

AGENDA

A meeting of the Council of Governors
to be held on Wednesday, 16 April 2025 at 14:00 to 16:45 hours
To be held in the Main Boardroom at Diana, Princess of Wales Hospital, Grimsby
and via MS Teams

For the purpose of transacting the business set out below:

No.	Agenda item	Format	Purpose	Time
1. CORE BUSINESS ITEMS				
1.1	Welcome and Apologies for absence Sean Lyons, Group Chair	Verbal	Information	14:00
1.2	Declarations of Interest Sean Lyons, Group Chair	Verbal	Information	
1.3	Minutes of the Previous Meeting held on 25 February 2025 Sean Lyons, Group Chair	Attached CoG(25)025	Approval	
1.4	Urgent Matters Arising Sean Lyons, Group Chair	Verbal	Information	
1.5	Action Tracker – Public Sean Lyons, Group Chair	CoG(25)026 Attached	Approval	
2. REPORTS AND UPDATES				
2.1	Group Chair’s Update Sean Lyons, Group Chair	CoG(25)027 Attached	Information	14:05
2.2	Acting Group Chief Executive’s Update Emma Sayner, representing Amanda Stanford, Acting Group Chief Executive	CoG(25)028 Attached	Information	14:15
2.3	Lead Governor’s Update Ian Reekie, Lead Governor To include:	CoG(25)029 Attached	Information / Assurance	14:25
2.3.1	• Appointments and Remuneration Committee (ARC)			
2.3.2	• Membership and Public Engagement & Assurance Group Highlight Report (MPEAG)			
3. BOARD COMMITTEES-IN-COMMON HIGHLIGHT / ESCALATION REPORTS				
3.1	Audit, Risk & Governance Committees-in-Common (CiC) Highlight / Escalation Report Simon Parkes, Non-Executive Director CiC Chair	No meeting since last CoG		
3.2	Capital & Major Projects CiC Highlight / Escalation Report Gill Ponder, Non-Executive Director CiC Chair	No meeting since last CoG		
3.3	Performance, Estates & Finance CiC Highlight / Escalation Report Gill Ponder, Non-Executive Director CiC Chair	CoG(25)030 Attached	Assurance	14:35
3.4	Quality & Safety CiC Highlight Report / Escalation Report Sue Liburd, Non-Executive Director CiC Chair	CoG(25)031 Attached	Assurance	14:45
3.5	Workforce, Education & Culture CiC Highlight / Escalation Report Julie Beilby, Non-Executive Director CiC Chair	CoG(25)032 Attached	Assurance	14:55

4. COG BUSINESS ITEMS				
4.1	Transformation and Sustainability Update Ivan McConnell, Group Chief Strategy & Partnerships Officer	CoG(25)033 Attached	Information	15:05
BREAK - 15:25 – 15:35				
4.2	National Staff Survey Summary Simon Nearney, Group Chief People Officer	CoG(25)034 Attached	Information	15:35
4.3	Trust Priorities 2025-26 and Quality Priorities Emma Sayner and Dr Kate Wood, representing Amanda Stanford, Acting Group Chief Executive	CoG(25)035 Attached	Information	15:55
5. ITEMS FOR APPROVAL				
5.1	Council of Governors Annual Work Plan Alison Hurley, Deputy Director of Assurance	CoG(25)036 Attached	Approval	16:15
5.2	Member and Public Engagement Strategy Charlie Grinhaff, Communications Manager	CoG(25)037 Attached	Approval	16:20
6. OTHER				
6.1	Questions from Governors Sean Lyons, Group Chair	Verbal	Information	16:30
6.2	Questions from the Public Sean Lyons, Group Chair	Verbal	Information	
6.3	Items for Information / To Note (as per Appendix A) Sean Lyons, Group Chair	Verbal	Information	
6.4	Any Other Urgent Business Sean Lyons, Group Chair	Verbal	Information	
6.5	Matters to be escalated to the Trust Board Sean Lyons, Group Chair	Verbal	Information	
6.6	Council Performance, Meeting Reflection & Timings Review Sean Lyons, Group Chair	Verbal	Information	
7. DATE OF THE NEXT MEETING				
7.1	The next meetings of the Council of Governors will be held on: Council of Governors Private Meeting Wednesday 16 April 2025 from 16:45 - 17:00 hours Venue - Main Boardroom at Diana, Princess of Wales Hospital, Grimsby Council of Governors Business Meeting Thursday 17 July 2025 from 14:00 - 17:00 hours Venue –TBC			

APPENDIX A

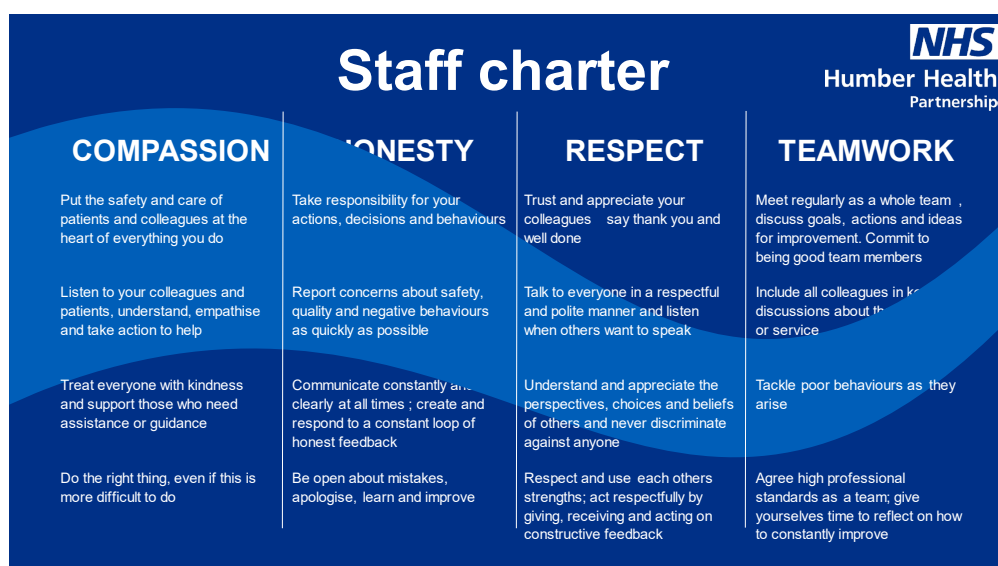
Listed below is a schedule of documents circulated to all CoG members for information.

The Council has previously agreed that these items will be included within the CoG papers for information.

6.3.	<u>Items for Information</u>		
6.3.1	Governors, Executive Directors, Non-Executive Directors and Other Directors Register of Interests	David Sharif, Group Director of Assurance	CoG(25)038 Attached
6.3.2	Finance Report	Emma Sayner, Group Chief Financial Officer	CoG(25)039 Attached
6.3.3	Board Assurance Framework (BAF)	David Sharif, Group Director of Assurance	CoG(25)040 Attached
6.3.4	Integrated Performance Report (IPR)	Adam Creeggan, Group Director of Planning & Performance	CoG(25)041 Attached
6.3.5	Acronyms & Glossary of Terms	Alison Hurley, Deputy Director of Assurance	CoG(25)042 Attached

PROTOCOL FOR CONDUCT OF COUNCIL OF GOVERNOR BUSINESS

- **Members should contact the Chair** as soon as an actual or potential conflict is identified. **Definition of interests** - A set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold. Source: NHSE - Managing Conflicts of Interest in the NHS
- In accordance with Standing Order 2.4.3 (at Annex 6 of the Trust Constitution), any Governor wishing to submit an agenda item must notify the Chair's Office in writing at least **10 clear days prior to the meeting at which it is to be considered**. Requests made less than 10 clear days before a meeting may be included on the agenda at the discretion of the Chair.
- Governors are asked to raise any questions on which they require information or clarification in advance of meetings. This will allow time for the information to be gathered and an appropriate response provided.



COUNCIL OF GOVERNORS BUSINESS MEETING
Minutes of the meeting held on Tuesday, 25 February 2025
at 17:15 to 18:15 hours via MS Teams

For the purpose of transacting the business set out below:

Present:

Core Members:

Sean Lyons	Group Chair
Mr Ahmed Aftab	Staff Governor
Diana Barnes	Public Governor
Jeremy Baskett	Public Governor
Mike Bateson	Public Governor
Cllr Paul Henderson	Stakeholder Governor
Cllr David Howard	Stakeholder Governor
Brent Huntington	Public Governor
Wendy Lawtey	Public Governor
Corrin Manaley	Staff Governor
Rob Pickersgill	Deputy Lead Governor
Ian Reekie	Lead Governor
Caroline Ridgway	Public Governor
Dr Sandeep Saxena	Staff Governor
Dr Gorajala Vijay	Public Governor
Jackie Weavill	Staff Governor
Clare Woodard	Public Governor

In Attendance:

Julie Beilby	Non-Executive Director
Alison Hurley	Deputy Director of Assurance
Murray Macdonald	Associate Non-Executive Director
Simon Parkes	Non-Executive Director
Gill Ponder	Non-Executive Director
David Sharif	Group Director of Assurance

Suzanne MacLennan	Corporate Governance Officer (minutes)
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Public Members: Joanne Mallinson, John Palmer, Rebecca Quarmby and SG (NLaG Consultant)

KEY

HUTH - Hull University Teaching Hospitals NHS Trust
NLaG – Northern Lincolnshire & Goole NHS Foundation Trust

1. CORE BUSINESS ITEMS

1.1 Welcome and Apologies for Absence

The Group Chair, Sean Lyons, welcomed those present to the Council of Governors (CoG) Business Meeting which was held virtually via MS Teams. A

particular welcome was extended to Murray Macdonald as Vice Chair at HUTH and Associate Non-Executive Director at NLaG.

Alison Hurley provided details of apologies for absence for Public Governors, Kevin Allen and David James. Apologies were also received for Jonathan Lofthouse (Group Chief Executive), Linda Jackson, (Trust Vice Chair) and Sue Liburd (Non-Executive Director) represented by Julie Beilby.

Post meeting note: Retrospective apologies were noted for Stakeholder Governor, Emma Munday as captured in the MS Teams chat.

1.2 **Declarations of Interest**

Sean Lyons requested any declarations of interests in respect of any of the agenda items. None were received.

1.3 **Minutes of the Previous Council of Governors Business Meeting 9 January 2025:**

The minutes of the Business Meeting held on the 9 January 2025 were received and accepted as a true and accurate record.

1.4 **Urgent Matters Arising**

Sean Lyons invited members to raise any matters requiring discussion not captured on the agenda. None were raised.

1.5 **Action Tracker**

The Council reviewed the Action Tracker and agreed the completed actions should be noted and moved to the closed section following the meeting. The outstanding actions were discussed and the following was noted:

- COG(25)029 - A further review of the 2025 CoG meetings timings and format was scheduled to take place in June 2025
- COG(24)015 - Cllr Paul Henderson reported that Andy Haywood and Myles Howell would be creating a report based on the most recent patient survey. Additionally, Cllr Paul Henderson requested support from Governor colleagues to create a list of requirements for patient feedback. Governors were requested to express their interest in this work to Cllr Paul Henderson outside of the meeting.

Action: Governors to contact Cllr Paul Henderson with expressions of interest for involvement in the patient feedback work.

2. **BOARD COMMITTEE-IN-COMMON HIGHLIGHT / ESCALATION REPORTS**

2.1 **Audit, Risk and Governance (ARG) Committees-in-Common (CiC) Highlight Report**

Simon Parkes reported that there had been increased joint working between HUTH and NLaG with both internal audit programmes working in tandem. A summary of the report was provided and it was noted that assurance was not received for the Group Risk Register as the ARG CiC had not previously seen the report and were

not in a position to determine which were serious risks. Further work was being undertaken to mitigate and manage risks.

Ian Reekie queried what evidence the successful tenderer produced that convinced the Tender Evaluation Panel that 210 days per annum was sufficient to produce a robust audit against the previous 400 days per annum when submitting their alternative approach. Simon Parkes confirmed the evidence was demonstrated in their techniques for reviewing large volumes of data. The company was responsible for providing an internal audit opinion and any additional days required outside of their proposal would be met at their own expense.

Mike Bateson requested further information regarding the business continuity linked to Information Technology (IT). Simon Parkes confirmed that Andy Haywood, the Group Chief Digital Officer had reviewed the servers which were running old versions of Windows which was no longer supported, following which one issue had been resolved. Further work to protect the systems in place was underway with a programme to consider patients records. In response to Mike Bateson's further query, it was confirmed that NLaG was in a very good position with regards to staffing although the digital team was relatively small by comparison. This would be reviewed as the Group developed more reliance on digital services.

Brent Huntington expressed concern that some of the risks on the Risk Register had been active for over two years. Simon Parkes confirmed that the ARG CiC were also concerned as noted in the highlight report. Work was in progress with Amanda Stanford, Group Chief Nurse, to identify real risks and not just managers' concerns. Simon Parkes requested time for the Executive's to complete their work and report back in the future with a more detailed view.

Mr Aftab queried what the procedure was for adding a risk to the Risk Register, as from a clinicians view a month was too long. Simon Parkes felt there had not been a clear and consistent approach for adding items onto the Risk Register and highlighted the importance of the document in the future once refined. It was reported that the High Level Risk Register are captured in the Board Assurance Framework (BAF) which the Boards-in-Common received and monitored.

David Sharif commended the response from the ARG CiC regarding the Risk Register update. It was reported that from December 2024 new governance opportunities had been embedded across the Group to interrogate, check and challenge captured risks. David Shariff reported there were two Risk Registers across the Group (Datix and Ulysses), and a procurement exercise was ongoing for a single Group register. Sean Lyons highlighted the various different starting points for HUTH and NLaG and with very good reasons.

Question raised by Dr Sandeep Saxena in MS Teams chat – Could we ask the Group Chief Nurse to identify the top 20% risks at the earliest?

Action: Corporate Assurance Office to request a response to Dr Sandeep Saxena's question noted above.

2.2 Capital and Major Projects (C&MP) Committees-in-Common Highlight Report

Gill Ponder provided a summary of the report and welcomed any questions. None were received.

Sean Lyons highlighted that it had been recognised the Group received value for money when spending capital and it was vital that there was no underspend.

2.3 Performance, Estates and Finance (PEF) Committees-in-Common Highlight Report

Gill Ponder provided a comprehensive overview of the report and welcomed any questions.

Mr Aftab queried whether there was evidence of any savings with the move to the Group structure with only one common Executive team and if so, could this be shared with staff. Gill Ponder confirmed that there was a saving proposed to the Boards-in-Common when the Group structure was presented. Sean Lyons proposed that further details could be clarified at the April CoG meeting as the figures were not to hand during this meeting.

Wendy Lawtey requested the structure and transformation plan created by PA Consulting was shared with Governors and queried whether there was enough capacity to deliver the plan. Gill Ponder outlined that PA Consulting were working with the Care Groups to ensure their services were more efficient and that the Programme Management Office (PMO) would provide support to manage and track delivery of the savings. It was suggested and agreed that Ivan McConnell could provide an updated version of the transformation plan presentation at the April CoG meeting.

Jeremy Baskett noted that risks regarding Band 2 and 3 staff were mentioned in three of the highlight reports and queried whether the risk was manageable. Gill Ponder reported a review was underway to establish which staff roles were covering which levels of work. Until the review was completed the required increase in wages was unknown, provisions had been made in the financial forecast which could fall short and therefore posed a risk.

Jeremy Baskett queried whether the previous issues reported in Audiology had been resolved. Gill Ponder explained this was a Quality and Safety (Q&S) issue and confirmed the data quality issue referenced in the report was a reporting issue at HUTH and did not have any impact on patients.

Brent Huntington expressed dissatisfaction that Endoscopy was no longer provided at Goole and District Hospital (GDH) and suggested that waiting lists could be reduced if the service had remained. Gill Ponder confirmed there had been issues with endoscopy washers which had been sent away for repair work. Capacity had increased as the washers had been returned along with the opening of the new Allam Building at HUTH. It was reported that the National Screening Programme had changed the parameters creating an increase in demand.

Ian Reekie referenced a recent statement made by Jonathan Lofthouse which indicated that it would be impossible to sufficiently increase activity levels to meet elective 2025/26 waiting list targets. Additionally, the Patient Treatment List (PTL) would require robust management through clinical and clerical validation. Ian Reekie queried whether PEF CiC or Q&S CiC intended to monitor the process to ensure no adverse quality and safety was derived from excluding or deleting patients from the PTL. Gill Ponder confirmed that the PEF CiC was sighted on this risk and it would be monitored going forward.

Dr Sandeep Saxena left the meeting at 18:11 hours.

Sean Lyons highlighted that validation of patients on the PTL was an example of the different approaches used by HUTH and NLaG and scrutiny would continue.

Actions:

- **Provide details of savings since the introduction of one Executive team to the April CoG meeting**
- **Ivan McConnell to deliver a presentation on the PA Consulting transformation plan to the April CoG meeting**

2.4 Quality and Safety (Q&S) Committees-in-Common Highlight Report

The report was taken as read and Julie Beilby asked the Council to note that most of the Q&S CiC meeting covered HUTH items. Julie Beilby drew the Council's attention to the following in the report:

- The five Quality Priorities and the steps required for embedding them
- The approval of the End of Life (EoL) Annual Report
- Improvement in the adult sepsis screening and ongoing monitoring
- Patient Experience Annual report 2023/24, which could be made available to Governors, if requested

Wendy Lawtey requested the Patient Experience Annual Report 2023/24 was shared with Governors and noted the improvement in sepsis screening although remained concerned that the improvement percentage was only 49%.

Cllr Paul Henderson left the meeting at 18:12 hours.

Action: Corporate Assurance Office to distribute the Patient Experience Annual Report 2023/24 to Governors.

2.5 Workforce, Education and Culture (WEC) Committees-in-Common Highlight Report

Julie Beilby provided an overview of the report which was taken as read.

Rob Pickersgill queried how the issues identified in the Staff Survey would be resolved and if the key to resolving them was captured in the People Strategy. Julie Beilby confirmed the People Strategy would play a significant part along with the triangulation of data, Freedom to Speak Up (FTSU) service and the role of leaders.

Mr Ahmed Aftab left the meeting at 18:21 hours.

Julie Beilby highlighted the ongoing work would make a significant difference and was a huge chance to ensure a positive outcome and confirmed the Executive team were working on an action plan in relation to the Staff Survey. Sean Lyons suggested a further update on the Staff Survey should be included on the agenda for the April CoG meeting.

Brent Huntington believed that one third of the staff who had completed the Staff Survey were unhappy and reported that all the staff at GDH were unhappy at a recent Governor engagement session held at the hospital. Brent Huntington reported that the GDH staff had expressed dissatisfaction. Sean Lyons expressed gratitude to the Goole and Howdenshire Governors for holding the engagement sessions for the public, Trust members and staff which had generated some helpful feedback.

Jackie Weavill queried what percentage of staff had completed the Staff Survey this year and whether there had been an increase on previous years. Julie Beilby confirmed there had been a decrease in the staff completion rate.

Jackie Weavill raised concern on behalf of staff regarding the Mutually Agreed Resignation Scheme (MARS) and how the reduction of staff would ultimately affect patient care. Julie Beilby outlined that all applications must meet a very strict set of criteria and that in some cases there was mutual benefit for some individuals not to remain within the organisation. It was highlighted that MARS was one of the tools used to ensure that the correct person was in the correct role and it was not a money saving exercise.

Wendy Lawtey left the meeting at 18:27 hours.

In response to Brent Huntington's earlier statement, Rob Pickersgill advised that the results for the Staff Survey were 80% worse than the sample average for both HUTH and NLaG. It was reported that NLaG was 55th of the 58 trusts having taken part. Rob Pickersgill highlighted a deterioration in engagement levels which had been a cause for concern and requested the Council be included in consultations for the People Strategy. Sean Lyons agreed it was a concern for all and highlighted the previously agreed update at the April CoG meeting.

SG (NLaG Consultant) left the meeting at 18:28 hours.

David Sharif referred to Brent Huntington's earlier comments about the briefing in December 2024 for GDH staff and stated that staff had not been informed by management of any job losses.

Mike Bateson queried whether there was a target figure in mind with regards to the MARS scheme, what the outcome was of the first phase of the scheme and were applications appropriate. Julie Beilby confirmed there was no target figure and that there was a small window set by NHS England (NHSE) for applications to be received. It was reiterated that all applications must be mutually agreed. Sean Lyons stated that the figures were unavailable for this meeting and it would not be offered to staff if it were to cause a negative service impact.

Corrin Manaley left the meeting at 18:32 hours.

Action: Staff Survey update to be provided at the April 2025 CoG meeting

3. OTHER

3.1 Items for Information / To Note

Sean Lyons drew the Council's attention to the items for information noted in Appendix A.

3.2 Any other Urgent Business

Sean Lyons referred to the questions submitted by John Palmer, a Trust member from the Goole area, which were:

1. In regard to the power supply into the site 11000kv it feeds into the site from the field at the rear of the sub-station and would only need an upgrade from substation to the connections point which could possibly need another transformer that's if it actually needs upgrading. By the way, I've spoken to someone who commissioned the site in the beginning.

In response David Sharif reported a lack of high voltage power supply to GDH and advised the Trust's Estates team were engaging with Northern Power Grid to review the power supply and capacity to the site. This work was included in the full review of GDH and the time required to implement any necessary changes.

2. Is the mobile Breast scanner visiting GDH as in previous years or would people need to travel to other sites a minimum of 27 miles away.

David Sharif reported that the Cancer Network Screening operated as part of the national screening programme and the mobile unit visits sites on a three yearly basis. The mobile unit was last at GDH in June 2023 and therefore it was anticipated the next scheduled visit would be during 2027.

Sean Lyons thanked John Palmer for the questions raised and highlighted that Trust members and public were welcome at the Council of Governors Business Meetings.

Brent Huntington queried whether the Group was involved in any private finance initiatives (PFI) and Sean Lyons confirmed there were PFI buildings on the north bank. David Sharif confirmed there was significant disclosure for PFI in the Annual Report.

Jackie Weavill raised awareness that only 6% of women aged between 50-53 within the NLaG area were attending the breast screening service and encouraged everyone present to actively persuade women to attend.

4. DATE OF THE NEXT MEETING

4.1 Date and Time of the next Council of Governors meeting:

The next Council of Governors Meeting will be held on Thursday, 16 April 2025, at 14:00 to 18:00 hours with the venue to be confirmed.

Sean Lyons drew the Council's attention to the resignation of Amanda Pritchard, Chief Executive for NHS England and informed members that the interim role

would be filled by Sir Jim Mackey, the current Chief Executive of Newcastle upon Tyne Hospitals NHS Foundation Trust.

The Group Chair thanked those present for their attendance and contributions and closed the meeting at 18:41 hours.

Cumulative Record of Governor / Executive and NED Attendance 2024/2025 - Public

Name	Possible	Actual	Name	Possible	Actual
Ahmed Aftab	7	5	David James	7	4
Kevin Allen	7	5	Wendy Lawtey	2	2
Paula Ashcroft	7	3	Corrin Manaley	7	4
Jenny Aspinwall	2	0	Emma Munday	7	3
Diana Barnes	7	7	Shiv Nand	5	2
Jeremy Baskett	7	5	Anthonia Nwafor	5	0
Mike Bateson	7	6	Rob Pickersgill	7	6
Tony Burndred	1	0	Ian Reekie	7	6
David Cuckson	5	5	Caroline Ridgway	7	5
Karen Green	4	1	Dr Sandeep Saxena	2	2
Paul Henderson	6	4	Dr Gorajala Vijay	7	5
David Howard	7	4	Jackie Weavill	2	1
Brent Huntington	2	2	Clare Woodard	2	2
Raquel Jakins	2	1			

Name	Possible	Actual	Name	Possible	Actual
Lee Bond	2	0	Emma Sayner	1	0
Mark Brearley	2	1	David Sharif	7	7
Paul Bytheway	3	1	Shaun Stacey	1	1
Jonathan Lofthouse	5	5	Amanda Stanford	4	3
Ivan McConnell	5	4	Sarah Tedford	1	0
Simon Nearney	5	2	Dr Kate Wood	5	4

Name	Possible	Actual	Name	Possible	Actual
Julie Beilby	7	7	Sean Lyons	7	6
Tony Curry	1	1	Murray Macdonald	2	2
Stuart Hall	5	3	Simon Parkes	7	6
Linda Jackson	7	4	Gill Ponder	7	6
Sue Liburd	7	5	Kate Truscott	3	1



**Hull University
Teaching Hospitals**
NHS Trust



**Northern Lincolnshire
and Goole**
NHS Foundation Trust

COUNCIL OF GOVERNORS ACTION TRACKER

2025/26

ACTION TRACKER - CURRENT ACTIONS - 16 April 2025

COUNCIL OF GOVERNORS



Hull University
Teaching Hospitals
NHS Trust



Northern Lincolnshire
and Goole
NHS Foundation Trust

Minute Ref	Date / Month of Meeting	Subject	Action Ref (if different)	Action Point	Lead Officer	Target Date	Progress	Status	Evidence
COG(25)034	25/02/25	Workforce, Education & Culture CiC Highlight Report	2.5	Add Staff Survey update to the April CoG agenda	Corporate Governance Officer	Apr-25	Staff Survey added to the April CoG agenda - Item 4.2		April CoG agenda
COG(25)033	25/02/25	Quality & Safety CiC Highlight Report	2.4	Circulate the Patient Experience Annual Report 2023/24	Corporate Governance Officer	Mar-25	Patient Experience Annual Report 2023/24 distributed to Governors via email on 13.03.25	Complete	Emails
COG(25)032	25/02/25	Performance, Estates & Finance CiC Highlight Report	2.3	Add the following to the April CoG Agenda: -Provide details of savings since introduction of one Executive -PA Consulting update by Ivan McConnell	Corporate Governance Officer	Apr-25	* Update requested from Emma Sayner on 01.04.25 for sharing at the April CoG meeting. * PA Consulting added to the April CoG agenda - Item 4.1 - Transformation and Sustainability Update.		April CoG agenda
COG(25)031	25/02/25	Audit, Risk & Governance CiC Highlight Report	2.1	Risk Register data request from Dr Saxena - Could we ask the Group Chief Nurse to identify the top 20% risks at the earliest?	Corporate Governance Officer	Apr-25	David Sharif to provide the response early April following the Care Group review		Emails
COG(25)030	25/02/25	Action Tracker	1.5	Governor expressions of Interest for patient feedback project	Cllr Paul Henderson	Apr-25	Cllr Paul Henderson requested expressions of interest from fellow to Governors to work on patient feedback project		Minutes and emails
COG(25)029	09/01/25	Council Performance, Meeting Reflection & Timings Review	5.6	Conduct 6 month review of CoG timings and format 2025	Corporate Governance Officer	Jun-25	Scheduled to take place June 2025		
COG(24)015	22/08/24	CoG ARM - Engagement with Members and Stakeholders	2.1	Electronic surveys for feedback	Corporate Governance Officer	Sep-24	Cllr Paul Henderson met Andy Haywood to discuss requirements and options using existing tools. Andy Haywood to consult internally and meet Cllr Paul Henderson again in early 2025. Andy Haywood and Myles Howell to create report based on recent patient survey.		Emails and CoG minutes

Key:

Red	Overdue
Amber	On track
Green	Completed - can be closed following meeting

ACTION TRACKER - CLOSED ACTIONS

Council of Governors

Minute Ref	Date / Month of Meeting	Subject	Action Ref (if different)	Action Point	Lead Officer	Target Date	Progress	Status	Evidence
COG(24)028	09/01/25	Council Performance, Meeting Reflection & Timings Review	5.6	Reschedule the February CoG meeting to an evening time	Corporate Governance Officer	Jan-25	25 February 2025 CoG meeting rescheduled to 17:15 - 18:15 hours	Complete	Diary invites
COG(24)027	09/01/25	Matters to be escalated to the Trust Board	5.5	Provide the notes from the Goole staff Engagement session with Governors	David Sharif	Jan-25	The briefing notes along with questions and answers raised on 6 & 23 December emailed to Governors 13.01.25	Complete	Emails
COG(24)026	09/01/25	Group Chief Executive's Update	2.2	Share Group Chief Executive's presentation and GIRFT report with Governors	Corporate Governance Officer	Feb-25	Presentation and report emailed to Governors on 29.01.25	Complete	Emails
COG(24)019	22/08/24	CoG ARM - Overarching themes from the CoG ARM Framework		Request preferences from EDs, NEDs and Governors on timings and format of 2025 CoG meetings	Corporate Governance Officer	Sep-24	Provide an overview of responses at the October CoG meeting. Follow up response requested 25.11.24 with outcome to be discussed with Sean Lyons and presented to CoG on 09.01.25	Complete	Email & MS Forms
COG(24)025	31/10/24	Lead/Deputy Lead Governor Plans	4.5	Request expressions of interest for the Lead/Deputy Lead Governor roles	Alison Hurley	Nov-24	Expressions of interest sought via email 14.11.24 and results announced 21.11.24	Complete	Emails
COG(24)024	31/10/24	Proposed Governor Induction and Mandatory Training Plans	4.4	New Governor induction and mandatory training would commence from November 2024	Alison Hurley/ Corporate Assurance Team	Nov-24	First Governor Induction sessions booked for 04.12.24 and 15.01.25 Mandatory training instructions and details emailed to Governors on 06.12.24	Complete	Emails and Induction sessions
COG(24)023	31/10/24	Governor Elections and Extension to Governor Terms of Office	4.3	Extend the term of office for: Jeremy Baskett from May 2025 to November 2025 Rob Pickersgill by 12 months to November 2025	Corporate Governance Officer	Nov-24	Confirmation emails sent to Jeremy Baskett and Rob Pickersgill on 06.11.24	Complete	Emails
COG(24)022	12/09/24	CoG AMM - Questions from the Public	4.1	Request for Public Health data for Goole & Howdenshire and East & West Lindsey	Diane Lee		Diane Lee provided the data which was emailed to Governors & NEDs on 06.11.24	Complete	Emails and links
COG(24)017	22/08/24	CoG ARM - Accountability	2.3	Highlight the overuse of acronyms and jargon to the Executive team	David Sharif	Aug-24	David Sharif to provide update at October 2024 CoG meeting - Ongoing reminders	Complete	
COG(24)021	22/08/24	CoG ARM - Any Other Urgent Business	4.2	Confirmed date of next CoG ARM for 2026 meeting schedule	Corporate Governance Officer	Aug-24	Advised Sarah Meggitt the next CoG ARM will be February 2026 for inclusion on meeting schedule	Complete	Email
COG(24)020	22/08/24	CoG ARM - Workforce, Education and Culture Committees-in-Common Highlight Report	3.5	Group culture update at the October CoG meeting		Oct-24	Added to the October agenda	Complete	Agenda

COG(24)018	22/08/24	CoG ARM - Conduct of Meetings	2.4	Clarify essential meeting attendance and requirements for Governors via email	Corporate Governance Officer	Sep-24	Governors emailed on 23.09.24 with an overview of Governor meetings and required attendance	Complete	Email
COG(24)016	22/08/24	CoG ARM - Accountability	2.3	Review and update the Acronyms and Glossary of Terms	Corporate Governance Officer	Sep-24	Reviewed and updated August 2024 v.8.8	Complete	Acronyms and Glossary of Terms
COG(24)014	22/08/24	CoG ARM - Engagement with Members and Stakeholders	2.1	Review Governor entries on the Castle database Liaise with Comms regarding distribution of Members Newsletter	Corporate Governance Officer	Aug-24	All Governors remain members on the Castle database. Comms confirmed the distribution list was exported from the Castle database.	Complete	Castle database
COG(24)013	22/08/24	CoG ARM - Minutes of the Previous Meeting	1.3	Add Apologies for Jeremy Baskett to within the CoG ARM 2023 minutes	Corporate Governance Officer	Aug-24	Jeremy Baskett was already noted within the Apologies for the CoG ARM 2023 meeting.	Complete	Minutes
COG(24)012	18/06/24	Appointments and Remuneration Committee (ARC) Terms of Reference (ToR)	5.1	Further updates required following June CoG meeting	David Sharif	Jul-24	ARC ToR circulated virtually to ARC and CoG members for approval - Approved incorporating minor changes from comments received Added to October ARC agenda for information.	Complete	Emails
COG(24)011	18/06/24	Group Digital Developments	4.2	Andy Haywood to arrange Governor session following initial meeting with Karen Green	Andy Haywood	Oct-24	Digital Strategy Development session for Governors scheduled 9 October 2024	Complete	Emails & Diary invite
COG(24)010	18/06/24	Operational and Financial Plan 2024-25	4.1	Include Integrated Performance Report (IPR) as an item for information at CoG business meetings	Corporate Governance Officer	Oct-24	Added to the October agenda	Complete	Agenda
COG(23)18	13/07/23	Chief Executive Update	2.2	Arrange a Electronic Patient Records briefing session for Governors	Corporate Governance Office	TBC	* Report requested for distribution at 27th November 2023 briefing session. * Update deferred due to Integrated Care Board (ICB) investigation into awarded investment and outstanding decision on purchase and implementation. * Andy Haywood to present a Digital update at the June CoG to include EPR	Complete	Jan, April & June 2024 CoG minutes and June agenda
COG(24)09	18/04/24	Annual Governors Register of Interest	5.2	Forward Annual Governors Register of Interest to Communications for publication on the Trust website	Corporate Governance Office	May-24	Emailed to Communications on 22nd April and published on the Trust website	Complete	Email and website
COG(24)08	18/04/24	Performance, Estates and Finance Highlight Report	3.3	Provide Governors an update on signage within 7 days	Jonathan Lofthouse	May-24	Email update sent to all Governors on 5th June 2024	Complete	Emails

Key:

Grey	Completed - can be closed/archived following meeting
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Council of Governors Business Meeting

Agenda Item No: CoG(25)027

Name of the Meeting	Council of Governors	
Date of the Meeting	16 April 2025	
Director Lead	Sean Lyons, Group Chair	
Contact Officer/Author	Sean Lyons, Group Chair	
Title of the Report	Chair's Update	
Executive Summary	Briefing for the Council of Governors on the key highlights from the recent Trust Board and current issues	
Background Information and/or Supporting Document(s) (if applicable)	N/A	
Prior Approval Process	N/A	
Financial implication(s) (if applicable)	N/A	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A	
Recommended action(s) required	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance </div> <div> <input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below: </div> </div>	

Chair's Update

Chair's Report for Northern Lincolnshire & Goole (NLaG) NHS Foundation Trust Council of Governors meeting - 16 April 2025

I am pleased to present my report to Governors which provides an update on matters since my last report on the 9 January 2025.

