



Northern Lincolnshire
and Goole
NHS Foundation Trust

Annual Report and Accounts 2023/24

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

United by Compassion:
Driving for Excellence

Northern Lincolnshire and Goole
NHS Foundation Trust

Annual Report and Accounts 2023/24

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Schedule 7, paragraph 25 (4) (a) of the
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Chair's Foreword

Thank you for taking the time to read our Annual Report and Accounts for 2023/24.

The trust has seen a great deal of change in the last year. In last year's foreword to the 2022/23 Annual Report I set out some of the changes that had just started to take effect when the report was published. More changes have taken place since then. As I wrote previously the ambition of having a single Chair between Northern Lincolnshire and Goole NHS Foundation Trust and Hull University Teaching Hospitals was established a few years ago with the aim to facilitate and foster greater strategic alignment and partnership working. That ambition was built on and in November 2022 we announced our intention to bring both trusts together in a group model with a Group Chief Executive leading a single executive team. Jonathan Lofthouse joined us in August 2023 as Group Chief Executive with the new group executive team formed in November 2023, and with all posts filled in April 2024.

Jonathan and the executive team also quickly kicked off a piece of work to develop a new vision for the group as well as new values and behaviours. Our new values and behaviours were developed through a thorough and inclusive process involving many of our staff as well as our partners and other stakeholders, thanks to everyone who contributed. You can read more about these in Jonathan's overview later in the report. In spring 2024 the group formally launched its new name – NHS Humber Health Partnership and also created joint clinical services across both trusts called care groups. The 14 clinical care groups ran in shadow form for two months before starting to work fully in April 2024.

Clearly this is a lot of change to experience and manage and much of it was done throughout the winter. I would like to thank staff who were involved in any of these pieces of work and took part alongside their day job. I know for many it will have been an uncertain time and they coped admirably and continued to keep all our services safe and available to our local communities.

The 2023/24 financial year saw the completion of many of the final elements of the trust's huge capital investment in urgent and emergency care. After opening our two superb state-of-the-art emergency departments at Grimsby and Scunthorpe in 2022/23 we opened our Integrated Acute Assessment Units at both hospitals in the first few months of 2024. These units have transformed, alongside our new emergency departments, our ability to see and treat patients quickly and care for them in a modern environment.

Our capital programme continues and later in 2024 we will open new Community Diagnostic Centres (CDCs) in both Grimsby and Scunthorpe town centres. These CDCs will mean our patients can go there for many of the diagnostic checks and tests they need and will no longer have to attend the hospital site for these. I would like to thank our partners in these developments for their help and support, particularly both councils who have fully supported our work.

Once again, our performance against national targets throughout the year was mixed. With the continuing rise in demand for emergency care and waiting lists rising we did struggle to see and treat many patients in a timely way, as did most hospitals up and down the country. In our emergency departments too many patients had to wait longer than four hours, with many having to wait much longer than that. I would like to apologise to all those patients. Improving this figure is a key challenge, and a top priority, for all NHS acute hospitals in 2024/25 and we will do everything we can to improve our performance.

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

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

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

I hope you will find the report interesting and informative. I look forward to reporting our 2024/25 year to you when we will be able to provide more detail on the progress of our group.

Signature:

A handwritten signature in black ink, appearing to read 'Sean Lyons', with a horizontal line underneath.

Sean Lyons
Chair

Date: 8 August 2024

The Performance Report

Overview

The aim of this overview section is to set out:

- A brief history of the trust
- The regional context the trust operates in
- The purpose and activities of the trust
- The issues and risks within the year which could have affected the trust in delivering its objectives
- An explanation of the adoption of the going concern basis
- A summary of performance for 2023/24 against the national standards.

About the trust

Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) is a joint acute and community foundation trust serving a population of around 445,000 people across North Lincolnshire, North East Lincolnshire, the East Riding of Yorkshire and West and East Lindsey. The trust was formed on 1 April 2001 following the merger of North East Lincolnshire NHS Trust and Scunthorpe and Goole Hospitals NHS Trust. It has been a foundation trust since 1 May 2007. In April 2011 the trust became a combined trust providing both acute and community services for the communities of North Lincolnshire. As a result of this the name of the trust, whilst acknowledging the geographical spread of the organisation, was changed during 2013 to reflect the fact it does more than run hospitals.

In August 2023 the trust joined together with Hull University Teaching Hospitals in a group organisational structure. In Spring 2024 the group formally launched its new name – NHS Humber Health Partnership and also created joint clinical services across both trusts called care groups. The section of the report below describes how NLaG was structured before the 14 clinical care groups were created. The care groups will be set out in the 2024/25 Annual Report.

NLaG offers services in three main hospitals – Scunthorpe General Hospital (SGH), Grimsby's Diana Princess of Wales Hospital (DPOW) and Goole and District Hospital (GDH) – as well as in a range of community settings such as health centres, clinics, Louth hospital and in people's own homes.

Regional and health system context

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

The HNY ICB's vision is for people to 'Start well, live well, age well and when the time comes die well'. In its long term plan the ICB set four priorities:

- Helping people to look after themselves and stay well
- Providing services that are joined up across all aspects of health and care
- Improving the care provided in key areas
- Making the most of all its resources

In July 2023 the ICB published its Joint Forward Plan setting out how it will deliver its strategy from 2023 through to 2028. This document is available on the ICB website (www.humberandnorthyorkshire.icb.nhs.uk) and sets out how the partnership will work in the areas served by the trust (North East Lincolnshire, North Lincolnshire and the East Riding of Yorkshire) to ensure it meets its strategic objectives. In the 2023/24 financial year the trust's delivery plan reflected many of the ICB's priorities such as: tackling health inequalities; reducing the size of waiting list; making sure people get timely access to cancer diagnosis and treatment; improving the number of patients waiting four hours and less in hospital emergency departments (EDs); and improving ambulance handover times to allow ambulances to get back on the road as quickly as possible.

The trust's services

Community services

The trust provides a wide range of community services across North Lincolnshire, including district nursing, physiotherapy and psychology, podiatry, and specialist dental services. The community nursing and therapy services staff work with people of all ages and in a variety of settings from health, social care, and educational settings as well as in people's homes. The community and therapy staff recognise the importance of people being able to achieve and maintain their independence and health as far as possible.

Goole and District Hospital (GDH)

This is a purpose-built, community-plus hospital opened in 1988 which brought together services from a number of scattered sites around the town of Goole. It had 30 funded beds in 2023/24. Medical Services include general medicine, elderly, cardiology, rheumatology, gastroenterology, a light treatment service, diabetes and endocrinology, and haematology. Surgical services provided include general surgery, orthopaedics, ophthalmology, Ear, Nose and Throat (ENT), gynaecology and urology. There is also a surgical day case unit, also used to perform urology endoscopic procedures. Two further main theatres are equipped for major orthopaedic work and other types of surgery. In addition, the site has a well-equipped ophthalmic suite and theatre and an outpatient department.

During the Covid-19 pandemic, some outpatient clinics were run virtually and this continued in 2023/24. Audiology services are provided by the Surgery division. Family Services provide outpatient consultant-led gynaecology clinics, colposcopy services, hysteroscopy services and a midwifery-led 'Home from Home' unit for low-risk deliveries.

A consultant-led clinic for obstetrics is also provided with sonographer input. Consultant led paediatric outpatient activity is also delivered from Goole, to try to provide care closer to home. Therapy services are provided for both inpatients and outpatients with physiotherapy, occupational therapy, nutrition and dietetics and psychology services. There are two x-ray rooms together with mobile units, and an ultrasound room.

The diagnostics department also provides a regular mobile Magnetic Resonance Imaging (MRI) / Computed Tomography (CT) service. The hospital also accommodates a neurological rehabilitation centre - the Goole Neuro Rehab Centre, which is now managed by the Community and Therapies Division of the trust. Goole hospital also receives an in-patient pharmacy service and out-patient dispensing service from a community pharmacy contractor based within the hospital grounds.

Diana, Princess of Wales (DPoW) Hospital

Based in Grimsby, the hospital is situated on a single site. Built in 1983, it has undergone considerable expansion since then. Projects completed over recent years have provided a centralised fully integrated operations centre, theatres reconfiguration, new CT machine, new MRI, Acute Assessment Unit (AAU), full refurbishment of two medical wards, and new build of key worker accommodation comprising 220 student rooms and self-contained flats. In addition, the redevelopment of the Emergency Department (ED) was completed in October 2023. Diana Princess of Wales Hospital provides the full range of district general hospital services, including emergency care, medicine, surgery and critical care, paediatrics, obstetrics, gynaecology, outpatients, diagnostics and therapy services. The hospital had 329 funded beds in 2023/24.

Medical specialties onsite include the ED, Same Day Emergency Care (SDEC), integrated AAU, frail elderly assessment services, diabetes and endocrinology, cardiology (including angiography, cardiac catheterisation, cardiac devices and permanent pacing facilities provided from a purpose-built Cardiology Day Case Unit), respiratory medicine, elderly care, haematology and gastroenterology, stroke services and rheumatology. Oncology, outpatient cardiothoracic surgery, plastic surgery and renal medicine are provided by visiting consultants from Hull University Teaching Hospitals (HUTH).

Surgical specialties on site include trauma and orthopaedics, anaesthetics, critical care, general surgery, urology, ophthalmology, ENT and maxillo-facial. The theatre suite provides eight fully equipped theatres each with its own anaesthetic room and two theatres dedicated to orthopaedic use (both with ultra clean air facilities). One theatre is dedicated to emergency work and staffed at all times.

A separate session is reserved each day for acute trauma cases, including weekends. Patients requiring admission are admitted to Integrated AAU and streamlined to a speciality ward dependent on capacity. Some emergency mobile patients, if they meet a set criteria, are streamed up to the Same Day Emergency Care (SDEC) unit.

Family Services, where we provide maternity and paediatric services, are located in an estate comprising of maternity wards, a gynaecology ward, dedicated obstetric theatres within the maternity unit, Paediatric and Neonatal in-patient areas, and the Child Development Centre.

Complementary to this is the community midwifery service that operates across a number of satellite locations in North East Lincolnshire we provide encompassing care to women and their families throughout the area, including East Lindsey. Our breast imaging and diagnostic service is run from our dedicated unit called the Pink Rose Suite. Emergency/acute paediatric services are provided through the Emergency/acute paediatric services are provided through the dedicated Paediatric Area within the ED and the Paediatric Assessment Unit located in the paediatric ward.

This is supported by a neonatal unit and children's ward, caring for medical and surgical patients. Four designated beds are provided for babies requiring transitional care within the maternity unit. We have a range of outpatient clinics, providing general paediatric clinics to specialist paediatric clinics. During the Covid-19 pandemic, some outpatient clinics were run virtually and this continues. The pathway is continued through the delivery of community paediatrics, ensuring children are provided appropriate care at an appropriate setting.

All the diagnostic and service departments are based on site including: endoscopy, which has received accreditation from the Joint Advisory Group [JAG] showing it has demonstrated that it has the competence to deliver against the criteria set out in the JAG standards; and radiology with plain film, ultrasound, nuclear medicine, CT and MRI. Medical physics provides neurophysiology, respiratory physiology, urodynamics and medical illustration. The hospital also hosts the Path Links hub laboratory for blood sciences. Community and Therapy services provide a wide range of support for in-patients, out-patients and throughout the community covering physiotherapy, occupational therapy, speech and language therapy, nutrition and dietetics, wheelchair services, orthotics, podiatry, psychology and community dental.

The Assisted Living Centre operates on site and provides a fully refurbished centre for the assessment and provision of aids and adaptations. A satellite outpatient service in rehabilitation medicine is provided from premises in the nearby town of Brigg. Pharmacy services are delivered from an out-patient dispensary (delivered by Lloyds Pharmacy), an inpatient dispensary and a centralised Aseptic Services Unit (serving both DPOW and SGH). Medicines stocks are received from the centralised pharmacy store on the Scunthorpe site. The trust medicines information services are also located on the Grimsby site.

From October 2021 the outpatient Neurology service transferred over to HUTH, all the outpatients were transferred onto the HUTH patient admin system and the service is now managed by HUTH but delivered at two NLaG hospital sites.

Scunthorpe General Hospital (SGH)

Scunthorpe General Hospital (SGH) was first built in the 1920s and occupies a site surrounded by residential properties. The site has expanded over time with modernised structures attached to original buildings. Recent developments completed include a new (accredited by the Joint Advisory Group on GI Endoscopy) Endoscopy Unit and Lower gastro-intestinal Unit, a new General Practice (GP) / Urgent Treatment Centre (UTC) facility and CT scanner. Recent construction schemes include incorporating a CT scanner into the new ED, redevelopment of the ED and to add a geothermal ground source heating system.

SGH provides the full range of district general hospital services, including an ED, medicine, surgery and critical care, paediatrics, obstetrics and gynaecology, outpatients, diagnostics and therapy services. The hospital had 270 funded beds in 2023/24. Medical specialties on site include the ED, SDEC, frail elderly assessment services, acute assessment unit, diabetes and endocrinology, cardiology (with facilities for angiography, cardiac catheterisation and pacing), respiratory medicine, elderly care, haematology and gastroenterology, stroke services including Hyperacute, palliative medicine, rheumatology and neurology. Oncology, outpatient, cardiothoracic surgery, plastic surgery and renal medicine are provided by visiting consultants from HUTH.

Surgical specialities on site include trauma and orthopaedics, anaesthetics, critical care, general surgery, urology, ophthalmology, ENT and maxillo-facial. The hospital is equipped with six main theatres, including one theatre dedicated to trauma and orthopaedic use (with ultra clean air facilities). One theatre is dedicated to emergency work, staffed at all times. A separate session for acute trauma cases is reserved each day, including weekends.

Family Services in SGH provide the maternity pathway using a traditional service model comprising antenatal/postnatal clinics, dedicated Central Delivery Suite, maternity theatre and a dedicated antenatal / postnatal ward. Gynaecology is provided through a range of outpatient clinics and an inpatient ward facility. During the Covid-19 pandemic, some outpatient clinics were run virtually and this continues. Acute/emergency paediatrics is provided by specialist nurses in the ED in conjunction with doctors. The children's ward staff works closely with the ED staff assessing and receiving medical and surgical patients ensuring the pathway is seamless. An inpatient paediatrics service is provided caring for children aged 0 to 16 years, supported by a community service. A neonatal intensive care unit is based close to the Central Delivery Suite allowing easy access for mum to baby. There are four transitional care beds managed by the neonatal team.

All the diagnostic and service departments are based on site including endoscopy, radiology with plain film, ultrasound, CT and MRI. The hospital hosts the Path Links hub laboratory for blood sciences. Community and Therapy services provide a wide range of support for inpatients, outpatients and throughout the community covering community nursing (operating across three networks), physiotherapy, occupational therapy, speech and language therapy, nutrition and dietetics, wheelchair services, orthotics, podiatry, psychology and community dental.

A satellite outpatient service in rehabilitation medicine is provided from premises in the nearby town of Brigg. Pharmacy services are delivered from an out-patient dispensary (delivered by Lloyds Pharmacy), an in-patient dispensary and a centralised pharmacy store (receiving the majority of medicines deliveries for the trust then storing and distributing medicines stocks to all 3 sites). There is a degree of automation with an on-site pharmacy robot.

Working in partnership

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

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

Strategic Framework 2019-2024

Six years ago the trust board spent much time discussing the trust's purpose and strategic objectives. These conversations continue on a regular basis as the trust responds to what is happening nationally – such as the publication of the NHS Ten Year Plan – and locally, with changes to how services are commissioned and delivered through the development, for example, of the Primary Care Networks (PCNs) and the ICB across the area served by the trust.

The trust formed a hospital group with Hull University Teaching Hospitals (HUTH) in August 2024 under a new Group Chief Executive. Once in post the Group Chief Executive explained to staff he wanted to create a new strategy for the group with work and discussions beginning on that in March 2024. The new strategy, including a new vision and new values, is set to be launched around July 2024. The rest of this section of the report sets out NLaG's strategic framework which was agreed for the period 2019/2024.

The framework sets out the trust's vision, values, the principles it will work to, objectives and priorities to achieve by 2024. In 2019/20 the trust developed a Strategic Plan setting out what it is aiming to achieve under these headings in more detail. This plan was made available on the trust website.

Vision

The trust's vision is 'Committed to caring for you'.

Values and behaviours

<h2>Our values and behaviours</h2> <h1>Kindness • Courage • Respect</h1>		
We believe kindness is shown by caring as we would care for our loved ones	We believe courage is the strength to do things differently and stand up for what's right	We believe respect is having due regard for the feelings, contribution and achievements of others
<ul style="list-style-type: none">- I will be compassionate, courteous and helpful at all times- I will be empathetic, giving my full and undivided attention- I will show I care by being calm, professional and considerate at all times	<ul style="list-style-type: none">- I will be positively involved in doing things differently to improve our services- I will challenge poor behaviour when I see it, hear it or feel it- I will speak up when I see anything which concerns me	<ul style="list-style-type: none">- I will be open and honest and do what I say- I will listen to and involve others so we can be the best we can be- I will celebrate and appreciate the successes of others

Strategic objectives

To give great care

We want to offer high quality, safe services which are stable and are not reliant on just one or two members of staff. We want to make sure we have a culture of continuous improvement and we learn from incidents and other hospitals. We want to make sure we focus on patients and their needs. So, to provide great care we will work and make decisions where we:

- Never compromise on safety
- Give care which works and is clinically proven
- Work on what matters to patients
- Always seek to learn and seek improvements

To be a good employer

Our staff are, without question, our most important asset. We need to do everything we can to offer great jobs and career progression in an environment where everyone feels supported, appreciated, and invested in. We want our staff to feel they can raise concerns and ideas and know they will be listened to. Only by doing these things will we begin to attract and retain the numbers of staff we need to run our services. We will therefore look to:

- Develop a skilled and motivated workforce and promote staff wellbeing
- Create a safe and nurturing environment
- Listen to the concerns and ideas of staff

To live within our means

For many years the trust has spent more money than it gets in. It is for this reason it was put into Financial Special Measures at one point. There was a need to be better at financial planning and managing scarce financial resources. Reporting a deficit every year is not something the trust can do forever. We need to make sure every pound we receive is spent in the right way and we make sure we live within our means. So, we will be aiming to:

- Deliver value for money and work to eliminate the deficit
- Spend every pound wisely
- Innovate and educate to save
- Secure more investment

To work more collaboratively

The trust is not able to offer high quality services to everyone who needs them. Some patients' needs are too complex for us to treat as we don't have the specialist skills and knowledge to do that. Other patients need the support and help of mental health specialist teams which we do not have. For the local health providers to do the best for every single person in our communities we are going to have to work together. This means, for example, thinking about new ways to attract staff who might work for a number of organisations. To make sure we collaborate more the trust will:

- Work with others to provide sustainable services
- Develop talent for the health community
- Use resources in the best way we can

To provide good leadership

The strategy can only be successful if all the trust's staff are committed to making it happen. That commitment comes from making sure they have the tools, knowledge and equipment they need to provide the care they strive to. It also means they have managers who show a similar commitment to make sure their teams are working effectively, and everyone knows what they need to do and how they are going to do it. Our leaders need to be role models for all that is best in the NHS and in the trust. By doing this they will create ambitious, motivated and successful teams. As such we see strong leaders to be those who:

- Ensure professional standards
- Be ambitious and aspirational
- Role model values and behaviours
- Develop skills and knowledge
- Strengthen team working

2024 priorities

Integrated urgent and emergency care

The trust wants to create an urgent and emergency care service which means patients are seen by the right staff members in the best place for them and as quickly and efficiently as possible. Often this means patients are not seen or treated in the ED (as they have been for many years) but in other, more appropriate services. To achieve this, the trust will, over the next five years:

- Develop and implement community-based assessment for frail patients
- Achieve the integration of Urgent Treatment Centres, which provide urgent medical help when it is not a life-threatening emergency
- Create multidisciplinary assessment models combining surgical and medical assessment, ambulatory care and short stay services to:
 - reduce length of care
 - increase same day emergency care
 - avoid admissions
 - achieve the reconfiguration of existing infrastructure through allocated capital funding to combine the above services into appropriately located multidisciplinary assessment units
 - deploy allocated capital funding to locate the above services together

Transformed outpatient services

The NHS Ten Year Plan sets out the national vision for outpatient services. It is ambitious and talks about reducing visits to hospitals for these appointments by about a third, using technology to achieve this. The plan also talks about finding better ways for different healthcare services to share information about patients.

To make sure the trust can meet these ambitions it will, in the next years, work to:

- Implement advice and guidance across all specialities to improve referral flow and reduce demand
- Achieve virtual clinics to avoid the need to attend hospital
- Develop and implement shared care plans with other healthcare professionals
- Develop digital systems to deliver a third of outpatient attendances out of hospital

Created a sustainable hospital at Goole

The trust wants to create three vibrant hospitals to serve its local communities, this means focusing on Goole as well as Grimsby and Scunthorpe. In 2019/20 the trust set a priority to move more planned care to Goole District Hospital. This was the start of a longer-term piece of work to create a sustainable hospital in the town. In the following years the trust will:

- Increase the elective / day case planned surgery provision to its full potential
- Through wider integration, develop opportunities to create a base for a centre of excellence i.e. rehabilitation services

Worked in partnership with Primary Care Networks

Working more closely with primary care, i.e. the GPs and their surgeries, is another key element of the NHS Ten Year Plan. This makes sense to share resources – people and money – and to share getting the best out of them through shared training, recruitment, and retention approaches. In the next five years the local health system will change through the development of PCNs. Each network consists of groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations. The trust will work with these networks to:

- Explore opportunities to join resources with primary care
- Strengthen clinical recruitment and training across the healthcare system
- Work to share skills and knowledge across the primary care system

Reconfigured specialties on to one site where appropriate

Through the Humber Acute Services review (HAS) the trust will ensure all services are reviewed and assessed to provide optimal care for the population in the right place and at the right time. There will be a particular focus on:

- Development and implementation of a Cardiology Strategy
- Review of Maternity and Paediatrics to meet the required standards and ensure the trust has the right pathways and service support in place
- Development and implementation of a Medicine Strategy
- Development and implementation of a Surgery Strategy

Restructured cancer services

Cancer services are one of the areas where the trust needs to improve: to make sure patients get access to diagnostics quickly and, where cancer is identified, treatment can start as soon as possible. Access to cancer outpatient appointments changed in January 2020 when the trust centralised them at Grimsby. There is more detail on this later in this chapter. The trust does not have access to skilled and experienced cancer specialists and needs to change what it does to make sure it provides the best possible care to every patient. It will look to do this by working with other trusts and hospitals which do have the experienced staff as well as the facilities to provide the very latest treatments. To ensure this happens in the next five years the trust will:

- Review and assess tumour site services to provide best care
- Explore and develop new models of care to ensure faster diagnosis is delivered in 28 days and treatments provided to time
- Expansion of MRI and CT scanning through capital funding to implement new scanners

Significant events in 2023/24

Building our future – progress with capital investment

Our top priority will always be to give our patients excellent standards of care – which is why we are continuing to invest in creating the right environment in which to provide that care, with the facilities, spaces, and equipment our teams need. One of the biggest challenges we face, both as a trust and as part of the wider NHS Humber Health Partnership, is our aging estate – which includes a number of areas that we do not feel meet the high standards we would like for our patients and staff. However, we are continuing to push forward with our ambitious £101 million programme of works to improve our sites, both by building new facilities and refurbishing existing areas.

Among the most significant developments made in the last 12 months, are the opening of two bespoke Same Day Emergency Care and Integrated Acute Assessment Units at our hospitals in Grimsby and Scunthorpe. Co-located with our recently opened state-of-the-art Emergency Departments, these units are the latest phase in our £65.2 million investment in improving urgent and emergency care.

They are staffed by senior clinicians from a range of disciplines, allowing us to direct patients straight to the person best suited to assess, diagnose and begin their treatment, without the need to be admitted to a ward, helping to reduce demand, and waiting times.

We are also investing in improving diagnostic services across our region, partnering with our local authorities in North and North East Lincolnshire, along with the Humber and North Yorkshire Integrated Care Board, to provide two new Community Diagnostic Centres. Located in the heart of Scunthorpe and Grimsby's town centres, each centre will enable us to offer an additional 150,000 diagnostic appointments a year, without the need for patients to come to our hospital sites.



Due to open in autumn 2024, the centres will offer a wide range of potentially life-saving tests, including ophthalmology, non-obstetric ultrasounds, MRIs, and a mix of pathological and physiological tests, such as ECGs and X Rays. In Scunthorpe, we are building a purpose-built centre in the town centre, close to public transport links and ample public parking facilities, while in Grimsby we are repurposing five vacant units in the town's shopping centre, helping to increase footfall and boost the local economy.

Our estates and facilities team has also embarked on a series of improvement schemes across our sites, which may not be on the same scale as these major new developments but will still have a big impact for our patients and staff. These include:

- New biopsy rooms and toilet facilities in our urology department at the Diana, Princess of Wales Hospital, Grimsby
- More environmentally friendly LED lighting is being installed throughout our hospitals at Grimsby and Scunthorpe, mirroring work we have already done in Goole.
- Changing Places facilities for disabled patients and visitors at Scunthorpe General Hospital
- Air conditioning being installed in some areas of Goole District Hospital
- Improvements being made to our electrical, fire alarm, and water systems at Scunthorpe
- Refurbishing waiting and recovery areas in Grimsby's Endoscopy unit
- Installing a new MRI and a new CT scanner at Scunthorpe
- Repairs to the roofing across our sites
- Creating a new maternity triage area in our Family Services building at Grimsby
- Improvements to the chapel at Goole

Digital investment

We have also invested to improve our digital systems and upgrading our devices and equipment, as we believe that when our clinical teams are with our patients, they should have access to all the information they need to assess, diagnose, and treat them at their fingertips.

The most significant of these schemes was introducing a new Patient Administration System (PAS) – which is a vital tool in managing key aspects of patient care, including appointments, waiting lists, clinics, and patient information. Our new PAS also brings us in line with our NHS Humber Health Partnership colleagues at HUTH, enabling more seamless care for those patients requiring specialist services on both sides of the Humber.

Similarly, we have introduced Badger Net, a new digital system for maternity care which is being used across our region. The fully digitised system has allowed us to move away from recording patient details in old-fashioned green books and a myriad of paper forms, replacing them with a streamlined digital solution that can link in with our existing computer systems and allows our midwives to enter updates in real time. Women and pregnant people are also able to access their records, along with tailored advice and support for the relevant stage of their pregnancy or antenatal care, quickly and easily through the Badger Notes app.

We've also introduced solutions which enable clinical staff working in busy environments such as our Emergency Departments and wards - where numerous staff all share one computer - to easily log in and out of the systems they need without compromising on keeping patient information safe and confidential.

The Single Sign On system allows staff to use their identity cards and a pin code to log into all their systems at once, reducing the amount of time they need to spend logging into numerous different programmes.

And, when they're finished, they simply use their cards to 'tap out', preventing anyone else from accessing our systems without first logging in themselves.

The security of our systems and protecting patient information is something that's extremely important to us and, over the last year, we have introduced a number of measures to increase our cyber security. This has included adding Multi Factor Authentication (MFA) to our remote access and NHS Mail login requirements and the implementation of Fairwarning, a system which flags up if records have potentially been accessed without a reason for doing so or if someone's login credentials have been compromised.

Looking ahead

Of course, these are just the highlights, and there have been many more schemes and projects to improve our estates and digital landscape over the past 12 months. These are areas we will continue to invest in, as we continuously strive to provide our patients with the highest standards of care and experience.

Humber Acute Services programme

The Humber and North Yorkshire ICB launched a public consultation on its proposal to change the way some more complex medical, urgent and emergency care and paediatric (children's) services are delivered at hospitals in Scunthorpe and Grimsby.

The consultation ran for 14 and a half weeks – from 25 September 2023 to 5 January 2024 – and received nearly 4,000 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 Consultation approach was shaped by guidance, best practice standards and learning from others to ensure it was undertaken in an open and inclusive manner. The consultation was designed to seek out the views of those most likely to be impacted by change and ensure that everyone who wanted to take part and share their views was given sufficient opportunities, sufficient information and sufficient time to do so.

Underpinned by key principles to be open, inclusive and accessible, the consultation approach:

- Identified the appropriate target audiences and adapted methods of engagement to meet their needs and expectations
- Was innovative and creative, going beyond the traditional 'town hall' approach and getting out into communities
- Relied on independent expertise to ensure a robust approach to collection and analysis of data

In designing the consultation, detailed analysis of activity data, travel modelling, population health information and recent census data was undertaken to identify target cohorts based on age, gender, locality, deprivation and other relevant socio-economic factors to shape decisions about areas of focus and methods used to engage.

The detailed stakeholder analysis that was undertaken ensured the consultation was appropriately targeted to those communities most likely to be impacted by the proposal to change the way some more complex medical, urgent and emergency care and paediatric (children's) services are delivered at our hospitals in Scunthorpe and Grimsby.

Throughout the consultation period, 3,956 people provided feedback via the online consultation questionnaire. In total, 65 events took place. Approximately 2,500 people were engaged or involved in discussing the proposal and/or providing feedback through one of the consultation events.

In addition, there was widespread media coverage of the consultation process with more than 30 articles in local press and TV news and more than 300,000 people were informed of the consultation via social media, online marketing and/or door-to-door direct marketing.

When the decision to go out to consultation was taken last July, the proposal was to take recommendations back to the ICB Board in March 2024. However, as a result of the considerable engagement in the consultation process by residents, NHS staff and stakeholders and the rich and valuable feedback we have received, the ICB wanted to ensure this can be carefully analysed and considered and then used in a meaningful way to shape any final proposals before they're put forward for a decision. Recommendations to the ICB public board meeting will happen later in 2024.

The Health Tree Foundation

The Health Tree Foundation (HTF) is the trust's charitable arm, raising funds and managing donations across all three hospitals and in community services. In this section of the Annual Report Charity Manager, Lucy Skipworth reflects on the work of the charity in the 2023/24 financial year.

We have supported a number of great causes across our hospitals. We were left a substantial legacy donation for Scunthorpe hospital by the late Mrs Elizabeth Fairchild. We're using this money to roll out improved dementia facilities. We have also granted a number of wishes for staff. These range from equipment for clinical areas to radios for wards. The most important thing is everything we fund helps improve patient experience.

Our supporters and fundraisers (see photo right) continue to raise funds for the hospital. This includes events such as a charity swim to raise funds for the Colorectal department at Scunthorpe General Hospital, a sponsored walk from Cleethorpes to Grimsby to purchase toys and equipment for Grimsby's Rainforest Ward and a family fun day to raise money for Grimsby's NICU.



Scunny Bikers (see photo on the left) continue to put smiles on the faces of the children on Disney Ward at Scunthorpe hospital through their annual Easter and Christmas visits.

Our staff have also supported us with a number of fundraising events including climbing Yr Wyddfa (Mount Snowdon) to raise money for equipment to benefit patients needing surgery.

We were very pleased to have been supported by the Mayor of North East Lincolnshire, Ian Lindley (see photo right), who is also a staff member. Ian has taken part in a 24-hour dance-a-thon to raise money for The Pink Rose Suite at Diana, Princess of Wales Hospital in Grimsby. He also selected us as his chosen charity.



Moving forward, we continue to raise funds for our Little Lives appeal, which will help improve our children's services. We'll also continue the rollout of the Fairchild legacy.

None of this would be possible without your support and the contributions of our local public in helping us to raise funds, so I would like to say a huge thank you to all of you who have helped us. There is always room for more, so if you have not already done so, may I urge you to acquaint yourself with the Health Tree Foundation, to find out what they may be able to do to support you and, of course, vice versa!

Group Chief Executive's performance statement

Hello, and welcome to the Annual Report 2023/24 for Northern Lincolnshire and Goole NHS Foundation Trust (NLaG). 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 7 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 NLaG and Hull University Teaching Hospitals NHS Trust (HUTH).

The two trusts remain separate sovereign organisations, and as such have separate financial 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 eight months since I started with both trusts we have made significant changes and progress. By the end of November 2023 I had appointed most of my executive leadership team. By the start of February 2024 we had most of our senior operational roles filled, and from 1 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 2024/25 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 savings will follow.

I need to acknowledge and thank both Chris Long, Chief Executive at Hull University Teaching Hospitals NHS Trust and 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.

Signed:

Jonathan Lofthouse
Group Chief Executive
Date: 8 August 2024

Activity levels in the last three years

	2021/22	2022/23	2023/24
A&E attendances at Grimsby and Scunthorpe	147,849	152,856	174,008
Admissions into hospital	111,675	122,990	118,523
Number of discharges (patients leaving hospital)	111,613	122,951	118,174
Outpatient appointments (Attendances)	398,317	417,903	339,021
Births	3,802	3,719	3,703
Patients who were admitted as an emergency	33,172	24,911	26,288
Total number of operations in theatre	16,171	17,544	19,743
Total number of elective operations in theatre	11,677	12,911	14,965

Performance measurement

The Well-led Framework used by NHSE identifies effective oversight by trust boards as essential to ensuring trusts consistently deliver safe, sustainable, and high-quality care for patients. This includes robust oversight of care quality, operations, and finance. At the trust an Integrated Performance Report (IPR), which sets out how the trust is performing against external and internal targets, is submitted monthly to the trust board for assurance. This consists of Key Performance Indicators (KPIs) for the areas of:

- Access and flow
- Workforce
- Quality and safety

Since 2020, the IPR has taken on the 'Making Data Count' (MDC) approach to the presentation and interrogation of the trust's performance information. This involved redeveloping the IPR using statistical process control (SPC) charts to demonstrate performance. This new IPR style was also applied to board sub-committee reports and to divisional performance reports to provide consistency of reporting throughout the trust. Finally, the new IPR was structured to reflect the national targets outlined in the NHS Oversight Framework 2020/21 along with the trust's annual priorities, including quality priorities.

The purpose of this revised approach is to ensure that the Board is provided with robust and timely information on organisational and operational performance. Further information is provided to the board on an exception basis where under performance in a particular area or against a specific target is identified. To provide consistency with this approach the trust's performance measures for both 2022/23 and 2021/22 (for comparison) on the following pages are set out as SPC charts. A key is also available to aid understanding of these charts.

Key to Statistical Process Control (SPC) charts

Variation of the data

This indicates the trend of the data at the time of reporting (no change, concerning or improving)

Colours:

Grey = no significant change

Blue = significant improvement or low pressure

Orange = significant concern or high pressure

Improving, declining or staying the same:



No change: common cause – no significant changes, normal variation



Concerning: Special cause of concern or higher pressure due to higher values



Concerning: Special cause of concern or higher pressure due to lower values



Improving: Special cause of improving nature or lower pressure due to higher values



Improving: Special cause of improving nature or lower pressure due to lower values

Assurance of the target

This indicates whether the target is being met (randomly passing, consistently passing, or failing), and if the indicator is expected to reliably hit the target.

Colours:

Grey = hit and miss the target

Blue = will reliably hit target

Orange = change required to hit target

Can we reliably hit the target:



Random: Variation indicates inconsistently hitting, passing and falling short of the target

















































Passing: Variation indicates consistently passing the target





















Failing: Variation indicates consistently failing the target





























2023/24 trust performance compared to trust performance in 2022/23

Access and flow

Key Performance Indicator	2023/24						2022/23					
	Target	Actual ¹	Variation ²		Assurance ²		Actual ¹	Variation ²		Assurance ²		
% Under 18 Weeks Incomplete RTT Pathways <i>(End of Year Snapshot)</i>	92.0%	62.1%		Concerning		Failing	65.8%		Concerning		Failing	
Number of Incomplete RTT pathways 52 weeks <i>(End of Year Snapshot)</i>	353	839		Concerning		Failing	541		No Change		Failing	
Number of Incomplete RTT pathways 65 weeks <i>(End of Year Snapshot)</i>	0	28		No Change		Failing	<i>Not previously measured by SPC</i>					
Total Inpatient Waiting List Size <i>(End of year Snapshot)</i>	11,563	12,972		Concerning		Failing	12,037		Concerning		Passing	
Diagnostic Procedures Waiting Times - 6 Week Breach % (DM01)	1.0%	29.1%		Improving		Failing	34.3%		No Change		Failing	
Number of Overdue Follow Up Appointments - Non RTT <i>(End of Year Snapshot)</i>	9,000	47,945		Concerning		Failing	30,541		Concerning		Failing	
Outpatient Did Not Attend (DNA) Rate	5.0%	7.3%		Concerning		Failing	6.9%		Improving		Failing	
% Outpatient Non Face To Face Attendances	25.0%	22.5%		Concerning		Random	27.6%		Concerning		Passing	
Cancer Waiting Times - 62 Day GP Referral	85.0%	54.8%		Improving		Failing	51.6%		No Change		Failing	
Cancer Waiting Times - 104+ Days Backlog <i>(End of Year Snapshot)</i>	0	40		No Change		Failing	24		No Change		Failing	
Cancer - Patients With Confirmed Diagnosis Transferred By Day 38	75.0%	17.8%		No Change		Failing	26.9%		No Change		Failing	
Cancer - Request To Test In 7 Days	100.0%	52.9%		Improving		Failing	80.9%		No Change		Failing	

Access and flow continued

Key Performance Indicator	2023/24						2022/23					
	Target	Actual ¹	Variation ²		Assurance ²		Actual ¹	Variation ²		Assurance ²		
Emergency Department Waiting Times (% 4 Hour Performance)	76.0%	63.2%		Improving		Failing	59.8%		No Change		Failing	
Number Of Emergency Department Attendances	No Target	174,008		No Change	No Target		152,856		No Change	No Target		
Ambulance Handover Delays - Number 60+ Minutes	0	5,673		No Change		Random	8,734		No Change		Failing	
No Patients Waiting Over 12 Hrs From Decision to Admit to Ward Admission	0	8,522		Concerning		Failing	7,974		Concerning		Failing	
No Patients Waiting Over 12 Hrs Without Decision to Admit/Discharge	0	4,929		No Change		Failing	4,602		Concerning		Failing	

Key Performance Indicator	2023/24						2022/23					
	Target	Actual ¹	Variation ²		Assurance ²		Actual ¹	Variation ²		Assurance ²		
% Patients Discharged On The Same Day As Admission (excluding daycase)	40.0%	43.0%		No Change		Random	39.7%		Improving		Random	
% of Extended Stay Patients 21+ days (April - February)	12.0%	12.1%		No Change		Random	11.7%		Concerning		Random	
Inpatient Elective Average Length Of Stay	2.5	2.2		Concerning		Random	2.3		No Change		Random	
Inpatient Non Elective Average Length Of Stay	3.9	3.4		Concerning		Passing	3.7		Improving		Random	
% Discharge Letters Completed Within 24 Hours of Discharge	90.0%	97.0%		Improving		Passing	87.4		No Change		Random	
% Inpatient Discharges Before 12:00 (Golden Discharges)	30.0%	16.5%		Improving		Failing	16.6%		No Change		Failing	
General & Acute Bed Occupancy Rate (End of Year Snapshot)	92.0%	94.2%		Concerning		Passing	91.5%		No Change		Random	















Workforce

Key Performance Indicator	2023/24						2022/23		
	Target	Actual ¹	Variation ²		Assurance ²		Actual ¹	Variation ²	Assurance ²
Unregistered Nurse Vacancy Rate	8.0%	10.6%		Improving		Failing	14.7%		Failing
Registered Nurse Vacancy Rate	8.0%	9.7%		Improving		Failing	13.0%		Random
Medical Vacancy Rate	15.0%	12.8%		Concerning		Random	14.0%		Random
Trustwide Vacancy Rate	8.0%	9.2%		Improving		Failing	11.3%		Failing
Medical Vacancy Rate - Consultants	15.0%	19.1%		Concerning		Failing	Not previously measured by SPC		
Medical Vacancy Rate - Other	15.0%	9.0%		Concerning		Passing			
Turnover Rate	10.0%	10.7%		No Change		Failing	12.0%		Failing
Sickness Rate	4.1%	5.1%		No Change		Failing	5.7%		Random
PADR Rate	85.0%	84.2%		No Change		Random	80.1%		Random
Medical Staff PADR Rate	85.0%	95.0%		No Change		Passing	88.5%		Random
Combined AfC and Medical Staff PADR Rate	85.0%	84.8%		Improving		Random	80.0%		Failing
Core Mandatory Training Compliance Rate	85.0%	90.2%		No Change		Passing	90.3%		Passing
Role Specific Mandatory Training Compliance Rate	80.0%	79.6%		No Change		Failing	75.7%		Failing

Quality and safety

Key Performance Indicator	2023/24						2022/23		
	Target	Actual ¹	Variation ²		Assurance ²		Actual ¹	Variation ²	Assurance ²
Falls on Inpatient Wards (Rate per 1000 bed days)	5.87	4.40		Improving		Random	5.20		No Change No Target
Hospital Acquired Pressure Ulcers on Inpatient Wards (Rate per 1000 bed days)	3.67	3.70		No Change		Random	3.50		No Change No Target
Venous Thromboembolism (VTE) Risk Assessment Rate (April - February)	95.0%	95.4%		No Change		Random	95.4%		Failing Failing
Care Hours Per Patient Day (CHPPD)	No target	8.6		Improving	No Target		8.2		No Change No Target
Mixed Sex Accommodation Breaches	0	48		No Change		Random	107		No Change Random
Community Acquired Pressure Ulcers (Number)	0	570		No Change		Failing	Not previously measured by SPC		
Formal Complaints - Rate Per 1000 wte staff	5.53	4.32		No Change		Random	6.74		No Change No Target
Complaints Responded to on time	85.0%	84.5%		No Change		Random	67.3%		No Change Random
Friends & Family Test : Inpatient Score Percentage Positive (April - January)	100.0%	96.1%		Improving		Failing	Not previously measured by SPC		
Friends & Family Test : A&E Score Percentage Positive (April - January)	100.0%	77.0%		No Change		Failing	Not previously measured by SPC		
Number of incidents with harm caused due to failure to recognise or respond to deterioration	0	60		No Change		Random	Not previously measured by SPC		

