to gain the experience within the Trust, the programme was extremely successful in allowing the students to gain insight in acute and primary care settings. We will be putting the sessions together again for the next year and hopeful to offer more placements for students.

APPRENTICESHIPS

In 2022-23 the Trust supported 130 colleagues onto apprenticeships, 49 of which were individuals who joined us on apprenticeship employment contracts.

During the course of the year over 70 apprentices, at various stages of their apprenticeship, were aged between 16-18 years of age making us one of the largest apprenticeship employers for young people in the region.

An example of recent successful apprenticeship recruitment is that relating to the four nursing pathways. For the first time, recruitment took place prior to the main summer exam period enabling staff to attract quality candidates from the region ready for autumn 2024. The role of the Careers Engagement Facilitator has been critical to this; the vacancies were aligned to national apprenticeship week enabling the facilitator to spearhead promotion opportunities at various events across the Hull and East Riding region. The facilitator also mass targeted schools with publicity for an open event held during apprenticeship week.

Over 150 potential candidates and their friends/family attended the evening. In terms of actual applications, the Trust received 628 genuine applications (after non-eligible candidate were removed) including over 87 for places on the school/college leaver programmes, an unprecedented number for Level 2 and Level 3 apprenticeship programmes.

Interviews for all positions have now been completed, with offers in place for all levels of nursing apprenticeships. A series of 'keep in touch' events are now being planned to keep candidates engaged and informed between now and their start on programmes in the autumn.



ORGANISATIONAL DEVELOPMENT

BESPOKE TEAM SUPPORT AND CULTURAL TRANSFORMATION

In the past 12 months the OD team have worked with 27 teams across the organisation. Below are some examples of the work that has been provided:

- Infectious Diseases Service- Stakeholder mapping and team coaching
- Bone Density Team-Team development
- Cardiology- Cultural improvement and professionalism
- Maternity Services- Cultural improvement and professionalism
- ED- Supporting nursing leaders
- NICU- Leadership development
- ICU- Cultural improvement and nursing leadership development
- Pharmacy-Operational managers' support and development
- Discovery Insights team development sessions continue to be in demand

COACHING AND MENTORING NETWORK

We have over 40 coaches within in the trust who are not just coaching in the network but are using their skills coaching within their teams and departments.

Regular coaching supervision is provided

30 members of staff have been coached by the network this year on following subjects:

- Professional Development
- Leadership
- Career Coaching
- Confidence
- Communication

LEADERSHIP DEVELOPMENT

Great Leaders Programmes

The Great Leaders leadership development programme suite continues to be in high demand. At the time of writing, entry into our larger programmes has been paused while we harmonise the offer across our NHS Humber Health Partnership in 2024/25.

BE REMARKABLE

This year 53 of our staff from a multitude of professions undertook a 90-Day Leadership Challenge to successfully complete Be Remarkable.

Many completers were staff whose leadership journey had been disrupted by the covid pandemic. Their commitment to develop their leadership and improve services led them across the finish line. After cohort 16, entry was suspended in order support the transition of staff and services into the group structure.

Recognising access to training is particularly challenging for some staff groups we increased our digital offer to include recorded webinars supported with companion guides and reflections that can also serve as evidence for appraisal and revalidation.



90-DAY CHALLENGE

Building on the success of the Bitesize 90-Day Challenge introduced in 2022/23 we incorporated the megabit into bespoke offers to teams and staff networks.

17 members of the Clinical Administration Service passed through with flying colours undertaking some impressive challenges which reduced waits, increased access to care and improved team working. Seven members of our staff completed the pilot Disabled Leadership Programme which finished with a 90-day Challenge. Many staff secured promotion or took on greater responsibility for network and service development swiftly after.

RISE AND SHINE LEADERSHIP PROGRAMME

Rise and Shine is a 13 month programme for new and emerging leaders. It provides a mixture of transactional and transformational leadership content ending in work based projects.

13 new and emerging leaders have been through or are about to complete our Rise and Shine Leadership Programme

SUPERVISORS +

Supervisor's Plus has been relaunched to ensure that content remains timely and e are able to equip staff members with the current leadership toolkit.