Although we have probably seen the worst of the usual Winter operational pressures, the NHS and our facilities are still feeling significant demand pressures, however, I can still report that our staff are responding in their usual excellent manner in trying to provide the best care for our patients.

Once again, I would ask Governors to show appreciation to staff whenever possible.

Organisational Changes

Governors will be aware of announcements regarding the future of NHS England, the future role and focus of Regional Teams and Integrated Care Boards (ICBs).

These have wide ranging implications for the organisations involved and inevitably these will ultimately impact individuals, and I am sure we will all be respectful of these sensitivities.

Leadership Changes at NHS England are:

Dr Penny Dash replaces Richard Meddings as Chair of NHS England

Sir Jim MacKey replaces Amanda Prichard as Chief Executive of NHS England

More Locally at ICB Level, other changes are:

Mark Chamberlain is acting Chair of the Humber and North Yorkshire ICB

Teresa Fenech is acting Chief Executive of the Humber and North Yorkshire ICB

Within our Group, The NHS Humber Health Partnership Jonathan Lofthouse is away from work and Amanda Stanford, Group Chief Nurse is Acting Group Chief Executive.

Dr Ashok Pathak has stepped down as an Associate Non-Executive Director (NED) at HUTH, following conclusion of his terms of office. We thank Ashok for his service and wish him well for the future.

Operational Plan 2025 / 26

I would like to draw Governor's attention to the huge amount of work that has gone into developing the Group Operational Plan for 2025/26.

The Executive and top leadership have really worked hard on this, and as you will know, expectations of a balanced plan have been made clear as opposed to previous years where some deficit was tolerated.

It is good to be able to say that our plan submission did balance and whilst there is still considerable risk within it, we have at least at this stage, met the central expectations.

We expect further check and challenge in the coming weeks, but the team are to be congratulated on the work so far.

Community Diagnostic Centre's (CDCs)

It is good to report that our CDCs are up and running in Scunthorpe town centre and Grimsby's Freshney Place shopping centre. These will provide significant extra diagnostic capacity in excellent modern surroundings, convenient to the Public. I would encourage Governors to take a look if they have not already.

The Acting Group Chief Executive will comment on other operational matters.

Other Items

Governors will be aware that discussions regarding the options for service provision on the Goole & District Hospital (GDH) site are underway.

We are in a pre-election period at the moment in advance of the Mayoral Elections, so there is nothing to publicly report at this meeting.

Personal Activity

I have been lucky enough to be involved in quite a range of activities in the period including;

GDH visit with Governors on the 22 January 2025

Freedom to Speak Up Guardian (FTSUG) Champions meeting on the 4 February 2025

Top 100 Leaders Event on the 6 February 2025

System Chairs & Chief Executives on the 18 February 2025

HYN NED Meeting on the 20 February 2025

Opening of the Paediatric Day Unit at Castle Hill Hospital (CHH) on the 26 February 2025

North Lincolnshire Public Health Workshop on the 17 February 2025

Governors briefing on Local Government changes on the 4 March 2025

Sean Lyons
Group Chair

Council of Governors Business Meeting

Agenda Item No: CoG(25)028

Name of the Meeting	Council of Governors Business Meeting	
Date of the Meeting	16 April 2025	
Director Lead	Amanda Stanford, Acting Group Chief Executive	
Contact Officer/Author	Carla Ramsay, Chief of Staff	
Title of the Report	Acting Group Chief Executive's Update	
Executive Summary	<p>This report updates the Council of Governors on:</p> <ul style="list-style-type: none"> • Changes in the NHS England leadership team • Engagement on Goole and District Hospital services, with a link to the detailed information published to date • Managing an infection outbreak and a reminder to all staff on correct practice • Performance against key patient and finance metrics, including positive improvement in ambulance handover times on both sides of the river and delivery of the cost improvement programme • Successful opening of Community Diagnostic Centre in Scunthorpe and other capital programme updates • Good news stories, including accreditation for endometriosis services, celebration of NHS Overseas Workers Day, rebrand of the Humber Health Champions for young volunteers across the Group, and being an exemplar of patient safety practice in radiography. 	
Background Information and/or Supporting Document(s) (if applicable)	N/A	
Prior Approval Process	N/A	
Financial implication(s) (if applicable)	N/A	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A	
Recommended action(s) required	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance </div> <div> <input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below: </div> </div>	

Acting Group Chief Executive Officer

Briefing to the Council of Governors Wednesday 16 April 2025

1. Introduction

- 1.1 Governors will have seen the recent announcements regarding the new NHS England transitional management arrangements. We thank Amanda Pritchard for her dedication in service, coming into post as NHS England Chief Executive shortly before the Covid-19 pandemic. She has championed innovation and improving patient outcomes, and we are very grateful for her support to our system, particularly through her visit to our Group last year.
- 1.2 We will work closely with Sir James Mackey's NHS Transformation Executive Team arrangements for NHS England and the Department of Health and Social Care are put in place. We do not have much more detail as to how or when any changes might be seen at regional or at ICB level, but we will keep colleagues apprised when more detail is known. We recognise that this is an unsettling time for colleagues in our NHS family and we have already reached out to our partner organisations, and will continue to do so. Governors may have seen the letter that Sir Jim published to all NHS Trusts on 1 April 2025, which is available on the NHS England website: <https://www.england.nhs.uk/publication/working-together-in-2025-26-to-lay-the-foundations-for-reform/> (or go to NHS England website www.england.nhs.uk and click on the 'publications' link at the top, and look for this publication on 1 April 2025).
- 1.3 As an Executive team, our focus has been on completing the detail of the 2025/26 Operating Plan. With the Trust Board's guidance and support, we have made all required submissions to the deadlines set. I will have attended a meeting between our ICB and the NHS England Regional Team (scheduled 9 April 2025). There is a paper further on today's agenda, which summarises our current plan.
- 1.4 Our focus has also been our engagement with staff and stakeholders on our services at Goole and District Hospital. As we are currently in a pre-election period, I will refer to the information that was jointly published by our Integrated Care Board (ICB) and our Group, shortly after the ICB Board meeting last month. We have undertaken a period of engagement, which is continuing as we work through the options for clinical services at Goole. The statement provides a great deal of detail about what work has been completed to date, the current status of the services and the estate at Goole, and the engagement work that is ongoing. I would encourage everyone to read the full statement, as it very usefully sets out a level of detail on all of these aspects.
- 1.5 The full detail is available from the ICB website, as well as from the Northern Lincolnshire and Goole NHS Foundation Trust website: <https://www.nlg.nhs.uk/news/goole-and-district-hospital-position-statement/> (or go to www.nlg.nhs.uk and click on the 'news' link at the top of the page)

2. Patient Safety, Quality Governance and Patient Experience

- 2.1 A key patient safety issue that we have been dealing with over the past month has been a number of cases of Carbapenemase-Producing Enterobacterales (CPE) at our Diana, Princess of Wales Hospital site. We have taken expert advice to manage these cases and have implemented a number of measures to contain the spread of cases. I am very grateful to a number of colleagues who have stepped up significantly to support our patients and service delivery at this time.
- 2.2 This has highlighted that our basic Infection Prevention and Control (IPC) measures must be adhered to, on all of our sites and settings. We have stepped up our cleaning regime and other environmental issues that we can manage. We absolutely have to work with our staff to ensure

we are all adhering, at all times, to standard IPC measures and we must empower our staff to professionally challenge poor practice amongst colleagues.

- 2.3 The basics have not changed: fastidious hand hygiene, bare below the elbows and using the correct PPE. I would ask, as I know Governors already do, everyone to role-model best practice as we walk around our sites.

3. Urgent and Emergency Care and Planned Care

- 3.1 The four-hour standard is measured on a 'footprint' basis against the 78% standard set nationally, accounting for all Type 1 and Type 3 activity. The south bank 'footprint' performance in February 2025 for all Type 1 and Type 3 activity, including the UTC in Goole, was 70.3% against a plan position of 73%.
- 3.2 The ambulance handover position for the south bank worsened in January 2025, with 1,039 handovers completed after 60 minutes. After a series of actions agreed with East Midlands Ambulance Service, mirroring the success of the work on the north bank, there was a significant reduction to 404 handovers completed after 60 minutes in February 2025.
- 3.3 In respect of elective care, the February 2025 position for 65-week+ breaches was 19, mostly through patient choice. We are being held to account on landing the lowest possible outturn figure for year-end. As referenced in the paper later on this year, the 2025-26 planning requirement is to achieve no more than 1% of patients waiting over 52 weeks and we have already modelled what this means for our current waiting list.

4. Strategy and partnership developments

- 4.1 As noted at the start of this report, a key focus on strategy and partnership development has been our discussions around Goole and District Hospital.
- 4.2 Our partnership working within our ICB, both as the largest provider in our patch as well as a strategic partner, has been key in landing the system Operational Planning requirements for 2025/26. I am very grateful for the support across our Cabinet team and their deputies to align these discussions in order to meet the significant requirements being made on each NHS system, and to remain being a good partner throughout this period.

5. Financial Performance and Estates and Facilities updates

- 5.1 In respect of the Group financial position, the Month 11 position is as follows: the Group's year to date deficit was £17.8m, £2.5m adverse variance to plan. Group Capital spend was £40.9m, which was £19.8m behind plan, largely due to slippage on the Community Diagnostic Centres (CDC). Capital spending plans have been reviewed in detail to ensure the full capital budget is utilised this year.
- 5.3 At month 11, the Group reported delivery of £72.5m in cost improvements against a year-to-date target of £69.9m, which was £2.6m better than plan. Our cash balance was rated green at £61.7m and will continue to be monitored closely. The Group spent £11.9m less on agency, bank and overtime costs than the same period in 2023/24. This remains below the NHS England 3.2% target of total pay expenditure, at 2.9%
- 5.4 The Group was ahead of plan on elective activity, at 102%. The forecast is to end the year at 101.6%, which would be £4.4m additional income achieved.
- 5.5 Work continues at pace on our capital developments. We are extremely pleased that the Community Diagnostic Centre (CDC) in Scunthorpe opened to patients last month and the centre in Grimsby opened last week.

- 5.6 We have been very successful in our bids for national carbon reduction funding in the last three months. As part of NEEF4 and the Great British Energy Local Power Plan, the Group has been awarded over £8m of funding to deliver during the 2025/26 financial year. This is in addition to the £8.2m in NEEF3 funding for the LED lighting schemes, Battery Energy Saving System and the Building Management System (BMS) Upgrades. This funding will provide further schemes for roof-top photovoltaic panels at Grimsby and Scunthorpe sites, saving a projected £300,000 per annum. The funding is also for solar car ports at Hull Royal Infirmary, saving circa £200,000 per annum. The £16m funding received in the last 3 months demonstrates the Group's commitment to NetZero and the Capital and the appetite and ability to secure funding for viable schemes.

6. Workforce Update

- 6.1 Our staff survey results for 2024 are now published and we have already started working across our organisation on identifying improvements as well as understanding what we are doing well. We have spent time at our Trust Boards in Common development session discussing the headlines and our Group-wide level of response.
- 6.2 As a Group, we are putting engagement sessions in place with our 1,900 leaders (those staff who are in senior positions, and those who manage teams). This is to set a clear direction of travel on the culture we want to create, continuing our journey as a Group organisation.

7. Equality, Diversity and Inclusion (EDI)

- 7.1 The new appraisal framework for Board Directors, published by NHS England on 1 April 2025, includes a specific requirement around EDI, which is welcome. As senior leaders, how we develop our workplace culture, taking lessons from the now published staff survey, is going to be key. I met with the chairs and leads for our Staff Networks across our Group on 4 April 2025 to gain an idea of how it feels for them and what they are hearing from their network members. I am very grateful for the time and commitment from our Staff Networks, to support our development as a Group organisation. It is critically important that we hear views from across our Group organisation as to how to get the most of our talented workforce and what barriers our staff face, which we might not be aware of.

8. Good News Stories and Communications Updates

- 8.1 Patients across the region with endometriosis are benefiting from a specialist service which has been recognised nationally. I am pleased to report Our Group has had its endometriosis centres accredited by the British Society of Gynaecological Endoscopy (BSGE) a further time. This puts our gynaecology services on the map and gives patients the confidence that they will receive high-quality care. We were able to link this good news story to Endometriosis Awareness Month last month.
- 8.2 At NHS Humber Health Partnership we are proud to say that we employ hugely talented people from across the globe – 112 different nationalities to be precise - and we celebrated this on 1 March 2025 during NHS Overseas Workers Day. This national event offered us the opportunity to celebrate the achievements of all those who have travelled to our area to help care for our patients. Our staff bring a wealth of skills and experience, in everything from clinical care to developing others – and we could not deliver our services without them. We thank every single member of staff for their ongoing dedication and commitment in helping to make our communities better.
- 8.3 Since October 2014, Hull Hospitals' Young Health Champions programme has been offering 16 to 25-year-olds the opportunity to volunteer in hospitals and gain invaluable hands-on experience in clinical settings. In that time, more than 2,700 young people have signed up, and gone on to enjoy careers as nurses, doctors, physiologists, emergency care workers and more. Ten years on, we are celebrating by rebranding the programme as 'Humber Health Champions' and extending its reach to offer the same invaluable career opportunities to young people across

the whole of the Humber region.

- 8.5 Our radiographers are pioneering patient safety, with specialised training to save patients experiencing life-threatening reactions during scans. CT Specialty Manager Andrew Stephens supports training for radiographers in community-based and mobile CT scanners in Hull, York, Grimsby, Selby, and Beverley, enabling them to respond to emergencies without support from doctors. Other hospitals are now following the lead of the Humber and North Yorkshire CT and MRI Scanning Service, which operates community scanning for both of our sovereign organisations as well as for York and Scarborough Hospitals NHS Foundation Trust. Patients undergoing CT or MRI scans receive contrast agents or dye injections, which help radiologists diagnose or rule out serious health issues. However, a small number experience severe allergic reactions, known as anaphylaxis, which can be fatal without immediate intervention. While anaphylaxis is managed in hospitals by doctors and crash teams, radiographers in community scanners work alone, prompting Andrew to develop training to equip radiographers with the necessary skills. We are really proud to recognise this expertise and the benefit this has to patients across our patch.

Amanda Stanford

Acting Group Chief Executive

7 April 2025

Council of Governors Business Meeting

Agenda Item No: CoG(25)029

Name of the Meeting	Council of Governors Business Meeting
Date of the Meeting	16 April 2025
Director Lead	
Contact Officer/Author	Ian Reekie, Lead Governor
Title of the Report	Lead Governor's Update
Executive Summary	<p>The purpose of this report is to update governors on highlights from the Appointments & Remuneration Committee (ARC) meeting held on 20 February 2025 and the Membership and Public Engagement & Assurance Group (MPEAG) meeting held on 11 March 2025. Possible topics for future Governor Briefings are also considered.</p> <p>It is recommended to Council of Governors:</p> <ul style="list-style-type: none"> • that highlights from the ARC meeting held on 20 February 2025 be noted • that highlights from the MPEAG meeting held on 11 March 2025 be noted • that consideration be given to possible topics for future Governor Briefings
Background Information and/or Supporting Document(s) (if applicable)	None
Prior Approval Process	None
Financial implication(s) (if applicable)	None
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	None
Recommended action(s) required	<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance </div> <div> <input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below: </div> </div>

COUNCIL OF GOVERNORS

16 April 2025

Lead Governor's Update

APPOINTMENTS & REMUNERATION COMMITTEE (ARC) HIGHLIGHTS

A meeting of ARC was held on Thursday 20 February when the following issues were discussed:

- Board Composition – The current imbalance in NED Boards-in-Common membership with five NLaG and six HUTH NEDs was discussed in the context of a recently undertaken skills audit. It was agreed that the issue would be further considered ahead of recruiting a replacement NLaG Vice Chair later in the year.
- Review of NED Job Descriptions – The generic main duties/responsibilities and desirable personal qualities to be included in all NED job descriptions were agreed. These will be supplemented by specific skills/characteristics being sought when NED posts are advertised.
- Review of NED Remuneration – Whilst recognising that NED remuneration is far from generous it was agreed that current pay levels needed to be maintained in order to comply with NHSE guidance.
- Review of NED Appointment Process – Following a review of the process for appointment of NEDs and the Senior Independent Director (SID) it was agreed that the current process be maintained but with an emphasis on adding balance to the Board with regards to equality and areas of underrepresentation.

MEMBERSHIP AND PUBLIC ENGAGEMENT & ASSURANCE GROUP (MPEAG) HIGHLIGHTS

A meeting of MPEAG was held on Tuesday 11 March when issues discussed included:

- Quality Priorities – MPEAG received an update on the Trust's 2024/25 Quality Priorities and noted that it was intended to carry forward Deteriorating Patients, Sepsis, End of Life Care, Medication Safety and Mental Capacity as the Group's 2025/26 priorities.
- Member and Public Engagement Strategy – MPEAG approved with minor amendments a draft Member and Public Engagement Strategy and agreed to recommend CoG approval of the final version (see agenda item 5.2)
- A Commitment to Excellence (ACE) – MPEAG received an update on the introduction of ACE, the Group's new assurance/accreditation programme. Disappointment was expressed at the limited opportunities initially available for participation by governors who have already completed the necessary training.
- Governor Engagement Activity – MPEAG reviewed recent governor engagement activity the most significant being a drop-in session facilitated by Clare Woodard and Brent Huntington in Goole. Together with subsequent online survey feedback this event attracted 214 responses regarding the future of Goole and District Hospital. A summary of this feedback is attached as Appendix 1.

GOVERNOR BRIEFINGS

Since the last CoG business meeting the following governor briefings have been held:

- Wednesday 22 January – Goole & District Hospital Governor Engagement
- Wednesday 5 February – Member & Public Engagement Strategy
- Tuesday 4 March – Evolution of the Health/Local Government Interface
- Wednesday 19 March – Goole & District Hospital Review Update

Governor suggestions for briefing subjects are always welcome. Topical issues which may be worth consideration for future briefings include:

- Finance & Operational Plan 2025/26 – Although an update on the planning process will be provided at the CoG business meeting it may be appropriate to hold a dedicated briefing once the final version of the plan has been signed off.
- NHS England Abolition/ICB Downsizing/Reversal of Trust Corporate Cost Growth – The impact on the Trust/Group of the abolition of NHSE, the 50% cut in the staffing of Humber & North Yorkshire ICB and the requirement that the Trust/Group reduces by 50% any corporate cost growth since 2028/19 may well be worthy of a governor briefing session once the implications become clearer.
- Integrated Neighbourhood Teams – The development of Integrated Neighbourhood Teams and the role being played by the Trust's Community Services in North Lincolnshire may be an interesting topic for a future governor briefing.

Governor Drop- In Session Feedback Goole District Hospital (GDH)

1. Background

Brent Huntington and Clare Woodard attended drop-in sessions held at the Courtyard in Goole to engage with the public and gather Goole specific feedback relating to the below questions. Please note that whilst Governors would have collected appropriate feedback in person the form was also available online for the public to complete themselves. This meant that some of the online responses were not appropriate answers, e.g. stating which department instead of a location and can affect data quality.

2. Results Summary

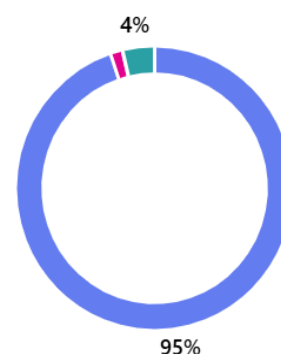
214 responses were received in total. The feedback form took an average of eighteen minutes to complete and below are summaries of the feedback collected:

a) If you have attended other Hospital sites within the Trust / Group what is your experience of this?



b) Do you use Goole District Hospital now or have you used it regularly?

● Yes	203
● No	3
● Other	8



c) If so, what have you used it for and how regularly?

When what people use Goole Hospital for, 32% of respondents replied blood tests. Details of other comments received in answer to this question are captured below:



d) If no, where did you go?

42% of respondents answered Scunthorpe, 17% Castle Hill, 9% Hull and 9% Grimsby.



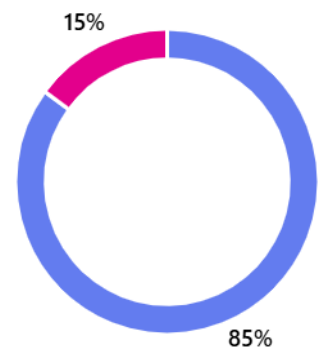
e) What barriers if any have you faced when attending the Trust / Group Hospital sites?

When asked about barriers faced at other sites 36% of respondents answered parking:



f) Are you aware of the services available at Goole and what is currently not available (e.g. A&E)?

● Yes	182
● No	32



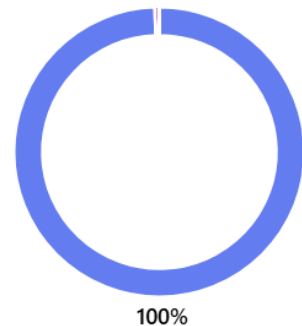
g) What services do you think should be available in Goole?

When asked what services you think should be available in Goole 36% of respondents replied A&E, other replies are captured below:



h) Is the Hospital in the right location for the local people?

● Yes 213
● No 1



i) Any additional comments

When asked for additional comments, 188 of 214 respondents gave a comment. Please see below a sample of the areas commented on:

- Transport and travel other sites x39
- Services need expanding at GDH x34
- Excellent hospital and staff x 26
- Do not close x 25

3. Conclusion

The feedback collected has been shared with colleagues in Patient experience, Human Resources, Communications and Strategic departments for consideration.

4. Recommendation

- To note the feedback given.

Meet your GOVERNOR
Make a difference!

Governor Feedback Form
For Goole



1. Date?

2. Do you use Goole District Hospital now, or have you used it regularly?

☐ Yes

☐ No

☐ Other – please state

3. If so, what have you used it for and how regularly?

4. If no, where did you go?

5. If you have attended other Hospital sites within the Trust / Group what is your experience of this?

6. What barriers if any have you faced when attending the Trust / Group Hospital sites?

7. Are you aware if the services available at Goole and what is currently not available (e.g. A&E)

- ☐ Yes
☐ No

8. What do you think should be available in Goole

9. Is the Hospital in the right location for the local people?

- ☐ Yes
☐ No

10. If not where would be better?

11. Any additional comments?

12. Name of Governor collecting feedback

Council of Governors Business Meeting

Agenda Item No: CoG(25)030

Name of the Meeting	Council of Governors Business Meeting
Date of the Meeting	16 April 2025
Director Lead	Helen Wright and Gill Ponder, Chairs of CIC
Contact Officer/Author	Helen Wright and Gill Ponder, Chairs of CIC
Title of the Report	Performance, Estates and Finance Committees-in-Common Escalation / Highlight Report
Executive Summary	<p>This report sets out the items of business considered by the Performance, Estates and Finance Committees-in-Common at their meeting(s) held in March and April 2025 including those matters which the committees specifically wish to escalate to either or both Trust Boards.</p> <p>The Council of Governors are asked to;</p> <ul style="list-style-type: none"> • Note the issues highlighted in item 3 and their assurance ratings. • Note the items listed for further assurance and their assurance ratings.
Background Information and/or Supporting Document(s) (if applicable)	N/A
Prior Approval Process	None
Financial implication(s) (if applicable)	Financial implications are included in the report.
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance </div> <div> <input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below: </div> </div>

Committees-in-Common Highlight / Escalation Report to the Trust Boards

	10 April 2025
	Performance, Estates and Finance
	4 March 2025 and 1 April 2025
	Yes

1.0 Purpose of the report

- 1.1 This report sets out the items of business considered by the Performance, Estates and Finance Committees-in-Common at their meeting(s) held on 4 March 2025 and 1 April 2025 including those matters which the committees specifically wish to escalate to either or both Trust Boards.

2.0 Matters considered by the committees

- 2.1 The committees considered the following items of business:

4 March 2025

- Board Assurance Framework (including Risk Register Report)
- Group Finance Report – Month 10
- Operational Planning Update
- Integrated Performance Report
- Deep Dive – Length of Stay and Beds
- Estates and Facilities – General Update including Risks
- Energy Contract Approval
- Tender Award of Solar Car Ports at Scunthorpe General Hospital
- Tender Award for Roof Replacement at Scunthorpe General Hospital
- Battery Storage System Contract Approval

1 April 2025

- Financial Plan 2025/26
- Group Finance Report Month 11
- Integrated Performance Report
- Deep Dive – Elective Care
- Contract – Volumetric pumps
- Contract – SMILE to run the Health Tree Foundation Charity
- Estates, Facilities and Development Update

3.0 Matters for reporting / escalation to the Trust Boards

3.1 The committees agreed the following matters for reporting / escalation to the Trust Boards:

- **Finance**

The Month 10 Finance update for 2024/25 highlighted that the Group was still forecasting achievement of the break-even position for the year. There had been confirmation of the income flows from the ICB which would positively impact on the gap. In month 10 the deficit was £0.6m and there was a significant amount of non-recurrent flexibility. The Cost Improvement Plan was ahead but included non-recurrent items.

The Month 11 Finance update for 2024/25 highlighted that the cash position was positive and there were no material risks reported. The teams were working on finalising the year-end position. The Capital and Digital Plans were on track and would deliver the year-end position.

The underlying position for 2025/26 reflected a deficit of £132m and this included 24/25 investments which were no longer funded through the ERF. This and the CIP non-recurrent items meant that the position had deteriorated. The Group cash position was positive for 2024/25 but this would deteriorate in 2025/26.

Last minute capital allocations had stretched the capital teams to deliver the plan for year-end, however the teams were commended for delivery of such a significant volume of activity.

- **Operational and Financial Planning**

The draft Operating Plan was reviewed at the March meeting and subsequently at the Board Development session. The plan reflected a deficit of £43m, however the largest challenge was the level of Cost Improvement required in 2025/26. There would be a focus on waste reduction, productivity, stopping spend, increasing income and plans will be formulated with the Care Groups in April.

Income allocations from both the Integrated Care System and NHS England have been confirmed in March resulting in a revision to plan to reflect delivery of a break even position as submitted on 27th March 2025. Key allocations include ERF, CDCs and Service Development Funding.

The CIC were reasonably assured that there are robust and sensible plans in place, but noted that organisational culture and appetite for transformation were risks to achieving the greater challenges in 2025/26. The Committee queried whether the level of investment in transformation was sufficient in light of the scale of change required to deliver the financial and operational plans.

The profile of the Cost Improvement Programme (CIP) was discussed and whilst there are significant step changes in September and February, it does represent less of a hockey stick profile versus 2024/25. A review of the decision milestones would be undertaken by the Group Chief Financial Officer and the Chairs of the CIC for further discussion at the next meeting.

Whilst it was noted within the submission that the movement in plan from £43m to break-even meant that there would not be a significant increase to net risk, this change will make delivery of the CIP more challenging as additional ICB income has

already been allocated so cannot be used to offset any gaps to CIP. The CIC stated that there was still confidence in the plan.

The CIC discussed the ERF cap and whether it would be lifted as this would help with the in-year cost savings.

The CIC thanked finance and operational colleagues in getting to the current position with the plan this early in the year.

The plan was reviewed by the CIC and reasonable assurance was given.

- **Group Integrated Performance Report**

AI validation of the waiting lists would be taking place and the progress and benefits of this would be presented to a future meeting. Whilst AI would be used to identify groups of patients for validation, no patients would be removed from the waiting lists without review by a skilled human clinician.

There were increased levels of risk due to losing elective activity and this was compounded by the changes in payments to the consultants carrying out additional sessions and out of hours emergency sessions leading to Consultants on the South Bank being in formal dispute. Work was ongoing to maintain on-call arrangements. Weekly meetings were taking place with the Care Groups regarding lost activity and patient impacts. There were also weekly meetings with the LNC to progress the dispute.

There were improvements in diagnostic performance, with the exception of non-obstetric ultrasound. A review of independent providers and discussions with the ICB were taking place.

The number of patients waiting over 62 days for cancer treatment was not reducing and the Trust was in Tier 1 increased level of scrutiny. The number of patients waiting 63 to 104 days had also not changed. Through the Tier 1 support process, there would be a request for additional support to facilitate improvement to this position.

There had been positive improvements regarding ambulance turnaround times and the Trusts were working with YAS and EMAS to sustain this performance.

Urgent and emergency care plan was on track in HUTH with a more supportive external presence in place. NLAG's type 3 performance (minor injuries) remained positive. A UEC improvement plan was in place to achieve the national requirements. Ambulance handover improvements had been commended for good practice for HUTH and NLAG were also seeing an improved position. This had been the priority, to reduce the risks to patients in the community waiting for an ambulance to arrive.

The Urgent Treatment Centre performance was not where it should be and this was due to system issues, including Social Care. A detailed plan was in place to address the issues, however the issue of insufficient operating hours would be re-visited with a view to trial the impact of extended hours on flow

The CIC gave limited assurance. Although the CIC recognised the work being undertaken and detailed improvement plans in place, sustained improvements were not yet being shown in the data and targets were being missed.

- **Deep Dive – Elective Care**

The Elective Care plan for 2024/25 for HUTH was 3% over and NLAG were on plan.

Both HUTH and NLAG had been included on the Further Faster 20 programme which asks that the Trusts focus on working age patients as a priority. A delivery group had been set up to review this and the aim would be to ensure inequalities do not arise, that priorities are determined by clinical need and that this focusses on adding additional services.

In the 2025/26 planning, the Group had signed a plan to have 1% of patients waiting over 52 weeks. The Group and the ICB had agreed to work together to reduce the waiting list overall. The Group have invested in an AI Tool to revalidate the waiting list, to provide focus on the right patients and ultimately reducing the waiting list. The criteria to remove patients from the list would be in line with the current access policy.

There are two key areas that will potentially provide productivity improvements and these are Advice and Refer (consultants and others can review pathways more efficiently) and utilising the day surgery unit at CHH.

The CIC noted issues around ITU capacity, which would be an area of focus as it was causing elective cancellations.

The CIC agreed reasonable assurance due to the plans in place.

- **Estates and Facilities**

The Estates risks were presented and the CiC praised the work of the Estates and Facilities team on the actual and planned reductions in risks and on their flexibility in spending capital allocated late in the year on projects to reduce risks, improve energy efficiency and progress towards the net zero sustainability ambition.