Quality and safety continued

Key Performance Indicator	2023/24						2022/23		
	Target	Actual ¹	Variation ²		Assurance ²		Actual ¹	Variation ²	Assurance ²
Number of contacts with the MCA/DoLS team (July-March)	0	2	Not measured by SPC		Not measured by SPC		Not previously measured by SPC		
Percentage of MCA assessments that meet the legal requirements	50.0%	18.2%	Not measured by SPC		Not measured by SPC		Not previously measured by SPC		
Percentage of best interest recording for adults who lack capacity and meet the legal requirements (June)	100.0%	11.0%	Not measured by SPC		Not measured by SPC		Not previously measured by SPC		
Harm impact for weight related medication prescribing incidents	1.53	3.25		No Change		Random	Not previously measured by SPC		
Robson Scores - Group 1	7.1%	15.2%		No Change		Random	Not previously measured by SPC		
Robson Score - Group 2	51.1%	32.6%		No Change		Random	Not previously measured by SPC		
Number of Deliveries with Post Partum Haemorrhage > 1500ml	2.80	9.42		No Change		Random	Not previously measured by SPC		
Still Birth Rate per 1000	3.54	4.51		No Change		Random	Not previously measured by SPC		
Spontaneous 3rd or 4th Degree Tear	3.1%	1.3%		No Change		Random	Not previously measured by SPC		
Instrumental 3rd or 4th Degree Tear	3.1%	3.6%		No Change		Random	Not previously measured by SPC		

Quality and safety continued

Key Performance Indicator	2023/24						2022/23			
	Target	Actual ¹	Variation ²		Assurance ²		Actual ¹	Variation ²		Assurance ²
Number of MRSA Infections	1	3		No Change		Random	1		Concerning	Random
Number of E Coli Infections	46	59		No Change		Random	65		No Change	Random
Number of Trust Attributed C-Difficile Infections	20	19		No Change		Random	23		No Change	Random
Number of MSSA Infections	No target	23		No Change		Random	20		No Change	Random
Number of Gram Negative Infections	75	99		No Change		Random	103		No Change	Random
Hospital Standardised Mortality Ratio (HSMR) (October 22 - November 23)	As expected	97.0		Improving	As expected		98.9		Improving	As expected
Summary Hospital level Mortality Indicator (SHMI) (September 22 - October 23)	As expected	100.3		Improving	As expected		102.5		Improving	As expected
SHMI Diagnosis groups outcome risk percentage (infections) (October 22 - November 23)	No Target	95.7		Improving	No Target		Not previously measured by SPC			
Percentage of Structured Judgement Reviews (SJRs) sighting problems in care/negative learning themes (April - December)	18.0%	16.0%	Not measured by SPC		Not measured by SPC		Not previously measured by SPC			
Patient Safety Alerts actioned by specified deadlines	100.0%	98.3%		No Change		Random	88.0%		No Change	No Target
Number of Serious Incidents raised in month	8.7	59		Improving		Random	116		No Change	No Target
Occurrence of 'Never Events' (Number)	0	0	Not measured by SPC		Not measured by SPC		Not measured by SPC			
Duty of Candour Rate	100.0%	100.0%		Improving		Random	98.9%		Improving	Random

Notes to SPC charts

1 Full year position (unless otherwise stated)

2 Representative of the latest data available as reported at the end of the financial year.

3 Indicators not reported in the IPR at this time. Figure provided for reference.

Health inequalities data

Elective activity vs pre-pandemic levels for under 18s and over 18s

Elective recovery - Under 18 2019/20

Ethnic group	Index of Multiple Deprivation Decile											Total
	1	2	3	4	5	6	7	8	9	10	Unknown Postcode	
Asian or Asian British - Any other Asian background	6	-	-	-	1	-	2	-	-	-	-	9
Asian or Asian British - Bangladeshi	6	7	-	-	2	1	2	-	-	-	-	18
Asian or Asian British - Indian	-	-	1	-	1	-	-	-	-	-	-	2
Asian or Asian British - Pakistani	2	2	-	-	2	-	-	-	1	-	-	7
Black or Black British - Any other Black background	1	-	-	-	-	-	1	-	-	-	-	2
Mixed - Any other mixed background	9	3	3	-	-	2	2	1	-	-	-	20
Mixed - White and Asian	1	-	1	-	1	2	2	1	-	-	1	9
Mixed - White and Black African	-	-	1	-	1	-	-	-	-	-	-	2
Mixed - White and Black Caribbean	1	-	-	-	-	-	-	-	1	-	-	2
Not stated	11	5	4	1	-	1	2	1	2	-	2	29
Other Ethnic Groups - Any other ethnic group	-	1	-	-	-	-	-	-	-	1	-	2
Other Ethnic Groups - Chinese	-	1	2	-	-	-	-	-	-	-	-	3
White - Any other White background	35	12	2	3	7	1	4	-	1	1	-	66
White - British	340	121	140	97	101	88	117	66	103	28	15	1,216
Total	412	152	154	101	116	95	132	69	108	30	18	1,387

Elective Recovery - Under 18 2023/24

Ethnic group	Index of Multiple Deprivation Decile											Total
	1	2	3	4	5	6	7	8	9	10	Unknown Postcode	
Asian or Asian British - Any other Asian background	2	-	-	1	-	1	-	-	-	-	-	4
Asian or Asian British - Bangladeshi	2	1	1	-	3	-	-	-	-	1	1	9
Asian or Asian British - Indian	-	-	1	1	1	1	-	-	-	-	-	4
Asian or Asian British - Pakistani	-	1	1	-	-	-	-	-	-	-	-	2
Black or Black British - African	1	1	1	-	-	-	-	-	-	-	-	3
Black or Black British - Any other Black background	-	-	-	-	1	-	-	-	-	-	-	1
Mixed - Any other mixed background	1	8	-	-	-	-	2	-	-	-	3	14
Mixed - White and Asian	1	-	-	-	1	1	-	-	-	-	-	3
Mixed - White and Black African	-	-	-	-	-	-	2	-	-	-	-	2
Mixed - White and Black Caribbean	1	-	-	-	-	-	-	-	-	-	-	1
Not stated	6	-	-	-	3	1	-	-	-	-	5	15
Other Ethnic Groups - Any other ethnic group	9	9	2	2	3	1	1	-	3	-	-	30
Other Ethnic Groups - Chinese	-	-	-	-	1	-	1	-	-	-	-	2
White - Any other White background	20	8	10	-	9	3	6	-	2	-	3	61
White - British	191	70	80	69	68	53	79	54	95	22	22	803
Total	234	98	96	73	90	61	91	54	100	23	34	954

Elective recovery - Over 18 2019/20

Ethnic group	Index of Multiple Deprivation Decile											Total
	1	2	3	4	5	6	7	8	9	10	Unknown Postcode	
Asian or Asian British - Any other Asian background	28	19	6	5	3	20	18	8	20	2	3	132
Asian or Asian British - Bangladeshi	32	44	2	1	7	4	9	-	5	-	-	104
Asian or Asian British - Indian	32	14	12	7	5	16	19	12	18	1	4	140
Asian or Asian British - Pakistani	13	7	1	2	3	10	16	1	1		1	55
Black or Black British - African	5	-	6	3	-	-	1	3	6	-	2	26
Black or Black British - Any other Black background	20	6	2	-	11	-	8	4	1	-	1	53
Black or Black British - Caribbean	-	2	-	-	-	-	2	2	-	-	-	6
Mixed - Any other mixed background	28	9	8	5	11	3	5	1	6	-	4	80
Mixed - White and Asian	6	1	5	-	2	2	5	4	-	-	-	25
Mixed - White and Black African	7	4	3	2	-	-	1	4	-	-	-	21
Mixed - White and Black Caribbean	2	-	6	3	1	1	2	-	-	-	-	15
Not stated	174	130	105	148	122	136	170	123	145	30	101	1,384
Other Ethnic Groups - Any other ethnic group	13	9	2	-	6	2	3	1	-	-	-	36
Other Ethnic Groups - Chinese	13	5	6	3	8	13	10	2	5	2	3	70
White - Any other White background	317	102	147	40	89	45	62	37	55	5	29	928
White - British	7,749	3,960	5,760	5,021	5,428	4,756	7,987	4,716	6,735	1,406	1,019	54,537
White - Irish	28	6	29	15	14	4	21	18	29	1	4	169
Total	8,467	4,318	6,100	5,255	5,710	5,012	8,339	4,936	7,026	1,447	1,171	57,781

Elective Recovery - Over 18 2023/24

Ethnic group	Index of Multiple Deprivation Decile											Total
	1	2	3	4	5	6	7	8	9	10	Unknown Postcode	
Asian or Asian British - Any other Asian background	22	15	11	6	10	8	9	1	9	-	6	97
Asian or Asian British - Bangladeshi	52	45	1	2	14	1	15	1	1	1	2	135
Asian or Asian British - Indian	20	15	9	8	11	6	24	2	16	3	2	116
Asian or Asian British - Pakistani	7	6	2	1	17	6	18	2	5	2	3	69
Black or Black British - African	16	4	2	5	-	-	6	2	8	1	4	48
Black or Black British - Any other Black background	28	5	3	3	2	1	1	1	-	-	1	45
Black or Black British - Caribbean	-	-	-	-	1	2	-	-	1	-	1	5
Mixed - Any other mixed background	23	10	9	5	20	6	2	4	5	1	4	89
Mixed - White and Asian	18	2	1	-	3	1	5	1	1	1	-	33
Mixed - White and Black African	6	1	1	-	1	-	2	1	2	-	2	16
Mixed - White and Black Caribbean	6	2	2	-	-	-	3	-	-	-	-	13
Not stated	201	85	135	111	124	95	199	124	141	43	132	1,390
Other Ethnic Groups - Any other ethnic group	259	179	102	99	135	78	159	52	114	29	10	1,216
Other Ethnic Groups - Chinese	7	4	1	2	8	12	10	1	1	-	2	48
White - Any other White background	264	110	79	42	67	31	74	45	55	6	17	790
White - British	6,204	3,667	4,678	4,135	4,709	3,890	7,137	4,010	6,240	1,184	774	46,628
White - Irish	17	10	2	4	21	5	21	20	25	1	1	127
Total	7,150	4,160	5,038	4,423	5,143	4,142	7,685	4,267	6,624	1,272	961	50,865

Emergency admissions for under 18s

Urgent and emergency care - Under 18 2023/24

Ethnic group	Index of Multiple Deprivation Decile											Total
	1	2	3	4	5	6	7	8	9	10	Unknown Postcode	
Asian or Asian British - Any other Asian background	43	22	7	9	11	6	25	1	18	-	14	156
Asian or Asian British - Bangladeshi	74	63	4	9	8	7	34	1	3	1	16	220
Asian or Asian British - Indian	35	12	21	18	16	13	23	6	7	2	6	159
Asian or Asian British - Pakistani	30	38	3	6	5	9	33	15	8		12	159
Black or Black British - African	36	22	8	22	13	2	10	7	14	1	15	150
Black or Black British - Any other Black background	27	5	1	2	5	-	5	-	7	-	6	58
Black or Black British - Caribbean	2	2	-	-	1	-	-	1	-	-	1	7
Mixed - Any other mixed background	78	20	25	26	25	10	31	4	23	8	18	268
Mixed - White and Asian	26	17	9	8	11	5	9	-	9	6	7	107
Mixed - White and Black African	26	15	4	10	5	9	6	-	7	1	3	86
Mixed - White and Black Caribbean	21	11	5	13	4	-	4	5	8	-	10	81
Not stated	342	168	132	93	132	107	124	62	129	24	268	1,581
Other Ethnic Groups - Any other ethnic group	727	350	193	146	214	105	194	79	111	17	61	2,197
Other Ethnic Groups - Chinese	9	3	8	5	3	-	3	4	3	-	2	40
White - Any other White background	636	215	119	61	143	29	92	18	70	6	54	1443
White - British	5,950	2,432	2,207	1,607	1,993	1,325	2,243	1,345	2,192	465	893	22,652
White - Irish	3	4	2	1	2	1	-	2	-	-	-	15
Total	8,065	3,399	2,748	2,036	2,591	1,628	2,836	1,550	2,609	531	1,386	29,379

Smoking cessation

Number of adult acute inpatient settings offering smoking cessation services - 2023/24

Ethnic group	Index of Multiple Deprivation Decile											Total
	1	2	3	4	5	6	7	8	9	10	Unknown Postcode	
White - British	43	25	22	11	11	10	21	6	7	2	3	161
White - Any other White background	1	-	-	-	-	-	1	-	-	-	2	4
Other Ethnic Groups - Any other ethnic group	1	-	-	-	-	-	-	-	-	-	-	1
Not Stated	28	11	13	7	3	3	8	2	4	2	6	87
Total	73	36	35	18	14	13	30	8	11	4	11	253

Number of maternity inpatient settings offering smoking cessation services - 2023/24

Ethnic group	Index of Multiple Deprivation Decile											Total
	1	2	3	4	5	6	7	8	9	10	Unknown Postcode	
Not known	3	-	-	-	1	-	-	-	-	-	-	4
White - British	58	10	11	8	11	4	-	-	5	-	10	117
White - Irish	2	-	-	-	-	-	-	-	-	-	-	2
Mixed - White and Black African	2	-	-	-	-	-	-	-	-	-	-	2
Not stated	14	1	4	-	-	1	1	-	-	1	3	25
Total	79	11	15	8	12	5	1	0	5	1	13	150

Proportion of adult acute inpatient settings offering smoking cessation services - 2023/24

Ethnic group	Index of Multiple Deprivation Decile											Total
	1	2	3	4	5	6	7	8	9	10	Unknown Postcode	
White - British	1.5%	3.0%	2.1%	0.8%	1.1%	0.9%	1.4%	0.5%	0.6%	0.2%	7.9%	1.2%
White - Any other White background	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%	3.1%	0.0%	0.0%	0.0%	100.0%	0.9%
Other Ethnic Groups - Any other ethnic group	0.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%
Not Stated	9.8%	14.9%	12.4%	4.6%	3.8%	2.2%	6.0%	1.4%	3.3%	1.2%	60.0%	6.2%
Total	2.1%	3.6%	2.9%	1.1%	1.2%	1.0%	1.8%	0.6%	0.8%	0.3%	19.6%	1.6%

Proportion of adult maternity settings offering smoking cessation services - 2023/24

Ethnic group	Index of Multiple Deprivation Decile											Total
	1	2	3	4	5	6	7	8	9	10	Unknown Postcode	
Not known	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
White - British	7.9%	3.3%	3.1%	3.1%	4.1%	2.1%	0.0%	0.0%	1.7%	0.0%	1.6%	3.2%
White - Irish	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	28.6%
Mixed - White and Black African	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	28.6%
Not stated	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	100.0%	0.0%	0.0%	100.0%	100.0%	100.0%
Total	10.4%	3.6%	4.2%	3.1%	4.4%	2.6%	0.3%	0.0%	1.7%	2.0%	2.0%	4.1%

Elective admissions of hospital based tooth extractions due to dental caries (decay) - Under 10 2023/24

Ethnic group	Index of Multiple Deprivation Decile											Total
	1	2	3	4	5	6	7	8	9	10	Unknown Postcode	
Asian or Asian British - Any other Asian background	-	-	-	-	-	1	-	-	-	-	-	1
Asian or Asian British - Bangladeshi	1	-	-	-	2	-	-	-	-	-	1	4
Asian or Asian British - Indian	-	-	-	1	-	1	-	-	-	-	-	2
Black or Black British - African	-	1	-	-	-	-	-	-	-	-	-	1
Mixed - Any other mixed background	-	-	-	-	-	-	1	-	-	-	3	4
Mixed - White and Asian	1	-	-	-	-	-	-	-	-	-	-	1
Other Ethnic Groups - Any other ethnic group	4	1	1	-	2	-	-	-	-	-	-	8
White - Any other White background	4	1	2	-	1	-	2	-	-	-	-	10
White - British	46	4	12	7	2	4	4	2	16	1	1	99
Total	56	7	15	8	7	6	7	2	16	1	5	130

Data sources and key for health inequalities tables

- Data Sources
 - Elective recovery - data taken from Annual NLaG APC SUS exports - 19/20 and 23/24 Under Over 18 at Activity Date, Elective Only
 - Emergency admissions - data taken from annual NLaG AAE SUS exports - 23/24 - Under 18 at Activity Date
 - Smoking cessation - data taken from Tobacco Dependence Return - 23/24 (April - February)
 - Elective admissions of hospital based tooth extractions:
 - Data taken from annual NLaG APC SUS exports - 23/24 - Under 10 at Activity Date / All Procedure codes beginning with F09 or F10 and diagnosis codes K021, K025, K028, K029, K040, K045, K046, K047 Following : CYP Transformation Programme Dashboard
- Deprivation criteria has been determined using the English indices of deprivation 2019 against SUS postcodes : <https://www.gov.uk/guidance/english-indices-of-deprivation-2019-mapping-resources>
- 1 = Most deprived, 10 - Least deprived

Performance analysis

The table on page 26 shows how activity levels in the hospitals have changed in the last three years. The figures show just short of 175,000 people attend the trust's two emergency departments (EDs) at Grimsby and Scunthorpe between April 2023 and March 2024, which is more than 20,000 over the same time frame in the previous year and not far short of 30,000 more than the year before that.

The figures also show that over the same three years there has been an increase in the number of planned operations the trust has carried out in its operating theatres. These two figures show as clearly as anything the levels of pressure and demand the trust is experiencing each day in both unplanned (urgent and emergency) and planned activity. The number of babies born continues to decline slowly and forecasts show that is likely to continue in the years ahead.

Urgent and emergency care

We have seen increased pressure on our two Emergency Departments (EDs). Greater numbers of patients have presented to our departments as well as an increase in ambulance conveyances, similar to other parts of the country. The target to see and admit or discharge patients within four hours in the EDs was 76% for March 2024. This was a target we were not able to meet finishing the year with a figure of 63.2% . The trust did manage to see and treat most patients in four hours 60% of the time during the year. Handing over patients from ambulance into the EDs continued to be a challenge and 5,673 patients had to wait longer than 60 minutes across the whole year against a target of zero patients.

The trust also had a target to have no patients waiting longer than 12 hours to be admitted to a ward and, unfortunately, 8,522 patients had to wait this long. Improving urgent and emergency care performance will remain a key priority for the trust in 2024/25.

Elective care

This is where patients are waiting for treatment, a diagnostic test or an outpatient appointment. The trust did manage to reduce the number of patients waiting the longest times but still needs to focus on this as it is a priority, as is reducing the overall size of the waiting lists. The trust also did not meet its target to carry out diagnostic checks within six weeks with 29.1% of patients being seen after this time limit. However this is an improvement on last year when 34.3% of patients did not have their test within six weeks. The trust improved its performance in dealing with cancers compared to 2023/24. However more work is needed to meet the national targets in this key area of trust activity. Reducing waiting list sizes, cancer waiting times and also the time patients are waiting for other procedures and treatments are key priorities for the trust in 2024/25.

Workforce

The trust has made real progress in improving the numbers of staff working in the hospitals and community services. The unregistered nurse vacancy rate has improved from 14.7% in 2022/23 to 10.6% in 2023/24 and is heading towards the 8% target. It is a similar position in registered nursing workforce where the vacancy rate is 9.7% against a target of 8%. Reducing the vacancy rate in the medical workforce remains a priority for the trust.

Staff turnover and staff sickness remain above the trust's own target although both have improved in 2023/24 compared to the previous year. Staff appraisal rates are continuing to improve and the trust met its target for mandatory training compliance.

Quality and safety

As reported in the 2022/23 Annual Report, the Care Quality Commission (CQC) inspected NLaG's hospitals and community services in early 2022 and published their report in December 2022. The progress the trust had made was recognised in May 2023 when NHS England, the trust's regulator, took the decision to allow NLaG to exit the Recovery Support Programme.

This was important step and recognised the trust's progress improving both its clinical services and its financial position. The CQC also identified areas that required further improvements and teams across the trust have put together a comprehensive action plan to respond to the improvement requirements of the CQC's published report. This will remain a key area of focus in 2024/25.

End of Life (EOL) care was the single area where the CQC rating was 'Inadequate', their lowest available rating. This is why EOL was chosen as one of the trust's five quality priorities for 2023/24, specifically to improve personalised palliative and end of life care to ensure patients are supported to have a good death.

There has been the successful recruitment of three additional specialist palliative care clinical nurse specialists and an EOL practice educator. Implementation of seven-day Specialist Palliative Care started at Scunthorpe General Hospital in August 2023 utilising single point for WebV (electronic) referral. Collaborative working with the Care Plus Group has enabled electronic referrals to the EOL team to be rolled out at Grimsby Hospital in October 2023. A training video for doctors to help recognition of EOL pathway at an earlier stage has also been developed. The percentage of in hospital deaths with anticipatory medications prescribed has significantly increased to 93% in February 2024 from 27.7% in 2023.

The trust has also seen significant progress in other areas of our quality priorities, in particular the Deteriorating Patient workstream, with sustained improvement in the percentage of adult observations recorded on time exceeding the 90% target.

The trust has also sustained achievement of the Commissioning for Quality and Innovation (CQUIN) recording and response to the National Early Warning Score (NEWS2) for unplanned critical care admissions.

The trust's commitment to delivering safe maternity care has been recognised by CQC with their latest inspection of our Midwifery led unit at Goole being rated as 'Good' overall. The trust also achieved all 10 safety actions in the NHS Resolution Maternity Incentive Scheme.

Actions included making sure we have an effective workforce in place, ensuring the trust co-produces maternity services with the Maternity and Neonatal Voices Partnership, showing it has a process in place for getting feedback from people using its services and making sure processes are in place to keep mums and babies together where possible.

Health inequalities

For the first time this year the trust is required to publish information regarding health inequalities, particularly in relation to elective activity, smoking cessation and dental health in young children. This information is set out on pages 33 to 40. In future years this information, and the publishing of it, will be able to show whether there are any differences between the services the trust provides to different patients, especially in relation to age, ethnic group and deprivation. Where differences are identified the trust will need to work towards reducing, and then eliminating, any such differences so that all people in its local communities have the same access to services.

Statements on the trust's wider impact

Equality, Diversity and Inclusion (EDI)

The trust is committed to promoting a proactive and inclusive approach to equality which supports and encourages an inclusive culture which values diversity. The trust is committed to building a workforce which is valued and whose diversity reflects the community it serves, allowing it to deliver the best possible healthcare service to the community. In doing so, the trust will enable all staff to achieve their full potential in an environment characterised by dignity and mutual respect.

The trust also aims to design and provide services, implement policies and make decisions that meet the diverse needs of our patients and their carers, the general population we serve and our workforce, ensuring that none are placed at a disadvantage.

As such the trust strives to ensure that in both employment and service provision no individual is discriminated against or treated less favourably by reason of age, disability, sex, pregnancy or maternity, marital status or civil partnership, race, religion or belief, sexual orientation or transgender (Equality Act 2010).

In June 2023 the trust published its Equality, Diversity and Inclusion Strategy in its board papers. The strategy covers the period from 2023 to 2027 and sets out the trust's equality objectives. These objectives are mapped against national and local EDI priorities but are only a starting point as they will evolve through the time period of the strategy evolve as well as be informed by consultation to address health and workforce inequalities. The objectives are:

- To implement the NHS Equality Delivery System 22 (EDS22) within NLaG (7.3)
- To improve the trust's understanding of health inequalities data and how this impacts on the local health economy, to identify gaps and consider solutions
- To ensure that all staff have the skills and knowledge to treat patients, carers and colleagues with dignity and respect
- To report and deliver against Workforce Equality Standards and develop action plans for improvement
- To develop and grow staff equality networks

An annual EDI action plan will be developed to support the delivery of these objectives. Progress against this action plan will be monitored by the trust's EDI team with progress reported annually to the relevant board committees, the trust board and other interested parties such as the HNY ICB. In addition the trust's Workforce Race Equality Standard, Workforce Disability Equality Standard, Equality Delivery System 22, Gender Pay Gap will be reported as required to meet contractual and legal responsibilities.

Environmental matters

Overview

Throughout 2023/24 the trust has continued to reduce its carbon emissions across its three hospital sites. This was achieved with the inclusion of the new Emergency Departments at both Scunthorpe General Hospital and the Diana, Princess of Wales Hospital in Grimsby.

In October 2023 the trust applied for a Public Sector Decarbonisation Scheme (PSDS) grant. As this report was being compiled the trust was informed by Salix that a bid for the latest round of PSDS funding had been approved. This funding is close to £21 million and will be used to deliver a new sustainable Energy Centre for SGH. The grant will also fund extensive energy saving glazing, roofing, controls, and solar panels across the site. All this work should be completed by March 2026 and, when finished, it will deliver a transformational carbon saving to the site.

A feasibility and business case was completed for DPoW using the hospital as an energy centre for a potential heat network serving Grimsby. This was done as a collaborative study with North East Lincolnshire Council. The trust is reviewing potential funding opportunities to deliver a de-steamed energy centre using Salix funding with bids for the next round of PSDS funding expected to be invited for October 2024. In April 2024, the trust applied for additional Salix Low Carbon Skills Funding (LCSF) which would, if successful, fund full designs for the DPoW energy centre.

Additionally, by closely working with our Hull University Teaching Hospitals (HUTH) colleagues in the Humber Health Partnership, the trust has managed to secure more than £900,000 of NHS National Energy Efficiency Funding (NEEF) to replace nearly 4,500 old light fittings with high efficiency LED replacements at both SGH and DPOW. This upgrade will replace approximately 40% of legacy lighting and is due to be completed by July 2024, delivering substantial energy, carbon and cost savings. The Sustainability team submit this annual report in support of the trusts Annual Reporting process.

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 NLaG Green Plan and Travel Plans for the period 2022 through to 2025. Sustainable projects and work to track carbon emissions data is reviewed by the trust's sustainability working group. Following investment into digital carbon tracking software (Smart Carbon), the sustainability team is now preloading data from prior years which will allow the trust to calculate, report, and reduce the carbon footprint of the organisation. The software aligns to the recognised greenhouse gas protocol and the latest government conversion factors. As these protocol and factors change, this may impact upon prior year records. The future carbon tracking capabilities hold stronger reliability and performance reporting features for the trust.

To better align with the Humber Health Partnership's sustainability agenda, responsibility for the NLaG Green Plan now falls under the Group Finance Officer, designated as the group lead for sustainability. The trust's Energy Manager and Logistics and Waste Manager will continue to support the NLaG lead. 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.

This review aims to ensure these resources are properly aligned with the group's commitments for achieving net zero. The North East and Yorkshire Greener NHS team continue to support the delivery of the Net Zero Challenge (2020) via regional leads. NLaG forms part of a system wide network addressing a variety of challenges which will result in carbon reductions as a health system across the region. The regional team lead on the collaborative meetings for system partners whilst providing a communications and network group, enabling shared learning and best practice. The Greener NHS team continue to distribute and collate the quarterly data collections for the trust.

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.

Trust performance

The baseline data on the trust's carbon and energy consumption has existed over several years for reporting purposes and is included in both the Trust's previous Sustainability report and the mandatory Estate Return Information Collection (ERIC) data submission. The trusts Green Plan formally set the baseline year as 2020/21 building on the reliable data produced. The Trust has continued with an ambitious capital investment programme which includes the development of two new Emergency Departments, refurbishing the vacated space to create Same Day Emergency Care (SDEC) departments including an Integrated Acute Assessment Unit (IAAU). These new departments continue to enhance the patient experience and improve acute and emergency care. The table overleaf provides information to bring the changes into a context of actual space and is reassured by the space management team.

	2019/20	2020/21	2021/22	2022/23	2023/24
Floor Space (m2)	149,856	161,070	156,930	163,281	156,909
Number of Staff	6,500	6,923	6,969	6,637	5,589

NHS operational planning and guidance for 2023/24 advised that NHS trusts should take all reasonable steps to minimise its adverse impact on the environment, and deliver the commitments set out in delivering a "Net Zero" NHS.

This also includes items such as: reducing air pollution from fleet vehicles; transitioning to zero and ultra-low emission vehicles (ULEV); phasing out the use of fossil fuels; providing electric vehicle (EV) charge points for fleet vehicles; reducing the use Desflurane and volatile gasses to below 2%, with a view of eliminating Desflurane; adapting premises to reduce the impact of climate change and severe weather; and enabling waste management systems to maximise recycling, minimise waste, single use plastics, and re-use where possible.

Energy costs and use

As a result of the further fuel and energy price rises, the trust has incurred energy and water costs totaling £7.4m during 2023/24. This spend is a year-on-year increase of nearly 22% on energy costs from the previous year, as detailed below. The tCO₂e is the tonnes (t) of carbon dioxide (CO₂) equivalent (e).

Gas	Use	2019/20	2020/21	2021/22	2022/23	2023/24
	kWh	54,571,470	55,207,692	63,240,193	62,278,530	60,687,404
	tCO ₂ e	11,338	10,112	11,583	11,347	11,079

Gas Oil	Use	2019/20	2020/21	2021/22	2022/23	2023/24
	kWh	-	-	-	-	24,695
	tCO ₂ e	-	-	-	-	6

Electricity	Use	2019/20	2020/21	2021/22	2022/23	2023/24
	kWh	12,890,771	13,576,663	13,999,661	15,209,852	13,691,065
	tCO ₂ e	4,521	3,138	0	0	0

Total energy CO ₂ e and Cost		2019/20	2020/21	2021/22	2022/23	2023/24
	CO ₂ e	17,328	14,816	11,917	11,347	11,085
	Cost (£)	4,130,960	3,802,393	4,036,886	6,043,772	7,362,486

Despite the cost rises, the trust's gas consumption reduced by 3% against 2022/23, with imported electricity decreasing by 11% in the same period. This decrease in imported electricity consumption is largely down to the performance of the Combined Heat and Power (CHP) units at DPoW and Goole and District Hospital. The cost avoidance associated with reduced electricity and gas consumptions equates to approximately £492,000. The Energy Team has also worked with the finance department to identify rechargeable energy opportunities with commercial partners. Any recoverable utilities are therefore the reporting responsibility of the tenant and not the trust. All electricity purchased by the trust during 2023/24 was fully renewable (REGO certified) which means the trust's electricity is reportable as zero carbon. The Grimsby CHP is gas powered and required an energy input (Gas) of 12,215,444 kWh to generate 4,761,639 kWh of electricity and 4,500,353 kWh of heat which is, in turn, used by the Grimsby site. The CHP falls within an Energy Performance Contract (EPC) currently in year 9 of a 15-year term, delivering around £300,000 in savings per annum as part of a minimum contractual return. 2023/24 is the first full year of operation of the updated Gas CHP and boiler heating system. The Goole CHP is also gas powered and required an energy input (gas) of 2,679,865 kWh to generate 864,664 kWh of electricity and 1,306,608 kWh of heat, which was utilised by the Goole site. During the year, the CHP generated 70% of the site's total electricity demand and 34% of its heating demand. Liquid Oil (Gasoil) usage is reported this year for the first time. The oil is used to run back-up generators and provides a secondary fuel source for boiler resilience. In 2023/24 the trust used 24,695 litres of gasoil.

Resource use – water

There has been a 4% rise in water usage across our sites in 2023/24. The increased consumption was mainly as a result of unavoidable major works on the Scunthorpe reservoir involving draining the tank and additional flushing. Despite the slight overall increase, the associated reported carbon emissions are lower due to the annual changes in the carbon emissions factors affecting CO₂e emissions from sewage treatment.

Mains water	Use	2019/20	2020/21	2021/22	2022/23	2023/24
	m3	305,849	276,653	203,243	172,330	179,429
	tCO ₂ e	278	251	30	60	52

Water and sewerage cost	Cost	2019/20	2020/21	2021/22	2022/23	2023/24
	£	£483,659	£476,099	£579,749	£519,121	£533,392

Photovoltaic (PV) solar systems

The Trust has three locations where PV systems generate electricity DC (Direct Current) from light, and then converts this to AC (Alternating Current) for both use in the hospitals and shared into Feed In Tariffs (FIT) for income. The latest data is:

PV Electric kWh	Location	2020/21	2021/22	2022/23	2023/24
	Grimsby CDC	43,065	50,464	44,249	48,618
	Grimsby Family Services	26,159	3,354	26,994	22,973
	Goole	178,149	183,387	159,067	133,919
	Totals kWh	247,373	267,205	230,310	205,510

The generated kWh varies due to annual solar radiation, but the reduction in generated electricity in 2023/24 is mainly down to the failure of several inverters which have now been replaced.

Medical gases

The trust prescribes a range of medical and anaesthetic gases for patient care which are detailed below. The NHS net zero campaign includes a contribution requirement from aesthetic practices by achieving a 2% reduction in the overall targets. Acute organisations, like NLaG, contribute 5% of the overall carbon footprint from anaesthetic gasses alone. The use of desflurane has seen an increase in 2023/24 against the previous year of 61%.

However, the use of sevoflurane has increased by 7%, nitrous oxide continues to see a reduction in use this year by 6.5%. Nitrous oxide is a potent greenhouse gas and is a contributory factor to global warming, the trust should be actively looking at minimising and monitoring the use of this gas or introducing schemes to treat the gas to make it carbon neutral. Although the total number of litres used has increased the tCO₂e has reduced due the changes in carbon emissions calculation factors.

	2021/22		2022/23		2023/24	
	Vol (L)	tCO2e	Vol (L)	tCO2e	Vol (L)	tCO2e
Desflurane	20	76	3.84	14.28	9.84	25.77
Isoflurane	0	0	0	0	0.75	0
Sevoflurane	283	56	321.5	63	344.25	106.75
Nitrous Oxide	843	471	853.2	477	798.3	394.71
Total tCO2e	843.303	603	853.525	554.28	1,153.14	527.23

Travel

Travel forms a major part of the green strategy as it is a major contributor to the carbon footprint. Providing healthcare services across three regions creates a significant impact on the plans which aim to address this responsibility. The trust's Travel Plan receives regular review and investment, promoting the benefits of sustainable travel to patients, staff, and visitors. The trust is committed to improving the air quality within our communities, reducing the impact on traffic, and engaging with staff and local service providers to promote better travel initiatives and vehicle options. The Trust's fleet continues to become more carbon efficient, with 10 electric vans, electric cars, and 84 self-charging (SC) hybrids equating to 39% of the fleet. The charging infrastructure supports our plans to improve the electric fleet and will develop to include initiatives to support staff and visitors in the future.

Although the trust continues to transfer its fleet to EV and SC Hybrids unfortunately this year has seen an increase of 18% in tCO2e which is mainly due to the increase in mileage conducted in employee owned and lease vehicles. Cycling promotion and engagement from staff has been a welcomed interest, and all sites are equipped with excellent storage facilities, with 50 applications for bicycles via the cycle to work scheme in 2023/24.

Cross site travel is supported with inter-site transport aimed at reducing unnecessary mileage claims, single occupancy vehicle journeys and reducing emissions further. The tables below detail the miles travelled and associated metric tonnes of carbon dioxide.

Patient and visitor own Travel	Mode	2019/20	2020/21	2021/22	2022/23	2023/24
	Miles	36,529,747	15,397,245	17,737,436	18,831,805	21,219,104
	tCO2e	12,623	4173	4,808	4,660	5,690

Staff commute	Mode	2019/20	2020/21	2021/22	2022/23	2023/24
	Miles	6,246,500	6,646,080	6,690,240	6,378,157	5,368,892
	tCO2e	2,303	1,801	1,814	1,530	1,439

Business travel and fleet	Use	2019/20	2020/21	2021/22	2022/23	2023/24
	Miles	2,887,405	1,259,839	1,868,015	1,995,880	2,227,343
	tCO2e	979.33	341.45	506.28	493.96	596.92

Owned EV and PHEV mileage	Use	2019/20	2020/21	2021/22	2022/23	2023/24
	Miles	20,174	15,546	29311	44,617	78,430
	tCO2e	2.33	0	0	0	0

Total cost of business travel	Use	2019/20	2020/21	2021/22	2022/23	2023/24
	£	992,069	313,759	330,310	1,005,000	1,097,881

Waste

The trust's waste management services have secured waste contractors which take the waste management strategy through to September 2025 and include some key projects to: reduce single use plastics; increase recycling; promote single use metal instrument recycling; reduce and remove all waste to landfill; and embed new processing techniques to create energy from waste.

An emission factor of 21.28 kg used to calculate this year's tonnes (t) of carbon dioxide (CO₂) equivalent (e) (tCO₂e) which was taken from the UK Government GHG Conversion Factors for Company Reporting 2023. This shows that the tCO₂e from waste was reduced from 108 tCO₂e to 21.48 tCO₂e a reduction of 70.3%. This is mainly due to the reduction of waste going to high temperature disposal and the changes in the emission factor calculations for waste.

Recycling is actively encouraged, and staff members are invited to contribute and participate in the development of the waste strategy encouraging waste management via the waste hierarchy principles. The recycling percentage below is calculated on the total general waste tonnage and currently sits at 49%.

Recycling hubs have been introduced along with a scheme to encourage re-use of equipment and furniture that would have otherwise been sent for disposal. Clinical waste is sent to energy from waste plants which is used to provide power to the national grid. The trust has also introduced re-usable sharps containers which has eliminated the incineration of single use plastic containers. The new sharps containers can be cleaned and reused up to 500 times.

The trust continues to achieve zero waste to landfill status. Following the 60% offensive waste target set by NHS England the trust currently sits at 66%.

Recycling		2019/20	2020/21	2021/22	2022/23	2023/24
	Tonnes	337	377	278	341	348
	tCO2e	7.2	8.0	5.9	7.25	7.47

Other recovery		2019/20	2020/21	2021/22	2022/23	2023/24
	General waste tonnes	495.00	542.79	569.33	631	676
	tCO2e	10.6	82.1	86.1	13.42	14.38

High temperature disposal		2019/20	2020/21	2021/22	2022/23	2023/24
	Tonnes	675.00	71.37	68.8	38.33	39.5
	tCO2e	149.00	17.1	16.5	0.81	0.84

Landfill		2019/20	2020/21	2021/22	2022/23	2023/24
	Tonnes	297.00	0	0	0	0
	tCO2e	102.00	0	0	0	0

		2019/20	2020/21	2021/22	2022/23	2023/24
Total Waste	Tonnes	1804.00	991.16	916.13	1010.33	1063.5
Percentage recycled	%	19	38	30	33	51
Total waste	tCO2e	268.00	107.2	108.5	21.48	22.69

Total carbon emissions Impact

The trust's total carbon emissions are set out below.

	2021/22	2022/23	2023/24
Total energy CO2e	11,917	11,347	11,085
Total water CO2e	30	60	52
Total medical gas CO2e	603	554	527
Patient and visitor CO2e	4808	4,660	5,690
Staff commute CO2e	1,814	1,530	1,439
Business fleet CO2e	506	494	596
Total waste CO2e	108	21	22
Total CO2e	19,786	18,666	19,411

Conclusion

This environmental report provides reliable data that underpins the trust's position on carbon reduction and supports setting ambitious targets for the NHS Green Plan. The data accuracy and completeness make it a valuable platform for agreeing on measurable goals. It also informs upcoming innovation projects focused on heating, power, and energy reduction at our Scunthorpe, Goole, and Grimsby sites.

The importance of the Greener NHS initiative has grown significantly in 2023/24. The trust's sustainability team has responded effectively, but continued focus and increased deliverables require sustained investment. Specifically, the trust needs more resources for data management and reporting to avoid falling behind in its efforts to support the Green agenda.

Going concern statement

After making enquiries, the directors have a reasonable expectation that the services provided by the NHS Foundation Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Financial Reporting Manual.

Key issues and risks that affected the trust in 2023/24

Nature of risk	What was done
The risk that patients may suffer because the trust fails to deliver treatment, care and support consistently at the highest standard (by national comparison) of safety, clinical effectiveness and patient experience.	Work completed on a number of building projects and other work started. Positive external assurance was received with: improved ratings from the CQC inspection in December 2022 with good for Goole Hospital and the Safe domain; and the maternity CNST standards compliance submission in 2022/23 and 2023/24.
The risk that the trust fails to deliver constitutional and other regulatory performance targets.	The trust opened new Emergency Departments and started to build Same Day Emergency Care (SDEC) and Integrated Acute Assessment Units (IAAUs) alongside them. This, alongside theatre refurbishment work would support the delivery of the constitutional and other regulatory performance targets. However, a key gap in control is the high levels of staff vacancies across registered nurses, doctors and allied health professionals in all service areas. This could impact on providing treatment, care and support which is as safe, clinically effective and timely as possible.
The risk that the trust's estate, infrastructure and equipment may be inadequate or at risk of becoming inadequate.	The trust faces a number of risks in terms of the buildings and equipment it has available, with a backlog in maintenance of around £107 million. Alongside these issues the trust also lacks behind other hospitals in terms of its digital and IT infrastructure with significant investment required. The trust continued to carefully manage these competing risks and prioritised the capital it had available to those areas where it is most needed.
The risk that the trust does not have a workforce which is adequate to provide the levels and quality of care which the trust needs to provide for its patients.	The trust continues to face high registered nursing vacancy levels and also vacancies on some key medical roles. This impacts on the amount of money needed to cover shifts through agency staff. The trust continued to look to recruit more permanent staff and to do all it could to retain the staff it does have.
The risk that the trust fails to secure and deploy adequate major capital to redevelop its estate.	There remains a significant risk with capital investment which is due to availability of capital funding to meet the trust's requirements, and the national decision meaning the trust could not access the New Hospitals Programme.