The Supervisors+ programme is available to staff (working between bands 3 – 5) who are new to leadership or aspiring to move into a leadership role. The programme covers the main facets of leadership and development in simple, bitesize sessions designed to give new leaders the basics of leadership and management theory and practice in a safe and inspirational.

GREAT LEADERS BITE SIZE

Great Leaders Bitesize provides online and face to face small and easy to access modules on a variety of subjects from Managing attendance to Advanced Communication.

Over 300 staff have accessed Great Leaders Bitesize this year.

In 2023 we have introduced Critical Conversations: The Art of Constructive Feedback and Productive Challenge. This workshop highlights the significance of effectively giving and receiving feedback. Competently giving and receiving feedback is key to nurturing growth, developing relationships, and improving communication dynamics. This workshop empowers participants to provide constructive feedback, engage in purposeful conversation, and champion ethical behaviour, creating an environment of collaboration and continuous improvement.

We have also introduced this year REACT Mental Health training, which is licenced by March on Stress and delivered by local trainers. This aims to help managers/supervisors to have psychologically savvy and supportive conversations with a colleague about their mental health. Both workshops have proved to be popular additions to our bitesize prospectus.

These short sharp programmes remain popular and impactful. To reduce barriers to training we also made 210 place available on the Bigger Better Bolder Programme and staff took up this self-directed learning, which supports staff to develop a solutions-focused mindset and develop helpful, effective thinking habits.

MEDICAL LEADERSHIP

This November, working with colleagues in Medical Education Centre we introduced Aspiring Specialists, a programme designed to support:

- Registrars aspiring to consultant
- Newly appointed consultants; and
- Specialty and Specialists doctors keen to take on greater leadership responsibilities to improve services

27 Aspiring Specialists completed the two pilot cohorts in Q1 of 2024/25.



HEALTH AND WELLBEING

The health and wellbeing programme 'Up!' was launched in January 2020 to support staff's health and happiness at work.

The programme was ramped up with a variety of psychological, physical and emotional support services established for staff in 2022/23 in the wake of the pandemic and the programme was extended and enhanced in 2023/24.

A Health and Wellbeing Lead was seconded to the post in April 2023, working alongside the

Trust Board Wellbeing Guardian and the newly established Health and Wellbeing Committee, and has established a network of around 40 health and wellbeing champions to deliver messages, advice and signposting to staff in all areas of our hospitals.

Running under the banner of Up, the trust now has a wealth of activities to support and engage staff in line with NHS England's drive to focus on personal health and wellbeing of the NHS workforce.

Between April 2023 and March 2024, 389 events and activities were held for staff as part of the health and wellbeing programme, attracting 3,305 attendances.

Activities include:

- Three lunchtime walking groups at HRI and CHH.
- Free weekly, early morning yoga sessions.
- Tai Chi and Qigong
- Weekly mindfulness sessions supported by the
- Pastoral and Spiritual Care Team.
- Pilates classes
- Regular and free lunchtime drop-in yoga sessions
- Craft sessions at both hospitals
- HUTH Art, which is a WhatsApp based group.
- HUTH Grow Your Own, an online support group for vegetable and fruit growers.
- HUTH Hikers – offering hikes of six to nine miles
- around East Yorkshire every month
- Gardening Clubs and gardening activities
- HUTH Harriers running group.
- Healthy HUTH – healthy lifestyle group.
- Top smoking cessation (in collaboration with the Stop Smoking Service)
- Monthly relaxation workshops.
- Sound Baths for individual teams at both
- HRI and CHH to promote restorative healing
- Weekly parkruns
- Skincare pampering sessions
- Seasonal events such as the Comfort and
- Joy Christmas event

Up! worked with the Trust's gardening team at Castle Hill Hospital to create a mile-long woodland trail on the edge of the hospital grounds, complete with picnic tables and benches using recycled materials, open to all staff to enjoy in May 2023.

Staff drop-in health clinics were established and six events were held, offering free blood pressure checks, Hepatitis C advice, smoking and alcohol advice, counselling, career advice physio advice and fitness checks. The trust also worked in collaboration with Hull City Council to offer at-work health checks for staff aged 40 to 74. The plan is to continue these clinics every season at both hospitals and extend services to promote personal health and wellbeing including cervical and breast screening and skin safety in the sun.