The Estates Strategy was under development and would be presented to the CIC once completed.

The CIC commended the Estates Team as the Capital allocations had practically doubled since the start of the year, but the plan had been achieved. It was agreed that this was an impressive performance but that the earlier allocations for 2025/26 would ease this position for the coming year.

The CIC agreed significant assurance.

Contract Approvals – March 2025

- Energy Contract – The CIC endorsed the contract for Board approval.
- Solar Car Ports, Scunthorpe – The CIC approved the contract.
- Roof replacement Scunthorpe – Further information was required regarding the suppliers chosen – The Contract was endorsed via e-mail after the meeting.
- Battery Storage System – Further scrutiny of other suppliers was required. Following this the CIC agreed to endorse the contract on-line before being presented to the Board.

April 2025

- NLAG, Volumetric Pumps and Associated Consumables – The CIC approved the contract with a 7 year duration and an exit clause.
- SMILE Contract to run Health Tree Foundation Charity – The CIC approved the 1 year extension.

4.0 Matters on which the committees have requested additional assurance:

- 4.1 The committees requested additional assurance on the following items of business:
- Length of Stay Deep Dive – There is insufficient data available to aid decision making, however a full bed model review with PA Consulting was underway. The Kings College Bed Model Tool was being used to complete this work. An update on progress will be received in May 2025.

5.0 Confirm or challenge of the Board Assurance Frameworks (BAFs):

- 5.1 The BAF report was received and the CIC noted the risk ratings for the Finance and Performance BAF risks. There were no proposed changes to the risk appetites.
- The CIC agreed to carry out a detailed review of the Performance Risk in line with the Operating Framework for 2025/26 as it was not deemed catastrophic (5) to not achieve upper quartile performance.

The BAF was not received at the 1 April 2025 meeting in line with the CIC workplan.

6.0 Trust Board Action Required

- 6.1 The Trust Boards are asked to:
- Note the escalations in Section 3.1.
 - Note the areas for further assurance in section 4.1.

Gill Ponder, Non-Executive Director and Chair of the Performance, Estates and Finance Committees in Common

Helen Wright, Non-Executive Director and Chair of the Performance, Estates and Finance Committees in Common

4 March and 1 April 2025

Council of Governors Business Meeting

Agenda Item No: CoG(25)031

Name of the Meeting	Council of Governors Business Meeting	
Date of the Meeting	16 April 2025	
Director Lead	Sue Liburd, Non-Executive Director and Chair of the Quality and Safety Committees-in-Common (CIC)	
Contact Officer/Author	Sue Liburd, Non-Executive Director and Chairs of the Quality and Safety Committees-in-Common (CIC)	
Title of the Report	Quality and Safety Committees-in-Common Escalation / Highlight Reports	
Executive Summary	<p>The attached report for the Council of Governors, provides an update on the work of the Quality and Safety Committees in Common held on 27 February and 27 March 2025.</p> <p>The Council of Governors are asked to note the issues and items highlighted in item 3.</p>	
Background Information and/or Supporting Document(s) (if applicable)	N/A	
Prior Approval Process	N/A	
Financial implication(s) (if applicable)	N/A	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A	
Recommended action(s) required	<div> <input type="checkbox"/> Approval <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Assurance </div> <div> <input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – Detail below: </div>	

Committees-in-Common Highlight Report to the Council of Governors

	16 April 2025
	Quality and Safety Committees in Common
	27 February and 27 March 2025
	Yes

1.0 Purpose of the report

- 1.1 This report sets out the items of Northern Lincolnshire and Goole (NLaG) business considered by the Quality and Safety Committees-in-Common at their meetings held on 27 February and 27 March 2025.

2.0 NLaG Matters considered by the committees

2.1 27 February 2025

The committees considered the following items of business:

- Operational pressures.
- Review of Committees in Common Terms of Reference & Workplan.
- Board Assurance Framework (Q3).
- Risk Register
- EQIA.
- Quality Priorities Plan 2025/26
- CQC Improvement Plan.
- Nursing Assurance Report.
- Maternity and Neonatal Assurance Report.
- Safeguarding and Vulnerabilities Annual Report.
- Mortality Learning for Deaths (Q3).
- Integrated Performance Report (IPR).

2.2 27 March 2025

- Operational pressures.
- Deep Dive – Audiology.
- Deep Dive – Transcatheter Aortic Valve Implantation (TAVI).
- Patient Safety Report Q3.
- Patient Experience Report (Q3)
- Maternity and Neonatal Assurance Report.
- Clinical Effectiveness Report Integrated Performance Report (IPR).
- External Agency Visits.
- Research and Innovation Development Annual Report.
- Annual Patient Reported Outcome Measures (PROMS) Report.

The committees agreed the following matters for reporting to the Council of Governors:

3.1 Quality Priorities:

- There are five key Quality Priorities for the Trust: Deteriorating patients, Sepsis, End of Life Care, Medication Safety and Mental Capacity. The Committees in Common endorsed the plan for 2025/2026 and noted, good progress was observed in several key areas, however limited in others. Two areas are highlighted:
- Medication Safety: Historically there have been difficulties in the timely recording of accurate patients weight necessary for appropriate weight-based medication dosing. NLaG has successfully demonstrated the ability to record this information once and for it be shared electronically across several systems at the same time.
- Deteriorating Patient & Sepsis: Martha's rule is a patient safety initiative that allows parents, families and carers to request a rapid review if they have concerns about a patient's condition. It empowers them to directly request a second opinion. In May 2024 NHSE began implementing Martha's rule across 143 pilot sites. The Group decided not to become a pilot site due to its infancy but are fully on board with attending regional and national events. This ensures awareness of learning from the pilot sites and to facilitate the incorporation of the rule as required, when the national roll out is planned. A task and finish group has been set up to lead on this work.

3.2 Carbapenemase-Producing Enterobacterales (CPE):

- There has been an outbreak of CPE on the Southbank. These bacterial organisms spread rapidly in healthcare settings and can lead to poor clinical outcomes because of limited therapeutic options. CPE are very resistant to antibiotics which makes it then difficult to treat. The increased incidence of CPE has significant cost and operational implications for healthcare providers. Enhanced cleaning and antimicrobial stewardship practices and regimes are being reviewed and implemented. A screening programme has been implemented, and 24/7 cleaning has been introduced to the wards.

3.3 Audiology Deep Dive:

- Following the audiology serious incidents in NLAG (2021/2022) there is a quarterly screening group which now operates across the Group partnership to ensure performance is reviewed for all screening services.
- Work is progressing against NLaG audiology improvement plans as devised with the British Academy of Audiology.
- All patients involved in the serious incident cluster in 2021/2022 have been reviewed and appropriately managed.
- Funding has been secured for a new hearing booth at DPoW.
- The CIC were reassured that the team has a good control over the issues, but limited assurance was given due to the lack of data relating to performance.

3.4 A Commitment to Excellence (ACE) Framework:

- The ACE initiative and roll out was highlighted. This replaces the 15 Steps programme and is being rolled out across the Trust from March 2025. This will allow the Group to set standards and recognise areas of excellence as well as give ward to board assurance.

3.5 BAF:

- The BAF report was received in February 2025 and there were no proposed changes to risk ratings or risk appetite statements. The BAF was not received in March 2025, in line with the workplan.

4.0 Matters on which the committees have requested additional assurance:

The committees did not request additional assurance for NLaG matters outside of normal reporting as detailed in the workplan on Trust related agenda items.

5.0 Council of Governors Actions Required

5.1 The Council of Governors is asked to:

- Note the reporting in item 3.

Sue Liburd
Non-Executive Director
07 April 2025

Council of Governors Business Meeting

Agenda Item No: CoG(25)032

Name of the Meeting	Council of Governors Business Meeting	
Date of the Meeting	16 April 2025	
Director Lead	Julie Beilby, Non-Executive Director Chair of Workforce, Education and Culture Committees-in-Common (CiC)	
Contact Officer/Author	Julie Beilby, Non-Executive Director Chair of Workforce, Education and Culture Committees-in-Common (CiC)	
Title of the Report	Workforce, Education and Culture CiC Escalation / Highlight Report	
Executive Summary	<p>This report sets out the items of business considered by the Workforce, Education and Culture Committees-in-Common at their meeting(s) held on Wednesday 29 January 2025 including those matters which the committees specifically wish to escalate to either or both Trust Boards.</p> <p>The Council of Governors are asked to:</p> <ul style="list-style-type: none"> • Note the issues highlighted in item 3 and their assurance ratings • Note the items listed for further assurance and their assurance ratings 	
Background Information and/or Supporting Document(s) (if applicable)	N/A	
Prior Approval Process	This report has been received at the Trust Boards-in-Common meeting in February 2025	
Financial implication(s) (if applicable)	Financial implications are included in the report.	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A	
Recommended action(s) required	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance </div> <div> <input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below: </div> </div>	

Committees-in-Common Highlight / Escalation Report to the Trust Boards

	Thursday 13 February 2025
	Workforce, Education and Culture Committees in Common
	29 January 2025
	Yes

1.0 Purpose of the report

- 1.1 This report sets out the items of business considered by the Workforce, Education and Culture Committees-in-Common at their meeting(s) held on 29 January 2025 including those matters which the committees specifically wish to escalate to either or both Trust Boards.

2.0 Matters considered by the committees

- 2.1 The committees considered the following items of business:

29 January 2025

- NLAG/HUTH CQC Actions Report
- Registered Nursing and Midwifery staffing report
- Integrated Performance Report
- Recruitment and time to hire KPI
- Group People Strategy 2025-18
- National Staff Survey results
- Sexual Safety Report
- Review of Executive, Senior and Operational structure
- Freedom to Speak Up Report HUTH/NLAG

3.0 Matters for reporting / escalation to the Trust Boards

- 3.1 The committees agreed the following matters for reporting / escalation to the Trust Boards:

29 January 2025

- a) Good progress has been made and an agreement had largely been reached regarding the Band 2/3 maternity support workers. MoU being finalized.
- b) The vaccination rates for the Group are 47%.
- c) The CIC noted the improvements regarding the outstanding CQC actions, but queried the mandatory training compliance of the Medics. A review of mandatory training is taking place to harmonise between NLaG and HUTH and there are also

national changes planned. This will be brought back to a future meeting. Reasonable assurance was given to this item.

- d) There is a risk regarding the 3 support posts (2 x Maternity and Apprenticeships Practice Learning Facilitators and 1 x Legacy Mentor) who are very important in onboarding new nurses and midwives transition into their new roles. The support they offer includes health and wellbeing and embedding new practice. Further work in hand to validate impact. CiC gave reasonable assurance on Registered Nursing and Midwifery Staffing
- e) There have been marked improvements in the Time to Recruit KPIs. The CIC thanked the teams, particularly Occupational Health for their hard work. Reasonable assurance was given.
- f) The CIC received an information report concerning the implementation of the Group Executive, Senior and Operational structure – the report described where the Group was and the work in progress for example the recruitment of the site CEOs and the direction for 2025/26 and beyond. The CIC await a more comprehensive and critical review in 6 months for assurance purpose.
- g) The CIC received the Group People Strategy 2025-28 and recommended approval by the Boards in Common. The CIC suggested linking the KPIs to objectives, a deep dive into the proposed new technology and ESR alignment across the Group as future discussion points. The CIC would like to review the funding support going forward to support delivery of the strategy.
- h) Freedom to Speak up Guardians highlighted an increase in inappropriate behavior and a notable increase in those received from senior staff. The CIC agreed to discuss this further as part of the internal audit report, along with triangulating the data against other indicators. The CIC supported the involvement of FTSU guardians in future culture discussions. Reasonable assurance was given.
- i) The initial Staff Survey figures were presented and early indications detailed a deterioration from last year. An action plan was being developed and would be presented to a future meeting.

4.0 Matters on which the committees have requested additional assurance:

- 4.1 The committees requested additional assurance on the following items of business:
 - a) Nursing and Midwifery staffing report. The CIC requested further information regarding Nurse and Midwifery work-life balance and flexible working. The engagement discussion would be drawn out from the Staff Survey item. Reasonable assurance was given.

5.0 Confirm or challenge of the Board Assurance Frameworks (BAFs):

- 5.1 The committees considered the areas of the BAFs for which it has oversight and has proposed the following change(s) to the risk rating or entry:


The BAF was not presented at this meeting.

6.0 Trust Board Action Required

- 6.1 The Trust Boards are asked to:
 - Note the escalations in Section 3.1.
 - Note the areas for further assurance in section 4.1.

Julie Beilby, Chair of the Committees in Common

29 January 2025

The background of the slide is a dark, monochromatic photograph of a suspension bridge, likely the Humber Bridge, spanning a body of water. The bridge's cables and towers are visible against a dark sky. In the foreground, there is a dark, silty beach or shoreline. The overall tone is professional and serious.

CoG Transformation and Sustainability Update

April 2025

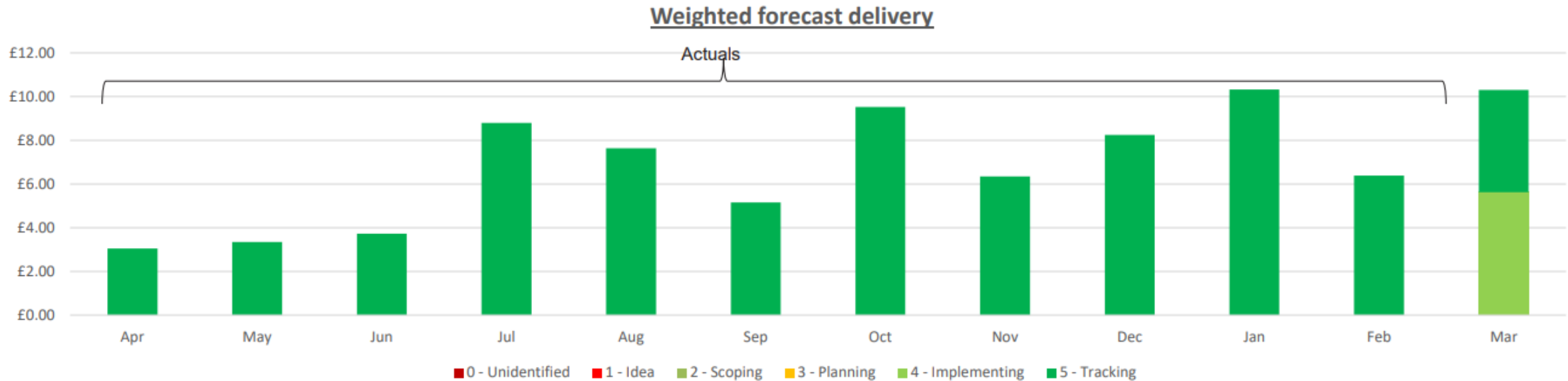
A faded background image of a suspension bridge spanning a body of water, with a grassy bank in the foreground. The bridge has two tall pylons and numerous suspension cables. The text '2024 / 2025 Delivery' is overlaid in the center in a large blue font.

2024 / 2025 Delivery

2024/25 CIP position

Programme Overview

Submitted Plan	Programme plans	Risk adjusted plans	vs target	vs target %	Non-recurrent	Recurrent
£84.62	£84.58	£82.84	£1.78	-2%	72%	28%

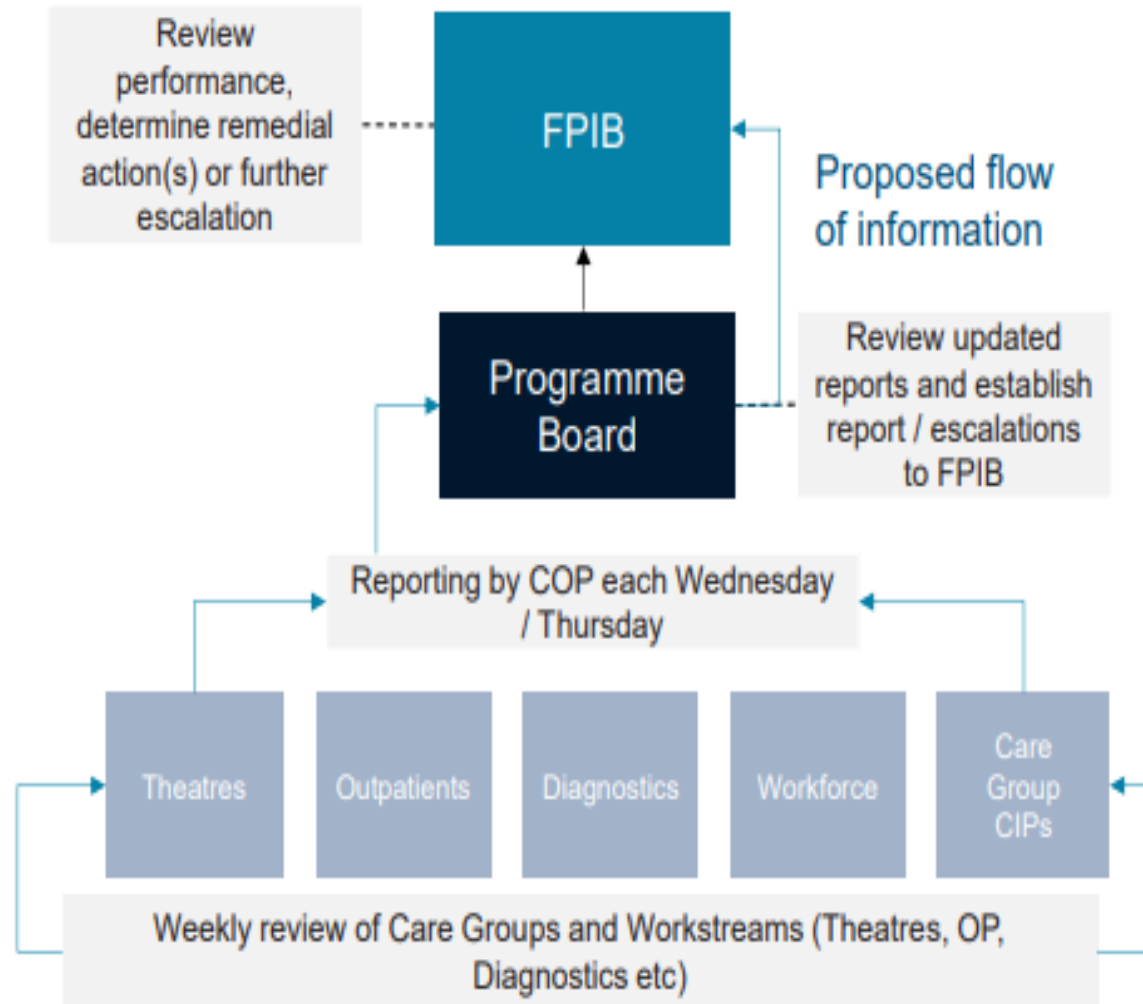


- **Submitted Plan:** Annual submitted plan
- **Programme Plans:** Actuals delivered YTD plus forecast end of year delivery (unweighted)
- **Risk adjusted plans:** Actuals delivered YTD plus forecast end of year delivery weighted based on phase. (01 Idea = 10%, 02 Scoping =25%, 03 Planning = 50%, 04 Implementing = 75%, 05 Tracking = 100%)

A faded background image of a suspension bridge spanning a body of water, with a grassy bank in the foreground.

Overview of Our Programme Governance for 2025/2026

Governance Structure



Success Factors:



Governance Principles

Clear objectives, transparency and accountability (committee terms of reference (TOR) and role descriptions)



Standardisation

Standardising processes and highlight reports ensures consistent implementation and reduces variations across projects



Risk Escalation

Clear risk escalation process in place to ensure risks are managed at the appropriate level and effectively and promptly escalated where necessary



Performance Monitoring

Regular reporting and tracking key performance indicators and milestones is critical for evaluating programme success, reports become more summarised at higher levels within the structure

What our PMO will do (and won't do)



Provide templates for key artefacts for CIP schemes to adopt (e.g. PID)



Provide assurance to CIP delivery (and escalations via agreed governance)



Use data to identify issues and make recommendations for intervention



Report a risk assessed view of the CIP programme and profile of schemes



Provide critique challenge to assumptions, plans, approaches



CIP PMO



Deliver projects on behalf of Care Groups, Workstreams, Directorates



Be accountable for the overall delivery of the CIP programme



Directly deploy resources to support CIP schemes / workstreams

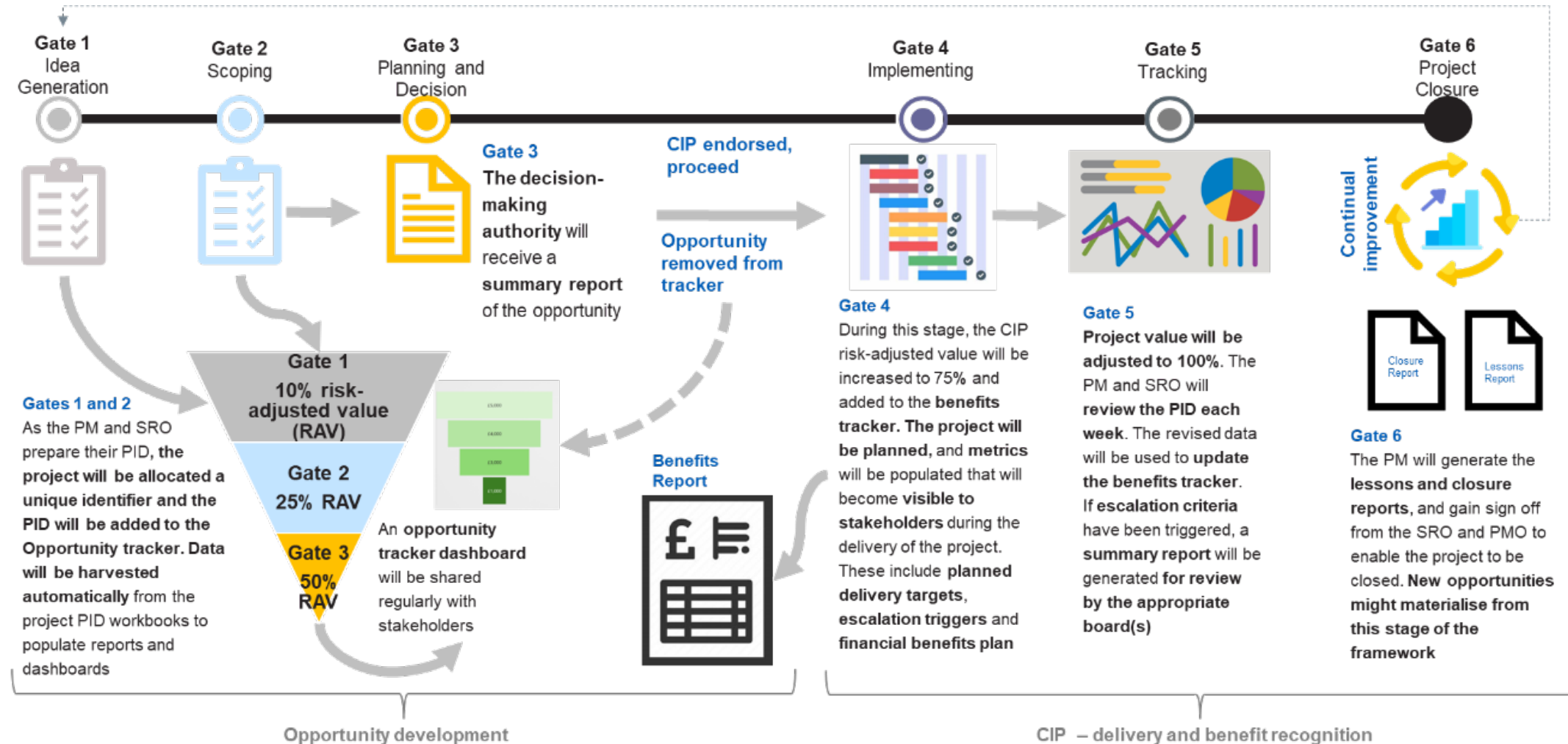


Be accountable for data quality (e.g. source activity data)



Will not transact savings (e.g. reduction in budgets)

Approach and methodology (1/2)



Approach and methodology (2/2)

Benefits of gateway approach to monitoring programme delivery:



Provides assurance to the Board, assessing risk within the programme



Provides an accurate picture, identifying the likelihood of deliverability and the gap within the programme



Useful tool that can be used to assess progress across Care Groups and workstreams as projects move through the gateways



Provides standardisation that will be recognised across the Trust, ensuring projects have appropriate documentation to advance

Gateway 5

100% recognised

Gateway 4

75% recognised

Gateway 3

50% recognised

Gateway 2

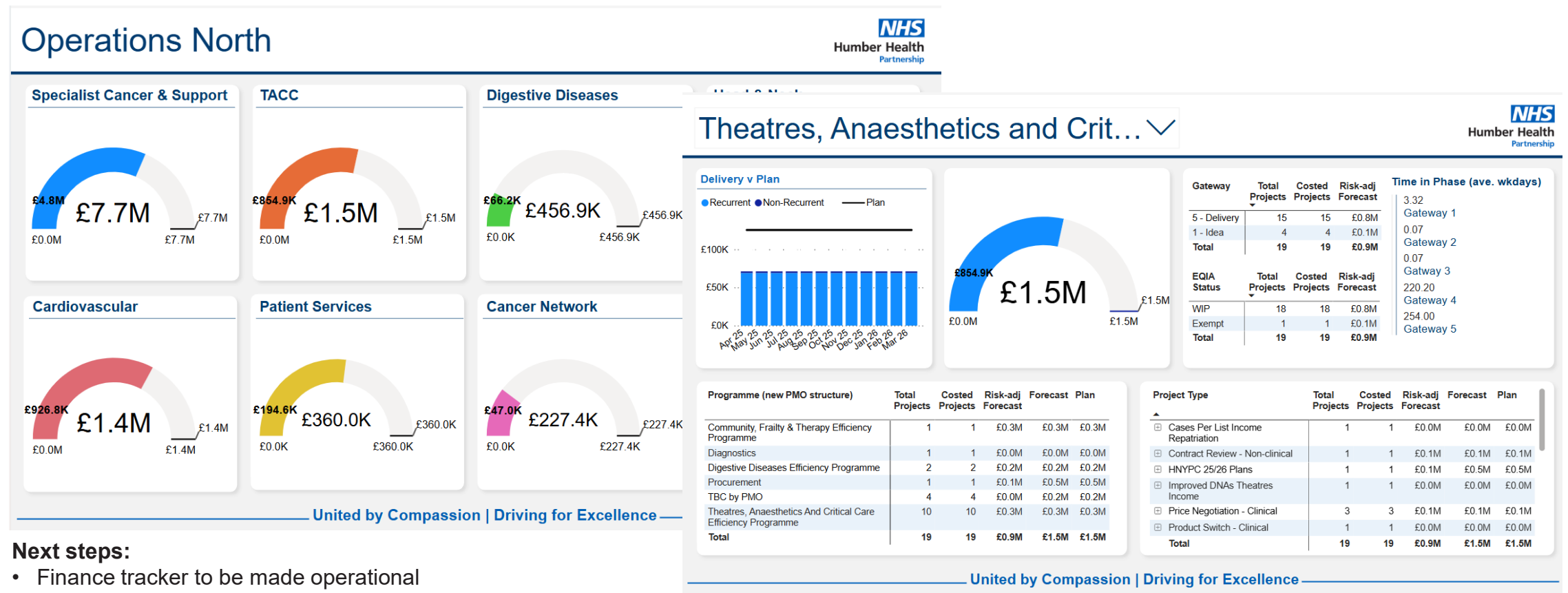
25% recognised

Gateway 1

10% recognised

New CIP dashboarding in Power BI

The newly created Power BI dashboarding will be able to monitor financial performance and key KPIs for the overall programme, as well as by Care Group, Corporate directorate and programme. The dashboarding will also be able to measure EQIA progress, gateway status and compliancy.



Next steps:

- Finance tracker to be made operational
- Data cleansing to be undertaken by finance and agreement of targets by Care Group
- All schemes from workstreams to be updated onto the ePMO
- Schemes to be moved through the gateways based upon evidence-/ maturity – to be managed by the PMO team
- Productivity schemes values to be updated based upon income opportunities – finance to update based upon validated plans (e.g. Theatres)

A faded background image of a suspension bridge, likely the Humber Bridge, spanning a body of water. The bridge has two tall pylons and stays. The foreground shows a grassy bank and the water's surface.

An Overview of Our Programme for 2025/2026

Our workstreams moving forward

- Theatres

- Outpatients

- Diagnostics

- Corporate

- Workforce

- Estates and Facilities

- Procurement

- Diagnostics

- Digital

- BAU changes

Further ideas/workstreams will be added in year – both tactical and strategic

Questions

Council of Governors Business Meeting

Agenda Item No: CoG(25)034

Name of the Meeting	Council of Governors Business Meeting	
Date of the Meeting	16 April 2025	
Director Lead	Chief People Officer, Simon Nearney	
Contact Officer/Author	Group Director of Communications, Myles Howell	
Title of the Report	National Staff Survey summary and proposed actions	
Executive Summary	<p>HUTH and NLaG have seen a significant deterioration in staff survey performance. Both trusts are worse than the national average for every one of the nine key indicators in the survey. Engagement scores for the two organisations are worse than in 2023 and inside the lowest quartile.</p> <p>It is proposed to commit to a five-year programme of cultural improvement, based on the Putting People First approach, as set out in the Group People Strategy. This is predicated on tackling areas for improvement in a structured and sustained way, focusing on different themes each quarter of the year, with a set of corporate, care group and ward/dept actions agreed every three months and performance managed in the care group performance meetings.</p>	
Background Information and/or Supporting Document(s) (if applicable)		
Prior Approval Process	WECC, Workforce Transformation Committee, BiC Development	
Financial implication(s) (if applicable)	N/A	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	Achieving improved performance against the staff survey key indicators is a key measure of addressing issues in diversity, equality and inclusion.	
Recommended action(s) required	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Approval <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Assurance </div> <div> <input type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below: </div> </div>	



Humber Health
Partnership

NATIONAL STAFF SURVEY 2024

Summary and Proposed Actions

Response rate

- HUTH decreased its **completion rate** from **50% to 46%** (4464 staff responded compared to 4620 last year).
- NLaG decreased its **completion rate** from **48% to 42%** (3230 staff responded compared to 3512 last year).