Statement on the Modern Slavery Act

Section 54 of the Modern Slavery Act 2015 requires all organisations to set out the steps it has taken during the financial year to ensure that slavery and human trafficking is not taking place in any of its supply chains, and in any part of its own business. The aim of this statement is to demonstrate that the trust follows good practice and all reasonable steps are taken to prevent slavery and human trafficking. Where possible all members of staff have a personal responsibility for the successful prevention of slavery and human trafficking with the procurement department taking responsibility lead for overall compliance. The trust's statement for 2023/24 – set out below – was published externally on the trust's website and internally on the trust's internet called 'The Hub'

The statement

The Trust's policies, procedures, governance and legal arrangements are robust, ensuring that proper checks and due diligence are applied in employment procedures to ensure compliance with this legislation. The trust also conforms to the NHS employment check standards within its workforce recruitment and selection practices, including through the managed service provider contract arrangements. This strategic approach incorporates analysis of the Trust's supply chains and its partners to assess risk exposure and management on modern slavery. In addition, the Trust is meeting its supply chain commitments on slavery and human trafficking by undertaking the following steps during the year:

- For all Terms and Conditions, including specific clauses that reflect our obligations under the Modern Slavery Act 2015
- Including a relevant pass/fail criteria for all Procurement led tender processes and new vendor requests for all goods and services above the OJEU procurement threshold as set out in the Public Contracts Regulations 2015
- Where possible uses procurement frameworks to provide assurance on key supplier metrics which meet our obligations under the Modern Slavery Act 2015
- We treat our employees fairly and consistently across the Trust adhering to UK employment law. The Trust pays above the national living wage i.e. the minimum wage set by the Government
- Risks to Northern Lincolnshire and Goole NHS FT associated with this Act are managed in accordance with the Trust's Risk Management Policy and will be included as appropriate on the Trust's risk register

The board of directors has considered and approved this statement and will continue to support the requirements of the legislation.

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and constitutes our slavery and human trafficking statement for the financial year ended 31 March 2024.

The Accountability Report

Directors' Report

This report sets out how the trust is run and the governance arrangements it has in place to ensure there is proper oversight and governance of the trust's activities. The trust board meets in public and the meetings are open to anyone who wants to attend. Details, including the agenda and papers, are available on the trust's website.

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

Six of the board members also hold their appointments at Hull University Teaching Hospitals NHS Trust (HUTH). These are the chair, the Group Chief Executive, the Group Chief Financial Officer, the Group Chief Nursing Officer, the Group Chief Medical Officer and the Group Chief Delivery Officer. In addition the vice chair of the trust is an Associate NED at HUTH, and the vice chair at HUTH is one of the two Associate NEDs at NLaG.

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

Signed:



Jonathan Lofthouse
Group Chief Executive
Date: 8 August 2024

Board of Directors on 30 April 2024

Non-Executive Directors
Sean Lyons, Chair
Linda Jackson, Vice Chair
Sue Liburd
Simon Parkes
Gill Ponder
Kate Truscott
Associate Non-Executive Directors
Julie Beilby
Stuart Hall
Group Executive Directors
Jonathan Lofthouse, Group Chief Executive
Lee Bond, Group Chief Financial Officer
Amanda Stanford, Group Chief Nursing Officer
Shaun Stacey, Group Chief Delivery Officer
Dr Kate Wood, Group Chief Medical Officer
Ivan McConnell, Group Chief Strategy and Partnerships Officer
Simon Nearney, Group Chief People Officer
David Sharif, Group Director of Assurance

Directors who left the trust in 2023/24

Non-Executive Directors
Fiona Osborne
Executive Directors
Helen Harris, Director of Corporate Governance
Jug Johal, Director of Estates and Facilities
Eleanor Monkhouse, Chief Nurse
Shauna McMahon, Chief Information Officer
Dr Peter Reading, Chief Executive

Registers of interest

All directors and governors are required to declare their interests, including company directorships, on taking up appointment and, as appropriate and on an annual basis, at Council of Governors and trust board meetings to keep the register up to date.

The Register of Directors' Interests and the Register of Governors' Interests are both available on the trust website at www.nlg.nhs.uk Biographies of all trust board members are also available on the website.

Appointments to the trust board

The trust board considers the balance and breadth of skills and experience of its members to be appropriate with the needs of the trust. NEDs are appointed to bring particular skills to the board, ensuring the balance, completeness and appropriateness of the board membership. All NEDs are considered to be independent, meeting the criteria for independence as laid out in the national NHS Code of Governance guidance, with the exception of Linda Jackson, vice chair, who has served a longer term than set out in the guidance. NEDs are appointed and removed by the Council of Governors. A committee consisting of the chair, the Group Chief Executive and the other NEDs appoints or removes the other executive directors. Sean Lyons, the Chair of NLaG, is also the Chair of HUTH.

Operation of the trust board

The trust is run by a board of directors, comprising of a NED who is the chair, and five other NEDs, two Associate NEDs and five executive Directors. The Group Chief Executive leads the executive team and is accountable to the board for the operational delivery of all the trust's activities. The chair of the board is also the chair of the Council of Governors (CoG). The NEDs scrutinise the performance of the executive management team in meeting agreed goals and objectives, and they receive adequate information to monitor the performance of the organisation.

The NEDs play a key role in taking a broad, strategic view, ensuring constructive challenge is made and supporting and scrutinising the performance of the executive directors while helping to develop proposals on strategy. The board sets the trust's strategic aims and provides active leadership of the trust.

It is collectively responsible for the exercise of its powers and the performance of the trust, for ensuring compliance with the trust's Provider Licence, relevant statutory requirements, and contractual obligations, and for ensuring the quality and safety of services. It does this through the approval of key policies and procedures, the annual operational plan and budget for the year, and the scheme for investment or disinvestment above the level of delegation. The board meets every other month and its role is to determine the overall corporate and strategic direction of the trust and to ensure the delivery of the trust's goals and targets.

The board has agreed a scheme of reservation and delegation which sets out those decisions which must be taken by the board and those which may be delegated to the executive or to board sub-committees. The trust board has reserved powers to itself covering:

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

The board is also responsible for promoting effective dialogue between the organisation and the local community on its plans and performance, ensuring that the plans are responsive to the community's needs. The board receives feedback from governors and members about the trust, through attendance at meetings of the CoG and its groups, direct face-to-face contact, surveys of members' opinions and consultations. The board is also responsible for ensuring proper standards of corporate governance are maintained. The board accounts for the performance of the trust and consults on its future strategy with its members through the CoG. The board works closely with the trust's CoG. The trust chair is also chair of the CoG and works closely with the Lead Governor to review all relevant matters. The Chair, Group Chief Executive, Lead Governor, Group Director of Corporate Governance and Assistant Trust Secretary meet before each meeting of the CoG to set the agenda and review key issues. The NEDs attend the CoG meetings and take part in open discussions for part of each meeting.

The NEDs of the board attend the CoG meetings and take part in open discussions for part of each meeting. Key executive directors, and all NEDs, are assigned to, and are integral members of the Governor Assurance Group, a CoG group, as per the Terms of Reference. Participation in each quarterly group ensures an understanding of the views of the governors and consequently members of the public. The group also received trust board committee highlight reports as shared at the trust board meetings.

The Trust Constitution and the CoG's Engagement Policy details how disagreements between the trust board and the CoG will be resolved. Should a disagreement arise which would impair the decision-making process or the successful operation of the trust then the Chair shall convene a joint meeting of the two bodies to consider the issue in dispute. Should this meeting not resolve the issue then the chair has the authority to decide on behalf of the trust. This decision, and the reasons supporting it, will be communicated in writing to all members of both the trust board and the CoG. This has not been required during the period 1 April 2023 and 31 March 2024.

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

Vice chair and senior independent director

Good practice suggests that the trust should have a deputy or vice chair to stand in during any periods of absence of the chair. National guidance states that this should be a CoG appointment, although it would be expected that the chair would make a recommendation to governors. Linda Jackson, a NED, is the vice chair. Gill Ponder is the senior independent director, which is a NED appointed by the board as a whole in consultation with the CoG. The senior independent director has a key role in supporting the chair in leading the board and acting as a sounding board and source of advice for the chair and also leads the performance evaluation of the chair.

Non-Executive Directors (NEDs)

NEDs are appointed for a period of two or three years, this can be extended for a further period. Any term beyond six years is subject to rigorous review. Arrangements for the appointment and termination of NEDs are set out in the Trust Constitution, which states the CoG has the power to appoint and remove the chair of the trust and other NEDs. Removal can only happen if three quarters of CoG members approve the motion. The board determines whether each NED is independent in character and judgement and whether there are relationships or circumstances which are likely to affect, or could affect, the person's judgement. With the exception of Linda Jackson, vice chair, who has served a longer term, all the NEDs are considered to be independent by the trust board as per the Code of Governance for NHS Foundation Trusts. As chair of the board the chair is responsible for ensuring the board's effectiveness and for setting its agenda. As chair of the CoG the chair provides a pivotal link between governors and directors, especially the NEDs.

Listening to the governors is one of the ways the chair can hear the views of the local community. NEDs, including the chair, vice chair and senior independent director, are appointed by the CoG with the process being led by the Appointments and Remuneration Committee (ARC) for non-executive directors. The chair, other NEDs, and the Group Chief Executive are responsible for deciding the appointment of executive directors. NEDs routinely attend the trust board meetings, meetings of the CoG and also meet regularly with the chair without executives present.

Board meetings

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

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

Comprehensive arrangements are in place for reporting to the trust board on performance and key risks to future performance against a range of targets/contractual obligations and indicators. Risks in respect of compliance with other statutory requirements are escalated to the board via established governance and performance management frameworks including receipt by the board of the Board Assurance Framework (BAF) and Risk Register reports.

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

The board receives assurance through a suite of financial and non-financial performance reports including the submission of an Integrated Performance Report (IPR), which includes reporting on the trust's annual priorities. The trust undertakes an annual evaluation of the board and its committees. There is also a comprehensive board development programme and the completion of a formal board well-led review against the Well-Led Framework.

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

An assessment of whether services are 'Well Led' under the NHSE well led framework was undertaken as part of the trust's CQC inspection in July 2022. The CQC assessment remained as 'requires improvement'. Each of the board completes an annual review of effectiveness, and the outcome including agreed actions, are reported to the trust board. Arrangements are in place to enable appropriate review of the board's balance, completeness and appropriateness to the requirements of the trust.

The board is also satisfied that the trust applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of healthcare services to the trust. In compliance with the Code of Governance for Foundation Trusts, no executive director holds more than one non-executive directorship of an NHS foundation trust or other organisation of comparable size and complexity.

Code of conduct for the board

All members of NHS boards should undertake and commit to the practice of good governance and to the legal and regulatory frameworks in which they operate. As individuals they must understand both the extent and limitations of their personal responsibilities. To support this there is the Code of Conduct for Board Members of Public Bodies (June 2019), which applies to all directors and has been adopted by all board members.

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

Record of attendance at public Trust Board meetings 2023/24

Board member	NLaG trust board		Trust Boards-in-common (NLaG and HUTH)	
	Possible	Actual	Possible	Actual
Sean Lyons	5	5	2	1
Jonathan Lofthouse	2	2	2	2
Dr Peter Reading	1	0		
Lee Bond	5	4	2	2
Stuart Hall	5	3	2	2
Helen Harris	5	4		
Linda Jackson	5	4	2	2
Jug Johal	4	4		
Sue Liburd	5	5	2	2
Ivan McConnell	5	5	2	1
Shauna McMahon	4	4		
Eleanor Monkhouse	5	4		
Simon Nearney	5	4	2	2
Fiona Osborne	5	5		
Simon Parkes	5	4	2	2
Gillian Ponder	5	5	2	2
Shaun Stacey	5	5	2	2
Kate Truscott	5	4	2	1
Dr Kate Wood	5	5	2	1

Supporting NEDs

The board and CoG are both provided with high-quality information appropriate to their respective functions and relevant to the decisions they must make. They receive assurance through a suite of financial and non-financial performance metrics including the IPR and monthly finance report. The board ensures that directors, especially NEDs, have access to independent professional advice, at the trust's expense, where they judge it necessary to discharge their responsibilities or to provide additional assurance. New directors receive a full, formal, and tailored induction on joining the board. They also have access, at the trust's expense, to training courses and/or materials that are consistent with their individual and collective development. directors, Governors and members are all supported by the Group Director of Assurance and his team.

Where directors have concerns that cannot be resolved about the running of the trust or a proposed action, any concerns are recorded within the trust board minutes. Minutes of the board are comprehensive and are published in the public domain on the trust's website. The board, and in particular the NEDs, may reasonably wish to challenge assurances received from the executive management team. The executive directors ensure, wherever possible, that the NEDs receive sufficient information and understanding to enable challenge and to take decisions on an informed basis. The board minutes reflect any challenges of the executive management.

Board committees and committees-in-common

Up until the end of December 2023 the board had established seven committees which support the discharging of the board's responsibilities. In addition to meeting the statutory requirements to have an Audit, Risk and Governance Committee and Remuneration and Terms of Service Committee, the trust also had a Finance and Performance Committee, Quality and Safety Committee, Strategic Development Committee (disbanded by the Trust Board at its meeting on 6 June 2023), a Workforce Committee, and a Charitable Funds Committee (known as the Health Tree Foundation Trustees Committee).

Following agreement by the trust boards of Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) and Hull University Teaching Hospitals NHS Trust (HUTH) to move to a group model and aligned governance and decision making, a number of committees-in-common have been created for the group and started to meet from January 2024.

Minutes of both types of committees are presented to the trust board, or from January 2024, the trust boards-in-common, alongside a report which provides escalation of issues and concerns which the committee decides should be highlighted. Each committee comes under the remit of an executive director and is chaired by a NED. Appropriate resources are allocated to ensure these committees can undertake their duties. Details of the committees and committees-in-common are set out on the following pages.

Audit, Risk and Governance Committee and Committees-in-Common

The Audit, Risk and Governance Committee is a standing committee of the board of directors. Its remit is to:

- Consider the effectiveness of internal controls and the management arrangements established by the trust to deliver its stated objectives
- Seek assurance that the trust complies with the law, guidance and codes of conduct
- Monitor the integrity of the public disclosure statements made by the trust

The committee meets five times each year. Its three members are appointed by the trust board from among the NEDs. Minutes of the committee's meetings and highlight/escalation reports are submitted to the board.

Following agreement by the trust boards of Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) and Hull University Teaching Hospitals NHS Trust (HUTH) to move to a group model and aligned governance and decision making through a committees-in-common approach, the NLAG Audit, Risk and Governance Committee commenced meeting simultaneously with the HUTH Audit Committee from January 2024, but remain separately constituted committees. The two committees are known as the Audit, Risk and Governance Committees-in-Common. Aligned membership and terms of reference documents were designed, as well as an aligned annual workplan, and approved by the trust boards in December 2023.

Internal audit services are provided by Audit Yorkshire who commenced on 1 June 2018, following a competitive procurement exercise in early 2018 and were re-appointed following a further tender exercise in 2022 for a three year term with the option to extend for a further year. Internal audit provides an independent and objective opinion on the extent to which risk management, controls and governance arrangements support the effective operation of the trust. The Head of Internal Audit produces an annual audit opinion on the effectiveness of the system of internal control. The Head of Internal Audit and/or the Internal Audit Manager for the trust will normally attend Audit, Risk and Governance Committee meetings and has a right of access to all Audit, Risk and Governance Committee members, the Chair and Group Chief Executive. The Head of Internal Audit is accountable to the Group Chief Financial Officer.

Throughout 2023/24, the Committee received progress reports from internal audit on the planned work for the year, and the outcome of the individual reviews performed with associated recommendations. The annual Head of Internal Audit Opinion, which forms part of the Annual Governance Statement, contains details of high risk recommendations made during the year. The committee monitors the implementation of all internal audit recommendations and receives reports at each meeting to monitor progress on agreed actions. No reviews performed by internal audit during the reporting year resulted in a 'low assurance' rating.

The trust's external auditor is Sumer NI (formerly ASM (B) Ltd), appointed in June 2023 following a procurement process supported by NHS England (NHSE) due to difficulties in the NHS audit market. Representatives of the Audit, Risk and Governance Committee act as advisors to the Council of Governors in relation to the appointment of an external auditor. Sumer NI were awarded a contract for three years plus an 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. As a result of the delayed appointment of an external auditor, NHSE agreed to a revised annual accounts submission date for 2022/23 and 2023/24, resuming normal submission deadlines for 2024/25. The value of external audit services is disclosed in the trust's financial statements (note 7.1) and is £178,000 per annum.

The committee received and reviewed the draft financial statements and the audited accounts (albeit to a revised timescale for the audit, as agreed with NHSE), as well as the Annual Governance Statement. Like all NHS trusts NLaG is obliged to review the basic accounting policy of 'going concern'. The Audit, Risk and Governance Committee, as part of the annual accounts preparation, reviewed this issue and agreed that this was not a matter to change. Note 1.2 of the financial statements refer to the accounts being prepared on a going concern basis and the Audit, Risk and Governance Committee endorsed this as appropriate. The trust was also removed from the NHS System Oversight Framework segment 4 (SOF4) in relation to its financial position in May 2023 following being placed into financial special measures in March 2017.

There is a policy for the engagement of the external auditor for non-audit work to safeguard objectivity and independence. The value of any non-audit services is routinely disclosed in the trust's financial statements at note 7.2. Sumer NI have not undertaken any non-audit work for the trust during their tenure as the trust's external auditors to date.

Each year, the committee reviews its own effectiveness in line with the latest NHS Audit Committee Handbook (Healthcare Financial Management Associated (HFMA), 2024). This was duly undertaken and reviewed at the January 2024 meeting, with the results provided to the trust board in February 2024. In addition to reviewing and aligning the committee's membership and terms of reference for the move to a committees-in-common approach, they were revisited following publication of the latest HFMA NHS Audit Committee Handbook in March 2024. A limited number of minor adjustments were considered at the April 2024 meeting of the committee and these will be presented to the trust board in June 2024 for approval.

In line with the Code of Governance for NHS Provider Trusts, the committee also has a role in reviewing the organisation's arrangements for staff, and other individuals where relevant, to raise, in confidence, concerns about possible improprieties in any area of the organisation (financial, clinical, safety or workforce matters). In order to discharge this function the Audit, Risk and Governance Committee has received periodic updates from the trust's Freedom to Speak Up Guardian, most recently in January 2024.

Schedule of Attendance at Audit, Risk and Governance Committee meetings 2023/24

Member / Attendee	Apr-23	Jul-23	Nov-23	Dec-23	Jan-24
Members:					
Simon Parkes – NED / Chair	Y	Y	Y	Y	Y
Gill Ponder – NED	Y	Y	Y	Y	Y
Kate Truscott – NED	Y	Y	Y	Y	Y
Regular Attendees:					
Lee Bond – Group Chief Financial Officer	Y	Y	Y	Y	Y
Helen Harris – Director of Corporate Governance	Y	Y	-	-	-
Wendy Booth – Interim Governance Advisor	-	-	Y	Y	Y
Sally Stevenson - Asst. DoF – Compliance and Counter Fraud	Y	Y	Y	Y	Y
Nicki Foley – Local Counter Fraud Specialist	Y	Y	Y	N ²	Y
Data Protection Officer and Lead for IT (SM)	Y	Y	Y	N ²	Y
Head of Procurement (IP)	Y	Y	Y	N ²	N ³
Internal Audit (Audit Yorkshire)	Y	Y	Y	Y	Y
External Audit (ASM)	- ¹	Y	Y	Y	Y
Governor Observer (Various)	Y	Y	Y	Y	Y
Jonathan Lofthouse - Group Chief Executive	-	-	-	Y	N
Ad-hoc Attendees:					
Asst. DoF – Planning and Control (NP)	Y	-	-	Y	-
Assistant Director of Corporate Governance (AH)	Y	-	-	-	-
Head of Safety and Statutory Compliance (RG)	Y	Y	-	-	-
Interim Chief Executive (SS)	-	Y	-	-	-
Associate Director of Quality Governance (RD)	-	Y	-	-	-
Chief Technology Officer (TD)	-	Y	-	-	Y
Associate Director of IM and T (SM)	-	Y	-	-	Y
Associate Director of Central Operations (MO)	-	-	Y	-	-
EPRR Manager (AL)	-	-	Y	-	-
Associate Director of Communications and Engagement (AB)	-	-	-	Y	-
Deputy Chief Operating Officer (AA)	-	-	-	-	Y

Notes:

1 No External Auditor service in place

2 Not required to attend, Final Accounts meeting only

3 No longer required at each meeting

Quality and Safety Committee

This committee is responsible for providing information and assurance to the board of directors on quality, safety, and patient experience outcomes. In particular, the duties include the following tasks to:

- Review the quality section of the BAF on a monthly/quarterly basis, giving consideration to the assurance provided, whether the key elements are appropriate in light of any concerns about which the Committee may be aware, and whether the underpinning risks provide sufficient assurance that the strategic risk is being appropriately managed
- Identify risks through the business of the committee and receive assurance that these had been appropriately recorded on the Trust's Risk Register, for monitoring via the Risk Management process as laid out in the Risk Management Policy
- Receive a quarterly report on Claims, Incidents, Serious Incidents and Complaints for information and discussion as to safety in the organisation
- Receive professional staffing reviews relating to clinical; nursing; and midwifery functions (and associated professions) and review the impact of staffing on patient care
- Receive reports from the Patient Experience Groups.
- Consider the findings from the national patients' surveys and seek assurance on the response to these
- Consider themes/trends and learning from complaints, Serious Incidents, claims and concerns and consider how this information might be used as part of the wider Trust approach to improving the patient experience
- Consider the findings from Ombudsman's reports and monitor the development and implementation of appropriate action plans
- Monitor the Trust's performance in respect of the achievement of Trust Quality Priorities

Finance and Performance Committee

This committee submits copies of its minutes for inclusion on the trust board agenda, and significant issues are escalated to the trust board via a 'highlight' report. Its remit includes:

- Financial and operational performance, including reviewing and challenging operational and financial plans, reviewing and challenging in-year financial and operational performance and overseeing the development and delivery of any corrective action plans, and reviewing and support the development of appropriate performance measures such as key performance indicators (KPIs), and associated reporting and escalation routes.
- Estates strategy and maintenance programmes, including proposals for land and property development.
- Digital strategy, performance and development.
- Capital and other investment programmes.
- Cost improvement plans.
- Business development opportunities and business cases

Remuneration and Terms of Service Committee

This committee reviews and approves leadership needs and succession planning to ensure the Trust can fulfil its own strategic and statutory requirements for the two levels below the executive level. It reviews and approves the overall structure of the Executive Team in terms of structure, size, skills, knowledge, experience, and diversity. It also reviews and agrees on the remuneration of senior directors and commissions recruitment exercises to fill any vacancies amongst the Executive Team.

It reports to the Trust Board through updates provided to the NEDs by the Trust Chair and the CoG and members of the public through a committee and remuneration report included as part of the Trust's statutory annual report and accounts. Its membership is made up of three Non-Executive Directors who are appointed by the board.

The Group Chief Executive and Group Chief People Officer attend as and when the agenda dictates they should. The Group Director of Assurance attends all meetings. These officers of the Trust remove themselves from the committee when their own remuneration or performance is discussed.

Group Development Committee

This is an NLaG committee which met in parallel with a similar committee established by HUTH. The NLaG committee and HUTH committee came together to act to provide assurance, advice and guidance and take decisions on behalf of the relevant boards of both NLaG and HUTH on the design and delivery of the Humber Acute Services Programme and the emerging group between the two trusts.

Health Tree Foundation Trustees Committee

This committee is a formal sub-committee of the trust board, under the Trust Constitution Annex 7, Section 9.1.8. Its membership is appointed by the board from among the non-executive and executive directors. The committee consists of these voting members: an Independent Chair, three NEDs, Group Chief Executive, Group Chief Medical Officer, Group Chief Nursing Officer, and Group Chief Financial Officer.

It oversees and manages the affairs of the trust's charitable funds, the working name of which is the Health Tree Foundation. The committee ensures the charity acts within the terms of its declaration of trust, and all appropriate legislation on behalf of the trust board as the corporate trustee. This committee continues to meet as a separate committee and has not moved into a committees-in-common approach.

Workforce Committee

The specific objective of the Workforce Committee is to ensure risks pertaining to the strategy and transactions of workforce and organisational development are identified and managed. The committee's specific objectives include:

- To provide a positive working environment for staff and to promote supportive and open cultures that help staff do their job to the best of their ability
- To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference
- To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential
- To provide opportunities for staff to maintain their health, wellbeing and safety

Committees-in-Common (CIC)

Capital and Major Projects Committee-in-Common

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

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

Performance, Estates and Finance Committee-in-Common

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

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

Remuneration Committee-in-Common

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

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

Quality and Safety Committee-in-Common

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

- To provide oversight of the development and monitor delivery of the trust's quality strategy, priorities and key performance indicators (KPIs)
- To provide oversight of the development of the trust's Annual Quality Report / Account in readiness for approval by the trust board and ensure that shared learning from the previous years' activities is disseminated throughout the trust and wider group
- To monitor and provide assurance to the trust board that quality and safety risks which threaten the achievement of the trust's strategic objectives are being identified and appropriately mitigated and / or to escalate concerns, as appropriate
- To assure the trust board that, where there are risks and issues that might jeopardise the trust's ability to deliver excellent quality care, these risks and issues are being managed in a controlled and timely way
- To assure the trust board that the trust continues to meet all relevant statutory, policy and best practice requirements in respect of quality and safety and is responding appropriately to and learning from national and national reviews and other sources e.g. CQC, NHSE, royal colleges, NHS resolution, internal and external audit, Coroner etc.
- To have oversight and receive assurance in respect of the implementation and embedding of CQC improvement actions and ensure that the trust continues to fulfil any requirements as determined by the CQC and other regulators

Workforce, Education and Culture Committee-in-Common

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

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

Board of Directors - committee attendance records

	NLaG committees (until December 2023)					Committees-in-Common (from January 2024)			
	Quality and safety	Finance and performance	Group development	Health Tree Foundation Trustees (includes one meeting in February 2024)	Workforce	Capital and major projects	Performance, estates and finance	Quality and safety	Workforce, education and culture
Number of meetings held	9	9	2	5	4	1	3	3	3
Dr Peter Reading				1					
Lee Bond		6	1	2		1	2		
Stuart Hall			1						
Linda Jackson		1	2		2				3
Jug Johal		6	1	3					
Sue Liburd	8		1	5	4			3	3
Ivan McConnell			2	1					
Shauna McMahon			1						
Eleanor Monkhouse	4		1	1					
Simon Nearney			1		3				2
Fiona Osborne	8	7							
Simon Parkes		9	1		1	1	3		
Gillian Ponder		8	1	4	1	1			
Shaun Stacey	4	6	2		2	1	3	1	
Kate Truscott	8	1	1		3			2	3
Dr Kate Wood	4		2	3			1	2	2

Notes:

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

Cost allocation and charging

The trust has complied fully with the cost allocation and charging requirements as set out in HM Treasury and Office of Public Sector Information guidance.

Donations

As an NHS foundation trust, the trust makes no political or charitable donations. It has set up its own charity – the Health Tree Foundation (HTF, see above) – and it continues to benefit from charitable donations received. HTF has continued to manage all the donations which the local public and businesses provided to help staff cope with the pandemic as well as other donations made to the trust. More detail about this is set out in chapter one of this report.

Better Payment Practice Code

The trust's measure of performance in paying suppliers is the Better Payment Practice Code (BPPC). The code requires the trust to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

	2023/24		2022/23	
	Number	£000	Number	£000
Total Non -NHS trade invoices paid in the year	84,415	294,666	83,896	287,270
Total Non-NHS trade invoices paid within target	78,508	280,781	77,510	268,272
Percentage of Non-NHS trade invoices paid within target	93%	95%	92%	93%
Total NHS trade invoices paid in the year	2,975	31,810	2,520	35,762
Total NHS trade invoices paid within target	2,775	30,525	2,169	31,828
Percentage of NHS trade invoices paid within target	93%	96%	86%	89%

Income disclosures to auditors

The directors confirm that, as required by the Health and Social Care Act 2012, the income that the trust has received from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of goods and services for any other purposes.

The trust has processes in place to ensure that this statutory requirement will be met in future years. The directors also confirm that the provision of goods and services for any other purposes are not materially impacted on our provision of goods and services for the purposes of the health service in England.

Statement as to disclosures to auditors

So far as each director is aware, there is no relevant audit information of which the NHS foundation trust's auditor is unaware and they have taken all steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the Trust auditor is aware of that information. 'Relevant audit information' means information needed by the NHS foundation trust's auditor in connection with preparing their report.

A director is regarded as having taken all the steps that they ought to have taken as a director in order to do the things mentioned above, and:

- Made such enquiries of his/her fellow directors and of the company's auditor for that purpose
- Taken such other steps (if any) for that purpose, as are required by his/her as a director of the company to exercise reasonable care, skill and diligence

NHS England's well-led framework

The Trust's rating for well-led from the CQC was maintained as 'requires improvement' following the last inspection report published in July 2022. The Annual Governance Statement later in this section of the report sets out in more detail how leadership and accountability is monitored by the trust and its directors. The trust is aware of the need to carry out externally facilitated developmental reviews of its leadership and governance and the value of that work in the context of the group development which started in 2023/24. However, to gain the most value from this exercise the timing is crucial and therefore the current plan is to develop a specification that addresses the well-led objective and gives our group development time to bed down and be tested with a view to starting this in the 2024/25 financial year.

Trust board approach to clinical governance

The trust adheres to the Code of Governance for Foundation Trusts and the board is satisfied that the trust applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS. The effectiveness of the trust governance arrangements continued to be tested during 2023/24 via internal and external testing (including internally via the annual internal audit programme). An improvement plan is in place and ongoing in response to the findings and recommendations arising from those reviews, including agreed support.

Quality and patient safety are both monitored through assurance to the relevant board committee and the Quality Governance Group. Clinical governance comes under the remit of the Group Chief Medical Officer, in close collaboration with the Group Chief Nursing Officer and Group Chief Delivery Officer, and supported by the Deputy Group Chief Medical Officer and Associate Director of Quality Governance.

The trust is committed to improving patient safety and the Associate Director of Quality Governance is the trust Patient Safety Specialist as per the National Patient Safety Strategy, and continues to take forward the learning strategy to support the work on patient safety. During 2023/24, the Trust has connected to the national Learning from Patient Safety Events (LFPSE) system and implemented the Patient Safety Incident Response Framework as key milestones for the National Patient Safety Strategy. The trust ensures there is regular reporting to, and dialogue with NHS England, Integrated Care Board locality teams, and a Quality Board led by NHS England. The trust's Quality Account annual report has been produced and consulted on with health and social care representatives in line with the national guidance, which sets out the progress made over the last year. The Quality Account is available on the Trust website. Work strengthening divisional governance continues, with an emphasis on specialty governance.

The Divisional Medical Directors had, and the care group Chiefs of Service now have, authority and responsibility for quality, the use of resources (including staffing and finances), performance and governance, supported by the relevant nurse, midwife or allied health director and operational director roles. The Group Chief Executive, as the accounting officer for the trust, follows the procedures set out by NHS England in advising the board and the CoG and for recording and submitting objections to decisions.

Stakeholder relations

More and more collaborative working is seen as crucial to delivering healthcare to local communities, especially in responding to the consequences of the coronavirus pandemic. The trust always tries to work in an open and honest way and it has a genuine desire to listen and act on feedback to improve services and our patients' experience. The trust works with numerous partners in the local 'health and care community' to continually progress services. These include GPs, community healthcare providers, social care providers, charities, ambulance services, mental health providers, local health Overview and Scrutiny Committees (OSCs) and the Place partnerships of the Humber and North Yorkshire Integrated Care Board (HNY ICB).

In 2023/24 the trust continued to work in partnership with organisations across the HNY area. The trust has been working particularly with HUTH, now the trust's group partner, for several years on a number of transformation programmes to improve acute hospital services across the Humber area, and there is more information about the progress of this programme of work in Chapter One of this report.

Stakeholders have been updated on this work through regular briefing sessions run in conjunction with local partners. Some of these sessions were held virtually and written updates have also been provided. Throughout the year representatives from the trust have regularly briefed local Members of Parliament (MPs) on what is happening within the trust. Members of the trust executive team also discussed other matters with local OSCs including the Trust's on-going response to the CQC report published in December 2022, the Trust's management of elective waiting lists, capital plans and updates on some service changes.

Patient engagement, experience, complaint management and PALS

The trust's Friends and Family Test (FFT) feedback supplier has changed to a new provider, Healthcare Communications, within the last year. The trust is now receiving consistently more than 1,500 responses every month; this data is being shared with all wards and departments. It provides an excellent source of information to allow services to make ongoing improvements and act on any areas of concern. It is expected that the number of responses will improve further when Phase 2, the introduction of text messaging and interactive voice messaging, within outpatients, community and day case patients is rolled out. This is anticipated to be late summer, however this is dependent on the trust's IT team's involvement as well as other trust projects needing that support.

Complaint service and Patient Advice and Liaison Service (PALS) are currently undergoing a restructure to allow the trust to work with colleagues with HUTH as part of the group. This is expected to allow for the development of new and exciting ways of working in a collaborative way for the benefits of the region and patients.

The complaints team responded to 294 formal complaints and closed 251 within the year. Of these 85% were closed within the 60-day timeframe, measured against a target of 85%. With a significant number being complex and emotive complaints achieving the target is a notable accomplishment. Further work is required on how the trust disseminates the learning identified from complaints received and the Patient Experience Lead Nurse and Complaints Manager, in partnership with HUTH colleagues, will develop an action plan and strategy for the best approach in sharing learning to all areas that receive complaints about their service.

The PALS team has responded to 2,782 concerns and enquiries over the last financial year. 72% have been within the 5-day period and this is measured against a target of 60%. The team continue to achieve a high standard of closure to responses of concerns and enquiries raised whilst exceeding the target significantly. The key themes are communication and increases to waiting times. However it is expected that the waiting time concern would be a national trend given the current NHS position of over 7.5 million people currently waiting treatment.

The PALS team works very diligently in trying to provide resolution by liaising with various departments to provide updates on when treatment is likely to be provided. The team also attempts to provide reassurance to patients that their concerns have been heard. Further focus within the PALS Team will be to ensure that learning from concerns and enquiries is taken forward by Care Groups to improve their services and outcomes in the future.

The patient experience team continues to conduct insight surveys (live adult patient ward-based feedback) and these allow the trust to capture real-time feedback that is utilised in nursing metrics meetings. This gives senior nurses oversight of current patient experience and can be a highly useful tool to identify if a ward requires early intervention and support. Any issues or concerns identified at the time of gathering the feedback are also fed back to ward managers and/or shift leads to provide early intervention or action.

The Maternity 2023 National Survey feedback was very positive and that the experience of patients and their families was largely a positive one. Areas for focus can be seen below:

Question	2023/24 Patient satisfaction %	2022/23 patient satisfaction %	2023/24 Average of all trusts %
Given information / advice on risks of induced labour	72	63	70
Involved enough in decision to be induced	83	82	87
Partner / companion involved (during labour and birth)	88	80	94
Found partner was able to stay with them as long as they wanted (in hospital after birth)	35	21	57

Whilst these areas have all improved from the previous year's performance, they remain the current focus and the senior nursing maternity team has an action plan and strategy in place to provide further improvements which will hopefully be reflected in the 2024 survey results. Inpatient 2023 data has been received recently and the report for this is in progress at the time of writing this report. Maternity 2024, Young Persons and Children 2024 and Urgent and Emergency Care 2024 surveys are, as of June 2024, in the data gathering period from the trust's provider, called Picker, and will be reported later in the 2024/25 financial year.

Local surveys are also conducted throughout the hospitals by individual wards and departments. In the 2024/25 year the plan is to ensure the patient experience team is playing a central and supportive role. This is to ensure appropriate feedback and data are gathered in a uniform and consistent approach, so all wards and departments are receiving valuable and relevant information about their areas.

The Kings Fund and HoPE Steering Group work continues in developing a Communications Charter for all health and care organisations across the region, with both NLaG and HUTH involvement. The group has now been joined by an ICB representative as Chair and will drive development going forward. They have managed to secure involvement from York St John University, who will now provide research and evaluation of feedback already gathered before the Charter is drafted. The university's participation will ensure the project has appropriate validation and has been ethically considered.

Both DPoW and SGH have their new emergency departments, Same Day Emergency Care (SDEC) and Integrated Acute Admissions Units (IAAUs) open, and this should provide a significant improvement in care and patient experience in a state-of-the-art clinical environment.

Governors' Report

Council of Governors

As a Foundation Trust, NLaG has a Council of Governors. The board of the trust is directly responsible for the performance and success of the trust and satisfying the Council of Governors that the board is achieving its aims and fulfilling its statutory obligations. Governors act as a link to the local community and report matters of concern raised with them, to the board, via their quarterly Council of Governors (CoG) business meetings.

It receives and considers all appropriate information required to enable it to discharge its duties, and is provided with high-quality information appropriate to its function and relevant to the decisions it has to make. The Health and Care Act 2022 expands, clarifies and adds to the Governor roles and responsibilities contained within the National Health Service Act 2006 and the Health and Social Care Act 2012 as detailed in the following sub-sections.

Role of governors

The CoG has a number of statutory roles and responsibilities, which are set out in a document called the Trust Constitution. These are:

- Appoint and, if appropriate, remove the chair
- Appoint and if appropriate, remove the other Non-Executive Directors (NEDs)
- Decide the remuneration and other terms and conditions of office of the chair and other NEDs
- Approve (or not) the new appointment of a chief executive
- Approve and if appropriate, remove the trust's auditor
- Receive the Trust's Annual Report and Accounts at a general meeting of the CoG
- Hold the NEDs, individually and collectively, to account for the performance of the trust's board and its contribution to the delivery of the objectives for the Humber and North Yorkshire Integrated Care System (with the implementation of the Health and Care Act 2022)
- Represent the interests of the members of the trust, and public
- Approve significant transactions as defined by NHS England (NHSE) guidance
- Approve an application by the Trust to enter into a merger or acquisition
- Approve amendments to the trust constitution.

A governor's key responsibility is to represent the interests of the members of the trust as a whole, and the interests of the public across the trust's constituencies, which now includes the 'public at large' across the Integrated Care System. As per the addendum to the 'Your Statutory Duties – Reference Guide for NHS Foundation Trust Governors - System Working and Collaboration: The Role of Foundation Trusts Council of Governors'.

The CoG takes the lead in agreeing with the Audit, Risk and Governance Committee the criteria for appointing, re-appointing and removing external auditors. When an external auditor's appointment is ended in disputed circumstances, the chair will write to NHS England informing it of the reasons behind the decision.

There is a clear policy and a fair process, agreed and adopted by the CoG for the removal of any governor who consistently and unjustifiably fails to attend the meetings of the council or has an actual, or potential, conflict of interest which prevents proper exercise of their duties.

Members of the Council of Governors during 2023/24

Name	Initial date elected	Date re-elected	Term of office	Term of office ends	Date of retirement	Political party
Public Governors – East and West Lindsey						
Jeremy Baskett	19.04.16	17.05.22	3 years	17.05.25		
Dr Gorajala Vijay	14.11.23		3 years	14.11.26		
Vacancy						
Public Governors - Goole and Howdenshire						
Tony Burndred	24.04.19	17.05.22	3 years	17.05.25		
Rob Pickersgill	03.12.15	16.11.21	3 years	16.11.24		
Stephen Price	25.10.19	16.11.21	3 years	16.11.24	11.10.23	
Vacancy						
Public Governors – North East Lincolnshire						
Diana Barnes	22.10.19	22.10.22	3 years	22.10.25		
Mike Bateson	21.11.22		3 years	21.11.25		
Karen Green	21.11.22		3 years	21.11.25		
David James	14.11.23		3 years	14.11.26		
Ian Reekie	16.11.18	16.11.21	3 years	16.11.24		
Liz Stones	23.11.11	13.10.20	3 years	13.10.23		
Public Governors – North Lincolnshire						
Kevin Allen	13.10.20	14.11.23	3 years	14.10.26		
Paula Ashcroft	14.11.23		3 years	14.11.26		
David Cuckson	16.11.21		3 years	16.11.24		

Members of the Council of Governors during 2023/24 continued

Name	Initial date elected	Date re-elected	Term of office	Term of office ends	Date of retirement	Political party
Public Governors – North Lincolnshire						
Shiv Nand	16.11.21		3 years	6.11.24		
Caroline Ridgway	14.11.23		3 years	14.11.26		
Staff Governors						
Ahmed Aftab	13.10.20	14.11.23	3 years	14.11.26		
Raquel Jakins	14.11.23		3 years	14.11.26		
Corrin Manaley	14.11.23		3 years	14.11.26		
Tim Mawson	21.10.14	13.10.20	3 years	28.10.23		
Anthonia Nwafor	16.11.21		3 years	16.11.24		
Stakeholder Governors						
Vacancy – Lincolnshire Council						
Eddie McCabe – North East Lincolnshire Place	19.04.16	23.09.22	3 years	23.09.25	11.9.23	
Emma Munday – North Lincolnshire Place	30.09.22		3 years	30.09.25		
Vacancy – North East Lincolnshire Council						
Cllr David Howard – East Riding of Yorkshire Council	17.07.23		Appointed for one year	17.07.24		
Vacancy – North Lincolnshire Council						

Composition of the Council of Governors and meetings

The CoG comprises of the following constituencies:

Elected public governors

The CoG now has 16 Governors elected from its membership that represent the four main catchment areas of the trust. This was amended following updates to the Trust Constitution in January 2023 to reflect general updates and changes resultant from the Health and Care Act 2022. Overall, there remains 26 governor seats on the CoG. Public governors are elected from within local authority areas. The number of governors for each constituency is in proportion to the population within the area using NLaG services, as detailed below:

Area	Number
North Lincolnshire	Five
North East Lincolnshire	Five
Goole and Howdenshire	Three
East and West Lindsey	Three

Elected staff governors

There are four staff governors who are elected by staff members.