Staff are also encouraged to use alternatives to driving to work to improve their health and wellbeing, including cycling, walking and running. The Trust achieved silver

accreditation with Modeshift in 2023/24 after being awarded bronze in 2022/23 and was named Team of the Year in the national awards ceremony at York Racecourse in November 2023 for its staff travel project Getting to Work. We remain an exemplar site for NHS England because of the progress made in improving staff travel and encouraging behavioural change to support staff's wellbeing and have supported several NHS trusts to introduce changes in their own organisations.

The three park-and-ride services where staff can use their ID badges to travel for free to HRI and CHH remain and a fourth service has been introduced to allow staff living in East Hull to travel for free to Castle Hill. These services supplement the existing free services between both hospitals and the park-and-ride to HRI from Priory Park.

Four Getting to Work staff travel events in conjunction with East Riding of Yorkshire Council and Hull City Council, Stagecoach, East Yorkshire Buses and Safer Roads Humber were held throughout the year to promote active commuting and the free bus services and these will continue in 2024/25.

Two new bike compounds costing £180,000, each with spaces for 100 bikes and with showers and changing facilities, opened in May 2023 to support the growing number of cyclists at both hospitals. Bike security marking events with Humberside Police were also held regularly throughout the year with bike maintenance days, e-bike trials and safer route planning.

A Take Your Break campaign was launched in Summer 2023 and is still running to encourage staff to take their legal entitlement to rest breaks during their shifts. A trust-wide survey was undertaken to identify areas where staff were not able to have breaks and work continues to address these issues.

The health and wellbeing lead has attended inclusive events organised by the Staff Networks to promote health and wellbeing among the Trust's diverse group of staff and there have been targeted interventions to support specific teams and groups of staff such as junior doctors, admin teams and emergency staff.

WELLBEING SUITE

The Trust makes full use of its purpose-built staff wellbeing suite at Castle Hill Hospital and the facility has showers, lockers and two large rooms that allow for a variety of staff support activities to take place.

Current activity has focused on:

- Cycle to work events
- Walking groups
- Gardening club
- Psychological debriefing
- Weekly mindfulness sessions
- Coaching sessions
- Personal development sessions
- Sound baths
- Yoga

Thanks goes to the WISHH Charity, as without them this amazing facility would not be possible. Plans have now been submitted for a similar wellbeing facility at HRI to ensure that staff across the Trust can access a safe and relaxing space when needed.

EMOTIONAL WELL-BEING SERVICE

The multidisciplinary team approach to emotional well-being support for staff continues to deliver and shape mental health and well-being services.

The team includes:

- Occupational Health Team
- Pastoral and Spiritual Care Department
- Psychological Services Department
- Organisational Development (including Coaching
- Network) Team

The team offers a wide range of staff support services including:

- 24 hour hotline (staffed by the Pastoral and Spiritual Care Team).
- Staff support email for signposting and booking appointments.
- In house staff support psychologists (ICU and Trust wide) bookable 1:1 slots.
- Counselling (in-house) and via self-referral to Focus Counselling Services.
- Bookable personal coaching 1:1s provided by a qualified coach in the OD team.
- Chaplaincy team daily in reach to wards and departments connecting with and supporting staff directly.
- Coaching/clinical supervision led support for wards and departments.
- Wellbeing and resilience training sessions.
- Professional Midwifery and Nursing Advocate services (PMA & PNA).

All these services are in addition to the outstanding services currently provided by the Trust's Occupational Health Team and are designed to complement and provide extra capacity.

TRAUMA RISK MANAGEMENT SERVICE

Trauma risk management (TRIM) is a trauma-focused peer support system which offers psychological debriefing for people who have experienced a traumatic, or potentially traumatic, event.

61 potentially traumatic incidents have been referred to the TRIM service this year, 348 staff received a traumatic incident briefing and 27 individual risk assessments were performed.



TRIM
TRAUMA RISK MANAGEMENT

PEER SUPPORT FOLLOWING TRAUMA

If you've been exposed to a potentially traumatic event at work, We can really help.

Text TRIM to 07884757010

Email: hyp-tr.trim@nhs.net



ANNUAL REPORT 2023/24



ANNUAL ACCOUNTS