National average was 48%

HUTH

50%

q25c. Would recommend organisation as place to work

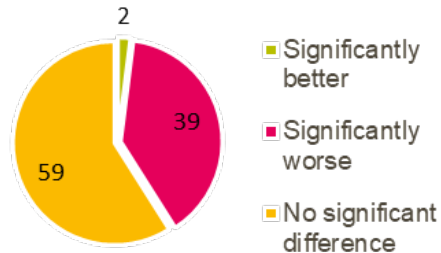
52%

q25d. If friend/relative needed treatment would be happy with standard of care provided by organisation

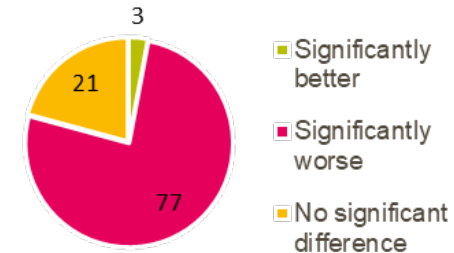
63%

q25a. Care of patients/service users is organisation's top priority

Comparison to 2023**



Comparison with average**



NLaG

47%

q25c. Would recommend organisation as place to work

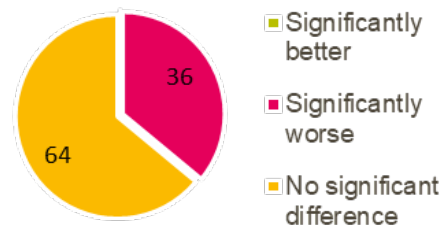
49%

q25d. If friend/relative needed treatment would be happy with standard of care provided by organisation

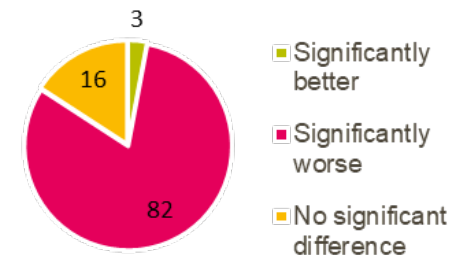
61%

q25a. Care of patients/service users is organisation's top priority

Comparison to 2023**



Comparison with average**



People Promise elements and themes: Overview

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



We are
compassionate
and inclusive



We are recognised
and rewarded



We each have a
voice that counts



We are safe and
healthy



We are always
learning



We work flexibly



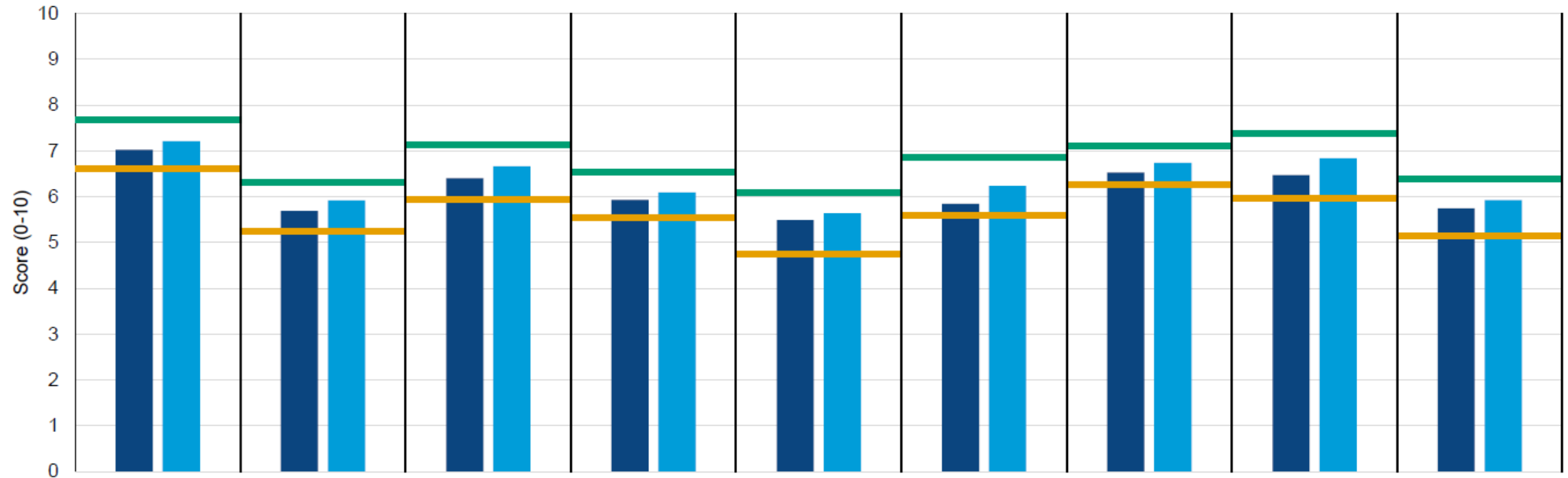
We are a team



Staff Engagement



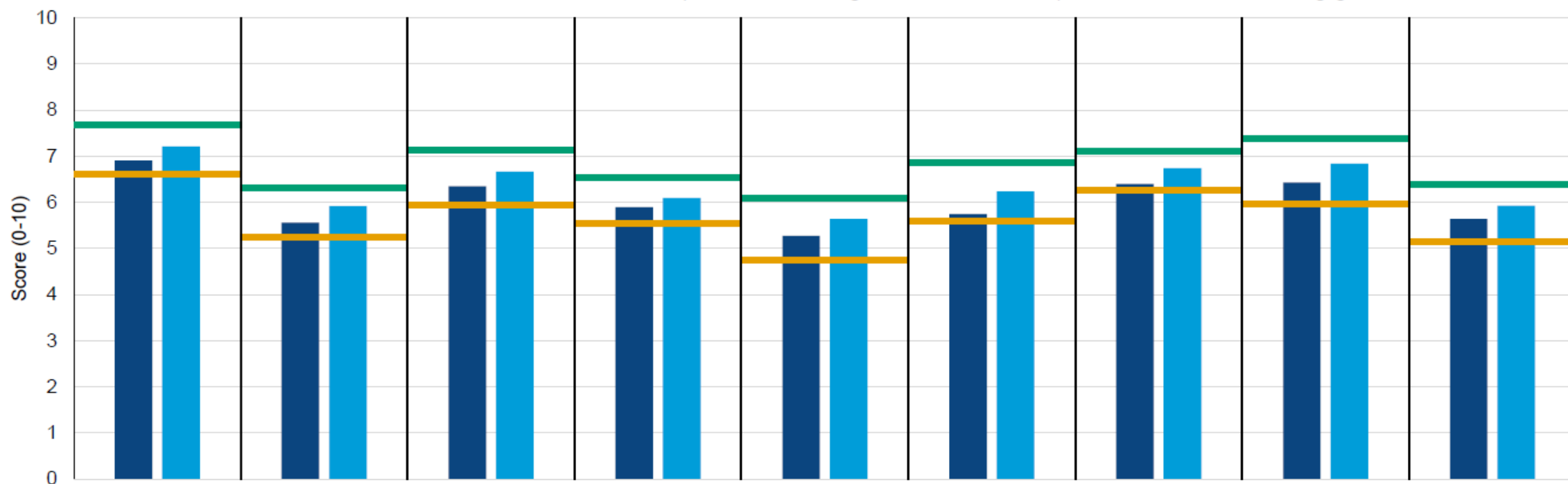
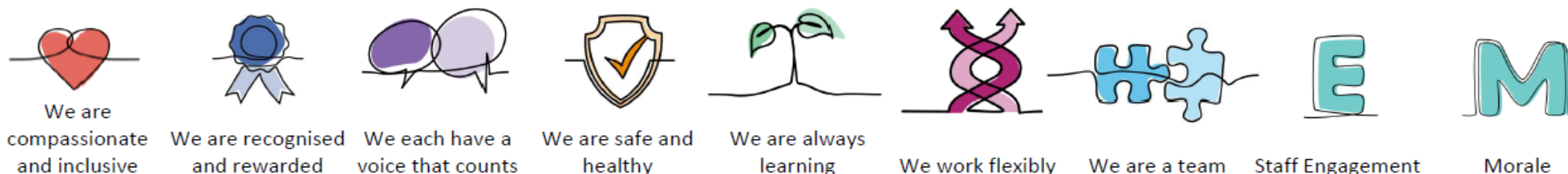
Morale



Your org	7.02	5.69	6.40	5.93	5.49	5.85	6.53	6.47	5.75
Best result	7.69	6.30	7.14	6.53	6.09	6.86	7.12	7.39	6.38
Average result	7.21	5.92	6.67	6.09	5.64	6.24	6.74	6.84	5.93
Worst result	6.61	5.24	5.95	5.54	4.76	5.60	6.26	5.98	5.13
Responses	4448	4449	4429	4434	4148	4426	4442	4449	4450

People Promise elements and themes: Overview

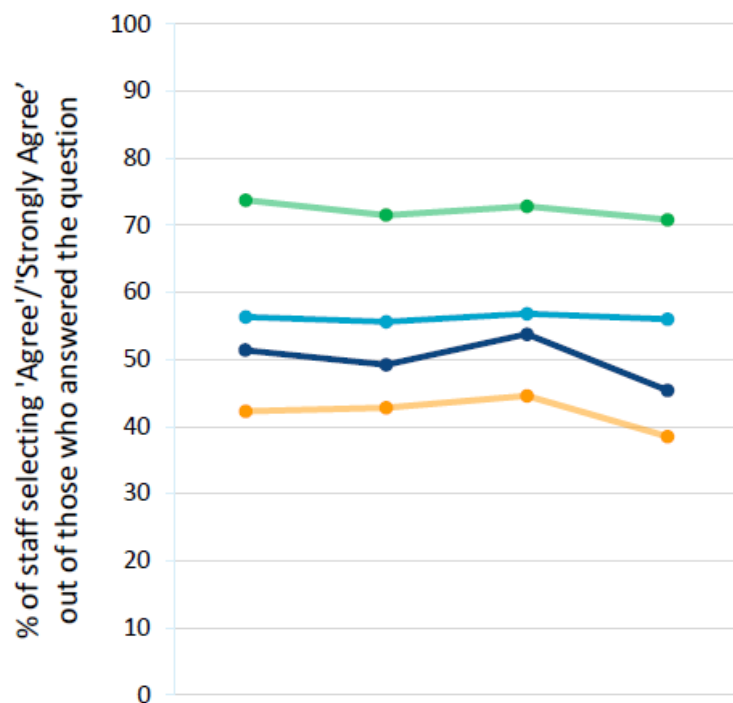
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Your org	6.91	5.56	6.35	5.90	5.27	5.75	6.40	6.43	5.64
Best result	7.69	6.30	7.14	6.53	6.09	6.86	7.12	7.39	6.38
Average result	7.21	5.92	6.67	6.09	5.64	6.24	6.74	6.84	5.93
Worst result	6.61	5.24	5.95	5.54	4.76	5.60	6.26	5.98	5.13
Responses	3212	3214	3185	3175	3015	3193	3204	3215	3214

Health and well-being

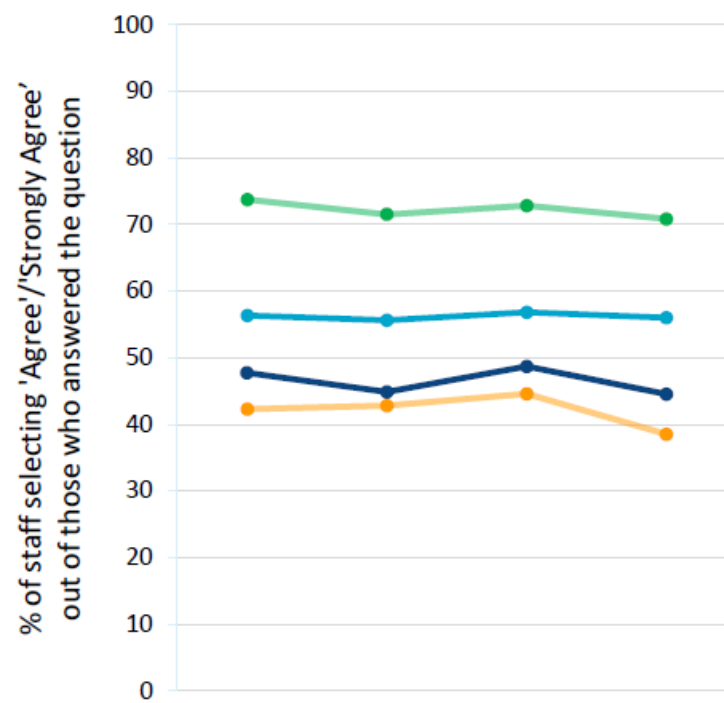
Q11a My organisation takes positive action on health and well-being.



	2021	2022	2023	2024
Your org	51.37%	49.22%	53.78%	45.40%
Best result	73.75%	71.50%	72.81%	70.84%
Average result	56.34%	55.62%	56.82%	55.99%
Worst result	42.28%	42.82%	44.58%	38.51%
Responses	3766	3102	4595	4445

HUTH

Q11a My organisation takes positive action on health and well-being.

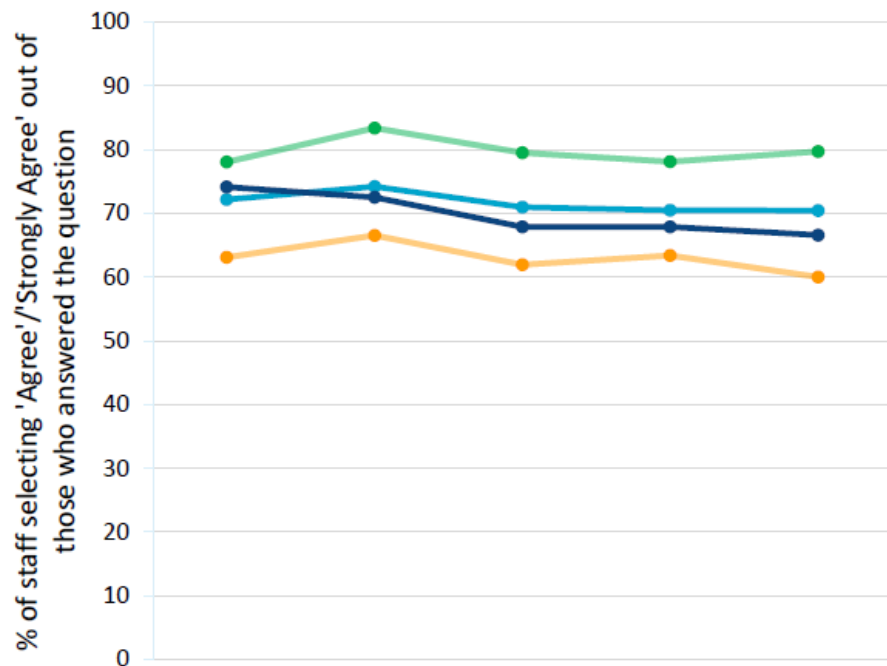


	2021	2022	2023	2024
Your org	47.71%	44.87%	48.69%	44.53%
Best result	73.75%	71.50%	72.81%	70.84%
Average result	56.34%	55.62%	56.82%	55.99%
Worst result	42.28%	42.82%	44.58%	38.51%
Responses	2426	2306	3479	3213

NLaG

Support and culture

Q20a I would feel secure raising concerns about unsafe clinical practice.



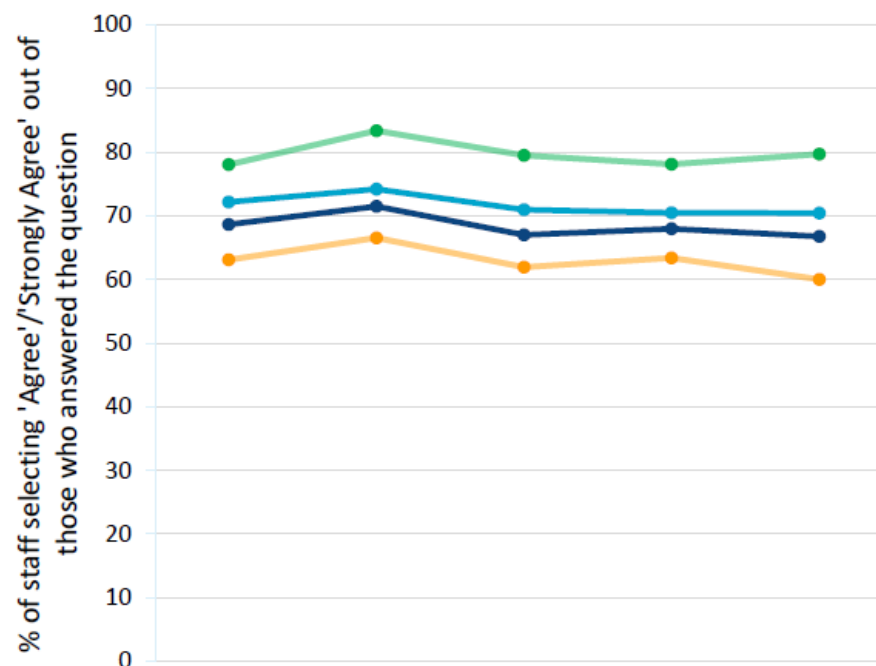
2020 2021 2022 2023 2024

Your org	74.14%	72.52%	67.86%	67.90%	66.60%
Best result	78.06%	83.39%	79.51%	78.11%	79.71%
Average result	72.16%	74.20%	70.96%	70.47%	70.44%
Worst result	63.08%	66.55%	61.96%	63.38%	60.03%

Responses 3376 3796 3147 4585 4445

HUTH

Q20a I would feel secure raising concerns about unsafe clinical practice.



2020 2021 2022 2023 2024

Your org	68.64%	71.50%	67.04%	68.00%	66.76%
Best result	78.06%	83.39%	79.51%	78.11%	79.71%
Average result	72.16%	74.20%	70.96%	70.47%	70.44%
Worst result	63.08%	66.55%	61.96%	63.38%	60.03%

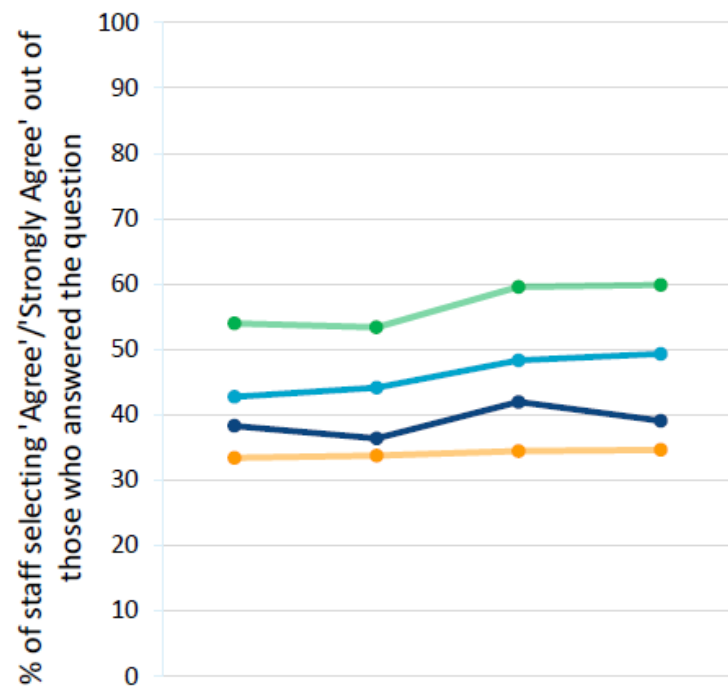
Responses 2364 2432 2351 3479 3205

NLaG

Work/life balance and flexible working



Q6b My organisation is committed to helping me balance my work and home life.

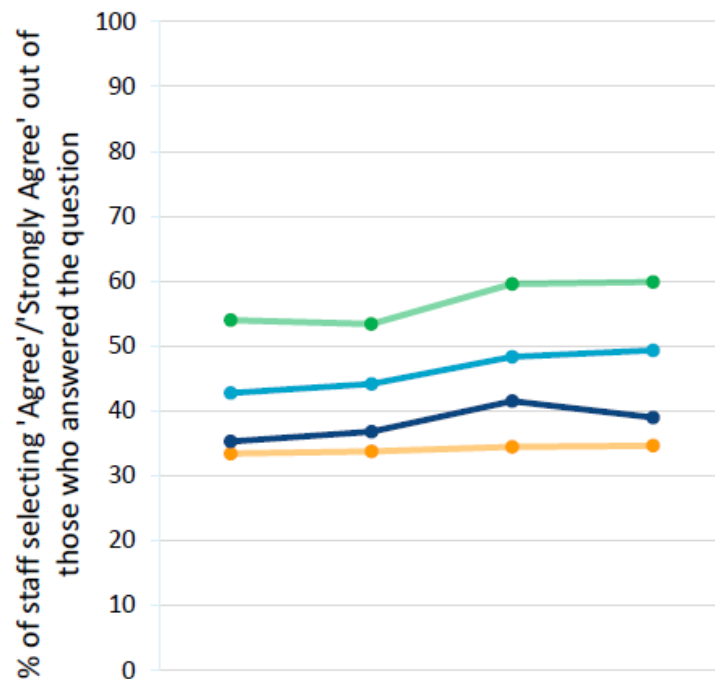


	2021	2022	2023	2024
Your org	38.30%	36.39%	41.99%	39.11%
Best result	53.99%	53.39%	59.57%	59.88%
Average result	42.75%	44.14%	48.33%	49.34%
Worst result	33.43%	33.74%	34.44%	34.64%
Responses	3897	3153	4593	4441

HUTH



Q6b My organisation is committed to helping me balance my work and home life.

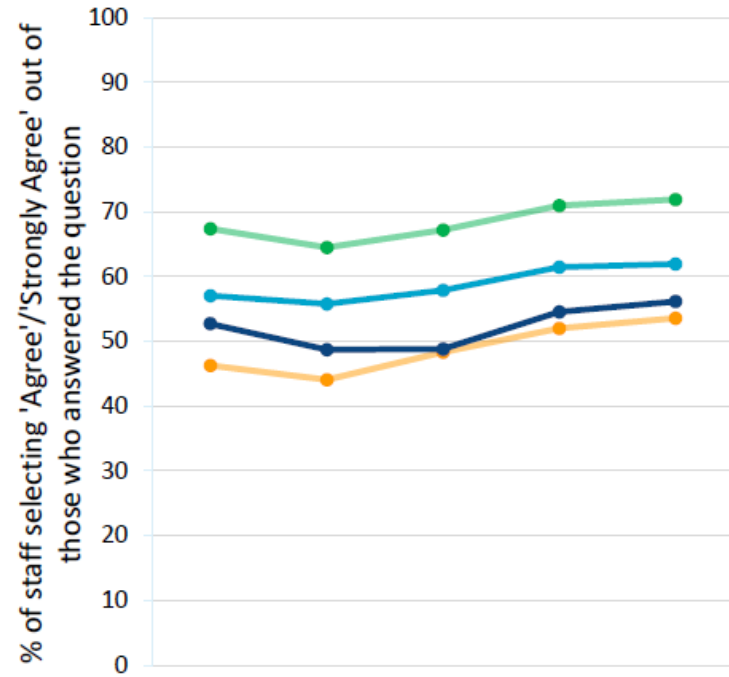


	2021	2022	2023	2024
Your org	35.28%	36.82%	41.51%	38.98%
Best result	53.99%	53.39%	59.57%	59.88%
Average result	42.75%	44.14%	48.33%	49.34%
Worst result	33.43%	33.74%	34.44%	34.64%
Responses	2458	2356	3484	3200

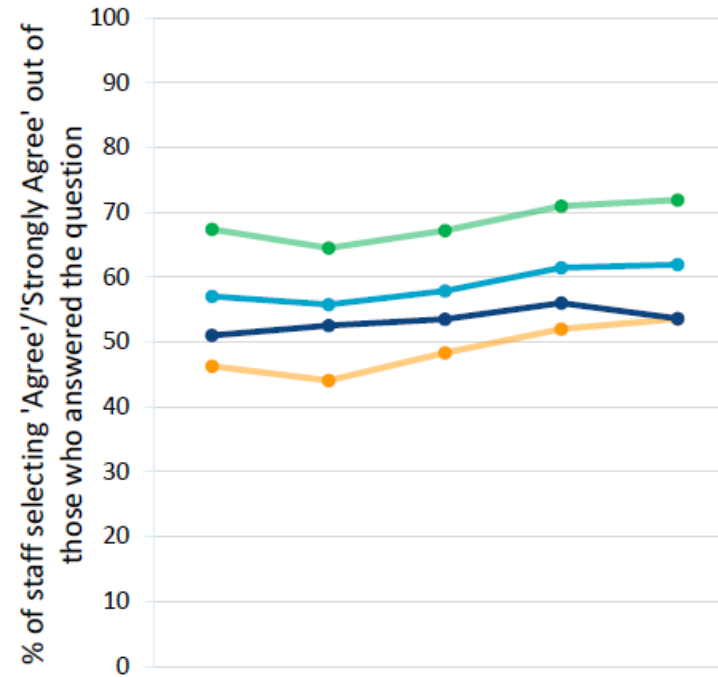
NLaG

Communication and teamworking

Q7b The team I work in often meets to discuss the team's effectiveness.



Q7b The team I work in often meets to discuss the team's effectiveness.



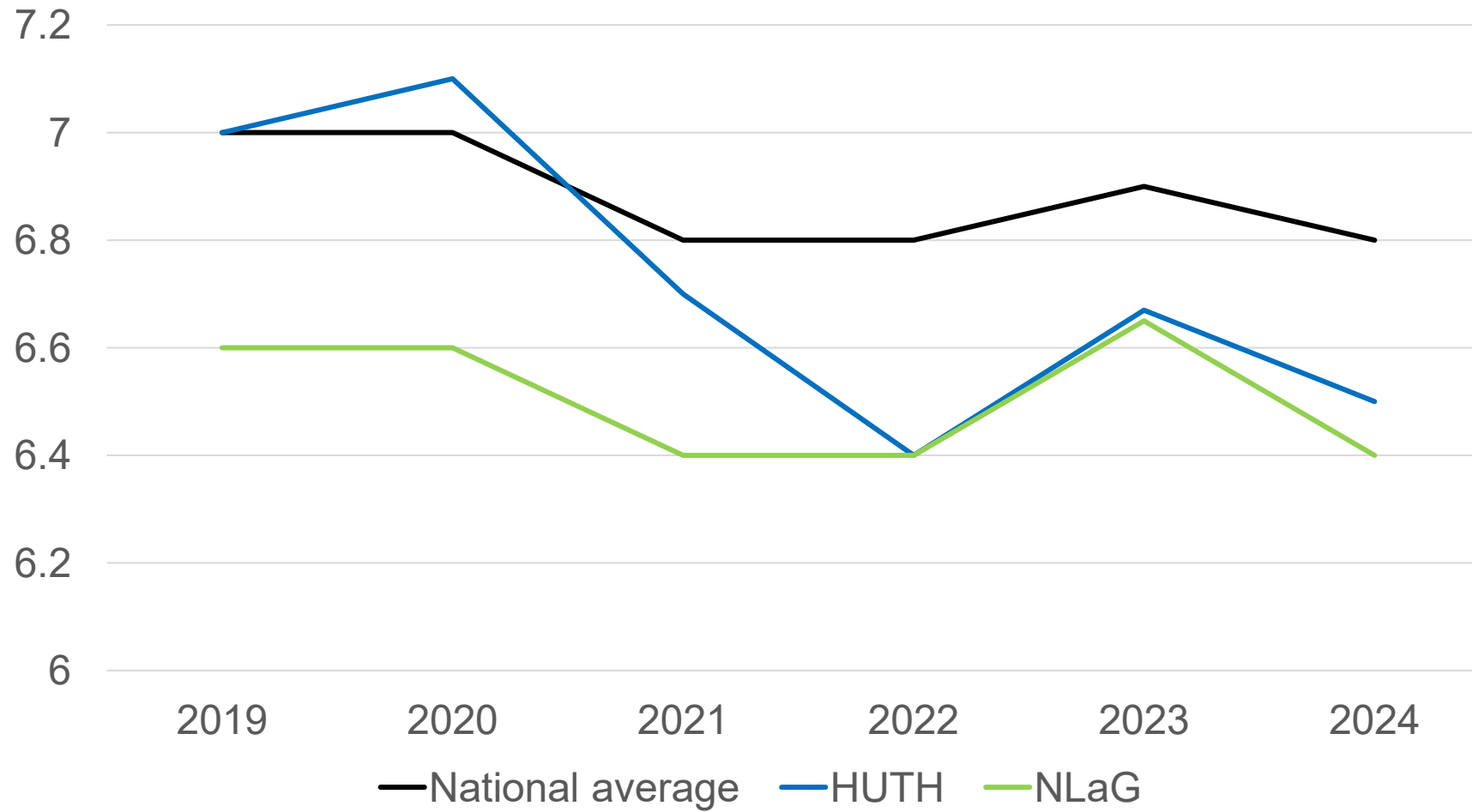
	2020	2021	2022	2023	2024
Your org	52.69%	48.71%	48.80%	54.57%	56.15%
Best result	67.38%	64.49%	67.16%	70.97%	71.90%
Average result	57.06%	55.78%	57.87%	61.46%	61.94%
Worst result	46.26%	44.06%	48.33%	52.00%	53.58%
Responses	3369	3873	3149	4590	4442

HUTH

	2020	2021	2022	2023	2024
Your org	51.01%	52.56%	53.54%	56.02%	53.64%
Best result	67.38%	64.49%	67.16%	70.97%	71.90%
Average result	57.06%	55.78%	57.87%	61.46%	61.94%
Worst result	46.26%	44.06%	48.33%	52.00%	53.58%
Responses	2386	2464	2355	3480	3204

NLaG

Staff engagement



Group data

	Staff Engagement Score
Chief Executive and Director of Assurance	7.0
Neuroscience	6.9
National average	6.8
Specialist Surgery	6.7
Chief Medical Officer	6.7
Cardiovascular	6.7
Digestive Diseases	6.7
Community, Frailty and Therapy	6.7
Director of People	6.7
Major Trauma Network	6.5
Family Services	6.5
Theatres, Anaesthetics and Critical Care	6.5
Head and Neck	6.5
Specialist Medicine	6.4
Chief Nurse	6.4
Finance	6.4
Specialist Cancer and Support Services	6.3
Cancer Network	6.3
Estates And Facilities	6.3
Acute and Emergency Medicine	6.2
Pathology Network Group	6.1
Patient Services	6.0
Strategy and Partnerships	6.0
Site Management and Discharge Teams	6.0
Chief Delivery Officer	5.7

FREE TEXT REPORT

NLaG	Common themes	HUTH
Patient care and safety	<p>“Unable to provide the right level of care due to high workloads and staffing levels”</p> <p>“Poor communication between departments leads to inefficiencies and delays”</p>	Patient care and safety
Workload and staffing	<p>“Chronic understaffing” “lack of essential equipment/supplies”</p>	Staffing and resources
Management and communication	<p>“Senior management out of touch with reality”</p> <p>“Decisions are made without staff involvement”</p> <p>“Poor communication between managers and teams”</p> <p>Staff are unrecognised for their efforts”</p>	Management and leadership

FREE TEXT REPORT

NLaG	Common themes	HUTH
Bullying and harassment	“Issues are not taken seriously” “Unsupported when concerns are raised”	Staff morale and wellbeing
Environment and conditions	“Lack of facilities/rest areas for staff” “Poor parking facilities” “Outdated and uncomfortable office accommodation”	Environment and conditions
Training and development	“More support required for training” “Induction is inadequate, onboarding for new employees is poor”	Career progression and development

Our People - context

2025-26 Efficiency, Innovation and Transformation

- A focus on quality and safety
- £130m savings target
- Further reduction in long waits
- FLOW – handover to discharge improvements
- Neurosciences and stroke development
- Super Surgical Centre
- RDI
- Digital transformation – DrDoctor/Kiosks/EPR



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OUR PEOPLE STRATEGY 2025-28

PUTTING PEOPLE FIRST



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Strategic Framework Drivers.

1. Inclusive cultures
2. Tackling discrimination
3. Getting the basics right

“THE HOW”

Culture & Engagement

ONE WORKFORCE

One team that is united by a common vision and purpose .
All colleagues understand what their role is and how it contributes to our organisational objective and will do so in line with our values and behaviors

EQUITY, INCLUSION & BELONGING

We will be steadfast in ensuring equity in working standards, staff experience, and opportunities for all. We will act rapidly where this is not the case and work to remove systemic discrimination at all levels, so no matter who you are, you feel like you belong

MEANINGFUL AND WELL LED TRANSFORMATION

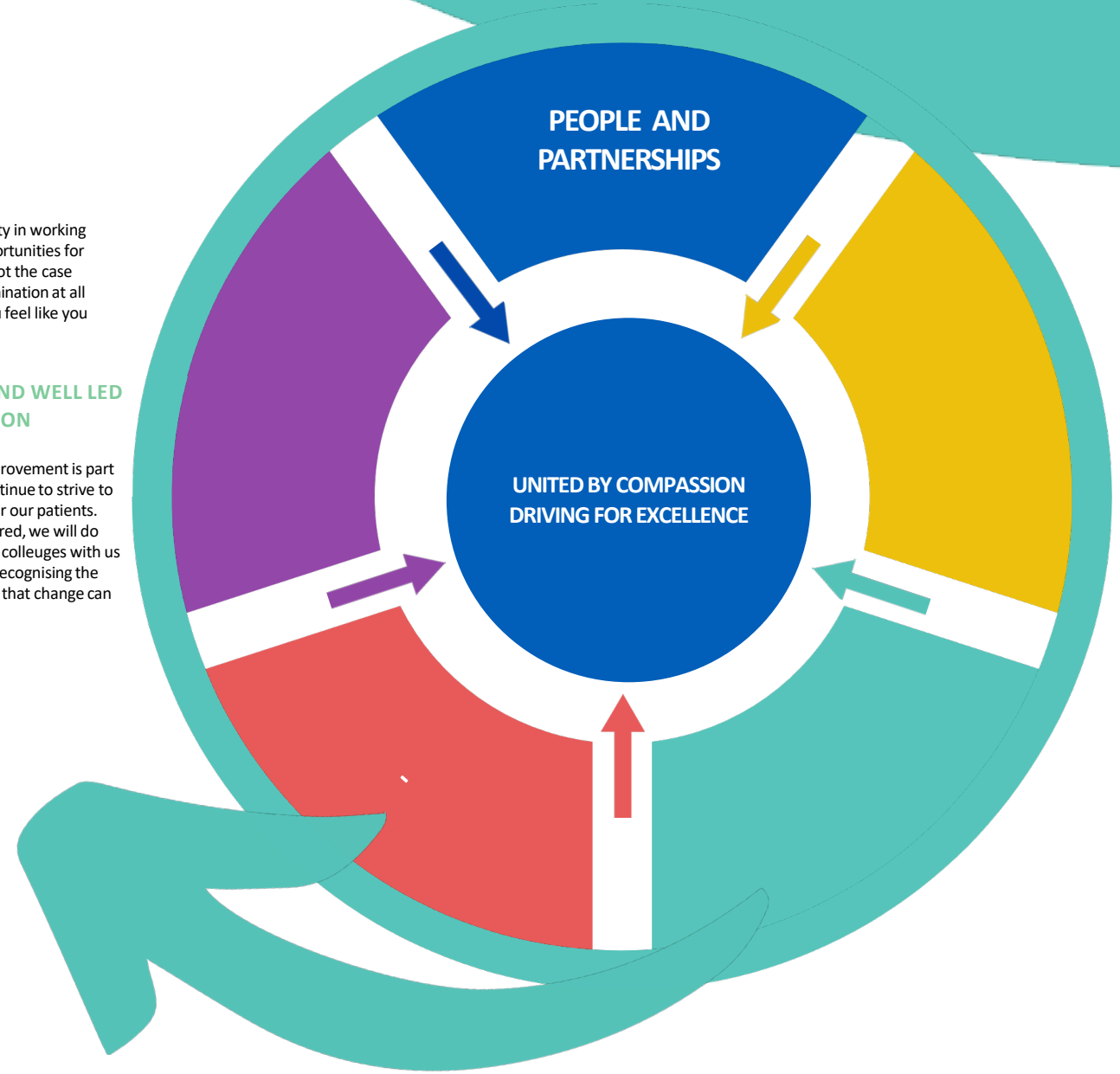
We recognise that improvement is part of our fabric as we continue to strive to the do the very best for our patients. Where change is required, we will do this well, engaging our colleagues with us on the journey whilst recognising the impacts of uncertainty that change can bring.