Appointed stakeholder governors

The Trust has a further six stakeholder Governors seats who are appointed by local partners or stakeholder organisations.

Annual elections ending November 2023

The annual governor elections were held in November 2023 as a result of four governors reaching the end of their term of office and vacant seats. The election resulted in one public governor re-elected for a term of three years for North Lincolnshire, two new public governors elected for a term of three years for North Lincolnshire and one for North East Lincolnshire. The staff governor elections were contested and determined by ballot resulting in one staff governor re-elected and two new staff governors elected for a period of three years.

Council of Governor meetings

The CoG meets sufficiently regularly to discharge its duties. During the year 1 April 2023 to 31 March 2024 attendance at meetings was as follows:

Council of Governor meetings (held in person or virtually)

	Business	Annual Review Meeting	Business	Business	Business	Annual Members Meeting	TOTAL
Name	13.04	22.06	13.07	12.10	11.01	01.02	
Public Governors – East and West Lindsey							
Jeremy Baskett	P	A	P	P	P	P	5/6
Dr Gorajala Vijay					A	P	1/2
Public Governors – Goole and Howdenshire							
Tony Burndred	N/A	N/A	N/A	P	P	P	3/3
Rob Pickersgill	A	P	P	P	P	P	5/6
Stephen Price	A	A	A				0/3
Public Governors – North East Lincolnshire							
Diana Barnes	P	P	P	P	P	P	6/6
Mike Bateson	P	P	P	P	A	A	4/6
Karen Green	P	P	P	A	P	A	4/6
David James					P	P	2/2
Ian Reekie	P	P	P	P	P	P	6/6
Liz Stones	P	A	A	A			1/4
Public Governors – North Lincolnshire							
Kevin Allen	A	P	P	P	P	P	5/6
Paula Ashcroft					A	A	0/2
David Cuckson	P	P	P	P	P	P	6/6
Shiv Nand	A	P	A	A	P	A	2/6
Caroline Ridgway					A	P	1/2

Council of Governor meetings - attendance continued:

	Business	Annual Review Meeting	Business	Business	Business	Annual Members Meeting	TOTAL
Name	13.04	22.06	13.07	12.10	11.01	01.02	
Staff Governors							
Ahmed Aftab	P	A	A	A	P	A	2/6
Raquel Jakins					P	P	2/2
Corrin Manaley					P	A	1/2
Tim Mawson	A	P	P	P			3/4
Anthonia Nwafor	A	A	A	N/A	N/A	N/A	0/3
Stakeholder Governors							
Eddie McCabe – NEL Place	A	A	A	A			0/4
Emma Munday – NL Place	P	A	A	P	A	P	3/6
Cllr Nick Coultish – ERY Council	A						0/1
Cllr David Howard – ERY Council				P	P	P	3/3

Key

A – Absent

P – Present

NL – North Lincolnshire

NEL – North East Lincolnshire

ERY – East Riding of Yorkshire

During the year 1 April 2023 to 31 March 2024 attendance by NEDs and executive directors at the CoG meetings was as follows:

	Business	Annual Review Meeting	Business	Business	Business	Annual Members Meeting	TOTAL
Name	13.04	22.06	13.07	12.10	11.01	01.02	
Sean Lyons, Group Chair	P	P	P	P	A*	P	5/6
Linda Jackson - Vice Chair	P	P	P	A	P	P	5/6
Peter Reading – Chief Executive	P						1/1
Stuart Hall	A	A	P	A	A	A	1/6
Jonathan Lofthouse – Group Chief Executive				P	A*	P	2/3
Sue Liburd	P	A	A	A	A	P	2/6
Fiona Osborne	A	P	P	A			2/4
Simon Parkes	A	A	A	P	P	A	2/6
Gillian Ponder – Senior Independent Director	A	A	P	P	P	P	4/6
Shaun Stacey – Interim Chief Executive		P	P				2/2
Kate Truscott	A	A	A	A	P	P	2/6

Key

P - Present

A - Absent

A* - Representative Attendance

N/A - Attendance not required

Lead governor

NHS England requires that each CoG elects a lead governor to be the primary link with the trust. A lead governor is elected by the full Council and would also be the formal link to NHSE if circumstances required direct communication between the CoG and the regulator. Ian Reekie, a public governor for North East Lincolnshire was re-elected as lead governor from 16 November 2021 for three years.

Governor engagement

There are typically four CoG business meetings and a Council of Governors Annual Members' Meeting held in public each year. The governors invite members of the board to attend for updates on specific items and each meeting includes reports from governors, the chair and from the board. A review of the collective performance of the CoG is held annually in June. The review is led by the trust chair, supported by the Director of Corporate Governance and Assistant Trust Secretary, and utilises a framework document that incorporates NHS England's Code of Governance.

The CoG has an active and vibrant working group called the Governor Assurance Group which has incorporated the Membership and Patient Engagement Group, Quality Review Group and Staff Governor Working Group. In addition to this, governors also have an Appointments and Remuneration Committee. NHS England requires foundation trusts to provide forward planning for each financial year, prepared by the trust board. Governors are consulted on the development of these plans and are able to input views from the members they represent.

Governors are supported and involved in many aspects of the trust including undertaking Patient Led Assessments of the Care Environment (PLACE) visits, along with 15 Step reviews and assist in the preparation of Care Quality Commission inspections by undertaking 'mock inspections' with members of staff.

The chair offers governors one-to-one meetings and invites to take up these opportunities, along with undertaking the annual developmental governor reviews, where they are encouraged to attend board meetings. During the course of the year governors have also received governor and NED briefings and training sessions, with or without the executive directors in attendance, where they receive detailed updates and are able to discuss matters amongst themselves.

Eight such briefings were held during 2023/24 on topical health matters which included:

- NHS Providers course feedback - Effective questioning and challenge
- NHS Providers course feedback - Accountability and holding to account
- New Code of Governance
- 2023/24 operational and financial Plan
- Patient story and campaign
- Staff health and wellbeing
- Freedom to Speak Up
- Group model including group structures and governance arrangements

- Humber Acute Services consultation
- Finance
- Patient flow and discharge
- Patient Safety Incident Response Framework (PSIRF)
- NHS Providers course feedback – Member and public engagement

Additional briefings within the CoG meetings were held during 2023/24 on topical health matters which included:

- Humber and North Yorkshire Health and Care Strategy
- Capital investment and strategic capital overview
- Trust Priorities 2022/23 – End of year performance report
- Role of the Medical Examiner and patient story
- Integrated Care Board (ICB) Voluntary Community and Social Enterprise (VCSE) collaborative
- Health Tree Foundation
- Patient experience and complaints
- Developing group organisational values
- Quality priorities
- Overview of the development of the NLaG and HUTH group model
- Humber Acute Services consultation update

Governors supported a series of communications with members and the public via drop-in sessions at each hospital site, the trust website, news releases, posters and e-mail newsletters.

Holding the NEDs to account for the performance of the trust board

Governors have an important role in making an NHS foundation trust accountable for the services it provides. They bring valuable perspectives and contributions to its activities. Governors are expected to hold NEDs to account for the performance of the trust board and the following sets out the principles of how governors discharge this responsibility:

- To ensure that the process of holding to account is transparent and fulfils the statutory duties of the CoG
- To make the most effective and efficient use of time and resources, and to avoid duplication
- To reflect the NHS England guidance that governors should, via the NEDs, seek assurance that there are effective strategies, policies and processes in place to ensure good governance of the trust
- To be proportionate, recognising that governors are volunteers and that NEDs are contracted

The Council has established a policy for engagement with the trust board for those circumstances when they have concerns. At no time during 2023/24 has the CoG exercised its formal power to require a NED to attend a council meeting and account for the performance of the trust.

NEDs are invited to attend all CoG meetings and attend the CoG's sub-groups which they are aligned to, based on the board committees chair role they hold. Governors can hold them to account at any of the sessions as required and appropriate. The CoG is satisfied with its interaction and relationship with the board of directors and that it is appropriate and effective.

Appraisal and appointment

The CoG has an Appointments and Remuneration Committee for the appointment of NEDs (including the chair, vice chair and senior independent director). The committee has delegated authority to consider these appointments on behalf of the CoG and provide advice and recommendations to the full council in respect of these matters. The committee periodically reviews the process to be followed for the appointment of the chair, vice chair, senior independent director and NEDs, including the means by which views will be obtained from the trust board on the qualifications, skills and experiences required for each position when considering potential candidates. On an annual basis the Committee reviews the remuneration of NEDs in context to changes to the cost of living and in reference to remuneration levels in comparable organisations.

It also considers and makes recommendations to the CoG for the reappointment of the lead governor. The council will only exercise its power to remove the chair or any NED after exhausting all means of engagement with the board. The chair and other NED appraisals for 2023 have been undertaken and reported to the full council.

Key items discussed in 2023/24

Various key items were discussed by the Council of Governors during the year and briefings detailed above were incorporated into the meetings. Additional items included:

- Feedback from:
 - Governor Assurance Group (GAG)
 - Appointments and Remuneration Committee (ARC)
- Reports from board committees (presented to the GAG):
 - Audit, Risk and Governance Committee
 - Finance and Performance Committee
 - Quality and Safety Committee
 - Strategic Development Committee
 - Workforce Committee

Disclosures and declarations of interests

The chair of the CoG has not declared any other significant commitments that require disclosure. The Chair submits an Annual Declaration of Interest Statement and Fit and Proper Person Declaration which are reported in public at a trust board meeting. Governors are required to complete individual Declaration of Interest forms, which are held on a trust register and available from the Group Director of Assurance upon request.

Membership report

Membership strategy

The trust had a Membership and Public Engagement Strategy that ran until 2023. During 2023/24 the trust's governors started a programme of work to update the strategy to respond to two changes since the previous strategy was developed in 2019. The first is an addendum to governors' statutory responsibilities and duties which are set out in the National Health Service 2006 Act. Within those duties, councils of governors are legally responsible for representing the interests of the members of the NHS foundation trust and the public. To support collaboration between organisations and the delivery of better, joined-up care, councils of governors are required to form a rounded view of the interests of the 'public at large' and feed this back to the trust board. The second is the formation of the group with Hull University Teaching Hospitals, the NHS Humber Health Partnership.

The future strategy will, like the previous version, acknowledge that it is the responsibility of a foundation trust to recruit, communicate and engage with members and the broader public as a way of ensuring service provision meets the needs of service users. The Trust's strategy aims to recruit and engage with a representative membership base that is actively engaged in working for the good of the trust.

As of 30 April 2024, the trust has 2,930 public members. These members must live within one of the four constituencies and be aged 16 or above. All staff are also offered the opportunity to be enrolled as members, when they start their employment with the trust. From February 2024 to March 2024 a refresh of the membership numbers took place to remove all those members who did not respond to a postal survey about their membership or who had decided to opt out. This reduced the public membership numbers considerably compared to previous years but it does mean the trust is now clear it can communicate, and engage with, those members remaining on the database.

The Trust's public membership for 2023/24 is set out below.

	2023/24
Public members	2,930
Minimum of public members required under the Trust Constitution	1,400
Staff members	5,617

The tables below provide a detailed breakdown.

Age group – public members	Number	Percentage of members	Percentage of the total population served by the trust
0 to 16	0	0	20
17 to 21	277	11	5
22 +	2,612	85	75
DoB not stated	41	4	
Total	2,930	100	

Breakdown by constituency

Constituency	Male	Female	Total
Goole and Howdenshire	81	129	210
North East Lincolnshire	382	1,009	1,391
North Lincolnshire	368	688	1,056
East and West Lindsey	73	200	273
Staff	1,008	4,609	5,617
Total	1,912	6,635	8,547

Breakdown by ethnicity

Ethnicity	Number	Percentage of members	Population	Percentage of population served by the trust
White	2,743	93.62	372,737	97.63
Mixed	10	0.34	1,854	0.49
Asian or Asian British	55	1.88	5,529	1.45
Black or Black British	24	0.82	882	0.23
Other	5	0.17	786	0.21
Not stated	93	3.17	0	0
Total	2,930	100	381,788	100

Keeping in touch with members

Ensuring effective two-way communication with our members, via a combination of trust and governor managed formal and informal communications, is very important to our organisation. We issue a 'welcome' email or letter to all new members, which provides an outline of the trust and what we do.

During the 2023/24 year the trust started to send a regular newsletter to those members who remained on the membership database. This email was distributed primarily through emails but was also sent through the post to those members who has expressed a preference for receiving it this way.

The trust's communications team manages the development and distribution of the newsletter and will be working with governors on the content throughout 2024/25 and beyond as part of the refreshed member and public engagement approach which is currently in development at the time of writing.

As well as the newsletter the trust will also be making information available to members and, by extension, the wider public through other means including:

- The trust website which includes a designated section for members and information for the public who may wish to become members in the future
- Face-to-face through informal governor drop-in sessions which give people the chance to speak to Governors in private about any issues they may have
- Face-to-face with local residents, groups and patients
- The trust's and group's social media accounts, specifically X (formerly known as Twitter) and Facebook
- Engagement events which provide members with an opportunity to listen to presentations and debate the hot topics of the day
- A regular members' survey

Remuneration Report

Introduction

The Remuneration and Terms of Service (RATS) Committee, and the subsequent Remuneration Committee-in-Common jointly run with HUTH and which came into being from January 2024, have terms of reference to take a view on remuneration of each member of the executive team individually using principles set out in its internal document 'Principles for determining pay and conditions for CEO and Executives'. This included factors such as performance, NHS salary guidance, internal relativities, market consideration and comprehensive benchmarking. Remuneration levels of other staff groups within the trust, and in the wider NHS, were also taken in consideration. The key decisions made on senior managers' remuneration in 2023/24 were agreement of:

- A payment in relation to a legal case involve a member of staff
- Interim roles to cover structures during group transition
- An annual Remuneration and Terms of Service Committee work plan
- Amendments to the committee terms of reference
- The establishment of the Chief of Staff role for the group
- The establishment of the role of Group Director of Planning and Performance for the group
- Arrangements in relation to exiting and incoming chief executive
- A Supplement in Lieu of Pension (SILOP)

Non-Executive Directors' remuneration

The overarching policy for the remuneration of the NEDs is to award levels of remuneration in line with other comparable NHS foundation trusts, using benchmarked figures from a number of sources. The work of the committee is also in line with the requirement of paragraph 18(2) of Schedule 7 of the Health and Social Care Act 2006. The Council of Governors' Appointment and Remuneration Committee decides on Non-Executive Director pay and terms and conditions.

Senior managers' remuneration policy

All Directors' performance is subject to an annual appraisal, the outcome of which was reported to the Remuneration and Terms of Service Committee, and will now be reported to the Remuneration Committee-in-Common, by the Group Chief Executive. This is prior to any decision being made on executive remuneration. The Group Chief Executive had his appraisal during 2023/24; this was undertaken by the chair of the trust. From the appraisal a report will be submitted to the Remuneration Committee-in-Common and also to the Council of Governors. The annual appraisal method is chosen as it is an effective way to assess performance against a range of performance targets and leadership responsibilities and includes feedback from NEDs. In coming to any decision on remuneration, the committee-in-common takes account of the circumstances of the group, the size and complexity of the role, any changes in the director's portfolio, the performance of the individual and any appropriate national guidance.

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

Future policy tables

This section describes the policy narrative relating to the components of the remuneration packages for senior managers (Executive and Non-Executive Directors). Each of the components detailed in those tables supports the trust in terms of its long-term strategic objectives. Setting and reviewing pay is not a simple matter. It is vital to recruit and retain talent and to operate the pay system fairly; but it is also necessary to have a robust process for reviewing remuneration and to be able to demonstrate sensible use of public money. In the case of executive jobs the Remuneration and Terms of Service Committee made the decision that from 2018/19 job evaluation and remuneration of Senior and Very Senior Managers would be conducted using the NHS Improvement '*Guidance on the pay for very senior managers in NHS trusts and foundation trusts*' tool. The trust is identified as a medium-sized acute trust for the purpose of this tool. The trust also includes a performance discussion at the same time as the annual review of roles and salary but does not apply a performance related pay process.

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

Base salaries are set in line with the NHS Improvement (NHSI) benchmarking tool and guidance and are designed to ensure retention, recruitment, of the calibre and experience required to deliver the aims of the Trust. Salaries are revised annually and uplifted only if:

- There is demonstrable evidence that an uplift is required to keep in line with the market
- A change of portfolio necessitates uplift

The maximum value of each pay element is determined on a case-by-case basis with NHSI guidance being used for positioning of salaries using the tables and guidance produced.

Remuneration policy for Non-Executive Directors

Remuneration of the Chair and Non-Executive Directors for 2023/24 is as follows and is undertaken by the Council of Governors' Appointments and Remuneration Committee (ARC):

Name	Salary 2023/24	Salary 2022/23
Sean Lyons *	£37,500	£37,500
Linda Jackson	£19,353	£20,125
Stuart Hall	£13,000	£13,000
Susan Liburd	£13,735	£13,335
Fiona Osborne	£13,735	£13,335
Simon Parkes	£16,132	£15,633
Gillian Ponder	£16,132	£15,663
Kate Truscott	£13,735	£13,335

*Joint Trust Chair with Hull University Teaching Hospitals (50%)

Future Policy Table for Non-Executive Directors

Element	Policy
Fee payable	They receive a base allowance for circa six days per month
Additional fees	They can claim a subsistence allowance
% uplift (cost of living increase)	This is reviewed, although not always applied
Travel	Appropriate travel expenses are paid for business miles
Uplift	Chair of the Audit Committee receives an uplift for being chair
Uplift	An uplift is received for undertaking the role of Senior Independent NED

Performance and appraisal of the Executive Directors

The system of appraisal is the same as all staff, in that the trust's appraisal process, which is linked to our vision and values, is used to appraise executives.

Service contract obligations

HM Treasury has issued specific guidance on severance payments within 'Managing Public Money' and special severance payments when staff leave requires Treasury approval. Alongside this the trust observes NHS Improvement 'Guidance on pay for very senior managers in NHS Trusts and Foundation Trusts' which was published in March 2018. All contracts are permanent with no fixed end date. There are no contractual provisions for payments on termination of contract. This is the case on a substantive or interim basis.

Policy on payments for loss of office

There is currently no provision within the Remuneration Policy for payment for loss of office on senior managers contracts. No payments were made during 2023/24.

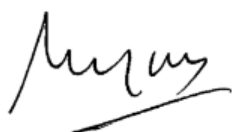
Statement of consideration of employment conditions elsewhere in the Trust

There has been no formal consultation regarding the senior managers' Remuneration Policy.

Policy on notice periods

Executive Directors have to provide a minimum period of three months' notice should they wish to terminate their employment with the Trust.

Signature:

A handwritten signature in black ink, appearing to read 'Sean Lyons', with a horizontal line underneath.

Sean Lyons
Chair

Date: 8 August 2024

Annual report on remuneration

This section includes a description of the work of the committees that are involved in the appointments of both the Executive and Non-Executive Directors, and in determining their respective salaries and remuneration. These are:

- The Remuneration and Terms of Service Committee
- The Remuneration Committee-in-Common
- The Appointments and Remuneration Committee

The Remuneration and Terms of Service Committee (a committee of the board of directors)

The Remuneration and Terms of Service Committee (RATS), and the subsequent Remuneration Committee-in-Common which replaced it, are committees of the trust board and were established in accordance with the Trust Constitution for the purpose of setting the remuneration of executive directors of the board and those reporting directly to the Group Chief Executive.

It is responsible for determining the pay and terms of service for executive directors and is accountable to, and reports directly to, the board. The key objective is to ensure that remuneration packages are sufficient to attract, retain and motivate executive directors of the quality required for the successful operation of the group, while avoiding paying excessively for this purpose. Remuneration includes pay, all contractual terms and conditions, pensions and redundancy or settlement entitlements.

The committee is comprised of all NEDs. Other directors attend meetings or parts of meetings by invitation as required for specialist advice including the Group Chief Executive and Group Chief People Officer.

In accordance with NHSI's Code of Governance no director is involved in deciding their remuneration.

The Remuneration Committee-in-Common is independent of the executive arm of the board. However, during 2023/24 the committee has taken advice internally from the Group Chief People Officer.

The tables overleaf illustrate the attendees and their attendance at the committee meetings held between 1 April 2023 and 31 March 2024.

Name	Title	Dates of Attendance
Sean Lyons	Group Chair	2023: 11 May, 18 May, 17 August, 09 November 2024: 12 February
Linda Jackson	Vice Chair	2023: 11 May, 18 May, 17 August 2024: 11 January, 12 February
Susan Liburd	Non-Executive Director	2023: 11 May, 18 May, 17 August, 09 November 2024: 11 January, 12 February
Fiona Osborne	Non-Executive Director	2023: 11 May, 18 May, 17 August, 09 November
Simon Parkes	Non-Executive Director	2023: 11 May, 18 May, 17 August 2024: 11 January, 12 February
Gillian Ponder	Non-Executive Director	2023: 11 May, 18 May, 17 August, 09 November 2024: 11 January, 12 February
Kate Truscott	Non-Executive Director	2023: 17 August, 09 November 2024: 11 January, 12 February
Stuart Hall	Associate Non-Executive Director	2023: 17 August 2024: 11 January, 12 February
Peter Reading	Chief Executive	2023: 11 May
Helen Harris	Director of Corporate Governance	2023: 11 May, 17 August

Name	Title	Dates of Attendance
Simon Nearney	Group Chief People Officer	2023: 11 May, 18 May, 17 August, 09 November 2024: 11 January
Jonathan Lofthouse	Group Chief Executive	2023: 09 November, 2024: 11 January, 12 February
Wendy Booth	Interim Governance Advisor	2024: 11 January
Wendy Stokes	Personal Assistant (taking minutes)	2023: 11 May, 18 May, 17 August, 09 November 2024: 11 January

Advice to the committee

External advice to the committee is provided by the NHS Improvement benchmarking tool and guidance for Senior and Very Senior Managers. NHS Improvement guidance provides both job evaluation and remuneration benchmarking from comparison of the size of the Trust, based on annual budget, against comparator Trusts of an equivalent size (budget). For the purposes of this exercise the trust is classified as a medium-sized trust.

Directors' contracts

Details of the contract start date for the Group Chief Executive and other members of the executive team who served during 2023/24 are set out in the table below and overleaf.

Name	Title	Date of contract	Notice period from the Trust	Notice period to the Trust
Jonathan Lofthouse	Group Chief Executive	01/08/2023	Six months	Six months
Dr Peter Reading	Chief Executive	14/08/2017 – 19/06/2023	Three months	Three months
Simon Nearney	Interim Director of People Group Chief People Officer	01/01/2023 - 20/08/23 21/08/2023	Three months	Three months

Name	Title	Date of contract	Notice period from the Trust	Notice period to the Trust
Eleanor Monkhouse	Chief Nurse	01/05/2019 - 06/02/2024	Three months	Three months
Dr Kate Wood	Chief Medical Officer Group Chief Medical Officer	07/10/2021 - 31/10/2023 01/11/2023	Three months	Three months
Jug Johal	Director of Estates and Facilities Interim Group Director of Estates and Facilities	14/08/2014 - 31/05/2023 01/06/2023 - 02/12/2023	Three months	Three months
Shaun Stacey	Chief Operating Officer Group Chief Delivery Officer	29/05/2018 - 31/10/23 01/11/2023	Three months	Three months
Ivan McConnell	Director of Strategic Development Group Chief Strategy and Partnerships Officer	16/03/2020 - 31/10/23 01/11/2023	Three months	Three months
Lee Bond	Chief Financial Officer	06/11/2020	Three months	Three months
Shauna McMahon	Chief Information Officer	01/02/2021 - 26/11/2023	Three months	Three months
David Sharif	Group Director of Assurance	04/03/2024	Three months	Three months

Details of the NEDs who have served during the course of 2023/24 are shown in the table below, along with details of their current terms of appointments. The tenure (length) of employment for NEDs is set out in the Trust's Constitution and is for three years, and then subject to reappointment. Any terms beyond six years are subject to rigorous review by the Council of Governors (CoG) and NEDs serving beyond this are subject to an annual reappointment.

Name	Appointment date	Start of current term	End of current term
Sean Lyons	01/02/2022	01/02/2022	31/01/2025
Linda Jackson	30/09/2014	01/04/2022	30/09/2024
Susan Liburd	03/10/2022	03/10/2022	02/10/2025
Fiona Osborne	16/08/2021	14/09/2022	31/12/2023
Simon Parkes	07/09/2021	07/09/2021	06/09/2024
Gillian Ponder	12/04/2021	31/05/2023	31/05/2026
Kate Truscott	03/10/2022	03/10/2022	02/10/2024

The Appointments and Remuneration Committee

The Appointment and Remuneration Committee (ARC) is a committee of the Council of Governors. It sets the remuneration and terms of service for the Non-Executive Directors (NEDs), and it plays a role in the appointment of NEDs. The attendance at the ARC is set out in the table below.

There was one Group Chief Executive Officer appointment and three existing Executives were appointed to Group Executive positions during 2023/24. There was one existing Associate Non-Executive Director appointed to a Non-Executive Director position in 2023/24.

Public and staff governors	15/06/23	31/07/23	21/09/23	20/12/23	14/03/24	Total
Ian Reekie (ARC chair)	P	P	P	P	P	5 out of 5
Jeremy Baskett	A	P	P	P	A	3 out of 5
David Cuckson	P	P	P	P	P	5 out of 5
Karen Green	P	A	A	P	P	3 out of 5
David James				P	P	2 out of 2
Tim Mawson	A	P	P			2 out of 3
Rob Pickersgill	P	P	P	P	A	4 out of 5
In attendance						
Wendy Booth (Interim Governance Advisor)				P		1 out of 1
Paul Bunyan (Director of Planning, Recruitment, Wellbeing and Improvement)	P	A	P	P	P	4 out of 5
Helen Harris (Director of Corporate Governance)	P	P	A*			2 out of 3
Alison Hurley (Assistant Trust Secretary)			P			1 out of 1
Linda Jackson (Vice Chair)	P	P	A	P	P	4 out of 5
Sean Lyons (Trust Chair)	P	P	P	P	P	5 out of 5
David Sharif (Group Director of Assurance)					P	1 out of 1

Key

A - Absent, A* - Absent with representative present, P – present

Off payroll engagements

Table 1: Highly-paid off-payroll worker engagements as at 31 March 2024 earning £245 per day or greater

	Number
Total number of existing engagements as of 31 March 2024	1
<i>Of which, the number that have existed:</i>	
for less than one year at the time of reporting	1
for between one and two years at the time of reporting	0
for between two and three years at the time of reporting	0
for between three and four years at the time of reporting	0
for four or more years at the time of reporting	0

Table 2: All highly-paid off-payroll workers engaged at any point during the year ended 31 March 2024 earning £245 per day or greater

	Number
Number of off-payroll workers engaged during the year ended 31 March 2024	1
<i>Of which:</i>	
Not subject to off-payroll legislation *	0
Subject to off-payroll legislation and determined as in-scope of IR35 *	0
Subject to off-payroll legislation and determined as out-of-scope of IR35 *	1
Number of engagements reassessed for compliance or assurance purposes during the year	0
<i>Of which:</i>	
Number 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 Trust must undertake an assessment to determine whether that worker is in scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2023 and 31 March 2024

	Number
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	1
Total number 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 should include both on payroll and off-payroll engagements	20

Directors and governors expenses

	Total in office	Total receiving expenses	Total expenses
			£00's
2023/24			
Directors	20	9	96
Governors	19	6	10
2022/23			
Directors	21	7	78
Governors	19	6	12

Remuneration of all other staff

Agenda for Change (AfC), the nationally introduced pay reform for the NHS, which was introduced in October 2004, covers all directly employed staff, except very senior managers and those covered by the Doctors and Dentists Pay Review Body.

For all local pay arrangements not determined by AfC, pay increases were consisted with AfC increases. A robust system of appraisal and personal development planning has been adopted for all staff.

A different approach is adopted in relation to the trust executive because all other staff are on national terms and conditions and the executive team members' remuneration is determined locally. AfC staff have clear incremental progression as set out by the national terms and conditions. Medical and dental staff are on a separate contractual agreement which also allows for incremental progression and the award of substantial additional payments for clinical excellence. They are also able to benefit from an annual cost of living award if this is agreed nationally.

Salaries are inclusive and the trust follows national guidance from NHS England on the review of cost of living awards.

Expenditure on consultancy

The Trust during 2023/24 has spent £658,000 on consultancy fees compared to £587,000 in the previous financial year.

Directors' remuneration 2023/24 (subject to audit)

Name and Title			Salary	Benefits in kind	Pension Related benefit	Total
	Notes		(bands of £5,000)	(£s, to the nearest £100)	(bands of £2,500)	(bands of £5,000)
			£000's	£'s	£000's	
Mr S Lyons	3	Group Chair	40 - 45	-	-	40 - 45
Mrs L Jackson	4	Vice Chair	15 - 20	-	-	15 - 20
Mr JM Lofthouse	5	Group Chief Executive (Appointed August 2023)	95 - 100	-	-	95 - 100
Dr PR Reading	1, 6	Chief Executive (Resigned May 2023)	30 - 35	6,100	-	40 - 45
Mr S Stacey	7	Group Chief Delivery Officer (Appointed November 2023, Resigned May 2024)	130 - 135	-	47.5 - 50.0	180 - 185
Mrs A Shanker	1, 17	Interim Chief Operating Officer (Part Year)	10 - 15	1,800	-	10 - 15
Mr S Nearney	1,8	Group Chief People Officer (Appointed November 2023)	80 - 85	-	-	80 - 85
Mrs E Monkhouse	9, 17	Chief Nurse	255 - 260	-	-	255 - 260
Dr KA Wood	10,17	Group Chief Medical Officer (Appointed November 2023)	200 - 205	1,700	-	205 - 210
Mr L Bond	11	Group Chief Financial Officer	105 - 110	-	-	105 - 110
Mr IP McConnell	12	Group Chief Strategy and Partnership Officer (Appointed November 2023)	45 - 50	-	40.0 - 42.5	85 - 90

Directors' remuneration 2023/24 continued

Name and Title			Salary	Benefits in kind	Pension Related benefit	Total
	Notes		(bands of £5,000)	(£s, to the nearest £100)	(bands of £2,500)	(bands of £5,000)
			£000's	£'s	£000's	
Mr J Johal	2, 13, 17	Director of Estates and Facilities (Dismissed December 2023)	75 - 80	-	-	75 - 80
Mr D Sharif	14	Group Director of Assurance (Appointed March 2024)	0 - 5	-	-	0 - 5
Mrs SN McMahon	15	Chief Information Officer (Resigned November 2023)	45 - 50	-	62.5 - 65.0	110 - 115
Mr S Hall	16	Associate Non-Executive Director	10 - 15	-	-	10 - 15
Ms SP Liburd		Non-Executive Director	10 - 15	-	-	10 - 15
Mrs F Osborne		Non-Executive Director (resigned December 2023)	10 - 15	-	-	10 - 15
Mr S Parkes		Non-Executive Director	15 - 20	-	-	15 - 20
Mrs G Ponder		Non-Executive Director	15 - 20	-	-	15 - 20
Mrs K Truscott		Non-Executive Director	10 - 15	-	-	10 - 15
			£000	£'s		
Gross remuneration – including national insurance and pension contributions			1,516	9,600	-	-

Directors' remuneration 2022/23 (subject to audit)

Name and Title			Salary	Benefits in kind	Pension Related benefit	Total
			(bands of £5,000)	(£s, to the nearest £100)	(bands of £2,500)	(bands of £5,000)
			£000's	£'s	£000's	£'s
Mr S Lyons		Chair, also Chair of Hull University Teaching Hospitals NHS Trust	35 - 40	-	-	35 - 40
Mrs L Jackson		Vice Chair and Associate NED at HUTH	20 - 25	-	-	20 - 25
Dr P Reading		Chief Executive	205 - 210	6,100	-	210 - 215
Mr S Stacey		Chief Operating Officer	150 - 155	-	42.5 - 45.0	190 - 195
Mrs C Brereton		Director of People (resigned December 2022)	100 - 105	-	65.0 - 67.5	165 - 170
Mr S Nearney		Interim Director of People, also Director of People at HUTH (appointed January 2023)	15 - 20	-	-	15 - 20
Mrs E Monkhouse		Chief Nurse	160 - 165	-	37.5 - 40.0	190 - 195
Dr K A Wood		Chief Medical Officer	245 - 250	-	75.0 - 77.5	325 - 330
Mr L Bond		Chief Financial Officer, joint with HUTH	100 - 105	-	-	100 - 105
Mr I P McConnell		Director of Strategic Development	135 - 140	-	32.5 - 35.0	165 - 170
Mr J Johal		Director of Estates and Facilities	120 - 125	4,500	25.0 - 27.5	150 - 155
Mrs S McMahon		Chief Information Officer, joint with HUTH	70 - 75	-	35 - 37.5	105 - 110
Mr S Hall		Associate Non-Executive Director	10 - 15	-	-	10 - 15

Directors' remuneration 2022/23 continued

Name and Title			Salary	Benefits in kind	Pension Related benefit	Total
			(bands of £5,000)	(£s, to the nearest £100)	(bands of £2,500)	(bands of £5,000)
			£000's	£'s	£000's	£'s
Ms S P Liburd		Non-Executive Director (appointed October 2022)	5 - 10	-	-	5 - 10
Mrs F Osborne		Non-Executive Director	10 - 15	-	-	10 - 15
Mr S Parkes		Non-Executive Director	15 - 20	-	-	15 - 20
Mrs G Ponder		Non-Executive Director	15 - 20	-	-	15 - 20
Mr M Proctor		Non-Executive Director (resigned September 2022)	5 - 10	-	-	5 - 10
Mr M Singh		Non-Executive Director (resigned September 2022)	5 - 10	-	-	5 - 10
Mrs K Truscott		Associate Non-Executive Director	5 - 10	-	-	5 - 10
Mr M Whitworth		Non-Executive Director (resigned September 2022)	5 - 10	-	-	5 - 10
			£000	£'s		
Gross remuneration – including national insurance and pension contributions			1,823	10,600		

Pay multiple statement (subject to audit)

NHS foundation trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce. The banded remuneration of the highest-paid director in the organisation in the financial year 2023/24 was £265,000-£270,000 (2022/23: £245,000-£250,000). This is a change between years of 8%. 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. For employees of the Trust as a whole, the range of remuneration in 2023/24 was from £10,000 to £244,000 (2022/23: £9,000 to £199,000). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 0%.

No employees received remuneration in excess of the highest-paid director in 2023/24 (this number is based on the full-time equivalent cost). The remuneration of the employee at the 25th percentile, median and 75th percentile is set out in the table below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits).

Pay multiple table 2023/24 (subject to audit)

Notes				
18	Banded remuneration of the highest-paid director	£265,000 - £270,000		
	Change between years	8.1%		
		25th Percentile	Median	75th Percentile
18	Pay and benefits excluding pension	£22,400	£28,400	£42,600
18	Pay and benefits excluding pension: pay ratio for highest paid director	12	9.4	6
		Lowest	Highest	
18	Range of remuneration for employees of the Trust as a whole	£10,000	£244,000	
				Average
19	Percentage change in average employee remuneration	0		
20	Number of employees that received remuneration in excess of the highest paid director	0		

Notes to director remuneration and pay multiple tables

- 1 - Benefit in kind relates to Lease Cars.
- 2 - Benefit in kind relates to Bikes.
- 3 - Mr S Lyons is joint chair with Hull University Teaching Hospitals NHS Trust. The table above represents remuneration relating to Northern Lincolnshire and Goole NHS Foundation Trust only.
- 4 - Mrs L Jackson is Vice Chair of Northern Lincolnshire and Goole NHS Foundation Trust and an Associate Non-Executive Director of Hull University Teaching Hospitals NHS Trust. The above table represents remuneration relating to Northern Lincolnshire and Goole NHS Foundation Trust only.
- 5 - Mr JM Lofthouse is Group Chief Executive this a joint role with Hull University Teaching Hospitals NHS Trust. The table above represents remuneration relating to Northern Lincolnshire and Goole NHS Foundation Trust only. The pension benefit is excluded from this table as this will be reported by Hull University Teaching Hospitals.
- 6 - Mr P Reading resigned as Chief Executive in May 2023.
- 7 - Mr S Stacey was Chief Operating Officer for Northern Lincolnshire and Goole NHS Foundation Trust until November 2023 when he was appointed to Group Chief Delivery Officer which is a joint role with Hull University Teaching Hospitals NHS Trust. The table above represents remuneration relating to Northern Lincolnshire and Goole NHS Foundation Trust only, apart from the pension benefit which is the benefit for the joint role.
- 8 - Mr S Nearney is Group Chief People Officer, this is a joint role with Hull University Teaching Hospitals NHS Trust and was on an interim basis until permanent appointment in November 2023. The table above represents remuneration relating to Northern Lincolnshire and Goole NHS Foundation Trust only. The pension benefit is excluded from this table as this will be reported by Hull University Teaching Hospitals
- 9 - Mrs E Monkhouse was Chief Nurse until November 2023. The table above includes compensation for loss of office, £147,000.
- 10 - Dr K Wood was Medical Director for Northern Lincolnshire and Goole NHS Foundation Trust until November 2023 when she was appointed to Group Chief Medical Officer which is a joint role with Hull University Teaching Hospitals NHS Trust. The table above represents remuneration relating to Northern Lincolnshire and Goole NHS Foundation Trust only.
- 11 - Mr L Bond is Group Chief Financial Officer, this is a joint role with Hull University Teaching Hospitals NHS Trust. The table above represents remuneration relating to Northern Lincolnshire and Goole NHS Foundation Trust only. The pension benefit is excluded from this table as this will be reported by Hull University Teaching Hospitals.
- 12 - Mr IP McConnell is Group Chief Strategy and Partnerships Officer, this is a joint role with Hull University Teaching Hospitals NHS Trust and was on an interim basis until permanent appointment in November 2023. A proportion of the remuneration is recharged to the Integrated Care Board. The table above represents remuneration relating to Northern Lincolnshire and Goole NHS Foundation Trust only, apart from the pension benefit which is the benefit for the joint role.

13 - Mr J Johal was Director of Estates and Facilities for Northern Lincolnshire and Goole NHS Foundation Trust until June 2023 when this became a joint role with Hull University Teaching Hospitals NHS Trust on an interim basis. Mr J Johal was dismissed in December 2023. The table above represents remuneration relating to Northern Lincolnshire and Goole NHS Foundation Trust only, apart from the pension benefit which is the benefit for the joint role.

14 - Mr D Sharif is Group Director of Assurance, this is a joint role with Hull University Teaching Hospitals NHS Trust. The table above represents remuneration relating to Northern Lincolnshire and Goole NHS Foundation Trust only. The pension benefit is excluded from this table as this will be reported by Hull University Teaching Hospitals.

15 - Mrs SN McMahon resigned as Chief Information Officer in November 2023, this was a joint role with Hull University Teaching Hospitals NHS Trust. The table above represents remuneration relating to Northern Lincolnshire and Goole NHS Foundation Trust only, apart from the pension benefit which is the benefit for the joint role.

16 - Mr S Hall is an Associate Non-Executive Director of Northern Lincolnshire and Goole NHS Foundation Trust and Vice Chair of Hull University Teaching Hospitals NHS Trust. The above table represents remuneration relating to Northern Lincolnshire and Goole NHS Foundation Trust only.

17 - These directors are affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 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 with a zero.

18 - NHS foundation trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce. The remuneration of the employee at the 25th percentile, median and 75th percentile is set out above. Total remuneration includes salary, benefits-in-kind, but not severance payments. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce. The ratio is obtained by dividing the highest paid director's salary by the median salary, the 25th percentile salary and 75th percentile salary. The median remuneration is the middle item salary when the annualised salaries of all members of staff including agency and seconded staff, (excluding bank staff and the highest paid director) are arranged in descending order. The pay and benefits of the highest paid Director increased by 8% in the year.

19 - The percentage change in average employee remuneration is based on the total for all employees on an annualised basis divided by full time equivalent number of employees

20 - The number of employees that received remuneration in excess of the highest paid director is based on the full time equivalent cost.