STAFF ENGAGEMENT

We will actively listen, and facilitate a conversation that enables and empowers our colleagues with the trust and permission to act as part of our quality improvement ambitions

FOUNDATIONS

We will enable a culture where the core needs of colleagues are taken care of 100% of the time and as a priority. We lead with a just and learning cultural approach



NHS Long-term Workforce Plan

“....there is an association between staff experience and engagement, productivity, patient outcomes and safety.....embedding the right culture will mean the NHS supports staff to lead the transformation needed to provide sustainable, high-quality services.

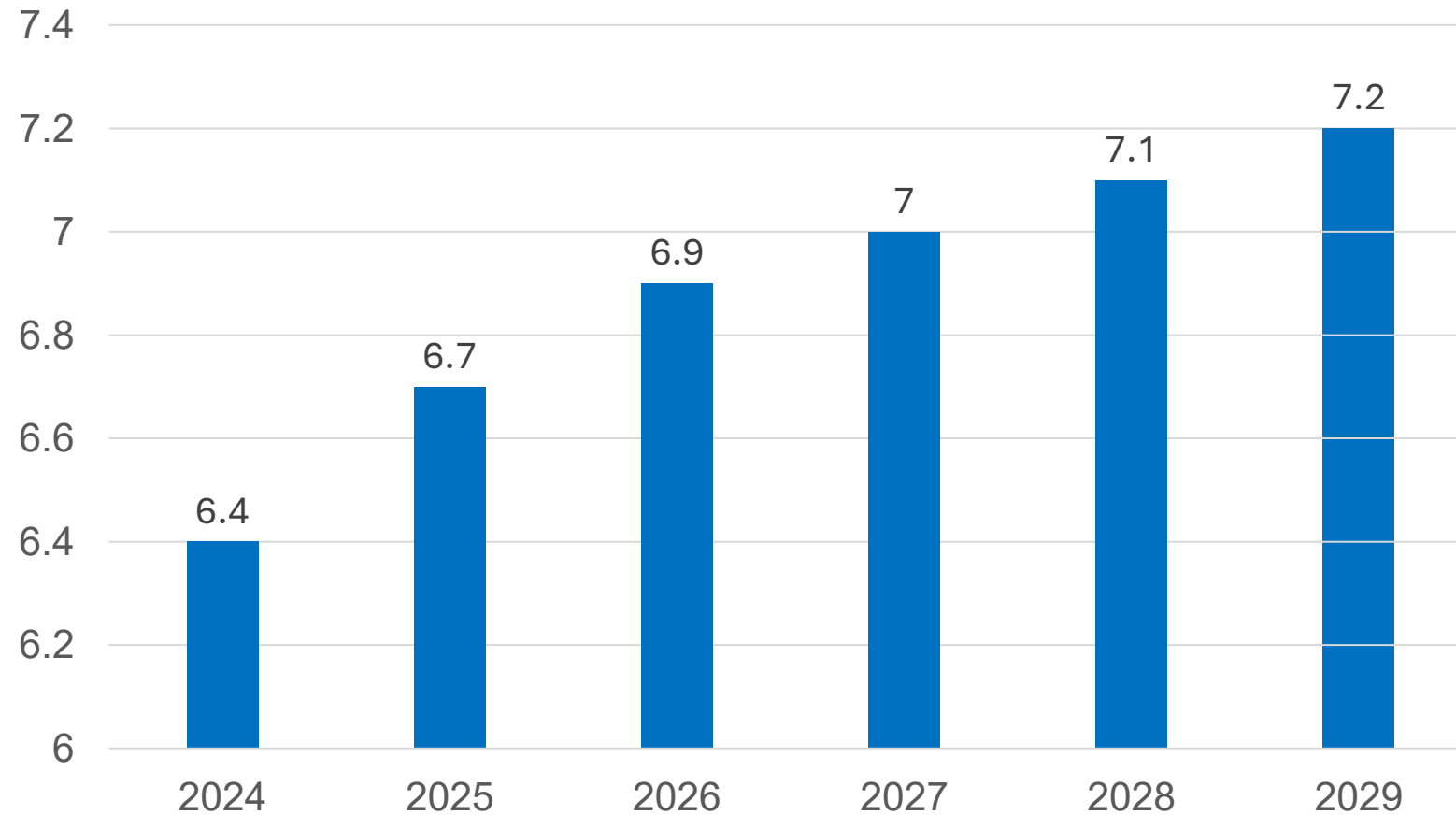
Evidence demonstrates that meeting the core needs of staff – supporting them to have a sense of autonomy, belonging and contribution – transforms working lives, facilitating better productivity and effectiveness and improved patient safety and care.”

NHS Long-term Workforce Plan

“Well-established evidence demonstrates a correlation between staff health and wellbeing and patient outcomes..... an integrated approach to staff wellbeing can increase employee engagement, which plays an important role in patient experience, satisfaction and mortality rates.

“Evidence demonstrates that focused support for staff wellbeing through restorative supervision can have a positive impact on both staff and patients.”

Five-year engagement target



Putting People First

- Acknowledge there is no quick fix
- Commit to a five-year programme of improvement
- Talk about Putting People First all-year around not just when the survey is live
- Measure using the quarterly pulse surveys
- Focus on one theme in the staff survey at a time
- Identify 4 key actions at corporate level, Care Group and team level
- Manage Care Group progress at performance meetings
- Communicate successes and improvements
- Create a clear 'staff offer' based on each theme and communicate this continuously across the group

Putting People First



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Focus on one theme per quarter

Apr - June	Communication and engagement
July - Sept	Aid - health and wellbeing
Oct - Dec	Reward and recognition
Jan - March	Essentials

Corporate actions

Communications and engagement

- Engage our leaders - B7+ People Management Sessions
- Innovation and improvement
- Formalise change management
- Just Culture – speak up approach
- Digital inclusion
- Bridget re-launch

Reward and recognition

- Talent management process
- Leadership development programme
- Programme of L&D
- Revised appraisal
- Group long service awards
- Group lottery and events
- Structured approach to national awards

Aid – health and wellbeing

- Wellbeing programme
- Calendar of wellbeing events
- Physio4Staff for group
- Staff health checks
- Fit for Life Fairs

Essentials

- Staff rest spaces
- Transport support for staff
- Rolling environment improvements
- Flexible working/e-rostering
- Healthy food
- Quick fix tel line

Care Group actions

- Develop 'local' scorecards- results at Care Group and dept level
- Share with tris, quads and HRBPs at monthly Putting People First meetings
- Identify 3 actions per quarter based on key themes
- Share successes at the meetings
- Reward successes with award nominations/Shining Lights/board visits
- Communicate progress via all corporate and local comms: Ask the Chief Executive, staff bulletins, Bridget, social media, core brief etc

Communications and

Aid – health and wellbeing

Reward and recognition

Essentials

Manager/team leader actions

- Develop 'ward/team' scorecards
- Each team leader to hold specific and regular staff survey meetings with their colleagues
- Identify 3 actions per quarter based on key themes
- How can I improve your environment?
- Share successes at the meetings and with the care group
- Reward successes with award nominations/Shining Lights/board visits
- Communicate progress via all corporate and local comms

Communications and

Aid – health and wellbeing

Reward and recognition

Essentials

Council of Governors Business Meeting

Agenda Item No: CoG(25)035

Name of the Meeting	Council of Governors Business Meeting
Date of the Meeting	16 April 2025
Director Lead	Amanda Stanford, Acting Group Chief Executive
Contact Officer/Author	Carla Ramsay, Chief of Staff
Title of the Report	Trust Priorities 2025-26 and Quality Priorities
Executive Summary	<p>Trust Priorities 2025-26 This paper provides an overview of the operational planning priorities applicable to all NHS Trusts in 2025-26. Our organisation remains on track to meet the submission requirements, through check and challenge of the Trust Boards in Common, to submit the required system-level plan.</p> <p>As a dynamic process currently in progress, a verbal update will be given as to the Trust's current status against these planning requirements at the meeting.</p> <p>Quality Priorities The Group continues working towards four key Quality Priorities:</p> <ul style="list-style-type: none"> • Deteriorating Patients with Sepsis Aim - to improve recognition and responding to the deteriorating patient and improve recognition and response to sepsis in patients. • End of Life Care Aim - to improve personalised palliative and end of life care, to ensure patients are supported to have a good death • Medication Safety Aim – to improve the safety of prescribing weight-dependent medication to adults and the number of no harm and near miss medication related incidents • Mental Capacity Increase the compliance and quality of Mental Capacity Act (MCA) assessments and best interest recording <p>This paper provides the detail of progress to date, which remains largely on track overall, and gives an overview of next steps planned in 2025-26 to further improve patient outcomes.</p>
Background Information and/or Supporting Document(s) (if applicable)	The national planning requirements were published by NHS England in Quarter 4 of 2024-25. Our Quality Priorities have been a focus in 2024-25 and remain the priorities for 2025-26, with specific milestones planned for this year.

Prior Approval Process	N/A
Financial implication(s) (if applicable)	N/A
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	The Operational Planning requirements for 2025-26 are nationally determined, in order to improve access to NHS services for patients and reduce waiting times in elective and non-elective care. The Group's Quality Priorities aim to reduce health inequalities and improve patient outcomes for our local population.
Recommended action(s) required	<div> <input type="checkbox"/> Approval <input checked="" type="checkbox"/> Information </div> <div> <input type="checkbox"/> Discussion <input type="checkbox"/> Review </div> <div> <input type="checkbox"/> Assurance <input type="checkbox"/> Other – please detail below: </div>

Trust Priorities 2025-26

Please see separate presentation for this first section of this report.

Council of Governors

CoG(25)035

Trust Priorities 2025-26

Success Measures for 2025/26

Priority	Success Measure
<p>Reduce the time people wait for elective care</p>	<p>Improve the percentage of patients waiting no longer than 18 weeks for treatment to 65% nationally by March 2026, with every Trust expected to deliver a minimum 5% improvement *</p>
	<p>Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 72% nationally by March 2026, with every Trust expected to deliver a minimum 5% improvement *</p>
	<p>Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026</p>
	<p>Improve performance against the headline 62 day cancer standard by 75% by March 2026</p>
	<p>Improve performance against the 28 day cancer Faster Diagnosis Standard by 80% by March 2026</p>

*** Against a November 2024 baseline, with all providers required to increase their RTT performance to a minimum of 60% and performance on wait for first appointment to a minimum of 67%**

Success Measures for 2025/26 (2)

Priority	Success Measure
Improve A&E waiting times and ambulance response times	Improve A&E waiting times, with a minimum of 78% of patients admitted, discharged and transferred from ED within 4 hours in March 2026 and a higher proportion of patients admitted, discharged and transferred from ED within 12 hours across 2025/26 compared to 2024/25
	Improve Category 2 ambulance response times to an average of 30 minutes across 2025/26
Improve access to general practice and urgent dental care	Improve patient experience of access to general practice as measured by the ONS Health Insights Survey
	Increase the number of urgent dental appointments in line with the national ambition to provide 700,000 more
Improve mental health and learning disability care	Reduce average length of stay in adult acute mental health beds
	Increase the number of CYP accessing services to achieve the national ambition for 345,000 additional CYP aged 0–25 compared to 2019
	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, delivering a minimum 10% reduction

Success Measures for 2025/26 (3)

Priority	Success Measure
Live within the budget allocated, reducing waste and improving productivity	Deliver a balanced net system financial position for 2025/26
	Reduce agency expenditure as far as possible, with a minimum 30% reduction on current spending across all systems
	Close the activity/ WTE gap against pre-Covid levels (adjusted for case mix)
Maintain our collective focus on the overall quality and safety of our services	Improve safety in maternity and neonatal services, delivering the key actions of the of the 'Three year delivery plan'
Address inequalities and shift towards prevention	Reduce inequalities in line with theCore20PLUS5 approach for adults and children and young people
	Increase the % of patients with hypertension treated according to NICE guidance, and the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance

Productivity and efficiency opportunities

The productivity and efficiency opportunities packs provide quantified opportunities for improved productivity and efficiency at the provider and system levels. They are a guide to help set the scale and priority of opportunities and should be assessed alongside local insight, data, and delivery capacity.

When developing overall system plans, the productivity and efficiency opportunities quantified in these packs should also be considered alongside other transformation and strategic opportunities. Plans should balance performance, finance and quality goals, including:

- Optimise pathways and reform care models to avoid unnecessary activity and managing demand
- New and existing tech investment that leads to more efficient and/ or new ways of delivering services
- Initiatives to improve performance that may not be directly linked to productivity and efficiency

Productivity and efficiency opportunities focus on maximising outputs (activity, access) within the resource envelope or reducing unit costs of existing activity. These opportunities focus primarily on improving the existing operational and clinical practice, recovering lost productivity since Covid, and reducing unwarranted variation across the country. The opportunities assessed in the packs **focus on recurrent savings**, including pay or non-pay spending. The opportunities assessed are:

<u>Acute clinical & operational productivity</u>	<u>Efficiency (all providers where relevant)</u>	<u>Efficiency (system level)</u>
<ul style="list-style-type: none"> • Non-elective admissions • A&E and SDEC • Elective admissions • Outpatients • Other acute activity 	<ul style="list-style-type: none"> • Temporary staffing • Secondary care medicines • Corporate services • Commercial spend 	<ul style="list-style-type: none"> • All age continuing healthcare • Primary care prescribing

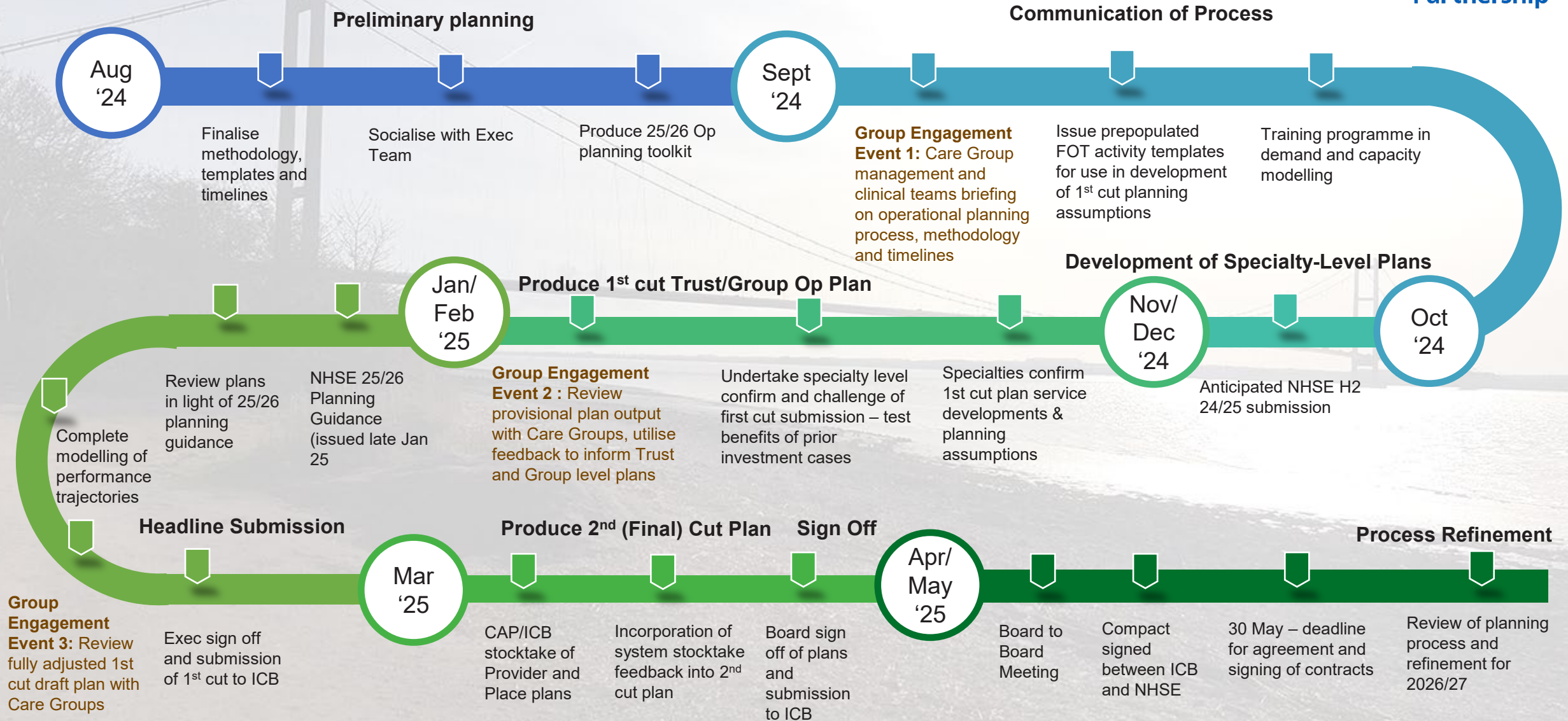
A faded background image of a suspension bridge spanning a body of water, with a grassy bank in the foreground. The bridge has two tall pylons and numerous suspension cables. The water is calm, and the sky is overcast.

25/26 Planning Timeline

HHP Operational Planning 2025/26 - Work Programme



**Humber Health
Partnership**



National/ICB Planning Timetable

- **February 2025**
 - **20 February 2025:** Headline submissions by providers to ICB (workforce and operational performance)
 - **24/25 February 2025:** ICB and Acute Provider Executive meetings to *'Review the plans submitted, the resulting gaps to delivery of the key asks, and what the provider(s) and/or the ICB needs to do collectively to bridge the gaps, either for headline plan submission and/or for full plan submission at the end of March'*
 - **26 February 2025:** ICB Headline submission to NHSE regional office for forwarding to national team on 27th
- **March 2025**
 - Finalisation of speciality level plans
 - 2nd cut Trust level plans developed
 - **10-14 March:** Plan Review meetings (ICB check and challenge)
 - **17-27 March:** Board sign off of plans
 - **27 March:** ICB Full submission of plan to NHSE
- **April/May 2025**
 - **7-18 April:** Board to Board meetings (ICB)
 - **24 April:** Deadline for agreed plan updates (by exception)
 - **9 May:** Compact signed between ICBs and NHSE
 - **30 May:** Deadline for agreement and signing of contracts

Next Steps

- 7-18 April: Board to Board meetings (ICB)
- 24 April: Deadline for agreed plan updates (by exception)
- 9 May: Compact signed between ICBs and NHSE
- 30 May: Deadline for agreement and signing of contracts

Quality Priorities 2024-25 and 2025-26

1. Quality Priorities - Programme Scope

This programme aims to support the Care Groups with the delivery of the key Quality Priorities that have been identified by the our Group organisaition as key priorities to our patients for both Trusts. These are also in accordance with national NHS recommendations and guidance to deliver improved care and outcomes to our patients. These are specific priorities for our two organisations, informed in particular by more recent regulatory reports.

The headlines of the quality priorities and current status is as follows. There is further detail on the timelines and status further on in this report.

These are two-year programmes of work, reflecting that these workstreams are around improving clinical practice and service delivery across a number of teams across our organisation. These are around setting standards per national guidance and enabling teams to improve practice in their own clinical settings.

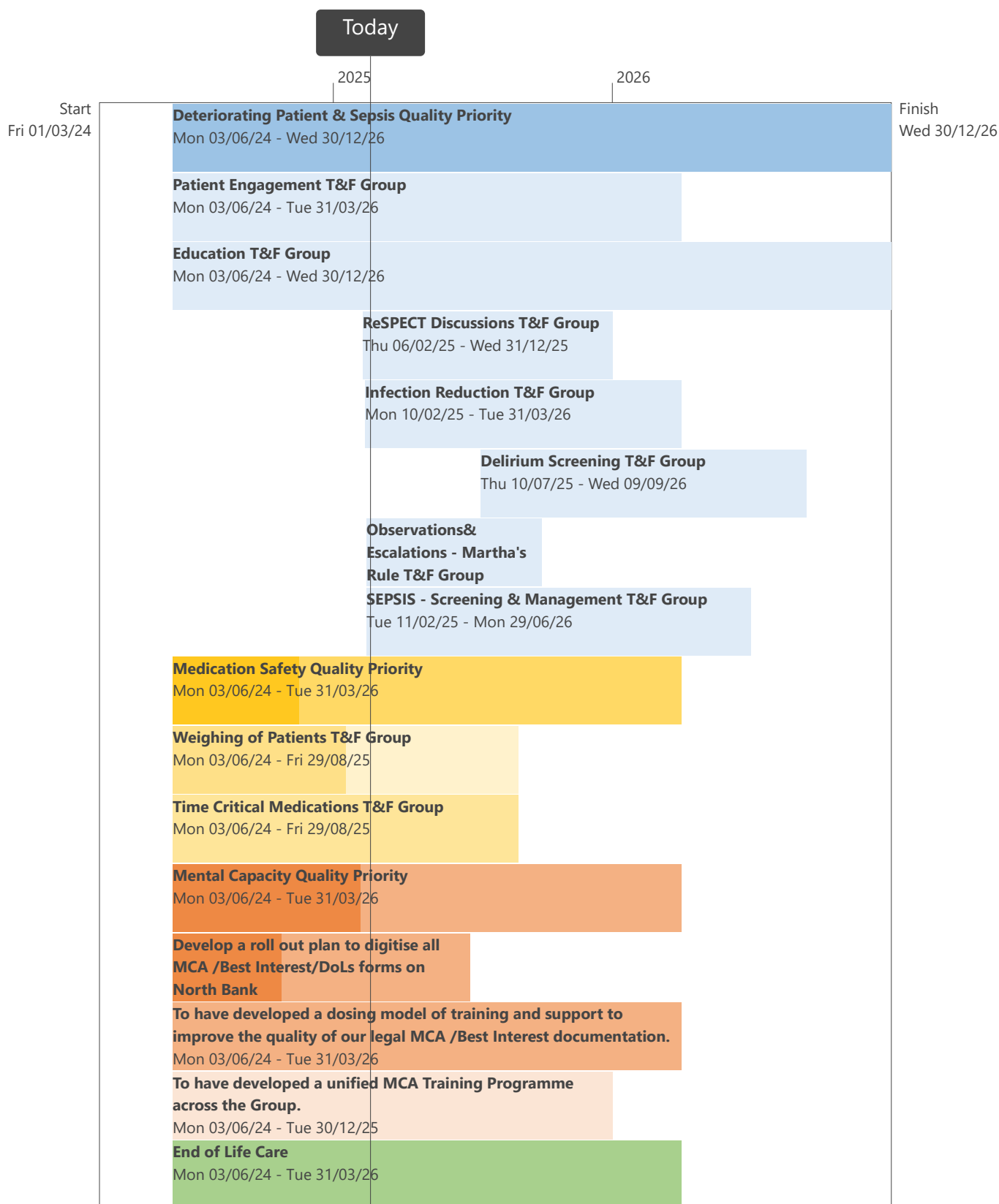
The status of each programme is shown below (key at the end of the report). There is progress being made in all programmes; the amber/red rating against End of Life Care is explained in Section 3 of this report.

The following table shows the key Quality Priorities as identified by the Group:

Priority	Overarching Aim	Exec Sponsor	Lead	Current status
Deteriorating Patient and SEPSIS	To improve recognition and responding to the deteriorating patient and improve recognition and response to Sepsis in patients	Tracy Campbell, Site Nurse Director	Austin Smithies, Associate Group Chief Medical Officer	
End of Life Care	To improve personalised palliative and end of life care, to ensure patients are supported to have a good death	Jenny Hinchliffe, Site Nurse Director	Tracy Means, Nurse Director, Community & Frailty Care Group	
Medication Safety	Improve the safety of prescribing weight dependent medication to adults and the number of no harm and near miss medication related incidents	Caroline Hibbert, Site Medical Director	Jo Goode, Group Chief Pharmacist	
Mental Capacity	Increase the compliance and quality of Mental Capacity Act (MCA) assessments and best interest recording	Nick Cross, Site Medical Director	Rachel Hoggarth / David Welburn	

All the above workstreams will work alongside and complement other projects taking place across the Group, and in particular Digital workstreams.

2. Timeline for workstreams



3. Summary, timeline and workstreams for each Quality Priority

3.1 Deteriorating Patient and Sepsis

Summary

Quality Priority:	Deteriorating Patient and Sepsis	Status	
Overarching Aim:	<p>To Improve recognition and responding to the deteriorating patient and improve recognition and response to Sepsis in patients.</p> <p>There are seven workstreams underneath this programme, with detailed action plans supporting the delivery of each workstream.</p> <p>The headings and timelines are detailed below.</p> <p>Baseline data metrics are in place, to be able to track progress of delivery as well as improvement in patient outcomes.</p>		
Timeline	<p>Deteriorating Patient & Sepsis Quality Priority Mon 03/06/24 - Mon 29/06/26</p> <p>Education T&F Group Mon 03/06/24 - Sat 31/01/26</p> <p>Patient Engagement T&F Group Mon 03/06/24 - Tue 31/03/26</p> <p>ReSPECT Discussions T&F Group Thu 06/02/25 - Wed 31/12/25</p> <p>Infection Reduction T&F Group Mon 10/02/25 - Tue 31/03/26</p> <p>Delirium Screening T&F Group Mon 10/02/25 - Fri 10/04/26</p> <p>Observations & Escalations - Mon 10/02/25 - Tue 11/02/25</p> <p>SEPSIS - Screening & Management T&F Group Tue 11/02/25 - Mon 29/06/26</p>		

3.2 End of Life Care

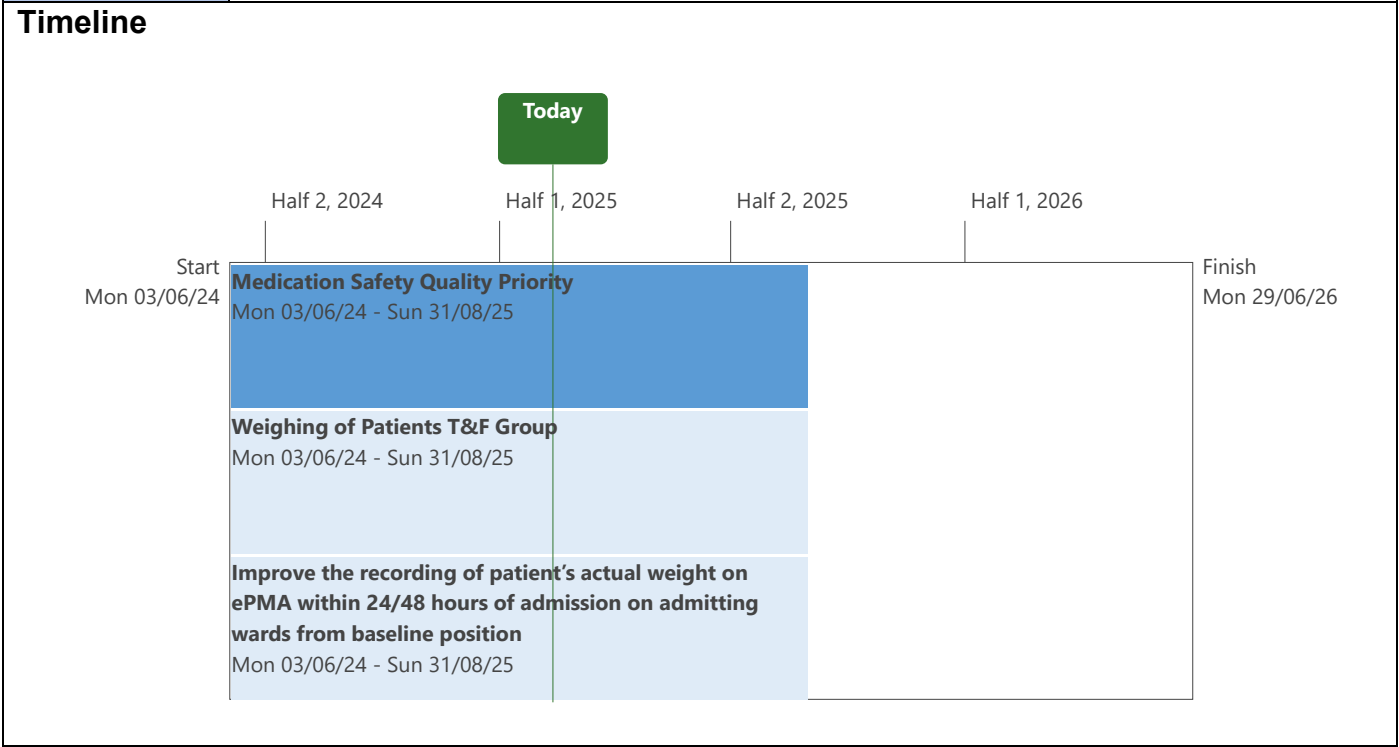
Summary

Quality Priority:	End of Life Care	Status:	
Overarching Aim:	<p>To improve personalised palliative and end of life care, to ensure patients are supported to have a good death.</p> <p>Currently working on the following three options, SMART aims to be developed.</p> <ul style="list-style-type: none">• Roll out of comfort observations• Pilot identification of EOL tool to use on ward 2• Rollout of an EOL forum for NLAG <p>When the three options with SMART aims are developed, progress status will be more enabled to move from amber/red to amber. There is still confidence in the ability to be able to support this Quality Priority to deliver but needs focussed attention to bring this to fruition.</p> <p>Baseline data metrics are in place, to be able to track progress of delivery as well as improvement in patient outcomes.</p>		
Timeline:	To be developed		

3.3 Medication Safety

Summary

Quality Priority:	Medication Safety	Status	
Overarching Aim:	<p>Improve the safety of prescribing weight dependent medication to adults and the number of no harm and near miss medication related incidents.</p> <p>There are two workstreams underneath this programme, with detailed action plans supporting the delivery of each workstream.</p> <p>The headings and timelines are detailed below.</p> <p>Baseline data metrics are in place, to be able to track progress of delivery as well as improvement in patient outcomes.</p>		

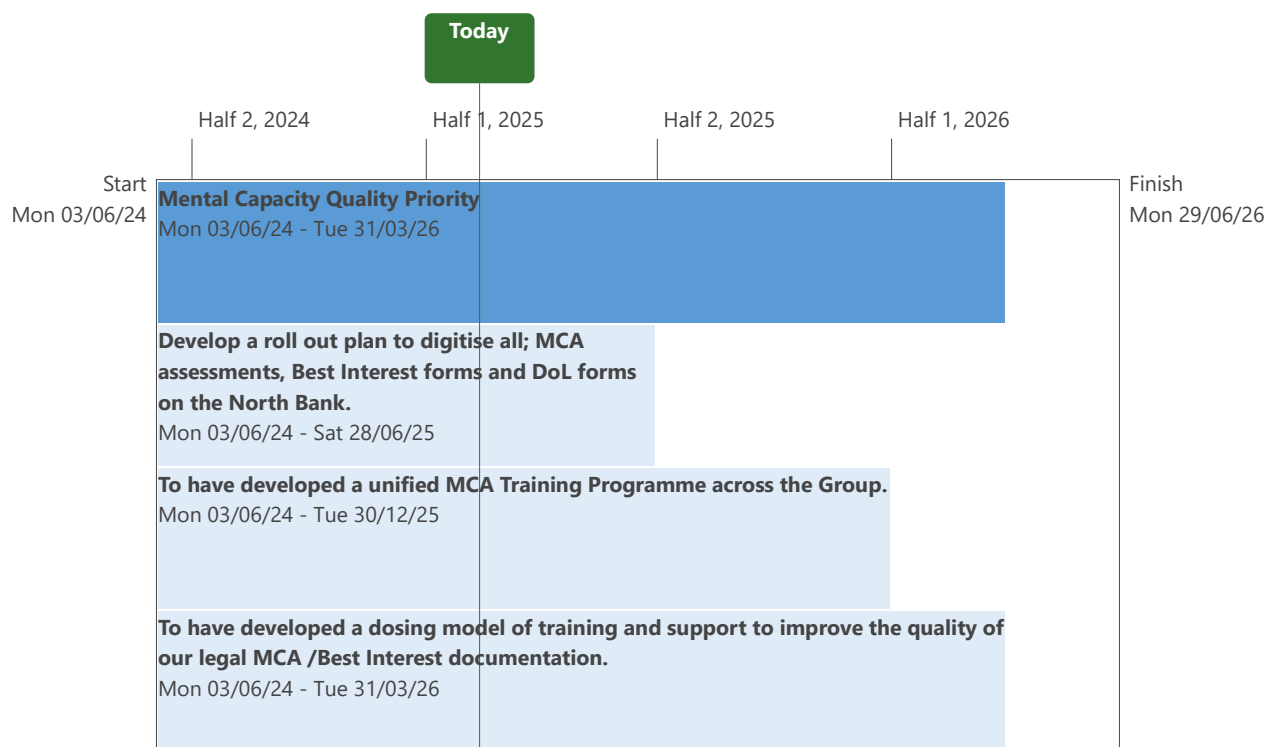


3.4 Mental Capacity

Summary

Quality Priority:	Mental Capacity	Status	
Overarching Aim:	<p>Increase the compliance and quality of Mental Capacity Act (MCA) assessments and best interest recording.</p> <p>There are three workstreams underneath this programme, with detailed action plans supporting the delivery of each workstream.</p> <p>The headings and timelines are detailed below.</p> <p>Baseline data metrics are in place, to be able to track progress of delivery as well as improvement in patient outcomes.</p>		

Timeline



RAG KEY

Blue	Delivered and complete
Green	Successful delivery of the project is on track and seems highly likely to remain so, and there are no major outstanding issues that appear to threaten delivery significant
Amber	Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and if addressed promptly, should not present the project to overrun
Amber/red	Successful delivery is in doubt with major risk or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and to determine whether resolution is feasible
Red	Successful delivery appears to be unachievable. There are major issues on project definition, with project delivery and its associated benefits appearing highly unlikely, which do not appear to be resolvable.

4. Reporting

These Quality Priorities are reported to the Trust Boards in Common, with a detailed report received this month. The Quality and Safety Committees in Common determine if there is sufficient assurance on the programme arrangements and delivery of progress against these long-term quality improvement priorities.

These workstreams also enable us to update regulators and external bodies with progress against these four key quality priority areas, which are those areas that feature most prominently as patient safety and quality issues for both of our organisations to improve.

Amanda Stanford
Acting Group Chief Executive

8 April 2025

Agenda Item No: CoG(25)036

Annual Cycle of Business - Council of Governors

April 2025 - March 2026

CYCLE OF BUSINESS

Council of Governors (CoG) Annual Cycle of Business

"The Council of Governors should receive a report at least annually of non-audit services that have been approved for the auditors to provide under the policy (on the basis of services approved, regardless of whether they have started or finished)

and the expected fee for each service".

Annual CoG Schedule						
	April	July	September	November	January	February
Events	• Public CoG Business meeting	• Public CoG Business Meeting	• Public CoG Annual Members' meeting combined with HUTH AGM	• Public CoG Business meeting	• Public CoG Business meeting	• CoG Meeting (Governor & NED only) 2025 • CoG Annual Review Meeting in 2026
Standing Items	<ul style="list-style-type: none"> • Declarations of Interest • Action Tracker • Group Chair's report • Group Chief Executive's Report • Governor Highlight / Escalation Reports: <ul style="list-style-type: none"> - Membership and Public Engagement & Assurance Group - Appointments & Remuneration Committee - Governor, Public and Member Engagement Activity Report • Committees-in-Common Highlight / Escalation Reports: <ul style="list-style-type: none"> - Audit, Risk & Governance - Capital & Major Projects - Performance, Estates & Finance - Quality & Safety - Workforce, Education & Culture • Integrated Care System (ICS) Working - to include Place, Acute Collaborative and Integrated Care Board (ICB) 	<ul style="list-style-type: none"> • Declarations of Interest • Action Tracker • Group Chair's report • Group Chief Executive's Report • Governor Highlight / Escalation Reports: <ul style="list-style-type: none"> - Membership and Public Engagement & Assurance Group - Appointments & Remuneration Committee - Governor, Public and Member Engagement Activity Report • Committees-in-Common Highlight / Escalation Reports: <ul style="list-style-type: none"> - Audit, Risk & Governance - Capital & Major Projects - Performance, Estates & Finance - Quality & Safety - Workforce, Education & Culture • Integrated Care System (ICS) Working - to include Place, Acute Collaborative and Integrated Care Board (ICB) 	<ul style="list-style-type: none"> • Patient Stories • Group Chair's Opening Remarks • Declarations of Interest • Overview of Last Year including Annual Report & Accounts for 2024/25 & Trust Priorities for the Future • Annual Audit Report for 2024/25 • Committees-in-Common Highlight / Escalation Reports: <ul style="list-style-type: none"> - Audit, Risk & Governance - Capital & Major Projects - Performance, Estates & Finance - Quality & Safety - Workforce, Education & Culture 	<ul style="list-style-type: none"> • Declarations of Interest • Action Tracker • Group Chair's report • Group Chief Executive's Report • Governor Highlight / Escalation Reports: <ul style="list-style-type: none"> - Membership and Public Engagement & Assurance Group - Appointments & Remuneration Committee - Governor, Public and Member Engagement Activity Report • Committees-in-Common Highlight / Escalation Reports: <ul style="list-style-type: none"> - Audit, Risk & Governance - Capital & Major Projects - Performance, Estates & Finance - Quality & Safety - Workforce, Education & Culture • Integrated Care System (ICS) Working - to include Place, Acute Collaborative and Integrated Care Board (ICB) 	<ul style="list-style-type: none"> • Declarations of Interest • Action Tracker • Group Chair's report • Group Chief Executive's Report • Governor Highlight / Escalation Reports: <ul style="list-style-type: none"> - Membership and Public Engagement & Assurance Group - Appointments & Remuneration Committee - Governor, Public and Member Engagement Activity Report • Committees-in-Common Highlight / Escalation Reports: <ul style="list-style-type: none"> - Audit, Risk & Governance - Capital & Major Projects - Performance, Estates & Finance - Quality & Safety - Workforce, Education & Culture • Integrated Care System (ICS) Working - to include Place, Acute Collaborative and Integrated Care Board (ICB) 	<ul style="list-style-type: none"> • Committees-in-Common Highlight / Escalation Reports: <ul style="list-style-type: none"> - Audit, Risk & Governance - Capital & Major Projects - Performance, Estates & Finance - Quality & Safety - Workforce, Education & Culture • Review of CoG Operation and Performance <ul style="list-style-type: none"> - Role of Governors - Engagement with Members and Stakeholders - Accountability - Conduct of Meetings - Personal Development - Shaping the Future - Standards of Conduct
Bi-monthly Reporting	Item for Information - Finance Report, IPR, BAF & Register of Interests for Governors & Boards-in-Common	Item for Information - Finance Report, IPR, BAF & Register of Interests for Governors & Boards-in-Common	• Register of Interests for Governors & Boards-in-Common	Item for Information - Finance Report, IPR, BAF & Register of Interests for Governors & Boards-in-Common	Item for Information - Finance Report, IPR, BAF & Register of Interests for Governors & Boards-in-Common	Item for Information - Finance Report, IPR, BAF & Register of Interests for Governors & Boards-in-Common
Annual Reporting & / or Approval	<ul style="list-style-type: none"> • Receive Trust Priorities update • Annual Work Plan 	<ul style="list-style-type: none"> • Receipt of Draft Quality Account including Quality Priorities (available May 2025) • Receive the Operational & Financial Plan (Forward Plan) • Receive Audit, Risk & Governance Committee Annual Report (Usually July) • Receive Quality Account including Quality Priorities (available after 30.06.25) • Receive Trust Priorities as part of the Group Strategy (previously July) • Receive and note the Group Chair's Appraisal summary report (ARC Highlight Report) • Receive and note the NEDs Appraisal summary report (ARC Highlight Report) 	<ul style="list-style-type: none"> • Receive Annual Report and Annual Accounts • External Auditors report 			

NB - Approval of appointment of External Auditors as per contractual requirements

Council of Governors Business Meeting

Agenda Item No: CoG(25)037

Name of the Meeting	Council of Governors Business Meeting	
Date of the Meeting	16 April 2025	
Director Lead	Myles Howell, Group Director of Communications	
Contact Officer/Author	Adrian Beddow, Deputy Group Director of Communications	
Title of the Report	Member and Public Engagement Strategy	
Executive Summary	A paper setting out a strategy for the next three years setting out how the group and Governors can communicate to, and engage with, the membership and the wider local population.	
Background Information and/or Supporting Document(s) (if applicable)	N/A	
Prior Approval Process	Approved at the Membership and Public Engagement & Assurance Group (MPEAG)	
Financial implication(s) (if applicable)	N/A	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A	
Recommended action(s) required	<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance </div> <div> <input type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below: </div> </div>	

Member and Public Engagement Strategy

Where we are now – insights

- Our membership numbers have declined significantly after a cleanse of the database two years ago
- Membership applications have increased in number from the Goole and Howdenshire area since a Governor suggested joining as part of the work to look at the future of Goole and District Hospital
- The Trust has not developed a narrative which clearly articulates the membership offer and the tangible benefits of becoming a member
- A member newsletter has been created and is being sent out regularly but Governor input has been minimal
- Governors have started regular sessions to meet with their constituents by holding Drop-In sessions in our hospitals (and off-site if pre-arranged)
- In conjunction with local HealthWatch organisation Governors hold regular informal engagement sessions within our hospitals to survey the views of patients and visitors
- Turnout at Governor elections is low and the proportion of elections that are contested between candidates is also low
- We have demographic and geographic groups that are under-represented within our membership, such as people from younger working age groups, but no strategy currently exists to better engage with these groups.

Draft strategic objectives for membership engagement

1. Ensure members are kept informed and given accurate information on a timely basis about services and developments in the Humber Health Partnership
2. Create a range of opportunities and activities so that our members have the opportunity to feedback and be involved in shaping our service plans
3. Develop and increase the membership base and member related activities in order to achieve a representative and engaged membership
4. Ensure members know who their local Governor is, what they do/their role and why and how to contact them
5. Maintain an up to date and active membership database

Workplan to meet objectives

Objective 1: Ensure members are kept informed and given accurate information on a timely basis about services and developments in the Humber Health Partnership

The newly established Governor Editorial Board to undertake a review of the current newsletter:

- Content – have a content plan for future editions with an emphasis on 'pointing' to more information on the Trust website (ensure website details updated as needed)

- Regularity – given the situation with Goole, implementation of HASR and the group's financial situation, consider if there is a case for producing editions more regularly?
- Bespoke edition – look at the possibility of creating different newsletters for each of the geographic constituencies or having sections for each constituency in one larger newsletter so members get more local information

Undertake a review of the information on the Trust website and social media channels:

- Governor information
- Member information and benefits

E-mail members if/as required with additional updates

Objective 2: Create a range of opportunities and activities so that our members and the general public more widely have the opportunity to feedback and be involved in shaping our service plans

Work with patient experience team to align activities:

- Seek public and staff members to be part of working groups and other developments as required
- Seek patient/carer representatives as required
- Ensure members are aware of opportunities to get more involved in the development of services
- Informal Governor on-site engagement sessions already utilise survey questions to raise topical patient experience issues (alongside HR and Healthwatch questions), capture feedback and report back to the patient experience, HR and Healthwatch teams (via the Corporate Assurance team)
- Governors have the opportunity to seek feedback from patients through participation in the A Commitment to Excellence (ACE) ward review programme

Work with Governors on activities they can lead and be a part of:

- Encourage/support Governors to attend local community groups to engage and promote their role and membership of the Trust
- Staff Governors – Organise regular staff fora and focus events to raise their profiles, promote their roles and engage with staff
- Utilise the existing Governor on-site informal engagement sessions to gain feedback from patients and visitors
- Stand in café and restaurants
- Review the information/signposting sheet, Protocol for Governor Engagement and Visiting, Governor Handbook and regularly update content of Governor informal engagement session surveys

Work with partners on joint approaches to engagement activities

- Work with the Humber and North Yorkshire ICB, Place partnerships, HealthWatch and other partners to align engagement activities where appropriate

Review current activities:

- Annual Members' Meeting – this meeting is normally held in September and gets very little involvement from either members or the wider public, could we – and should we – think about a different approach?
- Meet your Governor(s) at Drop-In sessions – these are happening more regularly once again. The last two examples in Goole were really well attended, unsurprisingly given the situation with the local hospital. Could we build on this approach and put together an annual programme?
- Elections – When a vacancy arises on the Council of Governors all members within the constituency are e-mailed or written to with ballot packs for voting. Comms are held in advance of this to make members and the public aware of the upcoming election and to invite nominations but very few, if any, take up the invitation to stand. Could we review why this is and what we could do differently?

What to engage on?

- Do we need a forward plan of what and when we are expecting Governors to engage members and the public? This could be informed by the current quarterly liaison with the patient experience and HR teams.

Objective 3: Develop and increase the membership base and member related activities in order to achieve a representative and engaged membership

- Review and revamp the Membership recruitment materials – Packs with news/information and other promotional materials issued to Governors as support, particularly during constituency surgeries and other meetings.
- Think about what the tangible benefits of membership are and how we can best promote them
- Pull together a two year plan with activities to feature the benefits of membership more regularly e.g. on social media
- Issue Governors with additional recruitment material and encourage them to utilise their own networks and community groups to increase numbers
- Work with the recruitment team and other HR teams to assess whether we can attract more younger people to become members by utilising their routes to this audience such as careers fairs, presentations in schools and colleges etc.
- Consider whether there are opportunities to develop an incentive scheme for current members to sign up new members
- Consider how we can work with volunteers so they can talk to people about becoming a member
- Review again whether there are any opportunities to include details of membership in information given to patients
- Explore opportunities of partnership working with local councils e.g. the Young Mayor and Young Council initiatives in North Lincs and the work they are doing with harder to reach groups
- Assess whether we can create an 'Associate Membership' category for (a) HUTH staff who work with patients from the NLaG catchment area and (b)

people from outside the current constituency boundaries who may travel to NLaG hospital sites i.e. an 'out off area' Associate Member

Objective 4: Ensure members know who their local Governor is, what they do/their role and why and how to contact them

Review current information:

- Online – website and social media, to include the NHS email addresses of Governors / review Bridget for staff governor information
- In print – CoG posters across the sites or anywhere else

Objective 5: Maintain an up to date and active membership database

Ensure the database is up to date and current at the end of every month

- Review the current database – it needs to transition to a more stable IT environment
- All new member forms dealt with, data inputted and welcome emails sent
- Any members who are leaving or who have died are removed in a timely fashion
- Review how we handle departing staff members and how we might convert them to public members when still in constituency areas with the option to opt out

Council of Governors Business Meeting

Agenda Item No: CoG(25)038

Name of the Meeting	Council of Governors Business Meeting	
Date of the Meeting	16 April 2025	
Director Lead	David Sharif, Group Director of Assurance	
Contact Officer/Author	David Sharif, Group Director of Assurance	
Title of the Report	Governors, Executive Directors, Non-Executive Directors and Other Directors Register of Interests	
Executive Summary	The report provides the current Register of Interests for Governors, Executive Directors, Non-Executive Directors and Other Directors as of April 2025.	
Background Information and/or Supporting Document(s) (if applicable)	Standards of Business Conduct Policy (DCP120) and Conflicts of Interest Policy for Governors (DCP228)	
Prior Approval Process	Register of Interest (ROI) system	
Financial implication(s) (if applicable)		
Implications for equality, diversity and inclusion, including health inequalities (if applicable)		
Recommended action(s) required	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance </div> <div> <input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below: </div> </div>	

REGISTER OF GOVERNORS' INTERESTS APR 2025 (v1.1)

GOVERNOR NAME	INTERESTS	DATE
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PUBLIC GOVERNORS – EAST & WEST LINDSEY		
Jeremy Baskett	➤ Louth Town Councillor	21.08.2024
	➤ Working for Integrated Care Board (ICB) as an NHS Job Evaluator	21.08.2024
Dr Gorajala Vijay	➤ None	27.11.2024

PUBLIC GOVERNORS – GOOLE & HOWDENSHERE		
Rob Pickersgill	➤ Chair – Asselby Parish Council, Howden, East Yorkshire	02.01.2025
	➤ Managing Director and 50% shareholder at W Hallam Castings Ltd, Thorne, Doncaster (private company)	
	➤ Member of Howden Medical Practice PPG	
	➤ Fellow, Chartered Institute of Public Finance and Accountancy (CIPFA)	
	➤ Member of National Economic Policy Committee, MAKE UK (UK Manufacturers' representative body)	
Brent Huntington	➤ Trustee Friends of Oakhill, Goole	16.12.2024
	➤ Member of Montague Practice PPG	
	➤ Board member Goole & Airmyn IDB	
Clare Woodard	➤ Deputy Chief Executive Officer for HEY Smile Foundation	16.12.2024

PUBLIC GOVERNORS – NORTH LINCOLNSHIRE		
Kevin Allen	➤ Volunteer worker at SGH	19.12.2024
	➤ Local Authority Governor at Scunthorpe C E Primary School	
	➤ Local Authority Governor at Enderby Road Infants School	
Paula Ashcroft	➤ Persons Voice Co-ordinator for North Lincolnshire Council	06.01.2025
Caroline Ridgway	➤ Employed by City Health Care Partnership as a Podiatrist	16.12.2024
Wendy Lawtey	➤ None	19.11.2024
Vacancy		

PUBLIC GOVERNORS – NORTH EAST LINCOLNSHIRE		
Diana Barnes	➤ None	02.01.2025
Michael Bateson	➤ Board member/Trustee of local charity Friendship at Home	29.10.2024

David James	➤ Military Care Navigator for Lincolnshire Maternity and Neonatal Programme (Better Births Team)	06.01.2025
Ian Reekie	➤ Director of Lincs Inspire Venues & Enterprises and Member of the Board of Trustees at Lincs Inspire	09.10.2024
Vacancy		

STAKEHOLDER GOVERNORS		
Cllr David Howard – East Riding of Yorkshire Council	<ul style="list-style-type: none"> ➤ Self employed – David Howard trading as Production Values ➤ East Riding of Yorkshire Councillor - Howden Ward and Town Councillor – Howden ➤ Trustee for Moorland Charity in Goole and Howden Shire Hall 	20.08.2024
Vacancy – North East Lincolnshire Place		
Emma Munday – North Lincolnshire Place	➤ Assistant Director of Transformation & Integration within N Lincs for Humber & North Yorkshire Integrated Care Board	30.12.2024
Cllr Paul Henderson – North East Lincolnshire Council	➤ None	18.07.2024
Vacancy – North Lincolnshire Council		
Vacancy – Lincolnshire Council		

STAFF GOVERNORS		
Ahmed Aftab	<ul style="list-style-type: none"> ➤ Director of Sazin Eyecare Limited ➤ Consultant Ophthalmologist - St Hugh's Hospital, Grimsby: Spamedica, Bolton: Lindsey Suite, Scunthorpe ➤ Member of British Medical Association with different local, regional and national roles ➤ Staff Governor 	06.02.2024 16.04.2024 24.12.2024
Corrin Manaley	➤ Staff Governor	17.12.2024
Dr Sandeep Saxena	<ul style="list-style-type: none"> ➤ Staff Governor ➤ Member of Local Negotiating Committee (LNC) for NLaG 	29.11.2024 01.04.2025
Jackie Weavill	➤ Staff Governor	16.12.2024

Executive Directors and Other Directors Register of Interests At both the Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) and Hull University Teaching Hospitals NHS Trust (HUTH)	
Name and position	Interests
Adam Creeggan, Group Director of Performance	None.
Amanda Stanford, Acting Group Chief Executive Officer	None.
Andy Haywood, Group Chief Digital Information Officer	Previous employer was a digital health consultancy that could potentially bid for services within the Trust. Procurement steps in place to remove Andy from any decision making and to ensure full transparency.
Clive Walsh, Interim Site Chief Executive – North	CRW Consulting Ltd – Sole Director. Spouse works for Birmingham Community Trust.
David Sharif, Group Director of Assurance	None.
Dr Kate Wood, Group Chief Medical Officer	Family member is Trust employee – Theatres Manager at Diana, Princess of Wales Hospital Grimsby (DPOWH). Associate for AQUA. Trustee of WISHH Charity (HUTH).
Emma Sayner, Group Chief Finance Officer	Director of Hull Citycare Ltd (Representing the NHS shareholding interest), Partner in Burton Lodge Guest House (no link to NHS), Board member on Care 2 Independence (Social Enterprise).
Ivan McConnell, Group Director of Strategy and Partnerships	None.
Jonathan Lofthouse, Group Chief Executive Officer	Group Chief Executive Officer for Northern Lincolnshire and Goole NHS Foundation Trust, as part of HUTH and NLAG working in a Group model. This includes attending the NLAG Council of Governors when requested. Wife Volunteers with the Look Good Feel Better work with the Queens Cancer Centre.
Myles Howell, Group Director of Communications and Engagement	Wife works as Divisional General Manager in the UEC Care Group.
Sarah Tedford, Interim Site Chief Executive – South	None.
Simon Nearney, Group Chief People Officer	Director at Cleethorpes Town FC / The Linden Club.

	Family members working at NLAG and HUTH. Family member working at Hull City Council.
Tom Myers, Group Director of Estates & Facilities	None.

Non-Executive Directors at NLAG Register of Interests	
Name and position	Interests
Gillian Ponder, Non-Executive Director and Senior Independent Director	None.
Julie Beilby, Non-Executive Director	South Cockerington Parish Councillor.
Linda Jackson, Vice Chair/Non-Executive Director	Associate Non-Executive Director at HUTH. Family members working at NLAG.
Sean Lyons, Group Chair at both NLAG and HUTH	Family member is a Registered Adult Nurse at The Rotherham NHS Foundation Trust.
Simon Parkes, Non-Executive Director	Director of Lincoln Science and Innovation Park (Unremunerated). Lay Canon and Chair of the Finance Committee of Lincoln Cathedral. Deputy Vice Chancellor and Chief Operating Officer of the University of Lincoln.
Susan Liburd, Non-Executive Director	Managing Director and Principal Consultant of Sage Blue. Director and Trustee of British West India Regiments Heritage Trust CIC.
Murray Macdonald, Associate Non-Executive Director	NED at East Midlands Ambulance NHS Trust from January 2024. Independent Committee Member Yorkshire Housing from September 2024 Trustee Manby Scout Group – 2009. Vice Chair at HUTH.

Non-Executive Directors at HUTH Register of Interests	
Name and position	Interests
Dr David Sulch, Non-Executive Director	Medicolegal reports on patients in the fields of stroke, geriatric or general medicine (split roughly 80:20 between defendant and claimant work). I have reported on the care of patients treated at HUTH and NLaG previously but do not do so now. Consultant Stroke Physician at Dartford and Gravesham NHS Trust. Medical Examiner at Medway NHS Foundation Trust.
Helen Wright, Non-Executive Director	Permanent role as Group FD of Eltherington Group Ltd – 3 days per week commencing 1 st September 2024.
Jane Hawkard, Non-Executive Director	Director of JJJ+L Holdings Ltd (July 2020).
Linda Jackson, Associate Non-Executive Director	Vice Chair/Non-Executive Director at NLAG. Family members working at NLAG.
Professor Laura Treadgold, Non-Executive Director	As the Dean of the Faculty of Health Science at the University of Hull (since 02/01/24 – ongoing), the Faculty has a large research portfolio which receives funding from external bodies to undertake research.
Sean Lyons, Group Chair at both NLAG and HUTH	Family member is a Registered Adult Nurse at The Rotherham NHS Foundation Trust.
Tony Curry, Non-Executive Director	None.
Murray Macdonald, Vice Chair / Non-Executive Director	NED at East Midlands Ambulance NHS Trust from January 2024 Independent Committee Member Yorkshire Housing from September 2024 Trustee Manby Scout Group - 2009 Associate Non-Executive Director at NLaG

Council of Governors Business Meeting

Agenda Item No: CoG(25)039

Name of the Meeting	Council of Governors Business Meeting	
Date of the Meeting	16 April 2025	
Director Lead	Emma Sayner, Group Chief Financial Officer	
Contact Officer/Author	Philippa Russell, Deputy Director of Finance	
Title of the Report	Group Finance Report – Month 11	
Executive Summary	This report highlights the reported financial position for the Group at Month 11 of the 2024/25 reporting period.	
Background Information and/or Supporting Document(s) (if applicable)	-	
Prior Approval Process	-	
Financial implication(s) (if applicable)	Contained within the report.	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	-	
Recommended action(s) required	<div> <input type="checkbox"/> Approval <input checked="" type="checkbox"/> Information </div> <div> <input type="checkbox"/> Discussion <input type="checkbox"/> Review </div> <div> <input type="checkbox"/> Assurance <input type="checkbox"/> Other – please detail below: </div>	

The background of the slide is a dark, monochromatic photograph of a suspension bridge, likely the Humber Bridge, spanning a wide body of water. The bridge's towers and cables are visible against a dark sky. In the foreground, there is a dark, silty beach or shoreline. The overall tone is blue and grey, creating a professional and serene atmosphere.

Finance Report Month 11 February – 2024/25

Group Financial Overview

In-month I&E Performance		YTD I&E Performance	
(0.4m)	The Group reported an in-month surplus for month 11 of £3.6m, (£0.4m) adverse to plan.	(2.5m)	The Group reported a YTD deficit of (£17.8m) a (£2.5m) adverse variance from plan.
I&E Forecast Outturn		YTD Cost Improvement Plan (CIP)	
(6.4m)	The Group is forecasting a deficit of (£19.5m) based on a straight-line projection, (£19.5m) adverse to plan. Mitigating actions are expected to reduce the deficit leaving an unidentified gap of (£6.4m) across the Group.	2.6m	The Group has delivered £72.5m in CIP against a YTD target of £69.9m, £2.6m better than plan. The Group forecast is £84.6m in line with the target but has been heavily reliant on non recurrent schemes in year.
Underlying I&E		YTD System Performance	
(133.6m)	The Group's estimated underlying financial deficit is (£133.6m).	(28.9m)	The ICB reported a YTD deficit of (£51.8m), (£28.9m) adverse to plan. The ICS is forecasting a plan compliant break even position at the year end.
Capital Expenditure		Balance Sheet & Cash	
(19.8m)	Group Capital spend was £40.9m, (£19.8m) behind plan at month 11.	61.7m	The Group's closing cash balance at month 11 was £61.7m.
YTD Elective Recovery Performance		Temporary Staffing	
102.0%	YTD the Group is ahead of plan at 102%, £4.6m ahead of plan. The Group is forecasting to exceed the plan by year end at 101.6%, £4.4m additional income.	11.9m	The Group has spent £60.6m on agency and bank YTD. This is £11.9m less than the same period in 2023/24 and now below the NHSE Target of 3.2% at 2.9% as a percentage of total pay.

Key Risks
<ul style="list-style-type: none">❑ Non-delivery of Elective Recovery Target.❑ Winter pressures / unfunded Escalation Beds.❑ Capital Expenditure profile❑ Delivery of unidentified gap to achieve a balanced plan

Key actions to achieve financial plan/targets in 2024/25:

Key Actions
<ul style="list-style-type: none">❑ Reducing cost pressures - reliance on premium agency, minimising escalation beds and greater control of non-pay expenditure.❑ Maximising planned care activity, reducing reliance on Independent Sector (IS) and Waiting List Initiative (WLI) premium costs.❑ Delivering a challenging CIP programme - conversion of non-recurrent savings into recurrent delivery schemes and identifying new schemes.❑ Reduce underlying run rate spend within Care Groups to mitigate unidentified gap to achieve a balanced plan.

Financial Performance Summary

The Group ended February with a year-to-date (YTD) deficit of (£17.8) which is a (£2.5m) adverse variance to plan.