Pension Benefits 2023/24 (subject to audit)

Name	Title	Note	Real Increase/(Decrease) in pension at pension age	Real Increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2024	Lump sum at pension age related to accrued pension at 31 March 2024	Cash Equivalent Transfer Value at 1 April 2023	Real Increase/(Decrease) in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2024	Employer's contribution to stakeholder pension
			(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)				
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Mr JM Lofthouse	Group Chief Executive	1	-	12.5 - 15.0	55 - 60	140 - 145	879	163	1,155	-
Mr S Nearney	Group Chief People Officer	2	5.0 - 7.5	-	30 - 35	-	314	118	484	-
Mr L Bond	Group Chief Financial Officer	3	-	42.5 - 45.0	70 - 75	205 - 210	1,339	222	1,717	-
Mr J Johal	Director of Estates and Facilities	4	-	35.0 - 37.5	30 - 35	75 - 80	454	153	665	-
Mr D Sharif	Group Director of Assurance	5	0 - 2.5	0 - 2.5	10 - 15	15 - 20	211	33	266	-
Mrs SN McMahon	Chief Information Officer	6	2.5 - 5.0	-	20 - 25	-	256	78	373	-
Mr IP McConnell	Group Chief Strategy and Partnerships Officer	7	2.5 - 5.0	-	20 - 25	-	268	65	381	-
Mrs E Monkhouse	Chief Nurse	8	-	35.0 - 37.5	50 - 55	140 - 145	866	165	1,137	-

Pension Benefits 2023/24 continued

Name	Title	Note	Real Increase/(Decrease) in pension at pension age	Real Increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2024	Lump sum at pension age related to accrued pension at 31 March 2024	Cash Equivalent Transfer Value at 1 April 2023	Real Increase/(Decrease) in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2024	Employer's contribution to stakeholder pension
			(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)				
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Mr S Stacey	Group Chief Delivery Officer	9	2.5 - 5.0	-	35 - 40	30 - 35	514	87	699	-
Mrs A Shanker	Interim Chief Operating Officer	10	-	5.0 - 7.5	15 - 20	50 - 55	479	(116)	412	-
Dr KA Wood	Group Chief Medical Officer	11	-	55.0 - 57.5	75 - 80	210 - 215	1,368	264	1,800	-

The Chair, Vice-Chair 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.

Notes to pension benefits table

1 - Mr JM Lofthouse was appointed Group Chief Executive in August 2023. This is a joint role with Hull University Teaching Hospitals NHS Trust. The table above represents the total benefits for Mr JM Lofthouse in this joint role.

2 - Mr S Nearney was appointed Group Chief People Officer in November 2023. This is a joint role with Hull University Teaching Hospitals NHS Trust. The table above represents the total benefits for Mr S Nearney in this joint role.

3 - Mr L Bond is Group Chief Financial Officer. This is a joint role with Hull University Teaching Hospitals NHS Trust. The table above represents the total benefits for Mr L Bond in this joint role.

4 - Mr J Johal was dismissed as Director of Estates and Facilities in December 2023. This was a joint role with Hull University Teaching Hospitals NHS Trust. The table above represents the total benefits for Mr J Johal in this joint role.

5 - Mr D Sharif was appointed Group Director of Assurance in March 2024. This is a joint role with Hull University Teaching Hospitals NHS Trust. The table above represents the total benefits for Mr D Sharif in this joint role.

6 - Mrs SN McMahon resigned as Chief Information Officer in November 2023. This was a joint role with Hull University Teaching Hospitals NHS Trust. The table above represents the total benefits for Mrs SN McMahon in this joint role.

7 - Mr IP McConnell is Group Chief Strategy and Partnerships Officer. This is a joint role with Hull University Teaching Hospitals NHS Trust. The table above represents the total benefits for Mr IP McConnell in this joint role.

8 - Mrs E Monkhouse resigned as Chief Nurse in November 2023.

9 - Mr S Stacey was appointed Group Chief Delivery Officer in November 2023. This is a joint role with Hull University Teaching Hospitals NHS Trust. The table above represents the total benefits for Mr S Stacey in this joint role.

10 - Mrs A Shanker was Interim Chief Operating Officer from 13/7/23 until 13/8/23.

11 – Dr K Wood was appointed Group Chief Medical Officer in November 2023. This is a joint role with Hull University Teaching Hospitals NHS Trust. The table above represents the total benefits for Dr K Wood in this joint role.

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.

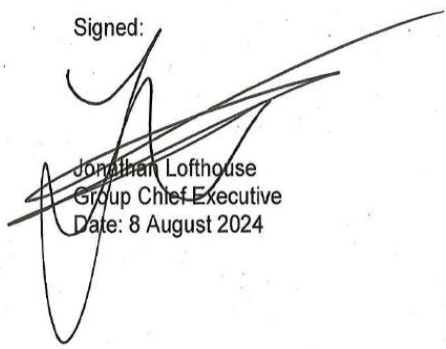
The basis of CETV calculations are based in the Department of Work and Pensions regulations which came into force on 13 October 2008.

Cash equivalent transfer value (CETV) figures are calculated using the guidance on discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance has been used in the calculation of 2023/24 CETV figures.

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. No inflation factors have been applied this financial year as per the guidance from NHS Pensions Agency.

Signed:



Jonathan Lofthouse
Group Chief Executive
Date: 8 August 2024

Staff Report

Overview

Workforce highlights

2023/24 was a pivotal point in the history of the trust, seeing the Trust join Hull University Teaching Hospitals to form the NHS Humber Health Partnership. This change has brought together a collective workforce of more than 20,000 staff that are steeped in rich organisational histories and culture. The task is now to come together as one, in name, in process, in policy, in ambition and culture. The group has appointed a single executive cabinet, has launched refreshed vision and values, and have already established a unified operational structure that is delivering for the benefit of our patients. The work will continue throughout 24/25 with the aim of creating unified, vibrant, and cohesive teams across all clinical and corporate areas.

Staff Survey and engagement

As a result of extensive engagement, the trust an increase in the response rates for the National Staff Survey in 23/24. This higher level of engagement translated to improvement in overall scores across the survey and notably in the 'engagement score' which is seen as reliable indicator of organisational health. There remain areas of focus to take forward into NHS Humber Health Partnerships, to build on these evident green shoots.

Workforce Design

The trust began 23/24 with some significant workforce challenges. In response, the trust prioritised the reduction of the Band 5 registered nursing vacancy position and the development of local medical training pathways. To enable this activity, and with consideration to the current UK workforce availability, the trust formed partnerships overseas with several Indian institutions in 2023/24. Through this partnership the trust has successfully reduced the Band 5 registered nursing vacancy position and will now revert to UK based recruitment initiatives in 2024/25, supplemented in smaller numbers by our very capable and compassionate internationally educated nurses. The trust has also developed local medical training pathways that will enable progression from a higher-level trainee equivalent, through a local fellowship programme, to achieve full Certificate of Completion of Training (CCT) accreditation and a substantive Consultant role within a chosen speciality. These programmes will be expanded at a group level in 2024/25 and will supplement the national medical training programme.

Development of culture

Retention of our colleagues has remained a key focus in 2023/24. To enable this, leadership development has been a priority with partnerships formed with local education providers to support delivery. The trust has trained over 200 leaders in the last year alongside many more engagement events and activities.

The trust has also invested in the development of a Just and Learning Culture. This approach has empowered leaders to manage potentially adverse events at local levels with employee well-being and learning in mind. This has resulted in maintained levels of accountability with lower levels of suspension, formal HR intervention and employment tribunals.

Overall in 2023/24 the trust experienced the lowest levels of sickness, turnover and vacancy position in comparison to the previous two years and enters 2024/25, and joins the NHS Humber Health Partnership, with an improved workforce position. However there is still some significant work to do.

Apprenticeships

The trust continues to utilise the apprenticeship levy predominantly to support current staff career development. Further, a smaller percentage of levy is utilised to support the local community via levy transfers. Between April 2023 and March 2024 there were 112 apprenticeship starts within the organisation, across 30 different apprenticeship standards.

September 2023 saw a growth in clinical apprenticeships with 13 Level 6 Registered Nurse Degree apprentices, 3 Level 6 Operating Department Practitioner apprentices and one Level 6 Podiatrist (Integrated Degree) apprentice enrolled. There was further growth in the clinical apprenticeship provision in March 2023 with the enrolment of 2 Level 6 Occupational Therapist (Integrated Degree) apprentices, one Dietician (Integrated Degree) apprentice and one Physiotherapist (Integrated Degree) apprentice. The second cohort of Level 5 Nursing Associate apprentices also commenced their programme in February 2024.

In addition, 2023/24 saw an augmentation of the trust's non-clinical apprenticeship offer with the introduction of 8 Level 5 Coaching Professional apprentices commencing their programme in September 2023. This programme was developed to support the Trust's leadership strategy and cultural change within the organisation, and the second cohort commenced in May 2024.

Further, 2023/24 saw an expansion of the apprenticeship offer for our senior leaders with two options to complete the Level 7 Senior Leader apprenticeship, one of which includes the option to also complete a Master of Business Administration (MBA). Twelve of the Trust's leaders commenced a Level 7 Leadership apprenticeship during 2023/24, with a further 10 planned to enrol in May 2024.

The trust continued to support the local community in 2023/24 through levy transfers, for a range of programmes, to 9 primary and secondary care providers. This continues to enhance the wider approach of health and care providers in the local area to developing a skilled health and social care workforce and will be sustained in 2024/25 to ensure the utilisation of levy funds is maximised.

Information on health and safety performance

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

Involvement of employees

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

- A monthly JNCC (Joint Negotiating and Consultation Committee Meeting) for Staffside representatives and a monthly JLNC (Joint Local Negotiating Committee) for medical staff
- Fortnightly policy sub-group meetings with representatives to discuss and agree policy updates
- Staff networks, including BAME, Disability and LGBTQ+ Staff Equality Networks. A Women's Staff Equality Network has recently been launched and plans are in place to launch a Men's Network. Our Staff Equality Networks have supported new equality group focussed engagement events during the year. Our BAME Network has also supported our Internationally Educated Staff which has been recognised by the achievement of a national award
- The success of our Staff Equality Networks is measured through our Workforce Disability Standard and Workforce Race Equality Standard reporting and the NHS Staff Survey results
- Staff Governors who meet regularly with senior management and take part in the Council of Governors meetings throughout the course of the year
- Staff are also encouraged to engaged with various online forums which range from news letters to live video sessions

Staff policies and actions

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

Staff policies and actions continued

Policy	Action
Policies applied for continuing the employment of, and for arranging appropriate training for, employees who become disabled during the period.	Redeployment Policy and Procedure has also been introduced to protect the employment of individuals whose employment may be at risk, including where this is related to a disability, affording priority access to vacancies. This includes the provision of reasonable training and/or support in order to secure suitable alternative employment.
Policies applied during the year for the training, career development and promotion of disabled employees.	The Disabilities and Long-Term Health Conditions Policy and Procedure and Dyslexia Guidance (including dyspraxia and dyscalculia) both include suggested adjustments and support available, the aim being to ensure the removal of any barriers to development opportunities wherever possible.
Actions taken in the year to provide employees systematically with information on matters of concern to them as employees.	The HR Hub page (intranet) incorporates a suite of information around the HR policies, including further guidance for employees and managers, templates/forms and Q&A documents. Development of this page and its content has continued to be reviewed and developed over the last year. This has been based on analysis of the calls to the HR Helpdesk, questions raised to the Exec and via the Trust Facebook page, feedback from employee relations cases, feedback from Staff Side colleagues, the Staff Network Groups and from the Staff Survey.
Actions taken to consult staff on a regular basis so that the views of staff can be taken into consideration in making decisions which are likely to affect their interests.	<ul style="list-style-type: none"> • Engagement via Union forums • Engagement through formal consultation processes • Localised team meetings and manager briefs • Group Chief Executive cascade • Ask the Chief Executive • Organisational survey's • A QI approach, empowering staff to own and direct change

Staff engagement and communications

In August 2023 the new Group Chief Executive joined the trust and looked to reinvigorate how the trust communicated and engaged with staff at both NLaG and across the NHS Humber Health Partnership's other trust Hull University Teaching Hospitals (HUTH). Jonathan writes a weekly email to all staff across the group which is sent every Friday. On a regular basis he also produces a video of his message so staff who do not access their email regularly have another way to find out what is happening. Jonathan also introduced a monthly opportunity for staff to hear from him directly through an online Microsoft Teams environment. Called 'Ask the Chief Executive' the sessions are also attended by the rest of the executive team and, in each one, there is an opportunity for staff to ask questions, either live or in advance by completing a form. Each session is recorded and transcribed so staff who cannot attend have the opportunity to see or read what was communicated.

All the questions and answers, including those which are not answered in the live slot, are published on the trust's intranet which is called The Hub. Senior leaders in the trust are invited to quarterly briefing sessions with all the executive to be briefed on upcoming issues and to take part in workshops and team building activities. During the course of the year staff had the opportunity to take part in the process to develop new values and behaviours for the group. Both face-to-face and online sessions were available and a similar process was being planned for the development of the new group strategy which is planned to be launched in July 2024.

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

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

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

We have an in-house collaborative counter fraud arrangement with five other local NHS trusts, which allows us to have a LCFS permanently on site, supported by a small team of counter fraud specialists dedicated 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 Standards of Business Conduct Policy which sets out the expectations we have of all our staff where probity is concerned. The policy also contains a statement from the Group Chief Executive in relation to ensuring that our organisation is free from bribery and corruption. There are references to counter fraud measures and reporting processes in various other trust policies and procedures.

An annual work plan, approved by the Group Chief Financial Officer with oversight from the trust's Audit, Risk and Governance 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, Risk and Governance 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 Group Chief Financial Officer, the trust's electronic anonymous reporting system 'Bad Apple', 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 with the exception of the 'Bad Apple' reporting system which is an internal staff system.

Occupational health

Occupational Health (OH) maintains the wellbeing of staff, preventing ill-health and developing solutions to keep staff with health issues at work. OH professionals provide independent advice on staff unable to work due to long-term or short-term intermittent health problems, and organisational wide steps to reduce sickness absence. Through best practice and clinical advice OH support members of staff, managers and recruitment. Working with our sister service on the north bank we aim to streamline our services and processes so we may provide an equitable service across the Humber Partnership Group. We continue to support all the teams, managers and individuals during the time of the formation of the group structure so that staff are supported in their continued delivery of patient care. The OH Team strive to continue working with the greater workforce community and colleagues including joint work with OD in relation to the Health and Wellbeing agenda. We continue with a Public Health steer in relation to our staff as a community but also supporting the impact on the community we serve in relation to vaccination programmes and the management of communicable diseases associated with health care.

The year ahead remains a focus on delivery of service to our staff specifically ensuring equity of support for staff across the Humber Partnership Group.

Trade union facility time

Table 1: Relevant union officials

Total number of trust employees who were relevant union officials during the relevant period, 1 April 2023 to 31 March 2024:

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number (of trade union representatives)
32	17.98

Table 2: Percentage of time spent on facility time

Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) employees, who were relevant union officials employed during the relevant period spent a) 0%, b) 1%-50%, c) 51%-99% or d) 100% of their working hours on facility time:

Percentage of time	Number of employees
0	14
1-50	16
51-99	2
100	0

Table 3: Percentage of pay bill spent on facility time

The percentage of the trust's total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period:

	Figures
Total cost of facility time	£145,640.43
Total pay bill	£395,831,000
Percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.04%

Table 4: Paid trade union activities

As a percentage of total paid facility time hours, the number of staff hours spent by employees who were relevant union officials during the relevant period on paid trade union activities:

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	0%
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The figures have been calculated using the standard methodologies used in the Trade Union (Facility Time Publication Requirements) Regulations 2017.

Staff sickness absence data (subject to audit)

Figures converted by DH to best estimates of required data			Statistics published by NHS Digital	
Average Full Time Equivalent (FTE) for 2023	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Days per FTE	FTE - Days Available	FTE - Days recorded Sickness Absence
6,302	70,331	11.2	2,300,172	114,092

Key to table

- Source – NHS Digital: Sickness Absence and Workforce Publications, based on data from the ESR Data Warehouse
- Period covered – January to December 2023
- Data items – ESR does not hold details of the planned working/non-working days for employees so days lost and days available are reported based upon a 365-day year
- For the Annual Report and Accounts the following figures are used:
 - The number of FTE-days available has been taken directly from ESR. This has been converted to FTE years in the first column by dividing by 365
 - The number of FTE-days lost to sickness absence has been taken directly from ESR. The adjusted FTE days lost has been calculated by multiplying by 225/365 to give the Cabinet Office measure

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

NHS staff survey

The NHS staff survey is conducted annually. From 2021/22 the survey questions aligned to the seven elements of the NHS 'People Promise', and retained the two previous themes of engagement and morale.

These replaced the ten indicator themes used in previous years. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those. The response rate to the 2023/24 survey among trust staff was 48 per cent which is 13% more than in 2022/23.

2023/24 compared to 2022/23 and 2021/22

Indicators (People Promise and themes)	2023/24		2022/23		2021/22	
	Trust score	Benchmarking group score	Trust score	Benchmarking group score	Trust score	Benchmarking group score
People Promise:						
We are compassionate and inclusive	7	7.2	6.9	7.2	6.9	7.2
We are recognised and rewarded	5.7	5.9	5.5	5.7	5.6	5.8
We each have a voice that counts	6.5	6.7	6.4	6.6	6.4	6.7
We are safe and healthy	5.99	6	5.7	5.9	5.8	5.9
We are always learning	5.4	5.6	5.1	5.4	4.9	5.2
We work flexibly	5.8	6.2	5.6	6.0	5.6	5.9
We are a team	6.5	6.7	6.4	6.6	6.3	6.6
Staff engagement	6.65	6.9	6.4	6.8	6.4	6.8
Morale	5.8	5.9	5.5	5.7	5.5	5.7

Overall improvements on all People Promise themes are evident in the 2023/24 survey results. Whilst progress is being made across the board, improvements in the health and safety climate have been felt by trust staff with a reduction of burnout due to a focus on staffing, having sufficient resources and equipment. The trust has retained a fairly consistent score on the value managers placed on staff health and wellbeing.

The introduction of training programmes on civility and respect in 2023 and through 2024 for colleagues, as well as a new leadership and management development programme, are hoped to have a positive impact on fostering a culture of respect and an environment where people are treated with dignity consistently. The Trust has committed to further this work with the recruitment of a dedicated People Promise Manager to embed the People Promise in the trust.

Future priorities and targets

Following the formation of NHS Humber Health Partnership, the immediate focus will be to embed the workforce at all levels into Group working practices. This will come with cultural and system leadership challenges. The workforce teams will work alongside the Group leadership to ensure staff are both well supported and clear on objectives and approach across the geography. Key areas of focus for 2024/25 are set out overleaf.

- Introduction of a Group People Strategy, this will be seated within the NHS People Promise.
- Further reduce Medical and Nursing agency use and spend with a focus on ending Off-framework usage.
- Further reduction of the group vacancy position with focus on consultant and other high impact clinical roles.
- The implementation of group leadership development practices, creating NHS Humber Health Partnership system leaders.
- The implementation of a group health and well-being programme, this will target know areas of concern such as psychological illness and MSK injury and drive preventative well-being practices.
- Proactive career planning across all areas, including expanding the apprenticeship framework to enrich career opportunities and retain good staff across our geography.
- Launch the new Equality, Diversity, and Inclusion (EDI) strategy incorporating the group's equality objectives.
- Increase engagement across all staff groups with a view to translate thoughts and ideas into action where possible. This will be measurable through the Staff Survey results with an ambition to continue the positive trajectory.

Staff turnover

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

Gender pay gap

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

Trust staff in numbers

Staff costs (subject to audit)

	Group			
	2023/24			2022/23
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	288,105	1,615	289,720	268,959
Social security costs	31,024	-	31,024	30,105
Apprenticeship levy	1,543	-	1,543	1,412
Employer's contributions to NHS pension scheme	44,765	-	44,765	40,656
Temporary staff	-	28,779	28,779	28,831
Total gross staff costs	365,437	30,394	395,831	369,963
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	365,437	30,394	395,831	369,963
Of which				
Costs capitalised as part of assets	664	-	664	467

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

	Group			
			2023/24	2022/23
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	784	79	863	817
Administration and estates	1,424	64	1,488	1,472
Healthcare assistants and other support staff	1,294	66	1,360	1,244
Nursing, midwifery and health visiting staff	1,835	413	2,248	2,105
Scientific, therapeutic and technical staff	1,101	39	1,140	1,120
Total average numbers	6,438	661	7,099	6,758

Number of people

	2023/24	2022/23
Medical	803	735
Band 9	10	15
Band 8	269	247
Band 7	624	579
Band 6	911	872
Band 5	1653	1457
Band 4	425	379
Band 3	1027	891
Band 2	2141	2105
Band 1	2	2
Other	15	7
Apprentices	12	3
Total	7882*	7292*

* includes permanent, fixed term, internal secondment, and maternity leave and Very Senior Managers (VSM)

Age profile of staff

	2023/24	2022/23
< 25	560	447
26 – 35	2020	1905
36 – 45	1834	1621
46 - 50	785	796
51 – 55	998	986
56 – 60	913	853
61-65	618	553
65	154	131
Unknown	0	0
Total	7882*	7292*

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

Ethnic minority breakdown of staff

	2023/24		2022/23	
	Number	%	Number	%
Asian	730	9.3	614	8.4
Black	460	5.8	400	5.5
Mixed	88	1.1	66	0.9
Other	114	1.4	87	1.2
Unknown	219	2.8	211	2.9
White	6271	79.6	5914	81.1
Total	7882*	100	7292*	100

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

Analysis of gender distribution of staff 2023/24*

	Female	Male	Total	Female %	Male %
Directors	10	12	22	45	55
Other Senior Managers#	184	94	278	66	34
Employees excluding the above	6167	1415	7582	81	19
Total	6361	1521	7882*	81	19

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

#Senior Manager is defined as any role at Band 8A and above

Staff profile

	Number of People	
	2023/24	2022/23
Add prof scientific and technical	108	104
Additional clinical services	1735	1599
Administrative and clerical	1623	1540
Allied health professionals	513	467
Estates and ancillary	711	674
Healthcare scientists	213	217
Medical and dental	803	735
Nursing and midwifery registered	2170	1948
Students	6	8
Unknown	0	0
Total	7882*	7292*

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

Exit package cost band, including any special payment element (subject to audit)

Reporting of compensation schemes - exit packages 2023/24			
	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	-	1	1
£10,000 - £25,000	-	-	-
£25,001 - 50,000	2	-	2
£50,001 - £100,000	-	-	-
£100,001 - £150,000	1	-	1
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	3	1	4
Total cost (£)	228,000	6,000	234,000

Reporting of compensation schemes - exit packages 2022/23			
	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	-	-	-
£10,000 - £25,000	1	-	1
£25,001 - 50,000	-	-	-
£50,001 - £100,000	-	-	-
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	1	-	1
Total resource cost (£)	15,000	0	15,000

Exit packages: other (non-compulsory) departure payments

	2023/24		2022/23	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£	Number	£
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	1	36,143	-	-
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	1	6,000	-	-
Total	2	42,143	-	-
<i>Of which:</i>				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	-	-	-	-

NHS Foundation Trust Code of Governance

The Code of Governance for NHS provider trusts (the Code of Governance) was published in October 2022 and has been applicable since April 1 2023. It replaces the previous NHS foundation trust code of governance issued by Monitor. The Code of governance sets out a common overarching framework for the corporate governance of NHS providers, including NHS foundation trusts, reflecting developments in UK corporate governance and the development of integrated care systems. For the year ended March 31 2024, the board considers that it was fully compliant with the provisions of the NHS Foundation Trust Code of Governance. Summarised details on the disclosures required by the Code of Governance are set out in the following table.

Summary of requirement	Where the information is available
The board of directors' assessment of effectiveness, efficiency and economy and contribution to the objectives of the ICP, ICB and place-based partnerships.	Annual Report – the Performance Report and the Annual Governance Statement
The board of directors' assessment of culture.	Annual Report – Staff Report and Annual Governance Statement
The board of directors' assessment of how it works with stakeholders, including system and place-based partners.	Annual Report – Performance Report and Annual Governance Statement
Information on Non-Executive Directors.	Annual Report – Accountability Report and trust website
The number of times the board and its committees met, and individual director attendance.	Annual Report – Accountability Report
Statement detailing the roles and responsibilities of the Council of Governors.	Annual Report – Accountability Report
Council of Governors approach to appoint the chair and non-executive directors.	Annual Report – Accountability Report
A description of each director's skills, expertise and experience.	Trust website
All trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well-led framework every three to five years, according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any connection it has with the trust or individual directors.	Annual Report – Accountability Report
Details of how directors and Non-Executive Directors are chosen and how the trust board has been evaluated.	Annual Report – Accountability Report

Summary of requirement	Where the information is available
Governors' work to seek the opinion of the trust's members and the public.	Annual Report – Accountability Report
Information about the trust's auditors and how the audit was completed.	Annual Report – Accountability Report
Directors' responsibility for preparing the annual report and accounts.	Annual Report – Accountability Report
The trust's emerging and principal risks.	Annual Report – Performance Report and Annual Governance Statement
The trust's risk management and internal control systems.	Annual Report – Annual Governance Statement
The directors should state whether they considered it appropriate to adopt the going concern basis of accounting when preparing the accounts.	Annual Report – Notes to the Accounts
Members of the Council of Governors and other information on governors.	Annual Report – Accountability Report
The board of directors should ensure that the NHS foundation trust provides effective mechanisms for communication between governors and members from its constituencies. Contact procedures for members who wish to communicate with governors and/or directors should be clear and made available to members on the NHS foundation trust's website and in the annual report.	Annual Report – Accountability Report and trust website
The directors should state in the annual report the steps they have taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, e.g. through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	Annual Report – Accountability Report
<p>If, during the financial year, the Governors have exercised their power* under paragraph 10C** of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report. This is required by paragraph 26(2)(aa) of schedule 7 to the NHS Act 2006, as amended by section 151 (8) of the Health and Social Care Act 2012.</p> <p>* Power to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the foundation trust's or directors' performance). ** As inserted by section 151 (6) of the Health and Social Care Act 2012)</p>	n/a

Statement of the Group Chief Executive's responsibilities as the accounting officer of Northern Lincolnshire and Goole NHS Foundation Trust

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

NHS England has given Accounts Directions which require Northern Lincolnshire and Goole NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Northern Lincolnshire and Goole NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the accounting officer is required to comply with the requirements of the Department of Health and Social Care's Group Accounting Manual and in particular to:


- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- Make judgements and estimates on a reasonable basis
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- Confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and
- Prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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

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

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

Signed:

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke extending to the right.

Jonathan Lofthouse
Group Chief Executive
Date: 8 August 2024

NHS Oversight Framework

NHS England's NHS Oversight Framework is the way this national regulator oversees health systems, including providers, and identifies potential support needs. NHS organisations are allocated to one of four 'segments' through this framework.

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements.

By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

- a) Objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; and local strategic priorities)
- b) Additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

An NHS foundation trust will be in segment 3 or 4 only where it has been found to be in breach, or suspected breach, of its licence conditions.

Segmentation

This segmentation information is the trust's position as at 30 June 2024. NHS England has placed the trust in segment 3.

Current segmentation information for NHS trusts and foundation trusts is published on the NHS England website: <https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/>

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 Northern Lincolnshire and Goole (NLaG) NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NLaG NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accountable Officer Memorandum.

Although this is the NLaG specific Annual Governance Statement, the trust has joined a group with Hull University Teaching Hospitals NHS Trust (HUTH), called the NHS Humber Health Partnership.

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 NLaG, 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 at NLaG 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's current Governance and Risk Management Strategy 2019-2024 sets the overall objective for the trust to be fully 'risk aware'. This includes a risk management approach which is embedded within the organisation's culture and working practices, where open reporting of mistakes made is encouraged and lessons are learned, and there is an acceptance that risk management is everyone's responsibility.

The strategy sets the Policy for Developing and Maintaining the Trust Risk Register which details the structures and processes in place to identify, manage and eliminate or reduce risks to a tolerable level. It defines accountability arrangements for the management of risk within the trust. The policy states the responsibility of executive directors and senior managers in respect of leadership in risk management and confirms that all staff within the organisation have a responsibility for the identification and reporting of risks and incidents.

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

The strategy and policy are being refreshed and will align the trust's approach with HUTH as part of the agreed group model. The development will also lead to a combined Group Risk Team with a shared approach and processes.

Leadership and accountability

Leadership generally

Up until the formation of the group at the end of December 2023 the NLaG Board had established seven committees which supported the discharging of the board's responsibilities. In addition to meeting the statutory requirements to have an Audit, Risk and Governance Committee and Remuneration and Terms of Service Committee, the trust also had a Finance and Performance Committee, Quality and Safety Committee, Strategic Development Committee (disbanded by the Trust Board at its meeting on 6 June 2023), a Workforce Committee, and a Charitable Funds Committee (known as the Health Tree Foundation Trustees Committee). Following agreement by the two trust boards to move to the group model thereby aligning governance and decision making, the two individual trusts' committees for each area met together as Committees-in-Common (CiCs) from January 2024 whilst remaining separately constituted committees.

The CiCs have individual terms of reference documents with an aligned annual workplan, as approved by the trust boards in December 2023. The CiCs are the Capital and Major Projects CiC, Performance, Estates and Finance CiC, Quality and Safety CiC, Workforce, Education and Culture CiC and Remuneration CiC. NLaG's Health Tree Foundation Trustees Committee remains a stand-alone committee.

The group has continued to embed its senior leadership team during 2023/24, as part of a group executive management structure. The implementation of the care groups across the group model began from 1 April 2024 (changing from clinical divisions at NLaG up to 31 March 2024), and the joint Boards-in-Common formally endorsed the CiCs following a three-month pilot period.

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

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

The divisional leadership teams have continued a range of leadership training and coaching to strengthen their contribution to the organisation, building on the trust's existing clinical leadership capabilities.

The trust's People Strategy continued to be embedded and focussed on three main themes: recruitment, culture and leadership. A leadership development strategy for all leaders within the trust focused on developing our emerging and existing leaders and this included leadership core skills, career development, and a values-based leadership programme.

The Senior Leadership Community monthly briefings were replaced in late 2023 with the 'Ask the Chief Executive' staff monthly sessions open to all staff. These sessions provided a further mechanism for communication and engagement within the trust on priorities and key messages.

Governance and risk management

In respect of governance and risk management, responsibility for corporate governance remains within the remit of the Group Director of Assurance.

Responsibility for quality and clinical governance sits within the portfolio of the Group Chief Medical Officer ensuring greater clinical engagement and ownership of these arrangements across the trust. The Group Chief Medical Officer is supported by a Deputy Chief Medical Officer, Interim Group Director of Quality Governance (from November 2023) and Associate Director of Quality Governance, along with collaboration with the Group Chief Nurse and the Deputy Chief Nurses. The Deputy Chief Medical Officer provides a focus on clinical governance and is leading work on improving clinical engagement with the trust's clinical/quality governance arrangements. The Associate Director of Quality Governance leads on quality governance. Patient experience sits in the Chief Nurse directorate, with links and collaboration between the functions within the Quality Governance team. There are three Patient Safety Specialists, including the Associate Director for Quality Governance, the Head of Patient Safety and Risk, and the Lead Nurse for Patient Safety in the Chief Nurse team.

The Associate Director for Quality Governance leads on risk for the Chief Medical Officer. The Risk Management Strategy is used to support active risk identification and management through ownership in each division and verified through governance meetings. There is an oversight of risks on the risk register through the Trust Risk Management Group and the Group Risk and Assurance Committee.

Accountability

The trust had in place a Performance Review and Improvement Management Framework during 2023, which outlined the approach to holding divisions to account for delivery of objectives and improvements including those relating to governance and risk management. This included monthly Performance Review Improvement meetings for the clinical divisions, chaired by the Group Chief Delivery Officer (previously the Chief Operating Officer) and attended by other executive directors. The outcomes of the Performance Review Improvement meetings were presented to the Finance and Performance Committee of the board for oversight (now the Performance, Estates and Finance CiC, the PEF CiC). These performance review meetings have been on hold in early 2024 whilst the divisions move to the group care group structure. The PEF CiC has been held since January (in addition to a Quality and Safety CiC). A similar approach will be continued once the care groups are established and this arrangement has been clearly communicated through the new Integrated Performance Framework agreed by the board.

Weekly operational challenges and issues continue to be managed in a timely manner and the risks relating to them mitigated or reduced, at the daily leadership huddle with the Group Chief Delivery Officer and care group leaders.

Prior to the advent of the CiCs, the above arrangements, embedded since 2020/21, reflect the trust's ongoing commitment to effective governance and quality governance including risk management processes.

The trust's Internal Audit Programme is used to test key aspects of the trust's governance and risk management arrangements annually; not least the annual review of the Board Assurance Framework (BAF) and the risk management systems and process which underpin it. The Head of Internal Audit produces an opinion at the end of the financial year on the effectiveness of our control environment, and this opinion forms part of this Annual Governance Statement.

Training

The trust's mandatory training programme included training on specific risk topics such as fire safety, safeguarding, fraud, information governance, moving and handling, and infection control.

Staff duties and responsibilities were regularly reinforced in respect of reporting incidents and duty of candour. Whilst not mandatory, training was provided on Root Cause Analysis in support of the trust's arrangements for investigating and managing incidents. External training was provided, as required; for example, risk register training. Virtual learning for leadership and management and mandatory training continued to be utilised where appropriate. This ensured that staff were trained and equipped to identify and manage risk in a manner appropriate to their authority, duties and experience. Mandatory training compliance was reviewed at the monthly Performance Review and Improvement Meetings and the newly formed Workforce, Education and Culture CiC meetings throughout 2023-24. The trust escalated further support where requested to achieve compliance.

Regular review of the trust's mandatory training programme was undertaken to ensure it remained responsive to the needs of the organisation. There was regular reinforcement of the requirements of the trust's Mandatory Training Policy and Training Needs Analysis and the duty of staff to complete training deemed mandatory for their role and in order to mitigate risk. The trust's Training Needs Analysis was regularly reviewed to ensure that mandatory training remains targeted and appropriate as well as manageable for staff. This approach will be further addressed across the group model in 2024/25.

The trust continued to work hard to achieve good levels of compliance across all core and role specific mandatory training. Compliance levels as of February 2024 were above target at 90.1% for Core Mandatory Training (against a target of 85%) and 79.3% for Role Specific Mandatory Training (against a target of 85%).

Monitoring and escalation arrangements were in place to ensure that the trust maintains good performance and can ensure targeted action in respect of areas or staff groups where performance was not at the required level.

Monthly reporting was in place and work continued with the Information Team to produce infographics and forecasting for divisions. The training and development team worked closely with the mandatory training subject matter experts and the divisions to ensure that mapping to competencies were correct and staff were only undertaking the training they require for their role. With the move from trust clinical divisions to care groups within the new group structure, this approach will continue to support training compliance.

Control Mechanisms including 'Learning Lessons'

The local risk management system was used to support complaints, PALS, risk registers and Incident Reporting. The system enabled individual actions to be tracked and monitored, following investigation through the relevant processes where appropriate. There was oversight of all incidents via a daily report to clinical divisions, the Group Chief Medical Officer and Group Chief Nurse. Since December 2023 incident huddles have been introduced to identify and prioritise activities to ensure timely intervention and fact-finding investigations to support patient safety management. This forms part of the approach taken in the trust following the implementation of the national Patient Safety Incident Response Framework (PSIRF) and the locally established Patient Safety Incident Response Plan (PSIRP). The framework plan provided a structured approach to focus on system-based learning and undertaking proportional, timely investigations, or learning responses, of patient safety incidents. This approach seeks to improve engagement with patients, their families and the staff involved, linking learning to safety and quality improvement activities.

Implementation of the Learning Strategy continued and evolved whilst serving as a roadmap for the trust's approach to embedding learning. The trust maintains effective mechanisms for identifying and triangulating themes from a variety of intelligence sources, with an extensive thematic analysis undertaken to design the PSIRP. A range of methods were used to enable local learning opportunities and dissemination to support the relevant staff groups and teams.

Serious Incidents and now PSIRF learning responses have remained a key area of focus with the regular reporting of themes and an annual report to the Quality and Safety CiC.

Effective processes ensured that key themes were available to inform the oversight of quality risks for the Quality and Safety CiC. This supported the Non-Executive Director confirm and challenge of the steps taken to mitigate against the identified quality risks in response to the significant risks faced by all NHS organisations.

The trust provided assurance to the Integrated Care Board (ICB) and Place Based Partnerships on its arrangements for investigating and learning from Patient Safety Incidents via a community-wide Serious Incident Collaborative Group, which in turn linked with the Local Maternity and Neonatal System as required. As part of implementing the Patient Safety Incident Response Framework, the trust has developed a Patient Safety Incident Response Plan, in line with national requirements, including engagement with stakeholders, and specifically with the Local Maternity and Neonatal Service and ICB, who provided their endorsement as part of the approval process. The Quality and Safety CiC and Place Based Partnership Quality Board meetings continue to receive updates on the outcome of clinical harm reviews. The clinical harm review process in turn dovetails into existing governance processes, including the oversight of the incident reporting process, Being Open and Duty of Candour Policy and Procedures. Instances of harm were assessed and escalated for review to the weekly Learning Response Panel for discussion as to whether they met the national criteria for Patient Safety Incident Investigation or other proportional investigation methods, in line with our Patient Safety Incident Response Plan. This panel also identified learning to be shared through the organisation through the governance and leadership teams, as well as the quality and safety improvement initiatives.

The Trust Boards-in-Common routinely considered specific risk issues and receive minutes and highlight reports from Board CiC including the Audit, Risk and Governance CiC, Performance, Estates and Finance CiC, the Workforce, Education and Culture CiC and the Quality and Safety CiC. These committees provided oversight and challenge in respect of key areas of Trust business and in turn provide assurance and/or escalate concerns to the Trust Boards-in-Common. The trust has in place the Health Tree Foundation Trustees Committee, which was responsible for overseeing and managing the affairs of the NLaG Trust Charitable Funds.

The trust actively encourages networking and has strong links with relevant central/external bodies, e.g. NHS England, NHS Resolution, Health and Safety Executive, Hull and North Yorkshire ICS, local Place Based Partnerships, Local Authorities and Members of Parliament and acts on recommendations / alerts from these bodies as appropriate. The trust registers external visits and seeks assurance on the outcomes following agency visit recommendations.

The trust has maintained and developed its relationship with the Care Quality Commission - escalating risks and concerns in respect of patient safety / quality as they occur, together with the actions taken or proposed. Monthly relationship meetings were held.

The trust has proactively sought Care Quality Commission representative engagement at internal meetings to discuss local improvement plans and share progress and challenges with Care Quality Commission linked improvement plans. The trust has been keen to promote an open and transparent relationship with the Care Quality Commission viewing it as a key stakeholder in the organisation's improvement journey.

The risk and control framework

The management of risk

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

The trust's Governance and Risk Management Strategy provided the framework for the ongoing monitoring and review of risks, linked to the trust's strategic objectives. The overall responsibility for this strategy sits with the Group Chief Medical Officer (previously the Medical Director) and was an integral part of the trust's approach to continuous quality improvement and supports the delivery of key quality objectives. This in turn, ensures that staff understand and act on the risks to the achievement of those objectives as well as achieving compliance with external standards, duties and legislative requirements.

The trust recognised that risks can change and new risks can emerge over time. The review and updating of risks on the risk register and within the Board Assurance Framework was an ongoing, dynamic process. A Risk Management Group was in place to review and monitor risks added to the Risk Register and to ensure that the appropriate mitigation actions were in place. The Audit, Risk and Governance CiC (previously the trust's Audit, Risk and Governance Committee), have delegated authority on behalf of the trust board for monitoring effectiveness, scrutiny and oversight of these arrangements. The Board Assurance Framework and risk register were used to inform the agenda of the Trust Boards-in-Common and Board CiC with the relevant risks being aligned to and reviewed by the relevant committees. The Trust Board CiC undertake deep dives into their aligned strategic risks within the Board Assurance Framework and the trust board annually reviews the organisation's 'Risk Appetite'. All Board Assurance Framework risks and the high-level risks were also scrutinised in detail at the newly formed (December 2023) Group Cabinet Risk and Assurance Committee.

This process will be reviewed in 2024/25 in line with the NHS Humber Health Partnership's plan for developing its governance and new care group structures.

The CiCs reviewed and challenged their associated sections of the Board Assurance Framework, with escalation of issues or concern to the Trust Boards-in-Common through their routine highlight reports.

The Audit, Risk and Governance CiC had the overarching lead role for ensuring the arrangements for underpinning the Board Assurance Framework were in place and were robust.

The Trust Board assessed and confirmed compliance or otherwise with the requirements of its NHS Provider Licence.

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

- Where local control measures were considered to be potentially inadequate
- Where local control measures require significant financial investment
- The risk was 'significant' and simply cannot be dealt with at that level

Supporting this devolved structure were corporate directorates (non-clinical). These directorates have experienced and appropriately qualified staff to support and advise staff at all levels across the organisation with the identification and management of risk for clinical and non-clinical activities.

Risk Management was embedded in the activity of the organisation by virtue of robust organisational and CiC structures.

These processes will also be reviewed in 2024/25 in line with the group's plan for development of its governance and care group structures across NLaG and HUTH trusts.

The role of the Freedom to Speak Up Guardian (FTSU) and promotion of the role to staff continued to be of great importance for the trust. The trust has adopted and follows National Guardian Office recommendations. The FTSU Guardian continued to attend both national and regional conferences and meetings to ensure that FTSU was being delivered in line with current guidelines. The trust has a FTSU strategy which has the following objectives:

- Encourage everyone to speak up better
- Create a culture where staff were listened to
- Use information provided by Freedom to Speak Up concerns to help develop a 'learning culture' within the organisation

The current strategy was due to be updated in August 2024. The new strategy will be a group strategy and the FTSU Guardian will be liaising and working closely with the HUTH FTSU Guardian to develop this.

The Trust Boards-in-Common continued to receive quarterly independent reports for oversight and the Freedom to Speak Up Guardian continued to work with executives and the trust board to support development and training sessions with them and the wider trust.

The Guardian participated in the National Speak Up month in October 2023 to promote the role and how to access the Guardian. The Guardian also used the campaign to recruit FTSU Champions. FTSU Champions were colleagues who volunteer to support the FTSU Guardian by raising awareness of the Guardian, and signposting colleagues as appropriate. They do not handle concerns. The introduction of FTSU Champions was recommended by the National Guardian's Office, all Champions have attended recommended NGO training and have completed HEE/NGO training modules.

The Guardian continued to work in partnership with the trust and unions to promote 'Speaking Up' as business as usual.

The culture theme within the trust's People Strategy supports this and focussed priorities around building a culture and staff experience which will strengthen our recruitment attraction strategy, improve employee experience, and enhance our aim to meet the preferred employer standards defined in the Care Quality Commission 'Well Led' criterion. The trust has received its staff survey results for 2023 which shows the trust's performance in the national staff survey has significantly improved since 2022.

Relevant governance and risk management Key Performance Indicators were shared through the performance management framework and were reported up to the Trust Boards-in-Common through the Integrated Performance Report. Business planning and service development proposals do not proceed without:

- Recognition and acceptance of the risks involved
- Involvement of the relevant risk management expertise e.g. health and safety and fire, infection control
- An appropriate assessment

Executive directors individually and collectively have responsibility for providing assurance to the Trust Boards-in-Common on the controls in place to identify, manage and mitigate risks to compliance with the Trust's NHS Provider Licence. The CiC of the Trust Board have responsibility for providing assurance in respect of the effectiveness of those controls. A system of 'highlight / escalation' reports to the Trust Board was in place to highlight any risks to compliance.

Patient and Public Involvement (PPI)

The trust ensured public stakeholders were involved in understanding the risks which impact upon the organisation through a variety of routes. This included: the operation and meetings of the Council of Governors; the publishing of the Council of Governors and Trust Boards-in-Common papers on the trust's website; and the holding of Board meetings in public. The Council of Governors normally meets at least four times per year with these meetings being held in public. The Council of Governors agenda has been revised as of April 2024 and re-introduced the CoG receiving the Board CiC highlight reports as part of the re-focusing of the CoG. During 2023-24 the Council of Governors met in person twice with hybrid virtual attendance and met virtually on a further two occasions.

The Annual Members' Meeting due in September 2023 was postponed until February 2024 due to the delayed appointment of the external auditors. This meeting was then held with hybrid virtual attendance too, and the October Council of Governors meeting was held in person at a public venue.

The trust continued to work with various stakeholders including its local Healthwatch partners to ensure a wide breadth of patient views were heard. The trust continued to work on the Humber Acute Services programme which included extensive engagement with staff, Voluntary, Community and Social Enterprise partners, local authorities, elected members, patients, members of the public and people and communities who face disadvantages. These included: online surveys; face to face meetings with specific groups of services users such as sex workers and new and expectant mothers; and meetings with the programme's Citizens' Panel. A full public consultation commenced in September 2023 on possible options for hospital services in the future and closed on 5 January 2024. The Humber and North Yorkshire Integrated Care Board (ICB) will review the consultation responses and decide on the proposals later this year.

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

The trust has an established Patient Panel who meet quarterly and were committed to improving patient experience. The panel were able to offer support by sharing their lived experience and views to any project requests.

Quality risks

During the period the trust had in place a range of mechanisms for managing and monitoring risks in respect of quality including:

- Agreed trust annual quality priorities
- The monthly Trust Board's Quality and Safety CiC chaired by a Non-Executive Director. The committee is responsible for monitoring performance against the agreed annual quality priorities and other quality issues, and minutes of the committee were submitted to the Trust Boards-in-Common. The Quality Governance Group (QGG) in turn provides assurance on quality and safety activities to the Quality and Safety CiC;
- The published trust's Annual Quality Account, which was subject to consultation with key external stakeholders
- Performance against key quality indicators, routinely reported to the Trust Boards-in-Common through the Integrated Performance Report and to the Quality and Safety CiC via quality reports
- The direction set out in our Quality Strategy (2019-2024) and the monitoring processes through our governance arrangements
- Care Quality Commission (CQC) inspection recommendations – these have action plans that were monitored and reported to the relevant CiC, with an Internal Audit assessment of these processes providing 'significant' assurance

- The implementation of the Quality Improvement Strategy (2021-2023) and the ongoing support from the Quality Improvement Training Faculty, resulting in 160 projects registered, that contribute to our Quality Improvement journey
- Place arrangements and monitoring processes via the Register of External Agency Visits, to ensure ongoing compliance with other service accreditation standards (e.g. including Clinical Pathology Accreditation (CPA), Medicines and Healthcare products Regulatory Accreditation (MHRA) (for blood products) and Human Tissue Authority (HTA) licences for mortuary and post mortems)
- Quality Governance Group performance monitoring of the National Institute for Health and Care Excellence (NICE) guidance implementation and assurance relating to Patient Safety Alerts and other safety alerts received via the Central Alerting System. The Quality and Safety CiC reviewed and challenged any requests for deviations from NICE guidance
- A Mortality Improvement Group, reporting to the Quality Governance Group, was in place and included as part of its membership Divisional clinical leads, a Non-Executive Director and relevant external stakeholders. The Group Chief Medical Officer has the lead for mortality, and was supported by an appointed clinical lead
- The Quality and Safety CiC retained a challenge and assurance role in respect of mortality ensuring improvements were sustained or escalated appropriately. The Integrated Performance Report details mortality improvements to the Trust Boards-in-Common in addition to the relevant highlights contained in the report from the Quality and Safety CiC. A key part of the Mortality Strategy centred on the National Quality Board (NQB) guidance on learning from deaths. Quarterly reporting on learning from deaths through QGG and Quality and Safety CiC was in place to provide assurance of the systems in place to oversee mortality and patient outcomes
- Learning from deaths was achieved through screening and review processes, including the Medical Examiner function identifying opportunities to improve the quality of care, through Structured Judgement Reviews and escalation routes for potential patient safety incidents
- The methods of proactively looking for potential clinical harm, through the incident reporting system, but also in the risk stratification and tracking of our waiting lists and reviewing all patients waiting for a prolonged period of time
- The trust's 15 Steps Assurance Programme for wards and departments, which was aligned to the Care Quality Commission Key Lines of Enquiry, ensuring the ongoing monitoring of key standards and the early identification and escalation of risk issues. This work has involved training staff (including board members), to be able to participate in this programme
- Informal visits to wards and departments were undertaken during 2023/24 by Executives and Non-Executive Directors. These arrangements enabled staff to showcase good practice but also to talk directly to members of the trust board on quality and safety and other issues or concerns

- Risks that may impact on the quality of care and service provided were identified by the Divisional and Directorate management teams (and progressed to the Care Groups across the Group structure). Those risks were assessed, with actions identified to mitigate, then reported through governance arrangements, with escalation processes in place for potential impact on the trusts Strategic Objectives
- Non-Executive Directors had oversight and assurance roles in respect of specific aspects of governance, quality governance and risk. These roles were reviewed in-year
- The Group Chief Medical Officer who was the Trust Boards-in-Common lead for quality and safety although in discharging this responsibility works closely with the Group Chief Nurse (the Trust Boards-in-Common Lead for patient experience) and the Group Chief Delivery Officer
- The implementation of the nursing, midwifery and allied health professionals' strategy called 'The Future 5 and Beyond 2021-24' led by the Group Chief Nurse
- A nursing dashboard was in place to monitor the nursing contribution to safety and quality. This was supported by a Nursing Metrics Panel which ensured the early identification and mitigation of risk issues
- An annual safe staffing review process in respect of nursing and midwifery was reviewed by the Trust Boards-in-Common with ongoing monitoring undertaken by the Quality and Safety CiC
- Routine consideration and acting upon the recommendations of national quality benchmarking exercises, e.g. National patient surveys
- Acting upon patient feedback from complaints and concerns and from feedback from Patient and Public Involvement representatives (e.g. Health Watch)

A serious mortuary incident occurred in 2024, when a man gained unauthorised access into the mortuary at the Diana Princess of Wales (DPOW) hospital in Grimsby. He was arrested the same day by police and later pleaded guilty to two serious charges. The trust notified its regulators of the security breach and damage caused, including the Human Tissue Authority who provide the licences to manage mortuary services. In addition to supporting the police case and families affected, and returning the mortuary to normal use, the trust has reviewed its security arrangements and has already taken several measures across its sites to strengthen security.

The effectiveness of the trust's governance, quality governance and risk management arrangements continued to be tested during 2023/24 via internal and external testing including the Annual Internal Audit Programme and relevant external reviews and visits.

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 was 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.

Care Quality Commission: Registration and essential standards of quality and safety

The trust underwent a focused maternity Care Quality Commission inspection for the Goole Midwifery Led Unit in November 2023, the findings of which helped to retain the overall 'Good' rating for Goole Hospital.

Detailed divisional improvement plans incorporate the latest Care Quality Commission feedback together with the feedback from previous inspections and continue to be embedded and delivered. The trust continued to report on progress through the Performance Review and Improvement Meetings (and with a similar approach with the transition to the groupwide care groups as of April 2024), the relevant Trust Board CiC and the Trust Boards-in-Common.

The NHS England-chaired Quality Board brings together all relevant stakeholders to support the trust in the delivery of its improvement plan and continued to have oversight of delivery of the required improvements. The trust reports its progress to and discusses any issues or concerns directly with the Care Quality Commission through regular engagement meeting.

The trust was in NHS England's Oversight Framework segment 4 of the Recovery Support Programme during 2022/23 for quality and finance, and the Foundation Trust was fully compliant with the registration requirements of the Care Quality Commission. NHS England North East and Yorkshire Regional Support Group recommended to the national team that the trust should transition from Segment 4 to Segment 3 of the NHS Oversight Framework with mandated support. A Recovery Support Programme Review meeting was held on 25 May 2023 with NHS England National and Regional Executives and System Partners where this was confirmed.

Workforce

The trust has in place a Workforce, Education and Culture CiC which was chaired by a Non-Executive Director of the Trust Board. Its focus was to seek assurance on all workforce matters including compliance against our people metrics and the delivery of the People Strategy and NHS People Plan. The annual Workforce, Education and Culture CiC plan was being implemented which supports reporting and focus on workforce, culture, leadership and captured improvements achieved. To ensure compliance with developing Workforce Safeguards, a triangulated approach was used by the Group Chief Nurse to determine safe staffing levels.

This combined the use of evidence-based tools (e.g. Safer Nursing Care Tool and BirthRate Plus, professional judgement and outcomes to ensure the right staff with the right skills were in the right place at the right time).

The trust continually reviewed its compliance with the safer staffing care standards ensuring that establishments and job plans were reviewed periodically, enabling the resource requirements for the delivery of safe care to our patients. The trust continued to invest in new clinical roles to supplement the clinical workforce during 2023/24 which included Newly Qualified Nurses, Advanced Clinical Practitioners, Nursing Associates, Care Navigators and Medical Support Workers.

The trust has worked closely with NHSE for both the recruitment of international registered nurses and Health Care Support Workers. Targets for recruitment of international nurses have been exceeded. Engagement with universities within the region has also resulted in targets for newly qualified nurses being exceeded, and the nursing career framework and local apprenticeship programmes will support longer term future needs.

In 2023/24 further cohorts of internationally educated midwives were appointed and started, with plans in place to support further starts in the future. This was supported by a successful newly qualified midwife campaign and the appointment of a Recruitment, Retention, and Pastoral Care Midwife.

Allied Health Professional and medical recruitment has been supported by the Talent Acquisition Team for targeted recruitment and included medical roles in 2023/24. Work has also continued on the recruitment campaign and support with the Lincolnshire Refugee Doctor Project in order to support refugee doctors in the local area into roles at the trust.

Workforce data and information from the nursing and midwifery quality assurance dashboards were scrutinised monthly in a Metrics Panel chaired by the Group Chief Nurse, and a monthly Nursing Assurance Report was presented to the Quality and Safety CiC which has oversight of safe staffing.

Looking ahead, the Human Resources teams for HUTH and NLaG will be aligned as part of the group structure changes and a new People Strategy.

NHS Pension Scheme

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

Equality, Diversity, Inclusion and Human Rights

Control measures were in place to ensure that the organisation's obligations under equality, diversity, inclusion and human rights legislation were complied with. The trust has an Equality and Diversity Strategy which encompasses our Equality Objectives. Our Equality Objectives focus on achieving legal and contractual compliance and progress against them was reported to Trust Boards-in-Common and our commissioners bi-annually by our dedicated Equality and Diversity lead. The organisation has an Equality Impact Assessment (EIA) policy and procedure which ensured the integration of EIAs into trust core business and to support this training continued to be delivered across the trust.

Environmental sustainability

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

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

The Green Plan incorporated a working action plan to address our progress towards Net Zero, a document which will grow as the impact of our work, projects and capital investments develop. The actions set out in our action plan will support us to achieve legislative requirements alongside the most important issues our trust aims to address as identified in the strategic framework (2019 – 2024).

Our reporting processes were robust and ensured the trust complied with the UK Climate Change Act (2008) projections for the reduction of carbon. In addition to this, working with partners to reduce energy consumption, the trust will be supported in the development of a road map to Net Zero, ensuring we comply with the targets set within the Net Zero report, which is now incorporated into the Green Plan advancing from 2022/25.

Conflicts of Interest

The trust maintains a register of directors' interests which was reviewed by the Trust Board annually and was published through the Trust Boards-in-Common public meeting papers and within the trust's Freedom of Information publication scheme. The trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision making staff (as defined by the trust with reference to the 'Managing Conflicts of Interest in the NHS' guidance) within the last twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

Business Continuity

The trust has in place robust emergency preparedness and business continuity arrangements, which were considered and signed off by the Trust Board annually. These arrangements have been tried and tested in response to multiple incidents over recent years, including the COVID-19 pandemic crisis and industrial action, and continue to be reviewed and monitored.

During 2023, NHS England (NHSE) amended and reviewed compliance of the trust against a revised set of 62 national Core Standards for Emergency Preparedness, Resilience and Response (EPRR). Whilst NHSE assessed the trust as fully compliant in 25 standards and partially compliant for the remainder, they provided an overall assurance rating of non-compliance. NHSE has advised 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.

To ensure both organisational and individual resilience, these arrangements were continuously reviewed in line with NHS England EPRR guidance and instructions to meet our statutory obligations under the Civil Contingencies Act 2004. The EPRR work programme includes annual training and testing arrangements to ensure that leaders and staff across the organisation learn from previous events and build the resilience required to manage the ongoing challenges. The trust 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. These exercises have provided additional assurance and understanding of the Trust's resilience to such events and input into the multi-agency response.

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

Clinical activities of the trust were managed under a devolved management structure, governed by a scheme of delegation renewed and refreshed annually, with a clinical management structure to support effective leadership of clinical services and ensure effective care. The development of the new care group structures across the two trusts will progress this approach.

The care groups report to the Group Chief Delivery Officer, and the Medical Directors within each Care Group have a professional reporting line to the Group Chief Medical Officer. A Clinical Director has a team of clinical leads covering individual service areas within the care groups. The trust has a system of monthly Performance Review and Improvement Meetings with each care group which covers quality, finance, workforce and performance issues. In addition to this structure, a new Planned Care Board and Unplanned Care Board were being set up and will be chaired by the Group Chief Delivery Officer.

The finance directorate provided dedicated support to each care group and non-clinical functions through nominated business accountants. Business planning was led by the Group Director of Performance and the Group Chief Strategy and Partnerships Officer provided a close link between the trust and:

- The Humber and North Yorkshire Integrated Care System
- The System Collaboratives with a focus on Acute and Community
- Place based Boards within North East and North Lincolnshire and the East Riding of Yorkshire.

The trust is currently leading a major review of clinical services across the Humber and consulted on these during 2023/24. The emerging models of care will improve quality, access and outcomes for patients whilst addressing the workforce challenges.

The trust has adopted a project-based approach to savings delivery. The trust has enhanced governance and oversight arrangements in respect of savings delivery coupled with comprehensively documented plans. Savings were subject to a full Quality Impact Assessment sign off process overseen jointly by the Group Chief Nurse and Group Chief Medical Officer.

The trust maintained its focus on performance management. Directorates and divisions were responsible for the delivery of agreed financial and other performance targets through a system of performance agreements, documented as part of the annual business planning cycle and monitored through a series of regular performance review meetings. During 2023/24 the trust did not meet all its constitutional and other regulatory performance requirements, namely:

- **A&E**

The emergency department waiting time target of 4 hours showed a very slight decline in 2023/24, from 59.84% in 2022/23 to 59.5% against a target of 76%, but did reach 66.4% in March 2024. This related to a significant increase in emergency department attendances since July 2023 which continued to create delays in the department.

The Urgent Care Service (UCS) has continued to perform at 99.17% level (99.38% at year end of 2022/23). The new IAAU/Same Day Emergency Care ward at Grimsby was opened in January 2024 and opened in Scunthorpe in April 2024 and will improve overall UEC performance as a result.

The trust continued to work on nine programmes of improvement to increase performance and improve patient experience through the urgent and emergency care service. The flow of patients through the trust has seen a continued positive measure with discharge to assess for 21 days being held at an average of 11.97% in 2023/24, reflecting the continued partnership working to reduce the pressure on Inpatients services and improve the trust's ability to manage the urgent care demands.

- **Cancer Performance**

Whilst the trust continued to deliver against the two-week wait target in all but three months of 2023/24, compliance with the 62-day cancer metric remained below target during 2023/24. Tertiary capacity also continued to be very stretched. The group established a collaborative Humber Cancer Board to improve cancer services and performance. The 62-day cancer performance through 2023/24 was 54.31%. It has also worked closely with HUTH on the '28-day faster access to diagnostics' with the March 2024 performance of 73.5% (against 71.5% for March 2023). Work is underway to assess the impact on planned improvement trajectories and to assess the risk to patients waiting. The trust is also an active participant in the Humber and North Yorkshire Cancer Alliance, which is reviewing all cancer pathways across the region.

- **Referral to Treatment (RTT) and Outpatient follow-ups**

During 2023/24, the Trust continued to treat patients on all waiting lists. In relation to Referrals to Treatment (RTT) within 18 weeks, performance was 60.5% for March 2024 (March 2023: 67%). Outpatient transformation plans have contributed to a reduction in overdue follow-ups during the second half of 2023-24. However, the trust has continued to see the number of 52-week waits increase mainly due to mutual aid (from Humber and North Yorkshire ICS) offered to other acute providers (March 2022: 211, March 2023: 535, March 2024: 977, with the remainder of patient waits being primarily due to patient choice. The Performance, Estates and Finance CiC provided the detailed scrutiny and challenge in respect of performance – including, A&E, Cancer, RTT and Outpatient Department (OPD) Follow Ups and waiting list performance; with reporting to the Trust's Boards-in-Common through the Integrated Performance Report and highlight report from the Performance, Estates and Finance CiC. Improvement actions are also monitored through the system-wide Unplanned Care Board, the Cancer Alliance and Planned Care Board and the Humber and North Yorkshire Oversight and Assurance Meeting, with stakeholder support being seen as key to a return to improvement trajectory. In addition, there will be an RTT Delivery Board, Cancer Delivery Board, Diagnostic Delivery Board and Urgent Care Delivery Group where waiting lists and performance will be assessed.

The Financial Plan adopted annually by the trust board reflected the strategic framework set out each year by NHS England. It sets out the mechanisms by which the key risks emanating from the strategic context were to be managed. The plan reflected the national planning context and its application at a regional level. The plans were developed and agreed as part of an overarching approach to financial governance that spans the Humber and North Yorkshire Integrated Care System.

The trust's Performance, Estates and Finance CiC provided assurance to the Trust's Boards-in-common on the achievement of the trust's financial plan and, in addition, it acts as the key forum for the scrutiny of the robustness and effectiveness of all cost efficiency opportunities. It interfaced with other Trust Board CiCs and the executive group cabinet meeting. It provides this assurance through scrutiny of regular reports and deep dives into areas of particular concern.

Governance and control measures were further assured through quarterly monitoring and annual planning processes with internal and external auditors. The trust agreed a risk based internal audit programme designed to provide assurance and to encourage improvement across the full breadth of the trust's activities.

The trust was not required to undertake a Use of Resources Assessment in 2023/24 due to NHS England pausing the assessment process.

In 2023/24, the trust achieved its financial control total reporting a small surplus of £0.01 million, marginally ahead of a balanced financial plan. In doing so, it supported the Humber and North Yorkshire Integrated Care System achieve its financial plan. The trust delivered £25.6 million of savings against a £35.7million target but remained reliant on non-recurrent measures to achieve its financial plan with £13.9 million of non-recurrent savings contributing to an underlying deficit of £49.7 million at the end of the financial year.

The trust continued to maximise the use of additional capital funding, with £49.3 million invested in 2023/24. Looking forward, the trust has agreed a planned deficit of £14.9 million for 2024/25 with the Humber and North Yorkshire Integrated Care System. This was part of a planned Group-wide deficit totalling £28.2 million.

Delivery of the plan was conditional on NLAG delivering £37.5 million in cost improvements, part of £84.6 million for the whole group.

Information governance

The trust continued to strengthen its Information Governance Framework and has the following arrangements in place:

- The Group Chief Medical Officer as the Caldicott Guardian
- An active Information Governance Steering Group which meets monthly and feeds directly into the Audit, Risk and Governance CiC
- An Information Governance Strategy and collection of Information Governance related policies along with a number of dedicated IT Security policies
- A dedicated Data Protection Officer was in post who also acts as the Deputy Caldicott Guardian
- The Group Chief Strategy and Partnership Officer for NLaG and HUTH serves as the Senior Information Risk Owner (SIRO)
- A Group Chief Digital Officer was appointed on 1 April 2024
- A dedicated IT Security Manager
- The trust continued to monitor Information Governance Incidents to ensure that if required they were reported to the Information Commissioner's Office within 72 hours
- Completion and submission of the Data Security and Protection Toolkit (DSPT) work programme by the end of June 2024
- Annual audit of the Trust's compliance with the Data Security and Protection Toolkit (DSPT) by Internal Audit for the 2023/24 submission

The Information Governance Steering Group, which was chaired by the Data Protection Officer, monitors the trust's compliance with National Data Protection Regulations and with the DSPT, which encompassed the National Data Guardian standards. The new DSPT also covers Cyber Security Essentials. This group reports to the Audit, Risk and Governance CiC which reports directly to the Trust Boards-in-Common. The trust's Audit, Risk and Governance CiC received regular highlight reports from the Information Governance Steering Group including details of audits undertaken and subsequent recommendations and actions for further improvement.

Continued work on the action plan will be closely monitored by the Information Governance Steering Group with oversight from the Audit, Risk and Governance CiC. The Trust's Data Protection Officer was the Chair of the Yorkshire and Humber Strategic Information Governance Network and represents the region on the National Strategic Information Governance Network. This ensured any national guidance and initiatives were fed directly into the organisation.

Data security and protection incidents

All incidents reported within the organisation were investigated and appropriate action taken. This could be the strengthening of policies or a change to process. Lessons learnt were disseminated through face-to-face Information Governance Awareness Training and through staff briefings. The incidents were reviewed monthly by the senior management team and action plans agreed.

During 2023/24, the trust, using NHS Digital's Incident Reporting Guide and Tool developed in conjunction with the Information Commissioner's Office (ICO), reported no Data Security and Protection Incidents.

Data Security

The following arrangements were in place:

- A dedicated IT Security Manager and monthly IT Security meetings
- A security feature at login to the trust network, giving guidance to users and requiring acceptance of 'rules of use'; this was to be further strengthened following the recent review and updating of the duty of confidence statement that all new starters complete as part of their induction process. Key points of the duty of confidence declaration, specifically those sections relating to users' responsibilities, will be added to the log-in screen of the trust's network. The review and acceptance of the duty of confidence will also be an ongoing reminder, as well as at the commencement of an employee's work in the trust
- IT policies which take account of updated national requirements were reviewed
- A 'best practice' IT security awareness leaflet alongside a dedicated email security and best practice leaflet
- All computer hard drives were physically destroyed on decommissioning prior to disposal
- Newly released security patches were rolled out in a timely manner;
- Security patches were managed by ManageEngine Patch Management System including third party security patches

- NHS Digital CareCert Notifications were reviewed and actioned, where relevant
- The Annual Penetration Test was booked to commence from 8 April 2024 through to 26 April 2024
- Third party Security Operations Centre (SOC) remote monitoring service in place
- Cyber Security Incident Response service in place with third party specialist supplier should a Cyber Security incident occur;
- The encryption of all removable / portable devices including laptops, USB pens and CDs, specifically:
 - approved encrypted USB flashdrives only supported;
 - USB port blocking software was in place;
 - CD/DVD writers were not issued as a standard piece of equipment. Where the use of these writers was required, the creation of data on these devices is covered by Trust policies
 - the creation of data on PACs CDs was governed by Trust policy and encryption ability was available. Tracking procedures were in place for CDs sent off site
 - the encryption of all fixed desktop computers as well as mobile devices and hard drives has been in place since 2021
- Windows10 updated regularly to new editions and planning rollout of Windows 11
- Imprivata Fair Warning system used to detect unauthorised access to electronic health records
- Office 365 has been rolled out as standard electronic office tools and regularly updated
- Cynerio system continuously scans Internet of Things (IoT) and Medical Devices for cyber security vulnerabilities
- Single Sign On (Imprivata) system reduces risk and removes the use of generic accounts
- Use of next generation security intelligent firewalls for perimeter protection
- All computers and servers registered with NHS National Microsoft Defender service and running MDAV in passive mode which provided visibility to the NHS central CSOC threat hunting and 24/7 monitoring service
- Multifactor Authentication implemented on Microsoft 365 and VPN Remote Access
- Security solutions deployed to endpoints on servers and desktops/laptops
- SIEM solution logs digital activity for more than 180 days to help identify potential cyber threats and/or assist in a cyber-attack
- Mobile device management system (MDM) used to manage and control mobile phones and tablets (Microsoft Intune)

Data quality and governance

The following measures were in place to assure the Trust Boards-in-Common that appropriate controls were in place to ensure the accuracy of data.

Governance and Leadership

- The trust has a Group Chief Digital Officer servicing the trust, reporting to the Group Chief Medical Officer, who was responsible for ensuring that arrangements were in place for providing timely, accurate and appropriate information and performance data
- The Group Director of Performance was responsible for ensuring that there were mechanisms in place for assuring the quality and accuracy of the performance data including external testing as appropriate
- The Digital Strategy 2021-2024 was completed and approved by the Trust Board in January 2021. A new strategy was being developed to reflect the joined up working of the two Trusts NLaG and HUTH for the new NHS Humber Healthcare Group

Policies and Plans in ensuring quality of care provided

- Policies and procedures were in place in relation to the capture and recording of patient data

Systems and processes

- During the year the trust has replaced the Data Warehouse and Patient Administration Systems (PAS) to the Lorenzo PAS. This new system tracks patients waiting for procedures and outpatient care more effectively, and monitors elective recovery whilst ensuring we make timely contact with patients on waiting lists
- Systems and processes were in place for the audit and validation of performance data. The new Lorenzo data warehouse strengthens the tools to support this

People and Skills

- All staff involved in collecting and reporting on quality metrics were suitably trained and experienced
- All PAS users receive training before being issued a password, and individual user activity was auditable
- Clinical coding was regularly audited both internally and externally and audits also take place with individual clinicians supported by monthly independent external review
- NLaG Digital Services staff were registered with the British Computer Society. Providing specialist training opportunities and recognised accreditation and qualifications

Data Use and reporting:

- An Integrated Performance Report which outlined the trust's key performance indicators including benchmarking and comparative data was submitted to the Trust Boards-in-Common monthly with the detailed review and challenge taking place at the Sub-Committee level first. The trust continued to use a format which follows best practice which was created with NHS England oversight in 2020/21

Review of effectiveness of risk and management of internal control

As Accounting 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 was informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review was 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 Trust Boards-in-Common and the Audit, Risk and Governance CiC and the Performance, Estates and Finance CiC, Capital and Major Projects CiC, Quality and Safety CiC and the Workforce, Education and Culture CiC and a plan to address weaknesses and ensure continuous improvement of the system was in place.

The Head of Internal Audit provided me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work. The BAF and the monthly Integrated Performance Report provide me with evidence that the effectiveness of the controls in place to manage the risks to the organisation achieving its principal objectives have been reviewed.

Maintenance and review of the effectiveness of the system of internal control has been provided by comprehensive mechanisms already referred to in this statement. Further measures include:

- Regular reports to the Trust Boards-in-Common from the Trust's Board Assurance Framework and High-Level Risk Register including review and challenge through the relevant Board CiC
- Regular risk management activity reports to the relevant CiC and the Trust Boards-in-Common covering incidents, Serious Incidents, complaints, Patient Advice and Liaison Service (PALS) and claims analysis and including details of lessons learned and changes in practice
- Receipt by the Trust Boards-in-Common of minutes / reports from key forums including the Audit, Risk and Governance CiC, Performance, Estates and Finance CiC, Workforce, Education and Culture CiC, and the Quality and Safety CiC
- The ongoing development of the Board Assurance Framework and High-Level Risk Register was tested through the Internal Audit Programme
- The provision and scrutiny of a monthly Integrated Performance Report to the Trust Boards-in-Common, which covers a combination of specific key performance indicators and priorities including the identification of key risks to future performance and mitigating actions. The Trust's performance management arrangements were embedded for NLaG in 2023/24 utilising Performance Review and Improvement Meetings to cover finance, performance, quality and governance and these will be replaced with a new group format as the new Care Groups were established within the NHS Humber Healthcare Group

The validity of the Annual Governance Statement has been provided to me by the Audit, Risk and Governance CiC, which has considered and commented on this statement, and by the external auditors. All of the above measures serve to provide ongoing assurance to me, the executive group cabinet meeting and the Trust Boards-in-Common of the effectiveness of the system of internal control.

Progress will continue to develop the group working between NLaG and HUTH, the care groups (previously the divisions) and the accountability frameworks. The group acknowledged that 2024/25 will be another challenging year. The resilience of our staff was 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. The above measures also ensure that any internal control issues were identified.

Conclusion

Finance and sustainability

At the end of May 2023, NHS England North East and Yorkshire Regional Support Group approved the trust moving from segment 4 of the formal recovery support programme for Quality and Finance and into Segment 3 of the NHS Oversight Framework.

This move was underpinned by the trust meeting successfully all the various “exit” criteria laid down by NHS England as part of the NHS Financial Oversight Framework level 4. With the Trust strengthening its financial governance arrangements, it achieved its financial targets. Whilst the trust and the wider Humber Health Group met all of its statutory financial duties in 2023/24, it relied in large part on non-recurrent measures.

The trust has an underlying financial deficit estimated at £49.7 million and this was driving a planned deficit of £14.9 million and a significant savings target of £37.5 million into 2024/25. In addition, the trust continued to face significant challenges with regards to the state of its physical estate and insufficiently developed digital infrastructure. Despite record levels of capital investment over the past three years, capital funding was insufficient to meet all of the trust’s immediate needs and as such it faces significant service and quality challenges.

The trust and wider group therefore face significant levels of financial risk, with a range of issues including access, clinical service sustainability, capital funding restrictions and national labour relations all posing significant additional risks requiring careful management. The conclusion of the Humber Acute Services Review in 2024/25 will help resolve some sustainability issues between Grimsby and Scunthorpe as will the development of the group model and the prospect of much closer clinical integration across the Humber. However, the level of financial risk was such that further major transformation and service reconfiguration will be required in order to meet the totality of the financial challenge faced by the trust and the wider group.

Performance

Performance during 2023/24 in Accident and Emergency, Cancer and RTT and OPD Follow Ups has been impacted by various issues including industrial action, and a significant demand for active services. Increases in Emergency Department attendances since July 2023 have impacted patient flow, as detailed earlier. The Performance, Estates and Finance CiC provide the detailed scrutiny and challenge in respect of performance – including cancer, A&E, RTT, Diagnostic and OPD Follow Ups performance, reporting to the Boards-in-Common through the Integrated Performance Report and a highlight report from the Performance, Estates and Finance CiC.

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

In conclusion, the following significant internal control issue arose during 2023/24. A serious incident was reported for the Diana Princess of Wales mortuary in 2024 as referred in the Quality Risks section of this statement. Appropriate regulators were informed of the security breach and damage caused, including the Human Tissue Authority. The Trust continued to support the police, families and staff affected and taken measures to improve security.

Signed:



Jonathan Lofthouse
Group Chief Executive
Date: 8 August 2024

Appendix A: Head of Internal Audit opinion on the effectiveness of the system of internal control at the Northern Lincolnshire and Goole NHS Foundation Trust for the year ended 31 March 2024

Introduction

The purpose of this Head of Internal Audit (HoIA) Opinion is to contribute to the assurances available to the Group Chief Executive and the Board of Directors which underpin the Board's own assessment of the effectiveness of the organisation's system of internal control. This opinion will assist the Board of Directors in the completion of its Annual Governance Statement, along with considerations of organisational performance, regulatory compliance, the wider operating environment and health and social care transformation.

The HoIA Opinion will inform and comment on the adequacy of the organisation's Board Assurance Framework. An overall opinion is the professional judgement of the HoIA based on a combination of the assurance work that the Internal Audit team carry out during the year (as set out in the Internal Audit plan) and its assessment of other available evidence and assurances about the organisation's arrangements for internal control and managing risk.

Executive summary

Our latest External Quality Assessment (EQA), conducted by the Chartered Institute of Public Finance and Accountancy (2020), and our own annual Quality Assurance and Improvement Programme (QAIP) provides assurance that our internal audit work fully complies with the PSIAS.

The provision of the HoIA Opinion is a requirement of Public Sector Internal Audit Standards (PSIAS). The HoIA Opinion is the rating, conclusion and/or other description of results provided by the HoIA addressing, at a broad level, governance, risk management and/or control processes of the organisation.

The approved Internal Audit plan is focused on risk, and therefore the Board will need to integrate these results with other sources of assurance when making a rounded assessment of control for the purposes of the Annual Governance Statement.

Our review of the Board Assurance Framework and risk management system returned a rating of 'significant' assurance. It was confirmed that these continue to provide a comprehensive view of the Trust's strategic risks and how these risks are being managed, and that effective processes are in place to identify, assess and score identified risks and to review and escalate where appropriate. During 2023/24 the Trust has established new governance structures and arrangements which support the HUTH/NLAG group model, and this has included work to harmonise the risk management processes of both organisations.

As we would expect, the Senior Leadership Team has been open and transparent in their approach to directing us towards organisational risks and issues for review.

While we issued five 'limited' assurance reports during the year, recommendations have been agreed by management and action is being taken to address the risks identified.

- Data Quality - The Trust has identified that there are concerns with the accuracy of Theatre Data utilisation rates reported both internally and externally. The internal audit review confirmed this and provided improvement actions
- Performance Management - the effectiveness of the Performance Management framework has been significantly impacted by operational pressures and industrial action which resulted in the cancellation of five out of 11 PRIM monthly meetings. The effectiveness of PRIM meetings could also be improved through more regular attendance by some members of the Executive Team
- IT Disaster Recovery Plan - The Digital Services Team acknowledges that further action is required, including preparation of Disaster Recovery Plans, Disaster Recovery Risk Assessments (DRRAs) and Disaster Recovery Impact Assessments (DRIAs) for all critical IT System Assets. Responsibility for individual IT systems lies with individual Information Asset Owners/Managers. Our review found that a formal programme of Disaster Recovery testing is not currently in place, although some test exercises have been undertaken in recent years
- Change Control Management - At the time of the audit testing, December 2023, the audit found that no formal processes were in place, however work was ongoing to produce and implement a formal change management process. As of January 8th 2024, the Group Change Enablement Process was rolled out with the Technical Services team within the Group, with further work ongoing to roll out it across the full Digital Services
- (draft) Integrated Acute Assessment Unit - although progress is being made towards both objectives and completion, work is still required to achieve the initial objectives of the project and the final completion of the units

The organisation has a system in place to monitor performance of agreed actions, however, there is a significant number overdue. The Trust should ensure that the process for responding to agreed recommendations is embedded into routine business and that the whole Executive Team, led by the Group Chief Executive, is fully engaged and responsive.

Significant assurance can be given that there is a good system of governance, risk management and internal control designed to meet the organisation's objectives and that controls are generally being applied consistently.

Roles and responsibilities

The whole Board is collectively accountable for maintaining a sound system of internal control and is responsible for putting in place arrangements for gaining assurance on the effectiveness of that overall system.

The Annual Governance Statement is a statement by the Group Chief Executive, on behalf of the Board, setting out:

- How the individual responsibilities of the Group Chief Executive are discharged with regard to maintaining a sound system of internal control that supports the achievement of policies, aims and objectives
- The purpose of the system of internal control as evidenced by a description of the risk management and review processes, including the Board Assurance Framework process
- The conduct and results of the review of the effectiveness of the system of internal control including any disclosures of significant control failures together with assurances that actions are or will be taken where appropriate to address issues arising

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

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

The opinion does not imply that Internal Audit has reviewed all risks and assurances relating to the organisation. The opinion is substantially derived from the conduct of risk-based plans generated from a robust and organisation-led Board Assurance Framework. As such, it is one component that the Board of Directors considers in making its Annual Governance Statement.

The opinion





The **basis** for forming the opinion is as follows:

- An assessment of the design and operation of the underpinning Board Assurance Framework and supporting processes
- An assessment of the range of individual opinions arising from risk-based audit assignments contained within internal audit risk-based plans that have been reported throughout the year. This assessment has taken account of the relative materiality of these areas and management's progress in respect of addressing control weaknesses
- An assessment of the organisation's response to Internal Audit recommendations, and the extent to which they have been implemented

Unless explicitly detailed within our reports, third party assurances have not been relied upon. The audit coverage in the plan agreed with management has been deliberately focused on key strategic and operational risk areas; the outcome of these audit reviews may therefore highlight control weaknesses that impact on the overall assurance opinion.

Opinion definitions

The following potential opinion levels are available when determining the overall HoIA Opinion. These levels link closely with our standard definitions for report opinions:

Opinion Level	HoIA Opinion Definition
 High Assurance	High assurance can be given that there is a strong system of governance, risk management and internal control designed to meet the organisation's objectives and that controls are being applied consistently in all areas reviewed.
 Significant Assurance	Significant assurance can be given that there is a good system of governance, risk management and internal control designed to meet the organisation's objectives and that controls are generally being applied consistently.
 Limited Assurance	Limited assurance can be given as there are weaknesses in the design and/or inconsistent application of the framework of governance, risk management and internal control that could result in failure to achieve the organisation's objectives.
 Low Assurance	Low assurance can be given as there is a weak system of internal control and/or significant weaknesses in the application of controls that will result in failure to achieve the organisation's objectives.

Where limited or low assurance is given the management of the Board must consider the impact of this upon their overall Board Assurance Framework and their Annual Governance Statement.

The **commentary** below provides context for the opinion:

The 2023/24 Internal Audit Plan is being delivered as planned. This position has been reported within the progress reports across the financial year and any changes to the audit programme have been captured in these.

The following changes were made to planned coverage, many of which have occurred due to the maturity of the organisation in their response to organisational risks:

- *Mortuary Body Store Review* - Additional Review requested by the Group Chief Executive. To review the NHSEI Standards one year on to ensure that the changes made have been embedded
- *Acute Assessment Units* - Additional Review requested by the Group Chief Finance Officer – A project review of the AAU business case implementation and realisation of benefits
- *CIP / Waste reduction review* - Postpone to 2024/25 audit plan. Additional days required to undertake Mortuary Body Store Review.

Audit coverage in 2023/24 has been focussed on:

- The strategic and operational risks and assurances within the Board Assurance Framework and Risk Register
- Core reviews, including follow-up of limited assurance reviews
- A range of individual risk-based assurance reviews

The design and operation of the Board Assurance Framework and associated processes:

A review has been undertaken on the Board Assurance Framework and risk management process.

The review identified that the Board Assurance Framework continues to provide a comprehensive view of the Trust's strategic risks and how these risks are being managed, and that effective processes are in place to identify, assess and score identified risks and to review and escalate where appropriate.

Roles and responsibilities pertaining to the Board Assurance Framework are set out in the Trust's 'Policy for Developing and Maintaining the Trust Risk Register'. Executive leads are responsible for ensuring that the Board Assurance Framework is updated for those strategic risks that they hold responsibility for in order that it accurately reflects the Trust's current risk profile.

During 2023/24 the Trust has established new governance structures and arrangements which support the HUTH/NLAG group model, and this has included work to harmonise the risk management processes of both organisations. A Board Assurance Framework in a proposed new format was presented in draft to the Group Cabinet Risk and Assurance Committee in February 2024, and Trust Board Committees-in-Common have been established to provide assurance in relation to areas of the Board Assurance Framework for which they have oversight. This is evidenced through routine reporting of committee minutes and highlight reports to the Board. A Group Cabinet Risk and Assurance Report has also been established to provide assurance that Group Cabinet team members are effectively discharging their duties in relation to the management of the Board Assurance Framework and corporate risk register.

The range of individual opinions arising from risk-based audit assignments, contained within the risk-based plan, that have been reported throughout the year:

We have issued the following final reports:

Assurance Level	Report Title and Scope of Audit
1 high assurance opinion	N04/2024 Activity Planning - to provide assurance that the Trust has a consistent activity planning methodology in place to create robust and achievable activity plans.