£million	HUTH £m									NLAG £m									Group £m								
	CM			YTD			Forecast			CM			YTD			Forecast			CM			YTD			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Income																											
Clinical Income	69.4	75.2	5.8	761.1	792.4	31.2	830.4	867.3	36.9	44.6	40.0	(4.7)	500.7	488.9	(11.8)	548.5	536.1	(12.4)	114.0	115.2	1.1	1,261.8	1,281.2	19.4	1,378.8	1,403.3	24.5
Other Income	5.3	4.6	(0.7)	59.0	68.6	9.7	76.6	77.2	0.6	4.5	5.4	0.9	48.2	52.0	3.8	52.6	57.0	4.4	9.8	10.0	0.2	107.2	120.7	13.5	129.2	134.1	5.0
Total Operating Income	74.7	79.8	5.1	820.1	861.0	40.9	906.9	944.5	37.5	49.1	45.4	(3.7)	548.9	540.9	(8.0)	601.1	593.0	(8.0)	123.8	125.1	1.3	1,369.0	1,401.9	32.9	1,508.0	1,537.5	29.5
Pay Costs																											
Clinical Pay	(34.9)	(35.5)	(0.6)	(384.1)	(408.8)	(24.6)	(419.0)	(444.9)	(26.0)	(26.8)	(26.2)	0.7	(298.9)	(295.8)	3.1	(320.5)	(316.9)	3.6	(61.7)	(61.6)	0.1	(683.0)	(704.6)	(21.5)	(739.4)	(761.8)	(22.3)
Other Pay	(7.6)	(8.0)	(0.5)	(82.8)	(86.9)	(4.1)	(89.6)	(97.4)	(7.8)	(7.0)	(6.7)	0.3	(76.2)	(75.5)	0.7	(81.9)	(81.1)	0.7	(14.5)	(14.7)	(0.1)	(159.0)	(162.3)	(3.4)	(171.5)	(178.6)	(7.1)
Total Pay Costs	(42.4)	(43.5)	(1.1)	(466.9)	(495.6)	(28.7)	(508.6)	(542.3)	(33.7)	(33.8)	(32.8)	1.0	(375.1)	(371.3)	3.8	(402.3)	(398.0)	4.3	(76.2)	(76.3)	(0.1)	(842.0)	(866.9)	(24.9)	(910.9)	(940.3)	(29.4)
Clinical Non Pay	(15.1)	(20.3)	(5.2)	(193.5)	(201.0)	(7.5)	(207.5)	(216.1)	(8.7)	(6.7)	(5.3)	1.3	(79.4)	(80.7)	(1.3)	(86.7)	(88.2)	(1.6)	(21.8)	(25.6)	(3.9)	(272.8)	(281.7)	(8.8)	(294.1)	(304.4)	(10.2)
Other Non Pay	(8.3)	(8.0)	0.3	(124.3)	(134.5)	(10.2)	(131.7)	(141.6)	(9.9)	(6.6)	(5.8)	0.9	(71.6)	(69.9)	1.8	(78.5)	(76.7)	1.8	(15.0)	(13.8)	1.2	(195.9)	(204.3)	(8.4)	(210.2)	(218.3)	(8.1)
Total Non Pay Costs	(23.4)	(28.3)	(4.9)	(317.8)	(335.5)	(17.7)	(339.2)	(357.8)	(18.5)	(13.3)	(11.1)	2.2	(151.0)	(150.5)	0.4	(165.1)	(164.9)	0.2	(36.7)	(39.4)	(2.7)	(468.8)	(486.0)	(17.2)	(504.4)	(522.7)	(18.3)
Total Operating Expenditure	(65.8)	(71.7)	(5.9)	(784.7)	(831.1)	(46.4)	(847.8)	(900.1)	(52.3)	(47.2)	(44.0)	3.2	(526.1)	(521.8)	4.2	(567.5)	(562.9)	4.6	(113.0)	(115.7)	(2.7)	(1,310.8)	(1,352.9)	(42.1)	(1,415.3)	(1,463.0)	(47.7)
EBITDA	8.9	8.0	(0.9)	35.4	29.9	(5.5)	59.1	44.4	(14.8)	1.9	1.4	(0.5)	22.8	19.1	(3.7)	33.6	30.1	(3.5)	10.8	9.4	(1.4)	58.2	49.0	(9.2)	92.7	74.5	(18.2)
Depreciation	(2.3)	(2.3)	(0.0)	(25.1)	(24.8)	0.3	(27.4)	(27.2)	0.3	(2.1)	(1.7)	0.4	(21.6)	(18.5)	3.0	(23.7)	(20.5)	3.1	(4.4)	(4.0)	0.4	(46.7)	(43.4)	3.3	(51.1)	(47.7)	3.4
Non Operating Items	(1.2)	(2.2)	(1.0)	(13.3)	(14.5)	(1.3)	(14.5)	(15.8)	(1.3)	(0.7)	(0.7)	(0.0)	(7.4)	(6.3)	1.1	(8.1)	(7.6)	0.4	(1.9)	(2.9)	(1.1)	(20.7)	(20.9)	(0.2)	(22.6)	(23.5)	(0.9)
Surplus/(Deficit)	5.4	3.5	(1.9)	(3.0)	(9.5)	(6.4)	17.2	1.4	(15.8)	(0.8)	(1.0)	(0.2)	(6.2)	(5.8)	0.4	1.9	2.0	0.1	4.6	2.5	(2.1)	(9.2)	(15.2)	(6.1)	19.1	3.4	(15.7)
NHSE Allowable Adjustments	(0.4)	1.0	1.4	(4.6)	(0.6)	4.0	(17.2)	(1.4)	15.8	(0.2)	0.1	0.3	(1.6)	(2.0)	(0.4)	(1.9)	(2.0)	(0.1)	(0.6)	1.1	1.7	(6.2)	(2.6)	3.6	(19.1)	(3.4)	15.7
Adjusted Surplus / (Deficit)	5.0	4.5	(0.5)	(7.6)	(10.0)	(2.4)	0.0	(0.0)	(0.0)	(1.0)	(0.9)	0.1	(7.8)	(7.8)	(0.0)	0.0	0.0	(0.0)	4.0	3.6	(0.4)	(15.4)	(17.8)	(2.5)	0.0	(0.0)	(0.0)

- The Group reported a £3.6m surplus in February 2025, which is (£0.4m) worse than planned. The YTD position at the end of month 11 is a (£17.8m) deficit which is (£2.5m) worse than plan. The YTD variance is primary due to the in year pay awards which has not been fully funded from additional income via the increase in the Cost Uplift Factor / Education Contract, but it is also important to note that the position has also been supported by a significant amount of non-recurrent flexibility to offset an underlying overspend.
- The Group has seen a continued reduction in Nursing agency expenditure, contributing to a strong CIP delivery for NLAG. This is offset by slippage on the CIP programme at HUTH and limited reduction on Medical Staffing expenditure across the group.
- The Group cash balance reduced by (£2.5m) in month to £61.7m (£23.7m HUTH / £38m NLAG). The cash position is likely to deteriorate further over the next few months due to the underlying deficit position and the cash impact of the balance sheet flexibility utilised. Revenue support is not required for Month 12 but is likely to be required by the end of Quarter 1 of 2025/26.

Financial Performance – Forecast Outturn (FOT)

The Group is forecasting a deficit of (£19.5m) based on a straight-line projection, (£19.5m) adverse to plan. Mitigating actions are expected to reduce the deficit leaving an unidentified gap of (£6.4m) across the Group.

A straight-line forecast projects a potential deficit of (£19.5m) against a balanced plan.

This has been adjusted for known seasonal variation in energy costs, planned completion of Capital programme, increasing depreciation charges, and an anticipated improvement in run-rate predominantly through release of technical balance sheet adjustments and some additional non recurrent income allocations. The forecast also needs to be adjusted for the £20.1m of deficit funding received in M6, as 100% of the 24/25 allocation has been accounted for. These adjustments bring the run rate to an (£8.9m) deficit.

CIP delivery (including additional ERF income and opportunities identified by PA Consulting) is expected to slow slightly vs run-rate in the last month of the year due to the level of non recurrent savings in the year-to-date position, not all of which are expected to continue.

In addition, the Group is expected to be able to release its remaining annual leave provision of £6.1m.

The above actions reduce the deficit leaving an unidentified gap of (£6.4m) adrift of a balanced plan. This is £0.8m improvement on the unmitigated (£7.2m) reported at month 10.

The Group is formally reporting a plan compliant balanced forecast position.

Forecast Bridge (Group)	HUTH £'m	NLAG £'m	Group £'m
YTD deficit (M11)	(10.1)	(7.8)	(17.9)
Straight line forecast	(11.0)	(8.5)	(19.5)
Seasonal Utilities & Drugs	(0.5)	-	(0.5)
Deficit Funding in M6 (100%)	(1.2)	(2.7)	(3.9)
Expected improvement to run-rate	8.9	6.9	15.8
Industrial Action	-	0.0	0.0
Depreciation and Interest Received	-	(0.9)	(0.9)
Adjusted Run Rate	(3.8)	(5.2)	(8.9)

Forecast CIP delivery	(0.2)	(0.9)	(1.1)
B2-3 Provision*	(2.5)	-	(2.5)
Annual Leave Provision	-	6.1	6.1
Unidentified Gap	6.4	-	6.4
Reported Forecast deficit	(0.0)	0.0	0.0

Plan	-	-	-
Variance	(0.0)	0.0	0.0

Financial Performance – Scenario Analysis

The Group has an unidentified gap to plan of (£6.4m) across the Group. An exercise has been undertaken in month 11 which shows a best, most likely and worst case scenario in mitigating the gap. As a Group the best case scenario shows a break-even position, with the worst case deficit of (£19.4m) compared to a balanced plan.

A straight line forecast for the Group projects a potential deficit of (£19.5m) against a balanced plan.

Actions to reduce the deficit have been identified leaving an unidentified gap of (£6.4m) adrift of a balanced plan.

At month 11 three scenarios of the forecast position have been produced and reported through to the ICB as shown in the table:

- Variance to Plan (Best Case) – Break-even (£0.0m)
- Variance to Plan (Most Likely Case) – Deficit (£6.4m)
- Variance to Plan (Worst Case) – Deficit (£19.4m)

Scenario Analysis (Group)	HUTH £'m	NLAG £'m	Group £'m
YTD deficit (M11)	(10.1)	(7.8)	(17.9)
Straight line forecast	(11.0)	(8.5)	(19.5)
Movements in forecast	4.6	8.5	13.1
Unidentified Gap to Plan	(6.4)	0.0	(6.4)
Forecast Mitigations	4.4	2.0	6.4
Best Case Scenario	(2.0)	2.0	(0.0)
Forecast Mitigations	0.0	0.0	0.0
Most Likely Scenario	(6.4)	0.0	(6.4)
Forecast Risks	(3.7)	(9.3)	(12.9)
Worst Case Scenario	(10.1)	(9.3)	(19.4)
2024/25 Plan	0.0	0.0	0.0
Variance to Plan (Best Case)	(2.0)	2.0	(0.0)
Variance to Plan (Most Likely Case)	(6.4)	0.0	(6.4)
Variance to Plan (Worst Case)	(10.1)	(9.3)	(19.4)

Recovery Action Plan:

	HUTH £'m	NLAG £'m	GROUP £'m	Comments
Forecast based on M11 run-rate	(11.0)	(8.5)	(19.5)	Includes adjustment for Deficit Funding (M6 only) and planned seasonal variations
Profiling Adjustments	(2.1)	(0.8)	(2.8)	
Adjusted Forecast	(13.1)	(9.3)	(22.4)	
Agreed Recovery Actions:				
Grip and Control measures	0.0	0.0	0.0	Includes Discretionary Spend Controls, vacancy control, recruitment and temporary spend scrutiny
Balance Sheet flexibility identified	2.8	6.1	8.9	Includes Annual Leave accrual
Additional Elective Capacity and Productivity measures	0.0	0.0	0.0	Untimetabled sessions, Daycase Surgery Phase 2, approved Elective Recovery schemes, TAVI expansion (assumes additional ERF)
PA Consulting opportunities	0.0	0.0	0.0	Additional efficiency opportunities identified - subject to validation, (assumes additional ERF)
Additional Income	3.8	3.2	7.0	As per ICS planning assumption. Assumes opportunity will flow from the ICS through SDF (incl. Cancer Alliance) and other opportunities. £1.5m additional included in HUTH (Spec Com)
Likely Case Forecast	(6.4)	0.0	(6.4)	
Further opportunities under consideration:				
PA Consulting increased opportunity			0.0	Additional efficiency opportunities identified - increased based on latest update
Cease Follow Ups			0.0	ERF Cap
Close NCTR Beds			0.0	Additional beds currently open
Contract negotiations to secure inflationary uplifts			0.0	ULHT Pathology uplift
Further Balance Sheet review	1.0	2.0	3.0	
Revenue to Capital		0.0	0.0	Included in YTD position
Internal Unpalatables List	0.5	0.0	0.5	Some elements included in Grip and Control measures above
Other Income opportunities	2.9	0.0	2.9	Surge Funding? Lung Health Check overtrade, HCL, TAVI, Spec Comm Top Ups TBC
Further Grip & Control			0.0	
Review list of opportunities from other systems			0.0	
Best Case Forecast	(2.0)	2.0	(0.0)	

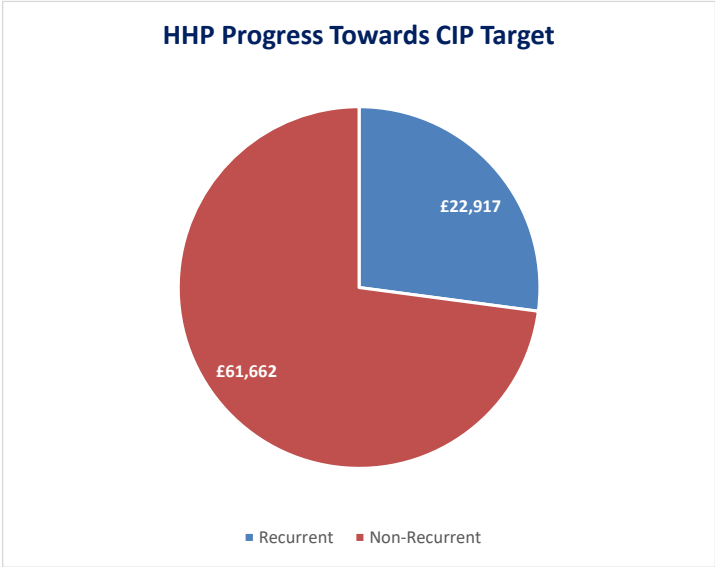
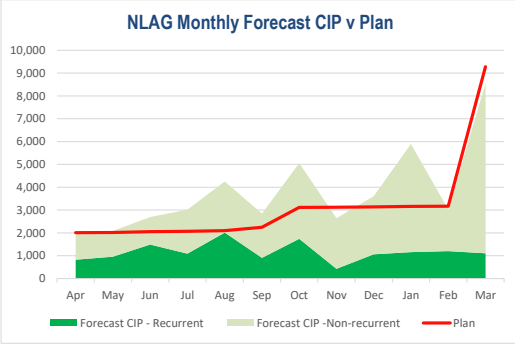
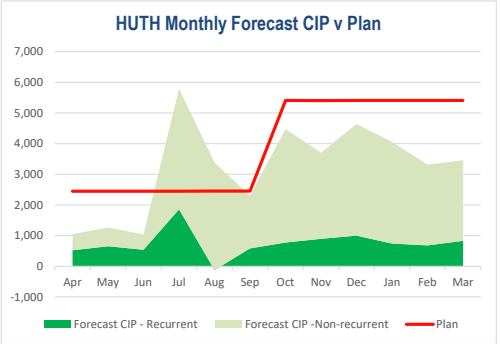
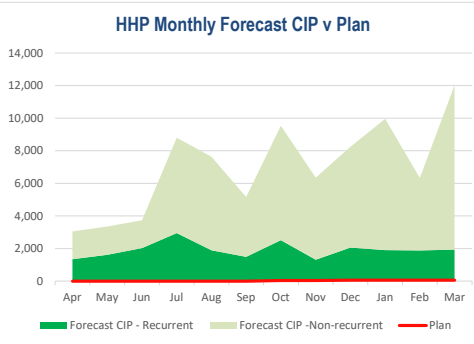
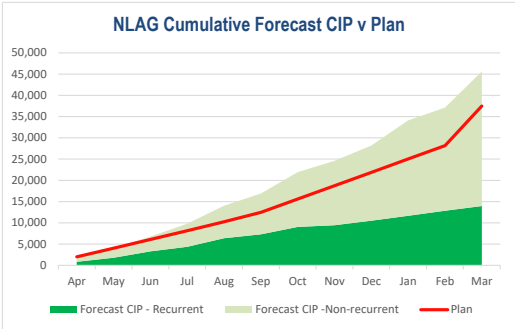
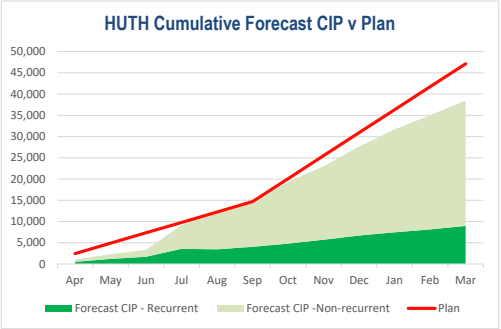
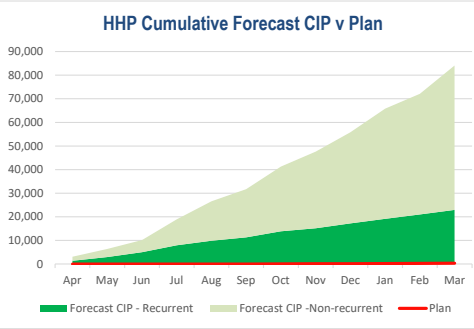
Financial Performance – CIP Delivery

The Group has delivered £72.5m CIP year-to-date against a plan of £69.9m, £2.6m ahead of plan. The forecast position shows a (£0.04m) shortfall for the Group against the full year plan, with a remaining gap of £8.4m for HUTH offset by over-delivery for NLAG. Only 37% of delivered CIP is recurrent.

		HUTH						NLAG						Humber Health Partnership					
		Year to Date			Forecast Year-end			Year to Date			Forecast Year-end			Year to Date			Forecast Year-end		
£000		Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance
Operations	Chief Delivery Officer	206	47	(159)	225	52	(174)	0	0	0	0	0	0	206	47	(159)	225	52	(174)
	Cancer Network	32	85	53	35	90	55	82	108	26	89	116	26	114	192	79	124	206	82
	Cardiovascular	936	509	(427)	1,021	1,399	378	259	611	352	282	641	359	1,195	1,120	(75)	1,303	2,039	736
	Digestive Diseases	844	212	(632)	920	222	(699)	719	1,450	731	785	1,538	753	1,563	1,662	99	1,705	1,760	54
	Head & Neck	670	708	37	731	775	43	379	346	(33)	414	375	(39)	1,050	1,054	4	1,145	1,149	4
	Major Trauma Network	73	210	137	80	224	144	125	34	(91)	136	35	(101)	198	244	46	216	259	43
	Patient Services	608	2	(607)	663	2	(662)	513	334	(179)	560	360	(200)	1,121	336	(786)	1,223	362	(862)
	Specialist Cancer and Support Services	2,821	2,333	(488)	3,077	2,690	(387)	1,084	1,780	696	1,183	1,893	711	3,905	4,113	209	4,260	4,584	324
	Theatres, Anaesthetics and Critical Care	2,054	574	(1,480)	2,241	666	(1,575)	1,261	1,756	495	1,377	1,877	500	3,315	2,330	(985)	3,618	2,543	(1,075)
	Sub Total Operations North	8,245	4,680	(3,565)	8,994	6,119	(2,875)	4,422	6,419	1,997	4,825	6,834	2,009	12,667	11,099	(1,568)	13,819	12,953	(866)
	Chief Delivery Officer	0	0	0	0	0	0	182	0	(182)	198	0	(198)	182	0	(182)	198	0	(198)
	Acute and Emergency Medicine	973	374	(598)	1,061	382	(679)	1,736	5,978	4,242	1,894	6,355	4,462	2,708	6,352	3,644	2,955	6,738	3,783
	Community, Frailty & Therapy	1,059	584	(475)	1,155	603	(553)	1,296	1,996	699	1,414	2,172	758	2,356	2,580	224	2,570	2,775	205
	Family Services	1,429	1,605	176	1,559	1,668	110	1,343	2,626	1,283	1,465	2,778	1,313	2,772	4,231	1,459	3,024	4,446	1,422
	Neuroscience	615	331	(284)	671	354	(317)	206	482	276	224	512	288	820	813	(8)	895	866	(28)
	Pathology Network Group	569	612	43	620	673	53	983	2,308	1,325	1,073	2,523	1,451	1,552	2,920	1,368	1,693	3,196	1,503
	Site Management & Discharge teams	77	102	24	84	102	18	82	139	57	89	148	59	159	240	81	174	250	76
	Specialist Medicine	1,102	203	(900)	1,203	206	(996)	534	864	330	583	925	342	1,636	1,066	(570)	1,785	1,131	(654)
	Specialist Surgery	996	713	(283)	1,087	736	(350)	549	579	29	599	628	29	1,545	1,292	(254)	1,686	1,364	(322)
	Sub Total Operations South	6,820	4,524	(2,296)	7,440	4,725	(2,715)	6,911	14,970	8,059	7,539	16,042	8,502	13,731	19,494	5,763	14,979	20,767	5,787
Total Operations		15,065	9,203	(5,861)	16,434	10,843	(5,591)	11,334	21,389	10,056	12,365	22,876	10,511	26,398	30,593	4,194	28,799	33,719	4,921
Corporate	Chief Executive	128	97	(31)	140	105	(34)	48	100	52	52	109	56	176	196	21	192	214	22
	Chief Medical Officer	456	664	208	498	707	209	409	913	504	446	988	542	865	1,577	712	944	1,695	751
	Chief Nurse Office	532	381	(151)	581	391	(189)	374	326	(47)	408	340	(68)	906	708	(198)	989	731	(257)
	Director of Assurance	8	0	(8)	9	0	(9)	46	72	26	50	74	24	54	72	18	59	74	16
	Director of People	508	615	107	554	646	92	493	725	231	538	775	237	1,001	1,340	339	1,093	1,422	329
	Director of Finance, Estates & Facilities	4,793	6,062	1,269	5,229	6,527	1,298	3,129	2,449	(681)	3,414	2,652	(762)	7,923	8,511	588	8,643	9,179	536
	Strategy and Partnerships	378	560	182	413	630	217	243	625	383	265	685	421	621	1,185	564	678	1,315	638
Total Corporate		6,804	8,380	1,576	7,423	9,006	1,583	4,742	5,209	467	5,173	5,624	451	11,546	13,589	2,043	12,596	14,631	2,035
Total Allocated CIPCore Programme		21,869	17,583	(4,286)	23,857	19,850	(4,007)	16,075	26,599	10,523	17,538	28,500	10,963	37,944	44,182	6,237	41,394	48,350	6,956
Trustwide	Reserves	4,720	6,306	1,586	5,149	6,784	1,635	3,536	5,578	2,042	3,857	6,023	2,165	8,256	11,884	3,628	9,007	12,807	3,800
	Technical	3,022	7,766	4,743	3,400	8,429	5,029	2,747	4,960	2,213	3,091	11,168	8,078	5,769	12,725	6,956	6,491	19,597	13,106
	Unallocated	12,123	3,648	(8,475)	14,739	3,715	(11,024)	5,833	99	(5,734)	12,988	110	(12,878)	17,956	3,747	(14,209)	27,727	3,825	(23,901)
Total Technical & Unallocated		19,865	17,719	(2,146)	23,288	18,928	(4,360)	12,116	10,636	(1,480)	19,936	17,301	(2,634)	31,981	28,356	(3,626)	43,224	36,229	(6,995)
TOTAL		41,734	35,302	(6,432)	47,145	38,777	(8,368)	28,191	37,235	9,044	37,473	45,801	8,328	69,925	72,537	2,612	84,618	84,579	(39)

Financial Performance – CIP Delivery by Workstream

£,000	HUTH						NLaG						Humber Health Partnership					
	Year to Date			Forecast Year-end			Year to Date			Forecast Year-end			Year to Date			Forecast Year-end		
	Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance
Workstream																		
Clinical Workforce - Medical Staff	808	1,320	513	869	1,374	505	2,269	4,839	2,570	2,571	5,186	2,615	3,077	6,159	3,082	3,440	6,560	3,120
Clinical Workforce - Nursing and Midwifery	916	2,895	1,978	976	2,986	2,010	5,692	10,995	5,303	6,269	11,618	5,349	6,608	13,890	7,282	7,245	14,604	7,359
Clinical Workforce - Sci, Prof & Tech	1,441	1,892	450	1,574	1,950	376	3,193	3,017	(177)	3,547	3,303	(244)	4,635	4,908	274	5,122	5,253	131
Corporate and Non-Clinical Workforce	3,515	4,285	770	3,789	4,682	894	3,702	4,384	682	3,979	4,665	687	7,217	8,669	1,452	7,767	9,347	1,580
Non-Pay and Procurement	3,262	2,655	(607)	3,649	3,902	253	2,928	2,362	(567)	3,205	2,580	(625)	6,190	5,017	(1,173)	6,855	6,482	(372)
Productivity & Transformation	14,098	3,542	(10,556)	16,485	3,625	(12,859)	6,702	1,626	(5,077)	13,909	1,819	(12,090)	20,800	5,168	(15,632)	30,393	5,444	(24,949)
Digital Transformation	315	71	(244)	379	72	(307)	70	114	44	77	139	61	385	185	(200)	456	211	(246)
Estates & Facilities	2,721	3,327	606	2,980	3,598	618	1,013	1,126	113	1,135	1,240	104	3,734	4,452	718	4,116	4,838	722
Income	1,784	1,256	(529)	1,981	1,387	(594)	833	1,415	582	909	1,509	600	2,617	2,671	54	2,889	2,896	7
Reserves	4,720	13,816	9,096	5,149	14,957	9,808	987	3,448	2,462	1,076	3,690	2,614	5,707	17,264	11,558	6,225	18,647	12,422
Technical	3,022	244	(2,778)	3,400	244	(3,156)	2,395	3,909	1,514	2,706	10,053	7,347	5,417	4,153	(1,264)	6,106	10,297	4,191
Unidentified	5,131	0	(5,131)	5,914	0	(5,914)	(1,593)	0	1,593	(1,911)	0	1,911	3,538	0	(3,538)	4,003	0	(4,003)
TOTAL	41,734	35,302	(6,432)	47,145	38,777	(8,368)	28,191	37,235	9,044	37,473	45,801	8,328	69,925	72,537	2,612	84,618	84,579	(39)



Underlying Position

The Group's underlying financial position is estimated at a deficit of (£133.6m)

- The Groups estimated underlying deficit is estimated to be (£133.6m).
- Bridging from the balanced planned for 2024-25 the below are the main drivers:
 1. The Group is in receipt of specific Non-Recurrent Income support totalling £12.8m.
 2. Non Recurrent Deficit funding received in 2024/25 of £28.2m.
 3. The Group has historically relied on Non-Recurrent savings delivery to achieve its financial targets. This is forecast to be £39.1m within the current year's savings plan. The Group must look to convert non-recurrent savings schemes into recurrent schemes where possible.
 4. Non recurrent support from balance sheet flexibility of £32.3m.
 5. Full Year impacts of the 2024/25 plan of £2.9m (incl Pay Award funding shortfall).
 6. A best-case unidentified forecast gap of £5.7m for which any mitigation is likely to be non-recurrent in nature.
 7. The Group has committed to £12.7m of new investments in year.

£million	NLAG	HUTH	Group
2024/25 - Surplus/(Deficit) Plan	0.0	0.0	0.0
Non-recurrent Adjustments			
NR Additional Stretch Income Support	(3.2)	(4.9)	(8.1)
NR Depreciation Funding Support	0.0	0.0	0.0
NR Surge Funding Support	(2.5)	(2.2)	(4.7)
NR 24/25 Deficit Funding	(14.9)	(13.3)	(28.2)
NR CIP (Forecast)	(20.6)	(18.4)	(39.1)
NR Balance Sheet Flexibility	(11.2)	(21.1)	(32.3)
FYE 24/25 Plan	(1.2)	(1.7)	(2.9)
Unidentified mitigations likely to be non-recurrent if identified	0.7	(6.4)	(5.7)
2024/25 New Investments & FYEs	(1.4)	(11.3)	(12.7)
Underlying Deficit	(54.3)	(79.3)	(133.6)

System Financial Performance – January 2024

The ICB reported a YTD deficit of (£51.8m), (£28.9m) adverse to plan. The ICS is forecasting a plan compliant break-even position.

Organisation	Year To Date			Forecast		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Humber and North Yorkshire ICB	0	(383)	(383)	0	0	0
Harrogate and District NHS Foundation Trust	(2,528)	(16,855)	(14,327)	0	0	0
Hull University Teaching Hospitals NHS Trust	(7,585)	(10,035)	(2,450)	0	0	0
Humber Teaching NHS Foundation Trust	(479)	(479)	0	0	0	0
Northern Lincolnshire and Goole NHS Foundation Trust	(7,804)	(7,809)	(5)	0	0	0
York and Scarborough Teaching Hospitals NHS Foundation Trust	(4,461)	(16,229)	(11,768)	0	0	0
Total	(22,857)	(51,790)	(28,933)	0	0	0

Capital Expenditure

The Group has spent £40.9m on capital expenditure against a £60.7m plan, (£19.8m) behind plan. Forecast capital spend is in line with plan.

£million	NLAG			HUTH			GROUP		
	Year to Date			Year to Date			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.	Plan	Actual	Var.
Estates Major Schemes									
Ward/Department Refurbishment/Development	1.1	0.0	(1.1)	0.0	0.0	0.0	1.1	0.0	(1.1)
Day Surgery CHH	0.0	0.0	0.0	5.2	6.5	1.3	5.2	6.5	1.3
Theatres & IRT	7.1	5.3	(1.8)	5.9	2.7	(3.1)	12.9	8.0	(4.9)
Community Diagnostic Centres	7.1	4.4	(2.7)	1.5	0.4	(1.1)	8.6	4.7	(3.9)
Total Estates Major Schemes	15.3	9.7	(5.6)	12.6	9.7	(2.9)	27.8	19.3	(8.5)
Other Estates Schemes	0.3	0.1	(0.2)	0.0	0.0	0.0	0.3	0.1	(0.2)
IM&T Programme	3.0	1.0	(2.0)	1.2	0.9	(0.2)	4.1	1.9	(2.2)
EPR	2.0	0.0	(2.0)	0.0	0.1	0.1	2.0	0.1	(1.9)
Pathology LIMS	2.7	0.9	(1.8)	0.0	0.0	0.0	2.7	0.9	(1.8)
Equipment Renewal	1.7	0.5	(1.1)	1.4	1.4	0.1	3.0	1.9	(1.1)
Facilities Maintenance	4.9	4.2	(0.7)	1.6	2.1	0.5	6.5	6.3	(0.2)
Other Capital Expenditure	3.1	3.4	0.4	11.1	7.0	(4.1)	14.2	10.4	(3.7)
Total Capital Programme	32.9	19.9	(13.1)	27.8	21.1	(6.6)	60.7	41.0	(19.7)
Funded By:									
Internally Generated	20.0	8.8	(11.2)	14.8	9.6	(5.2)	34.8	18.4	(16.4)
PDC Funded	9.9	7.6	(2.3)	9.3	9.3	0.0	19.2	16.9	(2.3)
Donated	2.7	3.0	0.3	1.4	0.6	(0.9)	4.1	3.5	(0.6)
IFRS16	0.4	0.5	0.1	2.3	1.6	(0.6)	2.6	2.1	(0.5)
Disposals - Net Book Value	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Funding	32.9	19.9	(13.1)	27.8	21.1	(6.7)	60.7	40.9	(19.8)

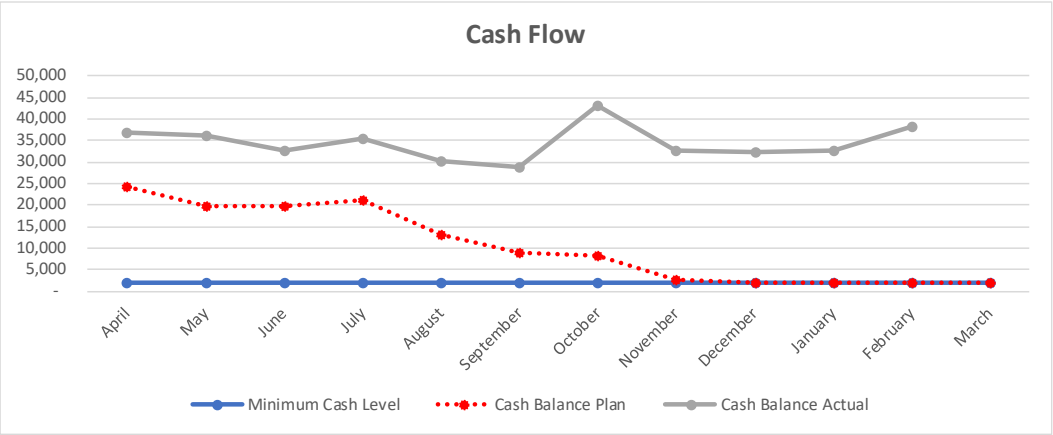
Balance Sheet

£ million	NLAG			HUTH			GROUP		
	Actual	Actual	In month movement	Actual	Actual	In month movement	Actual	Actual	In month movement
	31-Jan-25	28-Feb-25		31-Jan-25	28-Feb-25		31-Jan-25	28-Feb-25	
Fixed Assets	295.3	295.5	0.2	461.8	463.4	1.6	757.1	758.9	1.8
Other Investments			0.0	0.5	0.5	0.0	0.5	0.5	0.0
Current Assets									
Inventories	4.2	4.2	(0.0)	18.8	19.2	0.4	23.0	23.4	0.4
Trade and Other Debtors	22.3	27.3	5.0	50.5	53.0	2.5	72.9	80.3	7.4
Cash	32.5	38.0	5.6	11.8	23.7	11.8	44.3	61.7	17.4
Total Current Assets	59.0	69.5	10.5	81.2	95.9	14.7	140.2	165.4	25.2
Current Liabilities									
Trade and Other Creditors	(49.3)	(47.7)	1.6	(68.8)	(77.2)	(8.4)	(118.1)	(125.0)	(6.8)
Accruals	(22.6)	(19.0)	3.7	(38.4)	(41.0)	(2.6)	(61.0)	(60.0)	1.0
Other Current Liabilities	(14.1)	(20.1)	(5.9)	(25.0)	(26.7)	(1.7)	(39.2)	(46.8)	(7.6)
Total Current Liabilities	(86.0)	(86.7)	(0.7)	(132.3)	(144.9)	(12.7)	(218.3)	(231.7)	(13.4)
Net Current Liabilities	(27.0)	(17.2)	9.8	(51.1)	(49.1)	2.0	(78.1)	(66.3)	11.8
Debtors Due > 1 Year	0.7	0.7	0.0	2.5	2.5	0.0	3.2	3.2	0.0
Creditors Due > 1 Year	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Loans > 1 Year	(4.2)	(4.2)	0.0	(5.0)	(5.0)	0.0	(9.2)	(9.2)	0.0
Finance Lease Obligations > 1 Year	(8.7)	(8.7)	0.1	(70.8)	(70.6)	0.2	(79.5)	(79.2)	0.3
Provisions - Non Current	(3.6)	(3.6)	0.0	(2.3)	(2.3)	0.0	(5.9)	(5.9)	0.0
Total Assets/(Liabilities)	252.4	262.5	10.1	335.7	339.5	3.8	588.1	602.0	13.9
TOTAL CAPITAL & RESERVES	252.4	262.5	10.1	335.7	339.5	3.8	588.1	602.0	13.9

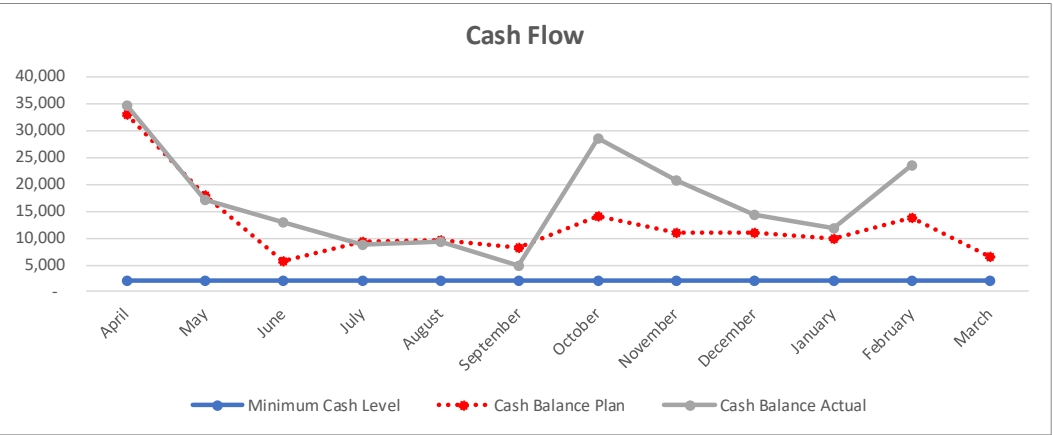
Cash Flow

The Group's cash balance at month 11 was £61.7m. The cash position is likely to deteriorate further over the next few months due to the underlying deficit position and the cash impact of the balance sheet flexibility utilised. Revenue support is not required for Month 12 but is likely to be required by the end of Quarter 1 of 2025/26.