Assurance Level	Report Title and Scope of Audit
17 significant assurance opinions	<p>N01/2024 Quality Accounts - To gain assurance that the Trust has appropriate and effective controls in place to ensure that it produces and submits a Quality Account and that data reported within the Quality Account is accurate, up to date, and from a reliable source.</p> <p>N02/2024 Consent - To provide assurance that the Trust is obtaining consent for examination, treatment or research from all elective patients.</p> <p>N03/2024 Recruitment and Retention - To gain assurance that the Trust's recruitment and retention processes are effective.</p> <p>N06/2024 Statutory and Mandatory Training - To ensure that all employees receive the appropriate statutory and mandatory training.</p> <p>N09/2024 E-Expenses Management – To evaluate the design and test the application of key controls in respect of the e-Expenses system.</p> <p>N10/2024 Core Financials - To provide assurance on the adequacy and effective operation of controls in place to manage the Trust's core financial systems.</p> <p>N11/2024 CQC Compliance - To ensure that the Trust monitors and maintains its compliance with its CQC Registration</p> <p>N13/2024 Outpatient Notes/Patient Records Storage Framework (draft) - To review arrangements for the storage of outpatient notes and consider the safety and effectiveness of records management on wards and provide assurance where records are stored once completed.</p> <p>N14/2024 Mortuary Body Store – To provide an assessment against the Trust's current security arrangements in the Trust's mortuary.</p> <p>N16/2024 National Cost Collection - To provide high level assurance over the accuracy and completeness of the National Cost Collection Exercise data in line with Department of Health requirements.</p> <p>N17/2024 Emergency Department - To provide high level independent validation on Emergency Access indicators. And to review actions being taken to reduce pressure on A&E services.</p>

Assurance Level	Report Title and Scope of Audit
<p>17 significant assurance opinions (continued)</p>	<p>N18/2024 Risk Management including Board Assurance Framework - To ensure that the assurance framework and the risk management processes supporting it are fit for purpose and comply with good practice.</p> <p>N19/2024 Surgical Safety WHO Checklist (Follow up) - to provide assurance to management and the Audit, Risk and Governance Committees in Common that that the seven recommendations made in the Surgical Safety WHO checklist report, (N2022/21) have been fully implemented.</p> <p>N20/2024 National Cancer Standards - To review the governance arrangements of reporting compliance against the QSiS Cancer standards. Establishing a new process to replace QSiS system with HUTH/NLAG.</p> <p>N21/2024 Recommendation Follow up Review - To provide assurance that Internal Audit recommendations reported as completed have been fully implemented.</p> <p>N22/2024 Partnership Working – (draft) To review Trust's governance arrangements in light of new arrangements with the Integrated Care System and Board.</p> <p>N23/2024 Data Security and Protection Toolkit (draft) to enable organisations to measure their performance against the National Data Guardian's ten data security standards.</p>
<p>5 limited assurance opinions</p>	<p>N05/2024 Data Quality - to provide assurance on complete, accurate and timely data. Specifically, this review has considered Theatre Data reported both internally and externally.</p> <p>N07/2024 Performance Management - To provide assurance that the Trust's Performance Management Framework is fit for purpose and that adequate arrangements are in place to monitor performance. Review the IPR and roll out of new divisional PRM reporting. Specifically review quality of data feeding into PRM reports.</p> <p>N08/2024 IT Disaster Recovery Plan - To review arrangements for ensuring that the Trust has robust IT Disaster Recovery plan in place.</p>

Assurance Level	Report Title and Scope of Audit
5 limited assurance opinions (continued)	<p>N12/2024 Change Control Management - To provide assurance that formal Change Management procedures are in place to handle, in a standardised manner, all requests (including maintenance and patches) for changes to infrastructure and applications.</p> <p>N15/2024 Integrated Acute Assessment Unit – (draft) To confirm the AAU has been implemented in line with the requirements of the Trust's needs, to include a post project review of the business case implementation and how assumptions have materialised.</p>

The content of all limited and low assurance reports is discussed in detail at the Audit, Risk and Governance Committee. In addition, limited or low assurance reports are followed-up once the latest agreed recommendation due date has passed.

Implementation of recommendations:

A total of **152** Internal Audit recommendations have been live during 2023/24 (this includes recommendations from previous years' reports that were still live at 1 April 2023).

During the year, we have undertaken work to track the implementation of Internal Audit recommendations. The implementation of recommendations summary for 2023/24 was as follows:

Overdue	Overdue with Revised Date	Not Yet Due	Implemented	Total	% Overdue
22	18	19	93	152	26%

We can confirm that have received appropriate support from the Executive Directors in relation to these and these recommendations have been regularly reviewed by the Audit, Risk and Governance Committee throughout the year.

Consideration for your Annual Governance Statement

The HoIA Opinion is one source of assurance that the organisation has in providing its Annual Governance Statement and other third-party assurances should also be considered. In addition, the organisation should take account of other independent assurances that are considered relevant. We recommend that the Executive Summary above is used in your Annual Governance Statement.

Helen Higgs

Head of Internal Audit and Managing Director, Audit Yorkshire

25 July 2024

The Independent Auditor's Report

Independent auditor's report to the Council of Governors of Northern Lincolnshire and Goole NHS Foundation Trust

Opinion on the financial statements

We have audited the financial statements of Northern Lincolnshire and Goole NHS Foundation Trust (the Trust) for the year ended 31 March 2024, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs), and as interpreted and adapted by the 2023-24 Government Financial Reporting Manual as contained in the Department of Health and Social Care Group Accounting Manual 2023-24, and the NHS Foundation Trust Annual Reporting Manual 2023-24 issued by NHS Improvement.

In our opinion the financial statements:

- give a true and fair view of the financial position of Northern Lincolnshire and Goole NHS Foundation Trust as at 31 March 2024 and of its expenditure and income for the year then ended;
- have been prepared properly in accordance with the Department of Health and Social Care Group Accounting Manual 2023-24; and
- have been prepared in accordance with the National Health Service Act 2006.

Basis for opinion on financial statements

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

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate. Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue. Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other information

The Accounting Officer is responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on information in the Remuneration Report and Staff Report

We have also audited the information in the Remuneration Report and Staff Report that is described in those reports as having been audited.

In our opinion the parts of the Remuneration Report and Staff Report to be audited have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2023-24.

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

Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024.

We have nothing to report in this regard.

Responsibilities of the Accounting Officer

The Accounting Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources, and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice issued by the National Audit Office, having regard to the guidance issued by the Comptroller and Auditor General in December 2021.

Other matters on which we are required to report by exception

Under Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice we report to you if:

- in our opinion, the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual or is misleading or inconsistent with our knowledge acquired in the course of the audit; or
- we refer a matter to the regulator under Schedule 10 of the National Health Service Act 2006 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we issue a report in the public interest under Schedule 10 of the National Health Service Act 2006.

We have nothing to report in these respects.

Responsibilities of the Accounting Officer

As explained more fully in the Statement of the Chief Executive's Responsibilities as the Accounting Officer of the Trust, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

In respect of our audit of the financial statements our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Extent to which the audit was capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

Our procedures included the following:

- inquiring of management, the Trust's head of internal audit, the Trust's local counter fraud specialist and those charged with governance, including obtaining and reviewing supporting documentation in respect of Trust's policies and procedures relating to:
 - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
 - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations including the Trust's controls relating to Managing Public Money requirements for any special payments;
- discussing among the engagement team and involving relevant internal specialists, including regarding how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, we identified potential for fraud in the following areas: revenue recognition, expenditure recognition around year end, valuation of land and buildings and posting of unusual journals;
- obtaining an understanding of the Trust's framework of authority as well as other legal and regulatory frameworks that the Trust operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of the Trust. Relevant laws and regulations identified include VAT legislation, PAYE legislation, the DHSC Group Accounting Manual and the NHS Foundation Trust Annual Reporting Manual.

In addition to the above, our procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, the Audit, Risk and Governance Committee and legal counsel concerning actual and potential litigation and claims;

- reading minutes of meetings of those charged with governance and the Trust Board;
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business; and
- substantively testing increased samples of income and expenditure around year end.

We also communicated relevant identified laws and regulations and potential fraud risks to all engagement team members including internal specialists and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

Our audit procedures were designed to respond to risks of material misstatement in the financial statements, recognising that the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery, misrepresentations or through collusion. There are inherent limitations in the audit procedures performed and the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we are to become aware of it.

A further description of our responsibilities for the audit of the financial statements is located at the Financial Reporting Council's website at: <https://www.frc.org.uk/auditorsresponsibilities> This description forms part of our auditor's report.

Auditor's other responsibilities

As set out in the 'Other matters on which we report by exception' section of our report there are certain other matters which we are required to report by exception.

We have nothing to report in respect of these matters.

Certificate of completion of the Audit

We certify that we have completed the audit of Northern Lincolnshire and Goole NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the NAO's Code of Audit Practice.

Use of our report

This report is made solely to the Council of Governors of Northern Lincolnshire and Goole NHS Foundation Trust, as a body, in accordance with Schedule 10 of the National Health Service Act and as set out in paragraph 43 of the Statement of Responsibilities of Auditors and Audited Bodies published by the National Audit Office in April 2015. Our audit work has been undertaken so that we might state to the Directors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Council of Governors of the Trust, as a body, for our audit work, this report, or for the opinions we have formed.



Brian Clerkin
Senior Statutory Auditor

For and on behalf of
Sumer Auditco NI Limited
Statutory Auditors
4th Floor Glendinning House
6 Murray Street
Belfast
BT1 6DN

Date: 9 August 2024

The Annual Accounts for the year ended 31 March 2024

Foreword to the Accounts

Northern Lincolnshire and Goole NHS Foundation Trust

These accounts, for the year ended 31 March 2024, have been prepared by Northern Lincolnshire and Goole NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 within the National Health Service Act 2006.

Signed:



Jonathan Lofthouse
Group Chief Executive
Date: 8 August 2024

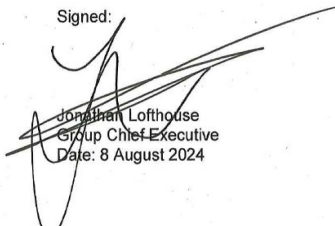
Consolidated Statement of Comprehensive Income for the year ended 31 March 2024

		Group	
		2023/24	2022/23
	Note	£000	£000
Operating income from patient care activities	3	524,856	488,458
Other operating income	4	49,335	48,199
Operating expenses	7	(588,176)	(546,313)
Operating surplus /(deficit) from continuing operations		(13,986)	(9,656)
Finance income	11	2,288	1,107
Finance expenses	12	(491)	(272)
PDC dividends payable		(6,584)	(5,822)
Net finance costs		(4,786)	(4,987)
Other gains / (losses)	12.3	158	12
Surplus / (deficit) for the year from continuing operations		(18,614)	(14,631)
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	15	-	-
Surplus / (deficit) for the year		(18,614)	(14,631)
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	(199)	(1,665)
Revaluations	13	2,707	3,746
Total comprehensive income / (expense) for the period		(16,106)	(12,550)
Surplus/ (deficit) for the period attributable to:			
Non-controlling interest, and		-	-
Northern Lincolnshire and Goole NHS Foundation Trust		(18,614)	(14,631)
TOTAL		(18,614)	(14,631)
Total comprehensive income / (expense) for the period attributable to:			
Non-controlling interest, and		-	-
Northern Lincolnshire and Goole NHS Foundation Trust		(16,106)	(12,550)
TOTAL		(16,106)	(12,550)
Adjusted financial performance (control total basis):			
Surplus / (deficit) for the period		(18,614)	(14,631)
Remove impact of consolidating NHS charitable fund		(11)	612
Remove net impairments not scoring to the Departmental expenditure limit		17,632	13,563
Remove I&E impact of capital grants and donations		953	537
Remove net impact of inventories received from DHSC group bodies for COVID response		165	(35)
Adjusted financial performance surplus / (deficit)		125	46

Statements of Financial Position as at 31 March 2024

		Group		Trust	
		31 March 2024	31 March 2023	31 March 2024	31 March 2023
	Note	£000	£000	£000	£000
Non-current assets					
Intangible assets	16	9,561	3,341	9,561	3,341
Property, plant and equipment	17	271,206	260,599	271,207	260,599
Right of use assets	20	13,366	14,927	13,366	14,927
Other investments / financial assets	21	1,297	1,383	-	-
Receivables	24	740	977	739	977
Total non-current assets		296,170	281,227	294,873	279,844
Current assets					
Inventories	23	4,057	3,973	4,057	3,973
Receivables	24	22,009	25,498	21,900	25,546
Cash and cash equivalents	28	41,274	41,644	41,224	41,474
Total current assets		67,340	71,115	67,181	70,993
Current liabilities					
Trade and other payables	29	(80,020)	(81,075)	(79,988)	(80,983)
Borrowings	31	(3,806)	(3,761)	(3,806)	(3,761)
Provisions	32	(808)	(744)	(808)	(744)
Other liabilities	30	(461)	(797)	(461)	(797)
Total current liabilities		(85,095)	(86,377)	(85,063)	(86,285)
Total assets less current liabilities		278,415	265,965	276,991	264,552
Non-current liabilities					
Borrowings	31	(16,199)	(19,169)	(16,199)	(19,169)
Provisions	32	(3,589)	(4,035)	(3,589)	(4,035)
Total non-current liabilities		(19,788)	(23,204)	(19,788)	(23,204)
Total assets employed		258,627	242,761	257,203	241,348
Financed by					
Public dividend capital		463,627	431,655	463,627	431,655
Revaluation reserve		23,136	20,628	23,136	20,628
Income and expenditure reserve		(229,560)	(210,935)	(229,560)	(210,935)
Charitable fund reserves	22	1,424	1,413	-	-
Total taxpayers' equity		258,627	242,761	257,203	241,348

The notes in the rest of this chapter form part of these accounts.

Signed: 
Jonathan Lofthouse
Group Chief Executive
Date: 8 August 2024

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

Group	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Charitable fund reserves	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 - brought forward	431,655	20,628	(210,935)	1,413	242,761
Surplus /(deficit) for the year	-	-	(19,334)	720	(18,614)
Impairments	-	(199)	-	-	(199)
Revaluations	-	2,707	-	-	2,707
Public dividend capital received	31,972	-	-	-	31,972
Other reserve movements	-	-	709	(709)	-
Taxpayers' and others' equity at 31 March 2024	463,627	23,136	(229,560)	1,424	258,627

Consolidated Statement of Changes in Equity for the year ended 31 March 2023

Group	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Charitable fund reserves	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2022 - brought forward	401,318	18,547	(197,447)	2,025	224,443
Impact of implementing IFRS 16 on 1 April 2022	-	-	531	-	531
Surplus / (deficit) for the year	-	-	(15,187)	556	(14,631)
Impairments	-	(1,665)	-	-	(1,665)
Revaluations	-	3,746	-	-	3,746
Public dividend capital received	30,337	-	-	-	30,337
Other reserve movements	-	-	1,168	(1,168)	-
Taxpayers' and others' equity at 31 March 2023	431,655	20,628	(210,935)	1,413	242,761

Information on Reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care (DHSC). A charge, reflecting the cost of capital utilised by the Trust, is payable to DHSC as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the NHS Foundation Trust.

Charitable funds reserve

This reserve comprises the ring-fenced funds held by the NHS charitable funds consolidated within these financial statements. These reserves are classified as restricted or unrestricted.

Statement of Cash Flows for the year ended 31 March 2024

		Group		Trust	
		2023/24	2022/23	2023/24	2022/23
	Note	£000	£000	£000	£000
Cash flows from operating activities					
Operating surplus / (deficit)		(13,986)	(9,656)	(13,845)	(9,084)
Non-cash income and expense:					
Depreciation and amortisation	7.1	18,875	15,883	18,875	15,883
Net impairments	8	17,632	13,563	17,632	13,563
Income recognised in respect of capital donations	4	(84)	(440)	(84)	(440)
(Increase) / decrease in receivables and other assets		3,815	(2,871)	3,755	(2,871)
Increase in inventories		(84)	(510)	(84)	(510)
Decrease in payables and other liabilities		(9,893)	(1,696)	(9,744)	(1,773)
Decrease in provisions		(440)	(1,457)	(440)	(1,457)
Movements in charitable fund working capital		(128)	70	-	-
Net cash flows from / (used in) operating activities		15,707	12,886	16,065	13,311
Cash flows from investing activities					
Interest received		2,128	906	2,128	906
Purchase of intangible assets		(3,891)	(1,238)	(3,891)	(1,238)
Purchase of PPE and investment property		(36,215)	(51,488)	(36,215)	(51,488)
Sales of PPE and investment property		60	133	60	133
Initial direct costs or up-front payments in respect of new right of use assets (lessee)		(257)	-	(257)	-
Receipt of cash donations to purchase assets		84	440	84	440
Net cash flows from charitable fund investing activities		238	349	-	-
Net cash flows from / (used in) investing activities		(37,853)	(50,898)	(38,091)	(51,247)
Cash flows from financing activities					
Public dividend capital received		31,972	30,337	31,972	30,337
Movement on loans from DHSC		(1,329)	(1,329)	(1,329)	(1,329)
Capital element of lease liability repayments		(2,454)	(2,266)	(2,454)	(2,266)
Interest on loans		(176)	(205)	(176)	(205)
Other interest		(0)	(10)	(0)	(10)
Interest paid on lease liability repayments		(267)	(129)	(267)	(129)
PDC dividend (paid) / refunded		(5,970)	(5,604)	(5,970)	(5,604)
Net cash flows from / (used in) financing activities		21,776	20,794	21,776	20,794
Increase / (decrease) in cash and cash equivalents		(370)	(17,218)	(250)	(17,142)
Cash and cash equivalents at 1 April - brought forward		41,644	58,862	41,474	58,616
Cash and cash equivalents at 31 March	28	41,274	41,644	41,224	41,474

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of Preparation

NHS England has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2023/24 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts

Accounting Convention

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

Note 1.2 Going Concern

The Treasury's Financial Reporting Manual (FReM) provides the following interpretation of the going concern requirements set out in IAS1 'that the anticipated continued provision of the service is the important determinant of the basis of preparation of the financial statements for public sector entities.

Northern Lincolnshire and Goole NHS Foundation Trust's annual report and accounts have been prepared on a going concern basis. Non-trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents. The directors have a reasonable expectation that this will continue to be the case.

The accounting rules (IAS 1) require management to assess, as part of the account's preparation process, the Trust's ability to continue as a going concern. We are also required to disclose material uncertainties in respect of events or conditions that cast significant doubt upon the going concern ability of the Trust to continue as a going concern and these are disclosed below.

The financial performance for of the Trust is included in the performance report.

Note 1.3 Consolidation

Entities over which the Trust has the power to exercise control are classified as subsidiaries and are consolidated. The Trust has control when it has the ability to affect the variable returns from the other entity through its power to direct relevant activities. The income, expenses, assets, liabilities, equity, and reserves of the subsidiary are consolidated in full into the appropriate financial statement lines. The capital and reserves attributable to non-controlling interests are included as a separate item in the Statement of Financial Position. Appropriate adjustments are made on consolidation where the subsidiary's accounting policies are not aligned with the Trust or where the subsidiary's accounting date is not coterminous. Subsidiaries that are classified as 'held for sale' are measured at the lower of their carrying amount or 'fair value less costs to sell'.

The following subsidiaries have been consolidated:

- Northern Lincolnshire and Goole NHS Foundation Trust Charitable Funds (Health Tree Foundation)

Subsidiaries - Charitable Funds

The Trust is the corporate trustee to Northern Lincolnshire and Goole NHS Foundation Trust Charitable Funds (The Health Tree Foundation). The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because it is exposed to variable returns from its involvement with the charitable fund to obtain benefits for itself, its patients or its staff.

The charitable fund's statutory accounts are prepared to 31 March 2024 in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

- Recognise and measure them in accordance with the NHS Foundation Trust's accounting policies; and
- Eliminate intra-group transactions, balanced, gains and losses.

Note 1.4 Critical Accounting Judgements and Key Sources of Estimation and Accuracy

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant.

Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

The below are the judgements made in the process of applying the accounting policies and assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities.

Going Concern

The accounting rules (IAS 1) require management to assess, as part of the accounts preparation process, the Trust's ability to continue as a going concern. Please refer to Accounting policy 1.2.

Property Valuations and Asset Lives

Valuations are undertaken by an independent external valuer, Cushman and Wakefield, in line with Royal Institute of Charter Surveyors (RICS) guidance. These values will therefore be subject to changes in market conditions and market values. The asset lives are also estimated by the independent external valuer.

The valuation exercise was carried out in the final quarter of 2023/24 with a valuation date of 31 March 2024, using the RICS Valuation Global Standards 2020 (Red Book). Of the £201.3m net book value of land and buildings subject to valuation, £174.7m relates to specialised assets valued on a depreciated replacement cost basis. Here the valuer bases their assessment on the cost to the Trust of replacing the service potential of the assets. The total net book value of all property, plant and equipment included within these accounts is £294.1m.

Accruals

Accruals included within the accounts are based on the best available information. This is applied in conjunction with historical experience and based on individual circumstances. The total value of accruals included in these accounts is £24.4m.

Annual Leave Accruals

The Trust has extracted the outstanding annual leave at 31st March 2024 from data held within its Electronic Staff Record system (ESR). The value of the outstanding amount has been calculated based on this data and the average salary of the individual. The Trust is carrying £6.1m of Annual Leave Accrual.

Provisions

The estimates of outcome and financial effect of provisions are determined by the judgement of the management of the Trust, supplemented by experience of similar transactions and, in some cases, reports of independent experts.

Uncertainties surrounding the amount to be recognised as a provision are dealt with by various means according to the circumstance. Where the provision being measured involves more than one outcome, the obligation is estimated by weighing all possible outcomes by their associated probabilities; the expected value of the outcome.

Where there is a range of possible outcomes, and each point in the range is likely as the other, the mid-point of the range is used. Where a single outcome is being measured, the individual most likely outcome may be the best estimate of the liability. However, even in such a case, the Trust considers other possible outcomes. The Trust is carrying a restructuring provision of £0.18m to support payments in line with the Trust pay protection policy and any known redundancy costs. The total value of provisions included within these accounts is £4.4m.

Note 1.5 Revenue from Contracts with Customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer and is measured at the amount of the transaction price allocated to that performance obligation. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where a patient care spell is incomplete at the year end, revenue relating to the partially complete spell is accrued in the same manner as other revenue. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in the following year, that income is deferred and recognised as a contract liability.

Revenue from NHS Contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive (API) contracts form the main payment mechanism under the NHSPS. In 2023/24 API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below. High costs drugs and devices excluded from the calculation of national prices are reimbursed by NHS England based on actual usage or at a fixed baseline in addition to the price of the related service.

In 2022/23 fixed payments were set at a level assuming the achievement of elective activity targets within aligned payment and incentive contracts.

Elective recovery funding provides additional funding to Integrated Care Boards to fund the commissioning of elective services within their systems. In 2023/24, trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the trust contributes to system performance and therefore the availability of funding to the trust's commissioners. In 2022/23 elective recovery funding for providers was separately identified within the aligned payment and incentive contracts.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and accounted for as variable consideration under IFRS 15. Payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts, with CQUIN for both elective and non-elective considered to be variable. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed. The Trust also receives additional income outside of the block payments to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

Revenue from Research Contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract.

NHS injury Cost Recovery Scheme

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

Note 1.6 Other Forms of Income

Grants and Donations

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

Apprenticeship Service Income

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

Note 1.7 Expenditure on Employee Benefits

Short-term Employee Benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension Costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment. The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

Clinicians who are members of the NHS Pension scheme may face a tax charge in respect of the growth of their NHS pension benefits above their pensions savings annual allowance threshold. The government has committed to allowing this charge to be paid by the NHS Pension Scheme. The NHS employer will make a contractually binding commitment to pay them a corresponding amount on retirement so that they are not disadvantaged by the charge. NHSE have provided a calculation of the required provision. These figures use the latest available information on actual uptake of the scheme. They are derived from combining information on applications to join the 2019/20 scheme under the policy, together with information in the scheme pays election form where present, and with averages assumed where these forms are absent or clearly an estimate (values less than £100). Future liabilities based on individual member data and scheme rules are then discounted to give totals for each Trust.

Note 1.8 Expenditure on Other Goods and Services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.9 Property, Plant and Equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the NHS Foundation Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably;
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Items form part of the initial equipping and setting-up cost of a new building, ward or unit irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Borrowing costs associated with the construction of new assets are not capitalised.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at valuation. "

Land and buildings used for the Trust's services or for administrative purposes are stated in the Statement of Financial Position at their revalued amounts, being the current value at the date of revaluation less any subsequent accumulated depreciation and impairment losses.

Revaluations are performed by professional valuers every five years and in the intervening years by the use of appropriate indices or by interim valuation as necessary to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values are determined as follows:

- Freehold Properties – Existing Use Value (EUV);
- Specialised buildings – Depreciated Replacement Cost (DRC) – Modern Equivalent Asset (MEA);
- Others – DRC – EUV;
- Land – Modern Equivalent Asset (MEA).

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use. For any new acquisition of property, plant and equipment, the following table details the useful economic lives for the main classes of assets and where applicable, sub categories within each:

Main Assets	Sub Category	Life in Years
Buildings	Structural Engineering	Up to 70 years
Fixtures	Plant, machinery and equipment	5 to 15 years
	Furniture and fittings	5 to 10 years
	IT equipment	Up to 5 years
Vehicles/transport equipment		Up to 7 years
Intangible		Up to 10 years

Valuations are carried out in accordance with the current Valuation Standards and UK Valuation Standards contained within the Royal Institute of Chartered Surveyors (RICS) Valuation Standards – The Red Book, which are consistent with the agreed requirements of the DHSC and HM Treasury.

Property assets have been valued primarily by using the Depreciated Replacement Cost (DRC) approach. In accordance with VS6.6, the DRC will be subject to the prospect and viability of the continued occupation and use by the Trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

The ultimate objective of the valuation is to place a value upon the asset. In this the value of the land in providing a modern equivalent facility was also considered. The modern equivalent may be located on a new site out of town, or be on a smaller site due to changes in the way services are provided.

The site is valued based on the size of the modern equivalent, and not the actual site area occupied at present, which has given rise to reduction in the land values.

The results of these valuations have been incorporated into these financial statements. Equipment assets that are held for operational use are valued at depreciated historic cost where these assets have a short useful lives or low values or both, as this is not considered to be materially different from current value in existing use. Annually, an equipment review is also conducted by the department/directorate/equipment specialist and the life of the equipment assets is reviewed in conjunction with the experts in the field (medical electronics/suppliers/market intelligence). Assets in the course of construction are valued at current cost and they are revalued by professional valuers when they are brought into use or as part of the five or intervening years valuation whichever occurs first. These assets include any existing land or buildings under the control of a contractor.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

Revaluation Gains and Losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item under "Other Comprehensive Income".

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

"Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated Assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor imposes a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Within these financial statements, the Trust does not have any donations with conditions attached at this present moment in time.

This includes assets donated to the Trust by the Department of Health and Social Care as part of the response to the Coronavirus pandemic. As defines in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

Note 1.10 Intangible Assets

Recognition

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

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

"Subsequently intangible assets are measured at current value in existing use.

Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale. Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits."

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset.

The range of useful lives are shown in the table overleaf:

	Min life	Max life
	Years	Years
Information technology	5	5
Software licences	5	10
Licences and trademarks	5	10

Note 1.11 Government Grants

Government grants are grants from Government bodies other than income from Clinical Commissioning Groups (CCG's) / Integrated Care Board (ICB) or NHS Trusts for the provision of services. Where a Government grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

Note 1.12 Inventories

Inventories are valued at the lower of cost and net realisable value, using the first-in first-out cost formula. In 2023/24, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.13 Private Finance Initiative (PFI) Transactions

At the 31 March 2024, the Trust did not have any PFI transactions.

Note 1.14 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Trust does not apply lease accounting to new contracts for the use of intangible assets.

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

The Trust as a Lessee

Recognition and Initial Measurement

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

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

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

Subsequent Measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a Lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases. Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance Leases

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

Operating Leases

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

Initial Application of IFRS 16 in 2022/23

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

The Trust as Lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the statement of financial position immediately prior to initial application. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

The Trust as Lessor

Leases of owned assets where the Trust is lessor were unaffected by initial application of IFRS 16.

Note 1.15 Cash and Cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.16 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation.

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.45% in real terms (prior year: 1.70%).

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the Trust has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the Trust, has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity. The Trust is carrying a provision of £0.18m to support payments in line with the Trust pay protection policy.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at Note 33 but is not recognised in the Trust's accounts.

"Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises. "

Note 1.17 Climate Change Levy

The Climate Change Levy (CCL) is the successor scheme to the Carbon Reduction Commitment (CRC). Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.18 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 39 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 34, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.19 Public Dividend Capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts> In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.20 Value Added Tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.21 Corporation Tax

The Trust has carried out a review of corporation tax liability of its non-healthcare activities. At present, all activities are either ancillary to the Trust's patient care activity or are below the de minimus level at which corporation tax is due. Therefore, the Trust has determined that it has no liability for corporation tax. Further guidance is awaited from NHS England and Improvement, the HM Treasury and the Inland Revenue.

Note 1.22 Foreign Exchange

The functional and presentational currency of the trust is sterling. A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction. The Trust does not have any assets or liabilities denominated in a foreign currency at the Statement of Financial Position date.

Note 1.23 Third Party Assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note (note 28.2) to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 1.24 Losses and Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis. The losses and special payments note (note 40) is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.26 Transfers of Functions to / from Other NHS Bodies / Local Government Bodies

For functions that have been transferred to the trust from another NHS / local government body, the transaction is accounted for as a transfer by absorption. The assets and liabilities transferred are recognised in the accounts using the book value as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain / loss corresponding to the net assets / liabilities transferred is recognised within income / expenses, but not within operating activities.

For property, plant and equipment assets and intangible assets, the cost and accumulated depreciation / amortisation balances from the transferring entity's accounts are preserved on recognition in the Trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the Trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

There has been no transfer of functions to the Trust during the year.

Note 1.25 Financial Assets and Financial Liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by Office of National Statistics (ONS). This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e., when receipt or delivery of the goods or services is made.

Classification and Measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost or, fair value through profit or loss. The Trust has no financial assets at fair value through profit and loss or fair value through other comprehensive income.

Financial liabilities classified as subsequently measured at amortised cost. The Trust has no financial liabilities at fair value through profit and loss.

Financial Assets and Financial Liabilities at Amortised Cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Financial Assets Measured at Fair Value through Other Comprehensive Income

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

Financial Assets and Financial Liabilities at Fair Value through Profit and Loss

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

Impairment of Financial Assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses. The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

Expected credit losses are determined by reference to past experience within separate categories of debt, classified by level of risk. Judgement is also applied, where the expectation of future credit losses is anticipated to impact upon the recoverable amount of the asset. The age of a receivable is taken into account and the more overdue a receivable becomes, the higher the value of expected credit loss. A different risk classification has been applied to a specific group of private patient billing that is at higher risk of not being collected than usual.

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowance for stage 1 or stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate. Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

The Trust reviews its income receivable from the injury recovery unit on an annual basis taking into account local trends of recovery and appropriate top up provision has been made for irrecoverable debtors (25%), this is over and above the proposed bad debts provision of 23.07% (2022/23: 24.86%) recommended by the Department of Health and Social Care.

In line with policy, the Trust has undertaken a review of all outstanding debts and suitable provisions are recognised within these statements for bad and doubtful debts.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.26 Transfers of Functions to / from Other NHS Bodies / Local Government Bodies]

For functions that have been transferred to the Trust from another NHS / local government body, the transaction is accounted for as a transfer by absorption. The assets and liabilities transferred are recognised in the accounts using the book value as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain / loss corresponding to the net assets/ liabilities transferred is recognised within income / expenses, but not within operating activities.

For property, plant and equipment assets and intangible assets, the cost and accumulated depreciation / amortisation balances from the transferring entity's accounts are preserved on recognition in the Trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the Trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

There has been no transfer of functions to the Trust during the year.

Note 1.27 Early Adoption of Standards, Amendments and Interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2023/24.

Note 1.28 Standards, Amendments and Interpretations in Issue but not yet Effective or Adopted

IFRS 14 Regulatory Deferral Accounts – Not UK endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies.

IFRS 17 Insurance Contracts - Application required for accounting periods beginning on or after 1 January 2023. Standard is not yet adopted by the FReM which is expected to be from April 2025: early adoption is not permitted.

Note 2 Operating Segments

The Trust's major activity is healthcare and therefore is treated as a single segment.

The operating results of the Trust are reviewed monthly by the Trust's chief operating decision maker which is the overall Trust Board and which includes non-executive directors. For 2023/24, the Board of Directors reviewed the financial position of the Trust as a whole in their decision making process.

The single segment of 'Healthcare' has therefore been identified consistent with the core principle of IFRS 8 which is to enable users of financial statements to evaluate the nature and financial effects of business activities and economic environments.

Note 2.1 Income Generation Activities

The Trust undertakes certain activities with an aim of break even or achieving a small surplus, which is then used to support patient care.

Some of these activities are essential for providing the right level of service to patients and visitors and the profit element, if any, is incidental to the service provision. The following table provides details of activities where the gross cost of generating the income or the gross income exceeded £1m.

i) Car parking services

	Trust	Trust
	2023/24	2022/23
	£000	£000
Income	2,048	1,795
Direct costs	(1,548)	(1,407)
Surplus before indirect costs	500	388
Indirect Costs	(774)	(783)
(Deficit)/Surplus	(274)	(395)

ii) Staff Accommodation

Staff accommodation amounted to £2.3m (2022/23: £2.4m) during the year. However, the costs associated with the income generation form part of the costs of the total provision of accommodation and property services.

Note 3 Operating Income from Patient Care Activities (Group)

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4.

Note 3.1 Income from Patient Care Activities (by nature)

	Trust	Trust
	2023/24	2022/23
	£000	£000
Acute services		
Income from commissioners under API contracts - variable element*	81,000	-
Income from commissioners under API contracts - fixed element*	391,266	401,930
High cost drugs income from commissioners ****	11,542	27,253
Other NHS clinical income	2,482	2,880
Community services		
Income from commissioners under API contracts*	22,792	22,389
All services		
Private patient income	1,164	1,283
Elective recovery fund	-	8,428
National pay award central funding***	168	11,275
Additional pension contribution central funding**	13,609	12,356
Other clinical income	833	664
Total income from activities	524,856	488,458

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/25 NHS Payment Scheme documentation.

<https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/>

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

*** Additional funding was made available by NHS England in 2023/24 and 2022/23 for implementing the backdated element of pay awards where government offers were made at the end of the financial year. 2023/24: In March 2024, the government announced a revised pay offer for consultants, reforming consultant pay scales with an effective date of 1 March 2024. Trade Unions representing consultant doctors accepted the offer in April 2024. 2022/23: In March 2023, the government made a pay offer for staff on agenda for change terms and conditions which was later confirmed in May 2023. The additional pay for 2022/23 was based on individuals in employment at 31 March 2023.

**** In 2023/24 the Trust adopted the same method as Hull University Teaching Hospitals NHS Trust, whereby Integrated Care Board high-cost drugs were shown under the system block and only NHSE high-cost drugs were shown separately.

Note 3.2 Income from Patient Care Activities (by source)

	Trust	Trust
	2023/24	2022/23
Income from patient care activities received from:	£000	£000
NHS England	40,249	51,854
Clinical commissioning groups	-	103,636
Integrated care boards	482,276	330,560
Department of Health and Social Care	42	23
Other NHS providers	292	438
Non-NHS: private patients	286	773
Non-NHS: overseas patients (chargeable to patient)	878	510
Injury cost recovery scheme	833	664
Total income from activities	524,856	488,458
<i>Of which:</i>		
Related to continuing operations	524,856	488,458

Note 3.3 Overseas Visitors (relating to patients charged directly by the provider)

	Trust	Trust
	2023/24	2022/23
	£000	£000
Income recognised this year	878	510
Cash payments received in-year	122	106
Amounts written off in-year	183	113

Note 4 Other Operating Income (Group)

	2023/24			2022/23		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	677	-	677	784	-	784
Education and training	19,051	771	19,822	17,212	624	17,836
Non-patient care services to other bodies	22,333	-	22,333	20,489	-	20,489
Reimbursement and top up funding	-	-	-	861	-	861
Receipt of capital grants and donations and peppercorn leases	-	84	84	-	440	440
Charitable and other contributions to expenditure	-	150	150	-	953	953
Revenue from operating leases	-	260	260	-	248	248
Charitable fund incoming resources	-	624	624	-	839	839
Other income *	5,385	-	5,385	5,749	-	5,749
Total other operating income	47,446	1,889	49,335	45,095	3,104	48,199
<i>Of which:</i>						
Related to continuing operations			49,335			48,199
Related to discontinued operations			-			-

* Other income included £2.0m (2022/23: £1.8m) for car parking and £2.3m (2022/23: £2.4m) for staff accommodation.

Note 5.1 Income from Activities arising from Commissioner Requested Services

The Trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services.

Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	Trust	Trust
	2023/24	2022/23
	£000	£000
Income from services designated as commissioner requested services	507,622	460,947
Income from services not designated as commissioner requested services	17,234	27,511
Total	524,856	488,458

Note 5.2 Profits and Losses on Disposal of Property, Plant and Equipment

	Trust	Trust
	2023/24	2022/23
	£000	£000
Gains on disposal of other property plant and equipment	61	128
Gains on disposal of right of use assets (lease termination - lessee)	5	-
Losses on disposal of other property plant and equipment	(22)	(27)
Total gain / (loss) on disposal of assets	44	101

Note 5.3 Fees and Charges (Group)

The following disclosure is of income from charges to service users where the full cost of providing that service exceeds £1 million and is presented as the aggregate of such income. The cost associated with the service that generated the income is also disclosed.

	Trust	Trust
	2023/24	2022/23
	£000	£000
Income	2,048	1,795
Full cost	(2,322)	(2,190)
Surplus / (deficit)	(274)	(395)

The fees and charges above relate to Car Parking Services.

Note 6 Operating Leases - Northern Lincolnshire and Goole NHS Foundation Trust as Lessor

This note discloses income generated in operating lease agreements where the Trust is the lessor.

Note 6.1 Operating Leases Income

	Trust	Trust
	2023/24	2022/23
	£000	£000
Lease receipts recognised as income in year:		
Minimum lease receipts	260	248
Variable lease receipts / contingent rents	-	-
Total in-year operating lease income	260	248

Note 6.2 Future Lease Receipts

	Trust	Trust
	31 March 2024	31 March 2023
	£000	£000
Future minimum lease receipts due in:		
- not later than one year	260	248
- later than one year and not later than two years	260	248
- later than two years and not later than three years	260	248
- later than three years and not later than four years	260	248
- later than four years and not later than five years	260	248
- later than five years	-	-
Total	1,300	1,240

Note 7.1 Operating Expenses (Group)

	2023/24	2022/23
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	4,556	4,958
Purchase of healthcare from non-NHS and non-DHSC bodies	12,433	10,922
Staff and executive directors costs	393,908	368,290
Remuneration of non-executive directors	151	154
Supplies and services - clinical (excluding drugs costs)	45,028	41,577
Supplies and services - general	6,399	5,538
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	37,949	36,180
Inventories written down	-	8
Consultancy costs	658	587
Establishment	4,630	3,998
Premises	20,444	20,947
Transport (including patient travel)	3,265	3,048
Depreciation on property, plant and equipment	18,073	15,203
Amortisation on intangible assets	802	680
Net impairments	17,632	13,563
Movement in credit loss allowance: contract receivables / contract assets	294	102
Change in provisions discount rate(s)	(249)	(995)
Fees payable to the external auditor		
audit services- statutory audit	178	142
Internal audit costs	74	74
Clinical negligence	14,429	14,678
Legal fees	183	199
Insurance	430	390
Research and development	615	624
Education and training	2,766	1,966
Expenditure on low value leases	80	241
Redundancy	228	15
Car parking and security	1,588	1,355
Hospitality	44	32
Losses, ex gratia and special payments	15	32
Other NHS charitable fund resources expended	56	243
Other	1,517	1,562
Total	588,176	546,313
<i>Of which:</i>		
Related to continuing operations	588,176	546,313

* Other includes; £0.27m of patient welfare, £0.40m professional fees and £0.08m interpreting services.

Note 7.2 Other Auditor Remuneration

	Group	
	2023/24	2022/23
	£000	£000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the Trust	-	-
2. Audit-related assurance services	-	-
3. Taxation compliance services	-	-
4. All taxation advisory services not falling within item 3 above	-	-
5. Internal audit services	-	-
6. All assurance services not falling within items 1 to 5	-	-
7. Corporate finance transaction services not falling within items 1 to 6 above	-	-
8. Other non-audit services not falling within items 2 to 7 above	-	-
Total	-	-

Note 7.3 Limitation on Auditor's Liability

The limitation on auditor's liability for external audit work is £179k (2022/23: £167.5k).

Note 8 Impairment of Assets

	Group	
	2023/24	2022/23
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	17,632	13,563
Total net impairments charged to operating surplus / deficit	17,632	13,563
Impairments charged to the revaluation reserve	199	1,665
Total net impairments	17,831	15,228

The majority of the impairment losses in 2023/24 were as a result of bringing into use the new Acute Assessment Unit and Theatres at Grimsby (£13m) and Theatres at Scunthorpe Hospitals (£4m).

Note 9 Employee Benefits

	Group	
	2023/24	2022/23
	Total	Total
	£000	£000
Salaries and wages	289,720	268,959
Social security costs	31,024	30,105
Apprenticeship levy	1,543	1,412
Employer's contributions to NHS pensions	44,765	40,656
Temporary staff (including agency)	28,779	28,831
Total gross staff costs	395,831	369,963
Recoveries in respect of seconded staff	-	-
Total staff costs	395,831	369,963
<i>Of which</i>		
Costs capitalised as part of assets	664	467

Note 9.1 Retirements due to Ill-health

During 2023/24 there were 6 early retirements from the Trust agreed on the grounds of ill-health (6 in the year ended 31 March 2023). The estimated additional pension liabilities of these ill-health retirements is £327k (£650k in 2022/23). These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9.2 Directors' Remuneration

The aggregate amounts payable to Directors were:

	Group	
	2023/24	2022/23
	Total	Total
	£000	£000
Salary	1,224	1,477
Employer's National Insurance	136	193
Employer's pension contributions	123	152
Total	1,483	1,822

Note 9.3 Management Costs

	Group	
	2023/24	2022/23
	Total	Total
	£000	£000
Management Costs	25,401	23,887
Income	576,526	538,044
Management Costs as a % of income	4.41%	4.44%

The above is excluding Charitable income and costs.

Note 10 Pension Costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period. In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting Valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as at 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used. The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full Actuarial (funding) Valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers. The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

Note 11 Finance Income

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

	Group	
	2023/24	2022/23
	£000	£000
Interest on bank accounts	2,250	1,058
NHS charitable fund investment income	38	49
Total finance income	2,288	1,107

Note 12.1 Finance Expenditure

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

	Group	
	2023/24	2022/23
	£000	£000
Interest expense:		
Interest on loans from the Department of Health and Social Care	165	194
Interest on lease obligations	267	129
Interest on late payment of commercial debt	0	10
Total interest expense	432	333
Unwinding of discount on provisions	58	(61)
Total finance costs	491	272

Note 12.2 The Late Payment of Commercial Debts (interest) Act 1998 / Public Contract Regulations 2015

	2023/24	2022/23
	£000	£000
Amounts included within interest payable arising from claims made under this legislation	-	10

Note 12.3 Other Gains / (Losses)

	Group	
	2023/24	2022/23
	£000	£000
Gains on disposal of assets	66	128
Losses on disposal of assets	(22)	(27)
Total gains / (losses) on disposal of assets	44	101
Fair value gains / (losses) on charitable fund investments and investment properties	114	(89)
Total other gains / (losses)	158	12

Note 13 Revaluation of Assets (Property, Plant and Equipment) Cushman and Wakefield Valuations Summary

	Group	
	2023/24	2022/23
	£000	£000
Impairments		
Impairments charged to Revaluation Reserve	(199)	(1,665)
Impairments charged to Statement of Comprehensive Income	(20,518)	(16,517)
Total Impairments due to Market Changes	(20,717)	(18,182)
	Group	
	2023/24	2022/23
	£000	£000
Revaluation gains		
Revaluation gains credited to Revaluation Reserve	2,707	3,746
Revaluation gains relating to previous impairments credited to Statement of Comprehensive Income	2,885	2,954
Total Revaluation gains due to Market Changes	5,592	6,700

Note 14 Trust Income Statement and Statement of Comprehensive Income

In accordance with Section 408 of the Companies Act 2006, the Trust is exempt from the requirement to present its own income statement and statement of comprehensive income. The Trust's deficit for the period was £18.6 million (2022/23: £14.6 million). The Trust's total comprehensive income / (expense) for the period was £16.1 million (2022/23: (£12.6) million).

Note 15 Discontinued Operations

	Group	
	2023/24	2022/23
	£000	£000
Operating income of discontinued operations	-	-
Operating expenses of discontinued operations	-	-
Gain on disposal of discontinued operations	-	-
(Loss) on disposal of discontinued operations	-	-
Corporation tax expense attributable to discontinued operations	-	-
Total	-	-

Note 16.1 Intangible Assets - 2023/24

Group	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	9,412	1,429	10,841
Additions	2,579	3,069	5,648
Reclassifications	2,803	(1,429)	1,374
Valuation / gross cost at 31 March 2024	14,794	3,069	17,863
Amortisation at 1 April 2023 - brought forward	7,500	-	7,500
Provided during the year	802	-	802
Amortisation at 31 March 2024	8,302	-	8,302
Net book value at 31 March 2024	6,492	3,069	9,561
Net book value at 1 April 2023	1,912	1,429	3,341

Note 16.2 Intangible Assets - 2022/23

Group	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2022 - as previously stated	9,464	-	9,464
Additions	96	1,429	1,525
Disposals / derecognition	(148)	-	(148)
Valuation / gross cost at 31 March 2023	9,412	1,429	10,841
Amortisation at 1 April 2022 - as previously stated	6,968	-	6,968
Provided during the year	680	-	680
Disposals / derecognition	(148)	-	(148)
Amortisation at 31 March 2023	7,500	-	7,500
Net book value at 31 March 2023	1,912	1,429	3,341
Net book value at 1 April 2022	2,496	-	2,496

Note 17.1 Property, Plant and Equipment - 2023/24

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	9,351	176,761	17,078	30,563	56,744	186	22,729	1,326	314,738
Additions	-	5,936	11	30,728	3,778	-	1,926	128	42,507
Impairments	(18)	(175)	(6)	-	-	-	-	-	(199)
Revaluations	48	(22,024)	112	-	-	-	-	-	(21,864)
Reclassifications	-	14,238	-	(17,858)	1,700	-	465	81	(1,374)
Disposals / derecognition	-	-	-	-	(2,703)	-	(1)	(24)	(2,728)
Valuation / gross cost at 31 March 2024	9,381	174,736	17,195	43,433	59,519	186	25,119	1,511	331,080
Accumulated depreciation at 1 April 2023 - brought forward	-	-	-	-	38,578	157	14,443	961	54,139
Provided during the year	-	6,592	347	-	5,409	14	2,885	133	15,380
Impairments	-	20,518	-	-	-	-	-	-	20,518
Reversals of impairments	-	(2,575)	(310)	-	-	-	-	-	(2,885)
Revaluations	-	(24,535)	(37)	-	-	-	-	-	(24,572)
Disposals / derecognition	-	-	-	-	(2,681)	-	(1)	(24)	(2,706)
Accumulated depreciation at 31 March 2024	-	-	-	-	41,306	171	17,327	1,070	59,874
Net book value at 31 March 2024	9,381	174,736	17,195	43,433	18,213	15	7,792	441	271,206
Net book value at 1 April 2023	9,351	176,761	17,078	30,563	18,166	29	8,286	365	260,599

Note 17.2 Property, Plant and Equipment - 2022/23

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022 - as previously stated	9,761	146,847	15,996	44,848	53,125	186	19,790	1,035	291,588
IFRS 16 implementation - reclassification to right of use assets	-	-	-	-	(304)	-	-	-	(304)
Additions	-	17,022	72	17,224	5,199	-	3,490	216	43,223
Impairments	(546)	(1,041)	(78)	-	-	-	-	-	(1,665)
Revaluations	136	(17,075)	1,088	-	-	-	-	-	(15,851)
Reclassifications	-	31,008	-	(31,509)	290	-	136	75	-
Disposals / derecognition	-	-	-	-	(1,566)	-	(687)	-	(2,253)
Valuation/gross cost at 31 March 2023	9,351	176,761	17,078	30,563	56,744	186	22,729	1,326	314,738
Accumulated depreciation at 1 April 2022 - as previously stated	-	-	-	-	36,057	142	12,914	881	49,994
IFRS 16 implementation - reclassification to right of use assets	-	-	-	-	(286)	-	-	-	(286)
Provided during the year	-	5,716	318	-	4,341	15	2,216	80	12,686
Impairments	-	16,517	-	-	-	-	-	-	16,517
Reversals of impairments	-	(1,932)	(1,022)	-	-	-	-	-	(2,954)
Revaluations	-	(20,301)	704	-	-	-	-	-	(19,597)
Disposals / derecognition	-	-	-	-	(1,534)	-	(687)	-	(2,221)
Accumulated depreciation at 31 March 2023	-	-	-	-	38,578	157	14,443	961	54,139
Net book value at 31 March 2023	9,351	176,761	17,078	30,563	18,166	29	8,286	365	260,599
Net book value at 1 April 2022	9,761	146,847	15,996	44,848	17,068	44	6,876	154	241,594

Note 17.4 Property, Plant and Equipment Financing - 31 March 2023

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	9,351	173,356	17,078	21,874	14,046	29	8,265	365	244,364
Owned - donated/granted	-	3,405	-	8,689	4,120	-	21	-	16,235
NBV total at 31 March 2023	9,351	176,761	17,078	30,563	18,166	29	8,286	365	260,599

Note 17.5 Property, Plant and Equipment Assets subject to an Operating Lease (Trust as a lessor) - 31 March 2024

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	-	1,492	-	-	-	-	-	-	1,492
Not subject to an operating lease	9,381	173,244	17,195	43,433	18,213	15	7,792	441	269,714
NBV total at 31 March 2024	9,381	174,736	17,195	43,433	18,213	15	7,792	441	271,206

Note 17.6 Property, Plant and Equipment Assets subject to an Operating Lease (Trust as a lessor) - 31 March 2023

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	-	1,541	-	-	-	-	-	-	1,541
Not subject to an operating lease	9,351	175,220	17,078	30,563	18,166	29	8,286	365	259,058
NBV total at 31 March 2023	9,351	176,761	17,078	30,563	18,166	29	8,286	365	260,599

Note 18 Donations of Property, Plant and Equipment

The Trust received Charitable contributions to support capital purchases as follows:

	2023/24	2022/23
	£000	£000
Buildings ex Dwellings	-	224
Assets under Construction	-	-
Plant and machinery	84	155
Intangible	-	61
	84	440

Note 19 Revaluations of Property, Plant and Equipment

The Trust's property have been revalued on a Modern Equivalent Asset basis. On the 31 March 2024, the NHS Foundation Trust's Valuers, Cushman and Wakefield completed a revaluation of the estate which resulted in a net valuation decrease. The results of this valuation have been included in these financial statements. The property asset lives are as stated in the revaluation by the Trust's Valuers.

Basis of Valuation

The valuations have been carried out primarily on the basis of Market Value Existing Use using the depreciated replacement cost (DRC) methodology on a modern substitute basis. Non-operational property, including surplus land, has been valued to Fair Value. Unless otherwise stated, the assumption has been made that the properties valued will continue to be in the occupation of the Trust for the foreseeable future having regard to the prospect and viability of the continuance of that occupation.

Method of Valuation

Depreciated Replacement Cost (DRC) is the method of valuation adopted for arriving at the value of specialised operational property for financial accounting purposes as recommended by UK GAAP, the Royal Institution of Chartered Surveyors and HM Treasury. DRC is based on an estimate of the market value for the existing use of the land, plus the current gross replacement (reproduction) costs of the improvements, less allowances for physical deterioration and all relevant forms of obsolescence and optimisation. Where the actual use of the property is so special that it proves impossible to categorise it in general market terms, land has been valued assuming the benefit of planning permission for development for a use, or a range of uses, prevailing in the vicinity of the actual site. In these circumstances, the Market Value for the Existing Use (MVEU) of the land has been arrived at having regard to the cost of purchasing a notional replacement site in the same locality that would be equally suitable for the existing use and of the same size, with normally the same physical and locational characteristics as the actual site, other than characteristics of the actual site that are irrelevant, or of no value, to the existing use. The valuation exercise was carried out with a valuation date of 31 March 2024, using the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 (Red Book). The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. The valuer has exercised professional judgement in providing the valuation and this remains the best information available to the Trust. Of the £201.3m net book value of land and buildings subject to valuation, £174.7m relates to specialised assets valued on a depreciated replacement cost basis. Here the valuer bases their assessment on the cost to the Trust of replacing the service potential of the assets.

Property Valuations Summary

The Trust Valuers (Cushman and Wakefield) completed a valuation of the Property Assets at 31 March 2024 and concluded that there were changes to the Value of Property Assets. The Trust identified that these changes are material and therefore, the results have been incorporated into these financial statements. The outcome from the valuation was that, on all three sites, some of the assets suffered revaluation gains whilst other assets had an impairment. The approximate net impact of the Trust's valuations are given below.

	Description	Net Change in Valuation (increase) Decrease £000	Charged to Expenses £000	Impairment Reversals Credited to Expenses £000	Changes to Revaluation Reserves £000
Site					
Diana, Princess of Wales Hospital, Grimsby	Land and Buildings	11,650	13,267	(1,303)	(314)
Scunthorpe General Hospital	Land and Buildings	3,535	7,232	(1,569)	(2,128)
Goole District Hospital	Land and Buildings	(60)	19	(13)	(66)
Other	Land and Buildings	-	-	-	-
	Total	15,125	20,518	(2,885)	(2,508)

All the above changes relate to properties in the Trust's main healthcare segment.

Note 20 Leases - Northern Lincolnshire and Goole NHS Foundation Trust as a Lessee

This note details information about leases for which the Trust is a lessee. The Trust's leases are for property, equipment and vehicles and vary in terms from 1 to 10 years.

Note 20.1 Right of Use Assets - 2023/24

Group	Property (land and buildings)	Plant & machinery	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	15,494	1,302	919	17,715	12,790
Additions	480	13	707	1,200	123
Remeasurements of the lease liability	213	(124)	(2)	87	32
Disposals / derecognition	(231)	(276)	(225)	(732)	(177)
Valuation/gross cost at 31 March 2024	15,956	915	1,399	18,270	12,768
Accumulated depreciation at 1 April 2023 - brought forward	1,905	572	311	2,788	1,324
Provided during the year	1,967	266	460	2,693	1,335
Disposals / derecognition	(76)	(276)	(225)	(577)	(22)
Accumulated depreciation at 31 March 2024	3,796	562	546	4,904	2,637
Net book value at 31 March 2024	12,160	353	853	13,366	10,132
Net book value at 1 April 2023	13,589	730	608	14,927	11,466
Net book value of right of use assets leased from other NHS providers					6,417
Net book value of right of use assets leased from other DHSC group bodies					3,714

Note 20.2 Right of Use Assets - 2022/23

Group	Property (land and buildings)	Plant & machinery	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022 - brought forward	-	-	-	-	-
IFRS 16 implementation - reclassification of existing leased assets from PPE or intangible assets	-	304	-	304	-
IFRS 16 implementation - adjustments for existing operating leases / subleases	15,239	1,013	479	16,731	12,790
Additions	255	-	440	695	-
Disposals / derecognition	-	(15)	-	(15)	-
Valuation/gross cost at 31 March 2023	15,494	1,302	919	17,715	12,790
Accumulated depreciation at 1 April 2022 - brought forward	-	-	-	-	-
IFRS 16 implementation - reclassification of existing leased assets from PPE or intangible assets	-	286	-	286	-
Provided during the year	1,905	301	311	2,517	1,324
Disposals / derecognition	-	(15)	-	(15)	-
Accumulated depreciation at 31 March 2023	1,905	572	311	2,788	1,324
Net book value at 31 March 2023	13,589	730	608	14,927	11,466
Net book value at 1 April 2022	-	-	-	-	-
Net book value of right of use assets leased from other NHS providers					7,276
Net book value of right of use assets leased from other DHSC group bodies					4,190

Note 20.3 Reconciliation of the Carrying Value of Lease Liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 31.

	Group		Trust	
	2023/24	2022/23	2023/24	2022/23
	£000	£000	£000	£000
Carrying value at 1 April	14,651	22	14,651	22
IFRS 16 implementation - adjustments for existing operating leases	-	16,200	-	16,200
Lease additions	942	695	942	695
Lease liability remeasurements	87	-	87	-
Interest charge arising in year	267	129	267	129
Early terminations	(160)	-	(160)	-
Lease payments (cash outflows)	(2,721)	(2,395)	(2,721)	(2,395)
Carrying value at 31 March	13,066	14,651	13,066	14,651

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure. These payments are disclosed in Note 7.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 20.4 Maturity Analysis of Future Lease Payments at 31 March 2024

	Group		Trust	
	Total	Of which leased from DHSC group bodies:	Total	Of which leased from DHSC group bodies:
	31 March 2024	31 March 2024	31 March 2024	31 March 2024
	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	2,671	1,461	2,671	1,461
- later than one year and not later than five years;	6,858	5,553	6,858	5,553
- later than five years.	4,527	3,980	4,528	3,980
Total gross future lease payments	14,056	10,994	14,056	10,994
Finance charges allocated to future periods	(990)	(751)	(990)	(751)
Net lease liabilities at 31 March 2024	13,066	10,243	13,066	10,243
<i>Of which:</i>				
Leased from other NHS providers		6,456		6,456
Leased from other DHSC group bodies		3,787		3,787

Note 20.5 Maturity Analysis of Future Lease Payments at 31 March 2023

	Group		Trust	
	Total	Of which leased from DHSC group bodies:	Total	Of which leased from DHSC group bodies:
	31 March 2023	31 March 2023	31 March 2023	31 March 2023
	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	2,365	1,286	2,365	1,286
- later than one year and not later than five years;	7,022	5,249	7,022	5,249
- later than five years.	5,264	4,980	5,264	4,980
Total gross future lease payments	14,651	11,515	14,651	11,515
Finance charges allocated to future periods	-	-	-	-
Net finance lease liabilities at 31 March 2023	14,651	11,515	14,651	11,515
<i>Of which:</i>				
Leased from other NHS providers		7,307		7,307
Leased from other DHSC group bodies		4,208		4,208

Note 21 Other Investments / Financial Assets (non-current)

	Group		Trust	
	2023/24	2022/23	2023/24	2022/23
	£000	£000	£000	£000
Carrying value at 1 April - brought forward	1,383	1,772	-	-
Movement in fair value through income and expenditure	114	(89)	-	-
Disposals	(200)	(300)	-	-
Carrying value at 31 March	1,297	1,383	-	-

Note 22 Analysis of Charitable Fund Reserves

The Northern Lincolnshire and Goole NHS Foundation Trust Board is the Corporate Trustee of the NHS Charitable Funds and therefore, the charitable funds represents a subsidiary of the Trust on the basis that it:

- has control over the NHS charitable fund (as determined by IRFS 10) and
- benefits from the NHS charitable fund.

From 2013/14 Northern Lincolnshire and Goole NHS Foundation Trust has consolidated the NHS charitable funds into its accounts. For 2023/24, the NHS Charitable Funds balances are as follows:

	31 March 2024	31 March 2023
	£000	£000
Unrestricted funds:		
Unrestricted income funds	1,424	1,413
	1,424	1,413

Unrestricted income funds are accumulated income funds that are expendable at the discretion of the trustees in furtherance of the charity's objects. Unrestricted funds may be earmarked or designated for specific future purposes which reduces the amount that is readily available to the charity. Restricted funds may be accumulated income funds which are expendable at the trustee's discretion only in furtherance of the specified conditions of the donor and the objects of the charity. They may also be capital funds (e.g. endowments) where the assets are required to be invested, or retained for use rather than expended.

Note 23 Inventories

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Drugs	1,101	1,182	1,101	1,182
Consumables	2,370	2,198	2,370	2,198
Energy	160	201	160	201
Other	426	392	426	392
Total inventories	4,057	3,973	4,057	3,973

Inventories recognised in expenses for the year were £41,688k (2022/23: £39,445k). Write-down of inventories recognised as expenses for the year were £0k (2022/23: £8k). In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2023/24 the Trust received £150k of items purchased by DHSC (2022/23: £953k). These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 24.1 Receivables

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Current				
Contract receivables *	15,396	20,923	15,403	21,019
Allowance for impaired contract receivables / assets	(1,105)	(1,007)	(1,105)	(1,007)
Prepayments (non-PFI)	5,810	4,149	5,810	4,149
Interest receivable	306	184	306	184
PDC dividend receivable	-	101	-	101
VAT receivable	1,462	1,079	1,462	1,079
Corporation and other taxes receivable **	24	21	24	21
NHS charitable funds receivables	116	48	-	-
Total current receivables	22,009	25,498	21,900	25,546
Non-current				
Other receivables ***	740	977	739	977
Total non-current receivables	740	977	739	977
Of which receivable from NHS and DHSC group bodies:				
Current	8,658	15,603	8,658	15,603
Non-current	740	977	739	977

* Contract receivables for 2023/24 includes £0.17m relating to pay award funding, (2022/23 includes £11.3m).

** Corporation and taxes receivable relates to Clinicians pension tax provision reimbursement funding from NHS England.

*** Non-current other receivables relates to Clinicians pension tax provision reimbursement funding from NHS England.

Note 24.2 Allowances for Credit Losses - 2023/24

	Group		Trust	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 April 2023 - brought forward	1,007	-	1,007	-
New allowances arising	454	-	455	-
Reversals of allowances	(160)	-	(160)	-
Utilisation of allowances (write offs)	(196)	-	(196)	-
Allowances as at 31 March 2024	1,105	-	1,105	-

Note 24.3 Allowances for Credit Losses - 2022/23

	Group		Trust	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 April 2022 - as previously stated	1,022	-	1,022	-
New allowances arising	248	-	248	-
Reversals of allowances	(146)	-	(146)	-
Utilisation of allowances (write offs)	(117)	-	(117)	-
Allowances as at 31 March 2023	1,007	-	1,007	-

Note 25 Finance Leases (Northern Lincolnshire and Goole NHS Foundation Trust as a Lessor)

Northern Lincolnshire and Goole NHS Foundation Trust has no leasing arrangements in place that would be classified as finance leases and where the Trust is the lessor.

Note 25.1 Reconciliation of the Carrying Value of Finance Lease Receivables (net investment in the lease)

	Group		Trust	
	2023/24	2022/23	2023/24	2022/23
	£000	£000	£000	£000
Finance lease receivables at 1 April	-	-	-	-
IFRS 16 implementation - adjustments for existing subleases		-	-	-
Transfers by absorption	-	-	-	-
Additions	-	-	-	-
Interest arising (unwinding of discount)	-	-	-	-
Remeasurements of lease receivables	-	-	-	-
Lease receipts (cash payments received)	-	-	-	-
Derecognition due to early termination	-	-	-	-
Finance lease receivables at 31 March	-	-	-	-

Note 25.2 Finance Lease Receivables Maturity Analysis as at 31 March 2024

	Group		Trust	
	Total	Of which leased to DHSC group bodies:	Total	Of which leased to DHSC group bodies:
	31 March 2024	31 March 2024	31 March 2024	31 March 2024
	£000	£000	£000	£000
Undiscounted future lease receipts receivable in:				
not later than one year;	-	-	-	-
later than one year and not later than two years;	-	-	-	-
later than two years and not later than three years;	-	-	-	-
later than three years and not later than four years;	-	-	-	-
later than four years and not later than five years;	-	-	-	-
later than five years.	-	-	-	-
Total future finance lease payments to be received	-	-	-	-
Estimated value of unguaranteed residual interest	-	-	-	-
Unearned interest income	-	-	-	-
Allowance for uncollectable lease payments	-	-	-	-
Net investment in lease (net lease receivable)	-	-	-	-
<i>of which:</i>				
Leased to other NHS providers		-		-
Leased to other DHSC group bodies		-		-

Note 25.3 Finance Lease Receivables Maturity Analysis as at 31 March 2023

	Group		Trust	
	Total	Of which leased to DHSC group bodies:	Total	Of which leased to DHSC group bodies:
	31 March 2023	31 March 2023	31 March 2023	31 March 2023
	£000	£000	£000	£000
Undiscounted future lease receipts receivable in:				
not later than one year;	-	-	-	-
later than one year and not later than two years;	-	-	-	-
later than two years and not later than three years;	-	-	-	-
later than three years and not later than four years;	-	-	-	-
later than four years and not later than five years;	-	-	-	-
later than five years.	-	-	-	-
Total future finance lease payments to be received	-	-	-	-
Estimated value of unguaranteed residual interest	-	-	-	-
Unearned interest income	-	-	-	-
Allowance for uncollectable lease payments	-	-	-	-
Net investment in lease (net lease receivable)	-	-	-	-
<i>of which:</i>				
Leased to other NHS providers		-		-
Leased to other DHSC group bodies		-		-

Note 26 Other Assets

	31 March 2024	31 March 2023	31 March 2024	31 March 2023
Current	£000	£000	£000	£000
Other assets	-	-	-	-
Total other current assets	-	-	-	-
Non-current				
Net defined benefit pension scheme asset	-	-	-	-
Other assets	-	-	-	-
Total other non-current assets	-	-	-	-

Note 26.1 Non-Current Assets Held for Sale and Assets in Disposal Groups

At the Statement of Financial Position date the Trust does not have any assets held for sale.

Note 27 Liabilities in Disposal Groups

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Categorised as:				
Provisions	-	-	-	-
Trade and other payables	-	-	-	-
Other	-	-	-	-
Total	-	-	-	-

Note 28.1 Cash and Cash Equivalents Movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	Group		Trust	
	2023/24	2022/23	2023/24	2022/23
	£000	£000	£000	£000
At 1 April	41,644	58,862	41,474	58,616
Net change in year	(370)	(17,218)	(250)	(17,142)
At 31 March	41,274	41,644	41,224	41,474
Broken down into:				
Cash at commercial banks and in hand	319	458	269	288
Cash with the Government Banking Service	40,955	41,186	40,955	41,186
Total cash and cash equivalents as in SoFP	41,274	41,644	41,224	41,474
Total cash and cash equivalents as in SoCF	41,274	41,644	41,224	41,474

Note 28.2 Third Party Assets Held by the Trust

Northern Lincolnshire and Goole NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	Group and Trust	
	31 March 2024	31 March 2023
	£000	£000
Monies on deposit	6	5
Total third party assets	6	5

Note 29.1 Trade and Other Payables

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Current				
Trade payables	13,097	13,203	13,097	13,203
Capital payables	22,845	14,796	22,845	14,796
Accruals	24,410	22,067	24,410	22,067
Social security costs	8,531	8,063	8,531	8,063
PDC dividend payable	513	-	513	-
Pension contributions payable	4,308	3,917	4,308	3,917
Other payables	6,284	18,937	6,284	18,937
NHS charitable funds: trade and other payables	32	92	-	-
Total current trade and other payables	80,020	81,075	79,988	80,983
Non-current				
Total non-current trade and other payables	-	-	-	-
<i>Of which payables from NHS and DHSC group bodies:</i>				
Current	5,182	5,934	5,182	5,934
Non-current	-	-	-	-

Note 29.2 Early Retirements in NHS Payables Above

The payables note above includes amounts in relation to early retirements as set out below:

Group and Trust	31 March 2024	31 March 2024	31 March 2023	31 March 2023
	£000	Number	£000	Number
- to buy out the liability for early retirements over 5 years	-	-	-	-
- number of cases involved	-	-	-	-

Note 30 Other Liabilities

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Current				
Deferred income: contract liabilities	461	797	461	797
Total other current liabilities	461	797	461	797
Non-current				
Total other non-current liabilities	-	-	-	-

Note 31 Borrowings

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Current				
Loans from DHSC	1,385	1,396	1,385	1,396
Lease liabilities	2,421	2,365	2,421	2,365
Total current borrowings	3,806	3,761	3,806	3,761
Non-current				
Loans from DHSC	5,554	6,883	5,554	6,883
Lease liabilities	10,645	12,286	10,645	12,286
Total non-current borrowings	16,199	19,169	16,199	19,169

Note 31.1 Reconciliation of Liabilities Arising from Financing Activities

Group - 2023/24	Loans from DHSC	Lease liabilities	Total
	£000	£000	£000
Carrying value at 1 April 2023	8,279	14,651	22,930
Cash movements:			
Financing cash flows - payments and receipts of principal	(1,329)	(2,454)	(3,783)
Financing cash flows - payments of interest	(176)	(267)	(443)
Non-cash movements:			
Additions	-	942	942
Lease liability remeasurements	-	87	87
Application of effective interest rate	165	267	432
Early terminations	-	(160)	(160)
Carrying value at 31 March 2024	6,939	13,066	20,005

Group - 2022/23	Loans from DHSC	Lease liabilities	Total
	£000	£000	£000
Carrying value at 1 April 2022	9,619	22	9,641
Cash movements:			
Financing cash flows - payments and receipts of principal	(1,329)	(2,266)	(3,595)
Financing cash flows - payments of interest	(205)	(129)	(334)
Non-cash movements:			
IFRS 16 implementation - adjustments for existing operating leases / subleases		16,200	16,200
Additions	-	695	695
Application of effective interest rate	194	129	323
Carrying value at 31 March 2023	8,279	14,651	22,930

Note 32 Provisions for Liabilities and Charges Analysis

Group	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Re-structuring	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2023	1,203	2,209	255	114	998	4,779
Change in the discount rate	(44)	(204)	-	-	(164)	(413)
Arising during the year	86	275	178	194	-	732
Utilised during the year	(213)	(159)	(99)	(127)	(4)	(601)
Reversed unused	-	-	(92)	-	(116)	(208)
Unwinding of discount	18	40	-	-	50	108
At 31 March 2024	1,050	2,161	242	181	764	4,397
Expected timing of cash flows:						
- not later than one year;	206	155	242	181	24	808
- later than one year and not later than five years;	693	585	-	-	52	1,330
- later than five years.	151	1,421	(0)	(0)	688	2,259
Total	1,050	2,161	242	181	764	4,397

The provision for early departure costs and injury benefits represents amounts payable to the NHS Business Services Authority, pensions division, to meet the costs of early retirement and industrial injury benefits. The provision is based on estimate of life expectancy and therefore there is a degree of uncertainty about the value of payments in the future. The provision for legal claims are permanent injury benefits and employer's liability claims, the provision is based on claims information received from NHS Resolution.

All claims are handled by NHS Resolution on behalf of the Trust and they advise on likelihood and value of settlement. The timing and value of settlements are subject to both local negotiation and the judgement of NHS Resolution. The Trust's liability in respect of each claim is limited to the level of excess determined by NHS Resolution. The restructuring provision is to support payments in line with the Trust pay protection policy. The provision also includes any redundancy costs. Other provisions includes £764k relating to clinician pension tax reimbursement. A reimbursement has been recognised within non-current debtors.

Note 33 Clinical Negligence Liabilities

At 31 March 2024, £144,911k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Northern Lincolnshire and Goole NHS Foundation Trust (31 March 2023: £156,832k).

Note 34 Contingent Assets and Liabilities

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Value of contingent liabilities				
NHS Resolution legal claims	(58)	(79)	(58)	(79)
Other	(745)	(1,000)	(745)	(1,000)
Gross value of contingent liabilities	(803)	(1,079)	(803)	(1,079)
Amounts recoverable against liabilities	-	-		
Net value of contingent liabilities	(803)	(1,079)	(803)	(1,079)
Net value of contingent assets	-	-		

Other contingent liabilities relates to the cost to remove and replace Reinforced Autoclave Aerated Concrete (RAAC) found at the Scunthorpe General Hospital site. The Trust has undertaken work during 2023/24, further work is required during the next financial year and is hopeful that funding will be received in the form of Public Dividend Capital to cover these costs.

Note 35 Contractual Capital Commitments

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Property, plant and equipment	4,098	9,927	4,098	9,927
Intangible assets	2,177	-	2,177	-
Total	6,275	9,927	6,275	9,927

Note 36 Defined Benefit Pension Schemes

The Trust has no defined benefit pension schemes.

Note 37 On-SoFP PFI, LIFT or Other Service Concession Arrangements

The Trust does not have any PFI or LIFT schemes at 31 March 2024.

Note 38 Off-SoFP PFI, LIFT and Other Service Concession Arrangements

The Trust does not have any Off-SOFP, PFI or LIFT schemes at 31 March 2024.

Note 39 Financial Instruments

Note 39.1 Financial Risk Management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the year in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with its commissioners (Integrated Care Systems and NHS England) and funding flows from the Treasury, the Trust is not exposed to the degree of financial risk faced by business entities. Clinical Commissioning Groups did not exist as from 1st July 2022, when the commissioning relationship transferred to the Integrated Care System. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities. The Trust's treasury management operations are carried out by the Finance Directorate, within parameters defined formally within the Trust's Standing Financial Instructions and policies agreed by the Board of Directors. The Trust treasury activity is subject to regular review by the Finance and Performance Committee and the Trust's internal auditors.

Currency Risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest Rate Risk

The Trust currently has borrowings of £6.883m (£8.212m 2022/23), (excluding interest), the following table provides details of the interest rates, purpose of the loan and outstanding balance. The current interest rates are fixed and therefore has low exposure for the Trust.

	Interest	Balance at
	Rate	31 March 2024
	%	£000
Loan - Purpose		
Residential Accommodation DPoW Phase 1	2.06%	3,543
Energy Performance Contract	2.39%	3,340
Total		6,883

Credit Risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2024 are in receivables from customers and investments held by the charitable fund as shown note 21, as disclosed in the Trade and other receivables note 24.

Liquidity Risk

The Trust's operating costs are incurred under contracts with Integrated Care Systems, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from internally generated funds and funds obtained from Department of Health and Social Care or Independent Financing Facility loans. The Trust has in place Liquidity Support Funding agreed with the Department of Health and Social Care and the Independent Financing Facility for short term working capital support. This gives the Trust liquidity assurance to cover the period prior to regulator approval of future plans and to manage normal variations in cashflow.

Note 39.2 Carrying Values of Financial Assets (Group)

Carrying values of financial assets as at 31 March 2024	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non-financial assets	15,360	-	-	15,360
Cash and cash equivalents	41,224	-	-	41,224
Consolidated NHS Charitable fund financial assets	1,463	-	-	1,463
Total at 31 March 2024	58,047	-	-	58,047
Carrying values of financial assets as at 31 March 2023	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non-financial assets	21,022	-	-	21,022
Cash and cash equivalents	41,474	-	-	41,474
Consolidated NHS Charitable fund financial assets	1,601	-	-	1,601
Total at 31 March 2023	64,097	-	-	64,097

Note 39.3 Carrying Values of Financial Assets (Trust)

Carrying values of financial assets as at 31 March 2024	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non-financial assets	15,360	-	-	15,360
Cash and cash equivalents	41,224	-	-	41,224
Total at 31 March 2024	56,584	-	-	56,584
Carrying values of financial assets as at 31 March 2023	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non-financial assets	21,022	-	-	21,022
Cash and cash equivalents	41,474	-	-	41,474
Total at 31 March 2023	62,496	-	-	62,496

Note 39.4 Carrying Values of Financial Liabilities (Group)

Carrying values of financial liabilities as at 31 March 2024	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	6,939	-	6,939
Obligations under leases	13,066	-	13,066
Trade and other payables excluding non-financial liabilities	60,512	-	60,512
Provisions under contract	4,397	-	4,397
Consolidated NHS charitable fund financial liabilities	32	-	32
Total at 31 March 2024	84,946	-	84,946
Carrying values of financial liabilities as at 31 March 2023	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	8,279	-	8,279
Obligations under leases	14,651	-	14,651
Trade and other payables excluding non-financial liabilities	68,927	-	68,927
Provisions under contract	4,779	-	4,779
Consolidated NHS charitable fund financial liabilities	93	-	93
Total at 31 March 2023	96,729	-	96,729

Note 39.5 Carrying Values of Financial Liabilities (Trust)

Carrying values of financial liabilities as at 31 March 2024	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	6,939	-	6,939
Obligations under leases	13,066	-	13,066
Trade and other payables excluding non-financial liabilities	60,512	-	60,512
Provisions under contract	4,397	-	4,397
Total at 31 March 2024	84,914	-	84,914
Carrying values of financial liabilities as at 31 March 2023	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	8,279	-	8,279
Obligations under leases	14,651	-	14,651
Trade and other payables excluding non-financial liabilities	68,927	-	68,927
Provisions under contract	4,779	-	4,779
Total at 31 March 2023	96,636	-	96,636

Note 39.6 Fair Values of Financial Assets and Liabilities

The carrying value of short term trade and other payables is a reasonable approximation to fair value, all trade payables are considered to be short term. The nature of obligations relating to finance leases and other borrowings are that they are arm's length transaction with values determined by contract. There is no significant difference between the carrying value and the fair value of these liabilities.

Note 39.7 Maturity of Financial Liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
In one year or less	65,497	73,634	65,497	73,634
In more than one year but not more than five years	12,432	12,712	12,432	12,712
In more than five years	8,388	10,929	8,388	10,929
Total	86,317	97,275	86,317	97,275

Note 40 Losses and Special Payments

Group and Trust	2023/24		2022/23	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	28	13	9	3
Bad debts and claims abandoned	241	185	81	113
Stores losses and damage to property	13	39	23	37
Total losses	282	237	113	153
Special payments				
Ex-gratia payments	24	15	32	26
Special severance payments	1	6	-	-
Total special payments	25	21	32	26
Total losses and special payments	307	258	145	179
Compensation payments received				

Note 41 Related Parties (Group)

During the year none of the DHSC Ministers, Trust Board Members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with Northern Lincolnshire and Goole NHS Foundation Trust.

The DHSC is regarded as a related party. During the year, this Trust has had a significant number of material transactions with other entities for which the DHSC is regarded as the parent department. These entities are: NHS England, Integrated Care Systems, NHS Trusts, NHS Foundation Trusts and NHS Resolution.

In addition, the Trust has had a number of material transactions with other Government departments and other central and Local Government bodies. The Trust has also received revenue and capital payments from a number of charitable funds. The trustees of the charitable funds are also members of the Trust Board.

	2023/24	2023/24	2023/24	2023/24
	Income	Expenditure	Receivables	Payables
	£000	£000	£000	£000
Care Quality Commission	0	308	0	0
Department of Health and Social Care	69	0	6	33
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	86	257	47	71
Harrogate and District NHS Foundation Trust	101	11	2	2
Hull University Teaching Hospitals NHS Trust	4,033	4,749	2,376	2,827
Humber Teaching NHS Foundation Trust	0	102	0	102
Lancashire Teaching Hospitals NHS Foundation Trust	0	225	0	51
Leeds and York Partnership NHS Foundation Trust	65	0	0	0
Leeds Teaching Hospitals NHS Trust	4	591	29	190
Lincolnshire Community Health Services NHS Trust	384	0	94	0
Lincolnshire Partnership NHS Foundation Trust	151	0	19	0
NHS Blood and Transplant	10	1,731	0	80
NHS Business Services Authority	0	66	0	3
NHS Derby and Derbyshire ICB	106	0	0	0
NHS England	44,903	85	1,056	230
NHS Greater Manchester ICB	103	0	0	0
NHS Humber and North Yorkshire ICB	413,508	287	3,388	162
NHS Leicester, Leicestershire and Rutland ICB	68	0	0	0

	2023/24	2023/24	2023/24	2023/24
	Income	Expenditure	Receivables	Payables
	£000	£000	£000	£000
NHS Lincolnshire ICB	66,411	0	141	0
NHS North East and North Cumbria ICB	110	0	0	0
NHS Nottingham and Nottinghamshire ICB	361	0	0	0
NHS Pension Scheme	0	44,765	0	4,400
NHS Property Services	0	538	0	254
NHS Resolution	0	14,687	0	3
NHS South Yorkshire ICB	1,619	0	0	0
NHS West Yorkshire ICB	469	0	0	0
Norfolk and Norwich University Hospitals NHS Foundation Trust	71	1	0	3
North Cumbria Integrated Care NHS Foundation Trust	66	0	10	8
North East Lincolnshire Council	400	3	75	1
North Lincolnshire Council	841	72	403	0
North Tees and Hartlepool NHS Foundation Trust	0	69	0	63
North West Anglia NHS Foundation Trust	44	0	12	0
Northampton General Hospital NHS Trust	362	0	319	0
Nottingham University Hospitals NHS Foundation Trust	176	256	70	126
Portsmouth Hospitals University NHS Trust	0	12	0	6
Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust	248	196	156	145
Sheffield Children's NHS Foundation Trust	113	214	94	122
Sheffield Teaching Hospitals NHS Foundation Trust	603	277	156	171
UK Health Security Agency	0	138	0	73
United Lincolnshire Hospitals NHS Trust	11,685	802	497	125
University Hospitals Birmingham NHS Foundation Trust	0	818	0	319
University Hospitals of Leicester NHS Trust	36	99	9	35
York and Scarborough Teaching Hospitals NHS Foundation Trust	0	235	5	120
Yorkshire Ambulance Service NHS Trust	51	0	21	0
Other (Total)	952	557	160	154

	2023/24	2023/24	2023/24	2023/24
	Income	Expenditure	Receivables	Payables
	£000	£000	£000	£000
Total Related Parties	548,209	72,151	9,145	9,879
HM Revenue and Customs (Taxes and Duties)	-	32,567	1,462	8,531
Other Government Departments	-	32,567	1,462	8,531
Comparatives 2022/23				
Total Related Parties	508,471	68,275	15,762	10,434
Other Government Departments	-	31,517	1,079	8,063

Related Party Transactions with bodies outside of the whole of government accounting were as follows:

	2023/24	2023/24	2023/24	2023/24
Organisation name / Trust Officer / Nature of Relationship	Income	Expenditure	Receivables	Payables
	£000	£000	£000	£000
Health Service Journal - Chief Executive / Hospitality	0	13	0	0
Healthcare Financial Management Association Ltd - Chief Financial Officer / Vice President	0	2	0	0
NHS Providers - Chief Executive / Hospitality	0	32	0	0
University of Lincoln - Non-Executive Director / Deputy Vice Chancellor	0	6	0	0

The Accounting Officer authorised these financial statements for issue on 8 August 2024.

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