NLAG



HUTH



Elective Recovery

Trust baselines have now been published and monitored against. The Month 11 YTD indicative values suggest the Group is at 99.6% for NLaG and 103.0% for HUTH. As a Group this results in a surplus of £4.6m in Elective Recovery funding.

£000's	YTD											
	NLAG				HUTH				Group Total			
	Target	Actual	Variance	%	Target	Actual	Variance	%	Target	Actual	Variance	%
H&NY Contracts	65,260	65,222	(38)	100%	133,283	136,583	3,300	102%	198,542	201,805	3,262	102%
External Contracts	9,613	9,405	(209)	98%	2,505	2,541	36	101%	12,119	11,946	(173)	99%
Specialist	1,587	1,514	(73)	95%	38,557	40,458	1,901	105%	40,144	41,972	1,828	105%
Sub Total ERF	76,460	76,140	(320)	99.6%	174,345	179,582	5,237	103.0%	250,805	255,722	4,917	102.0%
A&G	814	814	0	N/A	3,693	3,385	(308)	N/A	4,507	4,199	(308)	N/A
Total	77,274	76,954	(320)	99.6%	178,038	182,967	4,929	103.0%	255,312	259,921	4,609	102.0%

£000's	Forecast											
	NLAG				HUTH				Group Total			
	Target	Actual	Variance	%	Target	Actual	Variance	%	Target	Actual	Variance	%
H&NY Contracts	71,529	71,100	(429)	99%	146,284	149,303	3,019	102%	217,813	220,403	2,590	101%
External Contracts	10,497	10,252	(245)	98%	2,701	2,767	66	102%	13,198	13,019	(179)	99%
Specialist	1,752	1,650	(102)	94%	42,106	44,175	2,069	105%	43,858	45,825	1,967	104%
Sub Total ERF	83,778	83,003	(776)	99.1%	191,091	196,245	5,154	102.7%	274,869	279,248	4,378	101.6%
A&G	892	892	0	N/A	3,693	3,693	0	N/A	4,585	4,585	0	N/A
Total	84,670	83,895	(776)	99.1%	194,784	199,938	5,154	102.7%	279,454	283,833	4,378	101.6%

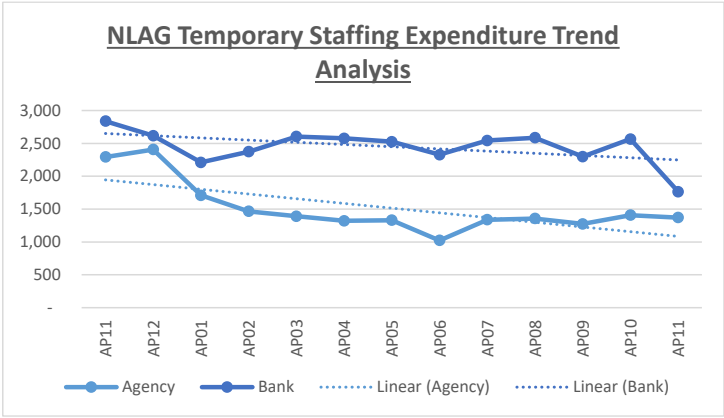
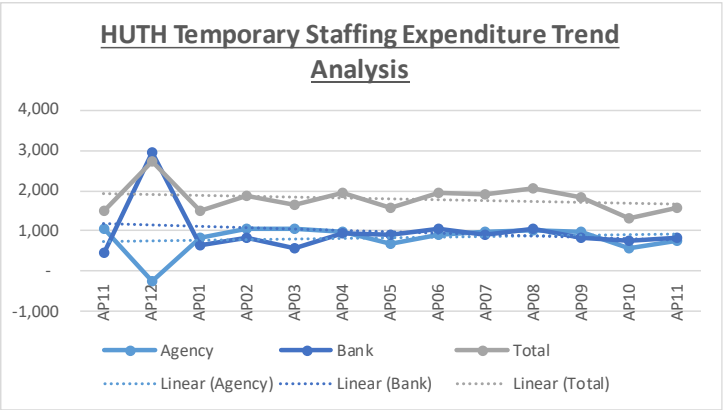
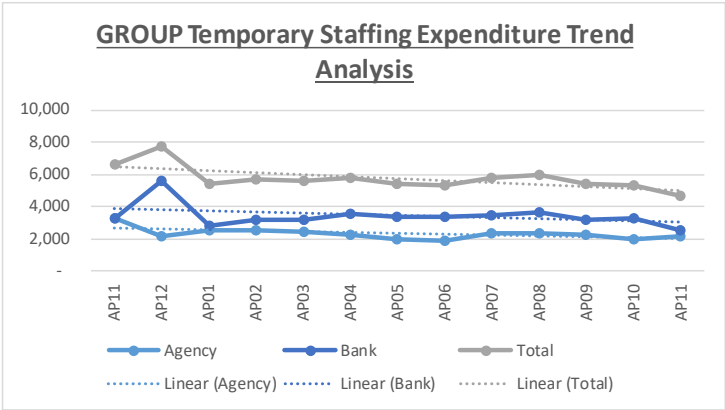
Temporary Staffing Summary

The Group has spent £60.6m on agency and bank YTD. This is £11.9m less than the same period in 2023/24 and is now in below the NHSE Target of 3.2% of total pay expenditure at 2.9%.

Agency & Bank Expenditure v's 2023/24

Type	Subjective Sub category	HUTH (£000's)			NLAG (£000's)			Group Total (£000's)		
		2023/24	2024/25	Variance	2023/24	2024/25	Variance	2023/24	2024/25	Variance
Agency	Medical Staff	10,317	8,782	1,535	12,267	10,632	1,635	22,584	19,415	3,170
	Nursing Staff	461	299	162	11,993	2,853	9,140	12,454	3,152	9,302
	Scientific, Therapeutic & Technical Staff	701	374	326	1,639	1,257	382	2,340	1,631	708
	Admin & Clerical Staff	406	386	19	470	247	223	876	634	242
	Maintenance Staff	0	0	0	0	0	0	0	0	0
	Support Staff	0	0	0	1	0	1	1	0	1
	Other Staff	16	(13)	29	3	3	0	19	(10)	29
Agency Total		11,901	9,829	2,072	26,372	14,993	11,380	38,274	24,822	13,452
Bank	Medical Staff	0	3,817	(3,817)	12,452	10,283	2,169	12,452	14,099	(1,648)
	Nursing Staff	4,491	4,977	(486)	11,596	10,944	653	16,087	15,921	167
	Scientific, Therapeutic & Technical Staff	417	502	(85)	1,039	1,225	(186)	1,456	1,727	(271)
	Admin & Clerical Staff	1	3	(2)	1,952	1,927	25	1,954	1,930	24
	Maintenance Staff	0	0	0	0	0	0	0	0	0
	Support Staff	71	52	19	2,181	2,002	179	2,252	2,054	198
	Other Staff	0	0	0	0	0	0	0	0	0
Bank Total		4,980	9,350	(4,371)	29,221	26,380	2,840	34,201	35,731	(1,530)
Grand Total		16,881	19,179	(2,298)	55,593	41,373	14,220	72,474	60,553	11,922

Agency Spend as % Total Pay (3.2% is the NHSE Target)	2.0%	4.0%	2.9%
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Temporary Staffing Summary – Directorate / Care Group

Total Bank & Agency Spend

Directorate	Care Group	HUTH (£000s)			NLAG (£000's)			Group Total (£000's)		
		2023/24	2024/25	Variance	2023/24	2024/25	Variance	2023/24	2024/25	Variance
Operations	Chief Delivery Officer	0	0	0	0	0	0	0	0	0
	Cancer Network	10	0	10	44	48	(3)	55	48	7
	Cardiovascular	726	606	120	734	483	251	1,460	1,089	371
	Digestive Diseases	1,014	1,031	(17)	3,144	1,971	1,173	4,158	3,002	1,156
	Head & Neck	478	994	(516)	2,620	1,923	697	3,098	2,917	180
	Major Trauma Network	82	102	(19)	370	192	178	453	294	159
	Patient Services	158	74	84	1,337	1,242	95	1,496	1,316	179
	Specialist Cancer and Support Services	2,498	2,680	(182)	1,984	2,220	(236)	4,482	4,900	(418)
	Theatres, Anaesthetics and Critical Care	2,316	2,508	(192)	5,195	3,215	1,980	7,511	5,723	1,788
	Sub Total Operations North	7,283	7,995	(712)	15,429	11,294	4,135	22,712	19,289	3,423
	Chief Delivery Officer	0	0	0	50	0	50	50	0	50
	Acute and Emergency Medicine	2,962	4,280	(1,317)	18,185	12,265	5,920	21,148	16,545	4,603
	Community, Frailty & Therapy	1,667	2,145	(478)	4,795	3,471	1,324	6,462	5,616	846
	Family Services	2,404	1,758	646	5,795	4,592	1,203	8,200	6,350	1,849
	Neuroscience	792	1,073	(281)	1,066	1,060	6	1,858	2,133	(274)
	Pathology Network Group	9	25	(16)	1,188	1,035	153	1,197	1,060	137
	Site Management & Discharge teams	22	144	(122)	568	319	249	590	462	127
	Specialist Medicine	1,000	991	9	2,682	2,636	46	3,682	3,628	55
	Specialist Surgery	1,098	1,123	(25)	2,944	2,351	593	4,042	3,474	568
	Sub Total Operations South	9,955	11,539	(1,584)	37,274	27,729	9,544	47,228	39,268	7,960
Total Operations		17,238	19,533	(2,296)	52,703	39,024	13,679	69,941	58,557	11,384
Corporate	Chief Executive	92	(0)	92	48	9	39	140	9	131
	Chief Medical Officer	1	5	(4)	308	188	120	309	192	116
	Chief Nurse Office	(1)	3	(4)	118	131	(13)	117	134	(17)
	Director of Assurance	0	0	0	0	0	0	0	0	0
	Director of People	(75)	23	(98)	149	94	54	74	117	(43)
	Director of Finance, Estates & Facilities	251	379	(128)	2,096	2,183	(87)	2,346	2,562	(215)
	Strategy and Partnerships	5	0	5	214	82	132	219	82	137
Total Corporate		273	410	(137)	2,932	2,687	245	3,204	3,096	108
Central Income, Reserves & Technical	Central Income	0	0	0	0	0	0	0	0	0
	Central Technical	(70)	(764)	693	(41)	(337)	296	(111)	(1,101)	989
	Reserves	(559)	0	(559)	(0)	0	(0)	(559)	0	(559)
Total Central Income, Reserves & Technical		(629)	(764)	134	(41)	(337)	296	(670)	(1,101)	430
Surplus / (Deficit)		16,881	19,179	(2,298)	55,593	41,373	14,220	72,474	60,553	11,922

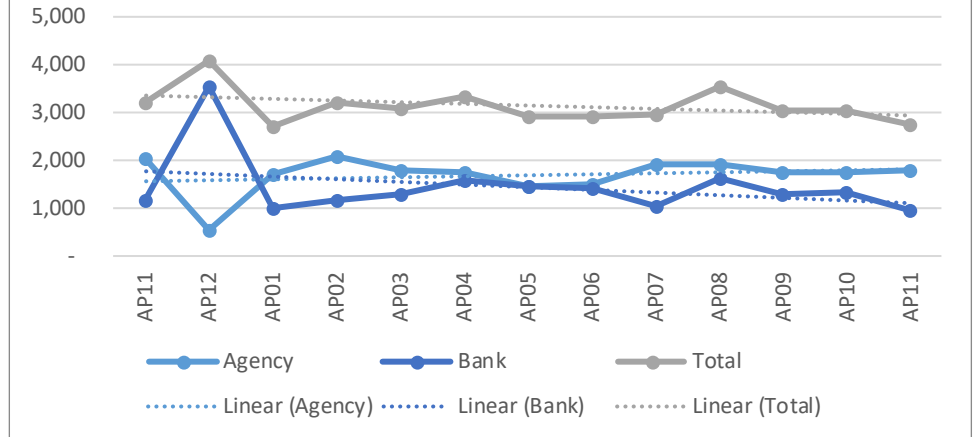
Temporary Staffing Summary – Medical Staffing

The Group has spent £33.5m on Medical Staffing agency and bank pay YTD. This is £1.5m less than the same period in 2023/24 despite significantly reduced industrial action costs incurred in 2024/25 vs 2023/24.

Total Bank & Agency Medical Staffing Spend

Directorate	Care Group	HUTH (£000s)			NLAG (£000's)			Group Total (£000's)		
		2023/24	2024/25	Variance	2023/24	2024/25	Variance	2023/24	2024/25	Variance
Operations	Chief Delivery Officer	0	0	0	0	0	0	0	0	0
	Cancer Network	0	0	0	0	0	0	0	0	0
	Cardiovascular	412	277	135	159	59	100	571	336	235
	Digestive Diseases	417	415	2	1,707	853	854	2,124	1,268	856
	Head & Neck	417	937	(521)	2,438	1,588	850	2,855	2,525	330
	Major Trauma Network	0	36	(36)	0	0	0	0	36	(36)
	Patient Services	0	0	0	0	0	0	0	0	0
	Specialist Cancer and Support Services	1,132	1,358	(226)	644	904	(260)	1,775	2,262	(486)
	Theatres, Anaesthetics and Critical Care	2,047	2,441	(393)	2,516	2,107	409	4,563	4,548	15
	Sub Total Operations North	4,425	5,464	(1,039)	7,464	5,511	1,953	11,889	10,975	914
	Chief Delivery Officer	0	0	0	0	0	0	0	0	0
	Acute and Emergency Medicine	2,403	3,413	(1,009)	9,746	7,981	1,765	12,150	11,394	756
	Community, Frailty & Therapy	323	988	(666)	1,541	1,254	287	1,864	2,243	(379)
	Family Services	2,032	1,291	741	1,879	1,795	84	3,911	3,085	826
	Neuroscience	399	736	(337)	509	560	(52)	908	1,296	(388)
	Pathology Network Group	0	1	(1)	786	517	269	786	517	268
	Site Management & Discharge teams	0	33	(33)	0	0	0	0	33	(33)
	Specialist Medicine	415	427	(12)	912	1,476	(564)	1,326	1,903	(577)
	Specialist Surgery	650	642	9	1,963	1,858	105	2,613	2,500	113
	Sub Total Operations South	6,223	7,531	(1,308)	17,335	15,442	1,893	23,558	22,972	586
	Total Operations	10,648	12,995	(2,347)	24,799	20,953	3,846	35,447	33,948	1,499
Corporate	Chief Executive	0	0	0	0	0	0	0	0	0
	Chief Medical Officer	1	5	(4)	3	0	3	4	5	(0)
	Chief Nurse Office	(0)	0	(0)	0	0	0	(0)	0	(0)
	Director of Assurance	0	0	0	0	0	0	0	0	0
	Director of People	(100)	0	(100)	0	0	0	(100)	0	(100)
	Director of Finance, Estates & Facilities	0	0	0	0	0	0	0	0	0
	Strategy and Partnerships	0	0	0	0	0	0	0	0	0
Total Corporate		(98)	5	(103)	3	0	3	(95)	5	(100)
Central Income, Reserves & Technical	Central Income	0	0	0	0	0	0	0	0	0
	Central Technical Reserves	0	(400)	400	(84)	(38)	(46)	(84)	(438)	354
Total Central Income, Reserves & Technical		(232)	(400)	168	(84)	(38)	(46)	(316)	(438)	122
Surplus / (Deficit)		10,317	12,599	(2,282)	24,719	20,915	3,803	35,036	33,514	1,522

Medical Staffing Temporary Staffing Expenditure Trend Analysis

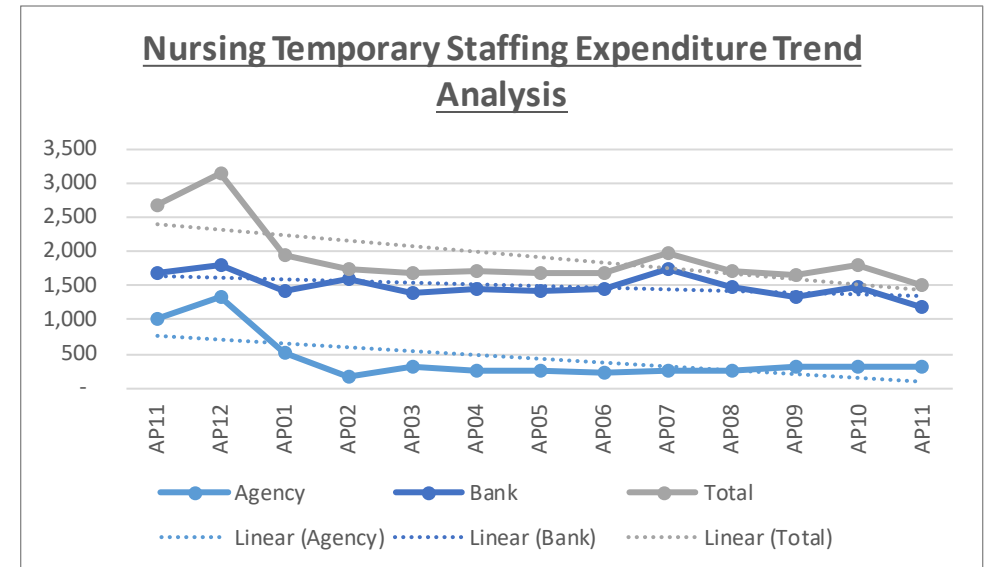


Temporary Staffing Summary - Nursing

The Group has spent £19.1m on Nursing agency and bank pay YTD. This is £9.5m less than the same period in 2023/24.

Total Bank & Agency Nursing Spend

Directorate	Care Group	HUTH (£000s)			NLAG (£000's)			Group Total (£000's)		
		2023/24	2024/25	Variance	2023/24	2024/25	Variance	2023/24	2024/25	Variance
Operations	Chief Delivery Officer	0	0	0	0	0	0	0	0	0
	Cancer Network	10	0	10	16	9	7	26	9	17
	Cardiovascular	252	211	41	491	278	213	744	489	255
	Digestive Diseases	595	616	(21)	1,428	1,115	313	2,022	1,731	292
	Head & Neck	64	57	7	51	55	(4)	115	111	4
	Major Trauma Network	82	65	17	275	182	93	358	247	111
	Patient Services	21	11	10	291	249	42	313	260	52
	Specialist Cancer and Support Services	661	766	(105)	255	187	68	916	953	(37)
	Theatres, Anaesthetics and Critical Care	268	67	201	1,993	989	1,004	2,261	1,056	1,206
	Sub Total Operations North	1,955	1,793	162	4,801	3,063	1,738	6,756	4,856	1,899
	Chief Delivery Officer	0	0	0	12	0	12	12	0	12
	Acute and Emergency Medicine	553	864	(311)	8,294	4,081	4,213	8,847	4,945	3,902
	Community, Frailty & Therapy	1,014	873	141	2,635	1,714	922	3,649	2,586	1,062
	Family Services	372	467	(95)	3,829	2,721	1,108	4,201	3,188	1,013
	Neuroscience	391	337	55	548	469	79	940	806	134
	Pathology Network Group	0	1	(1)	0	0	0	0	1	(1)
	Site Management & Discharge teams	22	111	(89)	559	313	246	580	424	157
	Specialist Medicine	575	564	12	1,766	1,128	638	2,341	1,692	650
	Specialist Surgery	447	481	(35)	981	470	510	1,427	952	475
	Sub Total Operations South	3,374	3,697	(323)	18,623	10,896	7,727	21,997	14,593	7,404
	Total Operations	5,328	5,490	(162)	23,424	13,959	9,465	28,753	19,449	9,303
Corporate	Chief Executive	0	0	0	0	0	0	0	0	0
	Chief Medical Officer	0	0	(0)	1	0	1	1	0	1
	Chief Nurse Office	0	0	(0)	66	38	28	66	39	27
	Director of Assurance	0	0	0	0	0	0	0	0	0
	Director of People	2	11	(9)	70	46	24	72	57	15
	Director of Finance, Estates & Facilities	0	0	0	1	1	(0)	1	1	0
	Strategy and Partnerships	0	0	0	0	0	0	0	0	0
Total Corporate		2	12	(10)	138	85	53	140	97	43
Central Income, Reserves & Technical	Central Income	0	0	0	0	0	0	0	0	0
	Central Technical	(67)	(225)	159	27	(248)	275	(40)	(473)	433
	Technical Reserves	(311)	0	(311)	0	0	0	(311)	0	(311)
Total Central Income, Reserves & Technical		(378)	(225)	(153)	27	(248)	275	(351)	(473)	122
Surplus / (Deficit)		4,952	5,276	(324)	23,589	13,796	9,793	28,541	19,073	9,468



Appendices



Appendix A – Trust I&E & Divisional Budgetary Performance

Income & Expenditure

£million	HUTH £m									NLAG £m									Group £m								
	CM			YTD			Forecast			CM			YTD			Forecast			CM			YTD			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Income																											
Clinical Income	69.4	75.2	5.8	761.1	792.4	31.2	830.4	867.3	36.9	44.6	40.0	(4.7)	500.7	488.9	(11.8)	548.5	536.1	(12.4)	114.0	115.2	1.1	1,261.8	1,281.2	19.4	1,378.8	1,403.3	24.5
Other Income	5.3	4.6	(0.7)	59.0	68.6	9.7	76.6	77.2	0.6	4.5	5.4	0.9	48.2	52.0	3.8	52.6	57.0	4.4	9.8	10.0	0.2	107.2	120.7	13.5	129.2	134.1	5.0
Total Operating Income	74.7	79.8	5.1	820.1	861.0	40.9	906.9	944.5	37.5	49.1	45.4	(3.7)	548.9	540.9	(8.0)	601.1	593.0	(8.0)	123.8	125.1	1.3	1,369.0	1,401.9	32.9	1,508.0	1,537.5	29.5
Pay Costs																											
Medical Staff	(14.2)	(14.4)	(0.2)	(156.7)	(180.6)	(23.9)	(170.8)	(196.1)	(25.2)	(10.1)	(9.3)	0.7	(111.6)	(109.4)	2.3	(120.1)	(118.2)	1.9	(24.3)	(23.7)	0.5	(268.3)	(289.9)	(21.6)	(291.0)	(314.3)	(23.3)
Nursing Staff	(14.1)	(14.4)	(0.4)	(154.9)	(157.2)	(2.3)	(169.0)	(171.3)	(2.3)	(11.9)	(12.0)	(0.1)	(133.5)	(134.7)	(1.2)	(143.3)	(144.0)	(0.7)	(25.9)	(26.4)	(0.5)	(288.4)	(291.9)	(3.5)	(312.3)	(315.3)	(3.0)
Scientific Therapeutic & Techni	(6.6)	(6.6)	(0.0)	(72.6)	(71.0)	1.5	(79.2)	(77.6)	1.6	(4.9)	(4.9)	0.1	(53.8)	(51.7)	2.1	(57.0)	(54.6)	2.4	(11.5)	(11.5)	0.0	(126.4)	(122.8)	3.6	(136.2)	(132.2)	4.0
Total Clinical Pay	(34.9)	(35.5)	(0.6)	(384.1)	(408.8)	(24.6)	(419.0)	(444.9)	(26.0)	(26.8)	(26.2)	0.7	(298.9)	(295.8)	3.1	(320.5)	(316.9)	3.6	(61.7)	(61.6)	0.1	(683.0)	(704.6)	(21.5)	(739.4)	(761.8)	(22.3)
Admin & Clerical Staff	(5.5)	(6.1)	(0.5)	(60.7)	(65.3)	(4.6)	(65.5)	(71.4)	(5.9)	(5.2)	(5.0)	0.2	(56.2)	(55.9)	0.3	(60.4)	(60.1)	0.3	(10.7)	(11.0)	(0.3)	(116.9)	(121.2)	(4.2)	(125.9)	(131.5)	(5.6)
Maintenance Staff	(0.3)	(0.3)	0.0	(3.3)	(3.2)	0.1	(3.6)	(3.5)	0.1	(0.2)	(0.2)	0.0	(2.0)	(1.9)	0.2	(2.2)	(2.0)	0.2	(0.5)	(0.5)	0.0	(5.3)	(5.1)	0.2	(5.8)	(5.5)	0.3
Support Staff	(1.5)	(1.5)	(0.0)	(16.1)	(16.2)	(0.2)	(17.5)	(20.2)	(2.7)	(1.5)	(1.4)	0.1	(16.0)	(16.1)	(0.1)	(17.2)	(17.3)	(0.1)	(2.9)	(2.8)	0.1	(32.1)	(32.3)	(0.2)	(34.7)	(37.5)	(2.8)
Other Staff	(0.1)	(0.0)	0.1	(1.0)	(0.2)	0.8	(1.0)	(0.1)	1.0	(0.0)	(0.0)	0.0	(0.4)	(0.1)	0.2	(0.4)	(0.2)	0.2	(0.1)	(0.0)	0.1	(1.3)	(0.3)	1.0	(1.4)	(0.2)	1.2
Apprentice Levy	(0.2)	(0.2)	(0.0)	(1.8)	(2.0)	(0.2)	(2.0)	(2.2)	(0.2)	(0.1)	(0.1)	0.0	(1.5)	(1.5)	0.0	(1.7)	(1.6)	0.0	(0.3)	(0.3)	(0.0)	(3.3)	(3.5)	(0.1)	(3.6)	(3.8)	(0.2)
Total Other Pay	(7.6)	(8.0)	(0.5)	(82.8)	(86.9)	(4.1)	(89.6)	(97.4)	(7.8)	(7.0)	(6.7)	0.3	(76.2)	(75.5)	0.7	(81.9)	(81.1)	0.7	(14.5)	(14.7)	(0.1)	(159.0)	(162.3)	(3.4)	(171.5)	(178.6)	(7.1)
Total Pay Costs	(42.4)	(43.5)	(1.1)	(466.9)	(495.6)	(28.7)	(508.6)	(542.3)	(33.7)	(33.8)	(32.8)	1.0	(375.1)	(371.3)	3.8	(402.3)	(398.0)	4.3	(76.2)	(76.3)	(0.1)	(842.0)	(866.9)	(24.9)	(910.9)	(940.3)	(29.4)
Drugs	(9.0)	(12.3)	(3.2)	(109.9)	(119.7)	(9.7)	(119.0)	(130.2)	(11.2)	(2.8)	(2.9)	(0.1)	(35.2)	(36.3)	(1.1)	(38.4)	(39.6)	(1.3)	(11.9)	(15.2)	(3.3)	(145.2)	(156.0)	(10.8)	(157.4)	(169.8)	(12.4)
Clinical Supplies & Services	(6.0)	(8.0)	(2.0)	(83.5)	(81.3)	2.2	(88.4)	(85.9)	2.5	(3.8)	(2.4)	1.4	(44.1)	(44.4)	(0.3)	(48.3)	(48.6)	(0.3)	(9.9)	(10.5)	(0.6)	(127.7)	(125.7)	2.0	(136.7)	(134.5)	2.2
Total Clinical Non Pay	(15.1)	(20.3)	(5.2)	(193.5)	(201.0)	(7.5)	(207.5)	(216.1)	(8.7)	(6.7)	(5.3)	1.3	(79.4)	(80.7)	(1.3)	(86.7)	(88.2)	(1.6)	(21.8)	(25.6)	(3.9)	(272.8)	(281.7)	(8.8)	(294.1)	(304.4)	(10.2)
General Supplies & Services	(1.9)	(1.7)	0.2	(20.7)	(20.8)	(0.1)	(21.6)	(21.9)	(0.3)	(0.5)	(0.5)	(0.0)	(5.6)	(5.7)	(0.1)	(6.1)	(6.2)	(0.1)	(2.4)	(2.2)	0.1	(26.3)	(26.5)	(0.2)	(27.7)	(28.1)	(0.4)
Establishment Expenses	(0.5)	(0.9)	(0.4)	(5.4)	(6.8)	(1.4)	(5.9)	(7.4)	(1.5)	(0.6)	(0.5)	0.1	(7.1)	(6.9)	0.2	(7.7)	(7.4)	0.3	(1.2)	(1.4)	(0.2)	(12.5)	(13.7)	(1.2)	(13.6)	(14.8)	(1.2)
Other Establishment Costs	(0.1)	(0.2)	(0.0)	(27.8)	(28.7)	(0.9)	(28.0)	(28.9)	(0.9)	(1.4)	(1.4)	0.0	(15.3)	(15.4)	(0.1)	(16.7)	(16.8)	(0.1)	(1.5)	(1.5)	(0.0)	(43.2)	(44.1)	(0.9)	(44.7)	(45.7)	(1.0)
Premises and Fixed Plant	(3.7)	(1.4)	2.3	(36.9)	(32.2)	4.7	(40.8)	(32.7)	8.1	(2.3)	(2.3)	(0.0)	(23.0)	(22.5)	0.5	(25.4)	(24.5)	0.9	(6.0)	(3.7)	2.3	(59.9)	(54.7)	5.2	(66.2)	(57.2)	9.0
Purchase of Healthcare Service	(1.8)	(3.3)	(1.5)	(30.0)	(36.5)	(6.5)	(31.8)	(40.5)	(8.6)	(1.5)	(0.9)	0.6	(17.3)	(15.2)	2.1	(18.9)	(16.5)	2.4	(3.3)	(4.2)	(0.9)	(47.3)	(51.8)	(4.4)	(50.7)	(57.0)	(6.3)
Miscellaneous Expenditure	(0.1)	0.3	0.3	(0.6)	(1.2)	(0.6)	(0.6)	(0.7)	(0.0)	(0.1)	(0.1)	(0.1)	(0.7)	(1.3)	(0.5)	(0.8)	(1.4)	(0.6)	(0.1)	0.1	0.2	(1.3)	(2.5)	(1.2)	(1.4)	(2.0)	(0.6)
Education Expenditure	(0.3)	(0.5)	(0.3)	(2.8)	(7.1)	(4.3)	(3.1)	(8.1)	(5.0)	(0.2)	(0.2)	(0.0)	(1.7)	(1.9)	(0.2)	(1.8)	(2.6)	(0.8)	(0.4)	(0.8)	(0.3)	(4.5)	(9.0)	(4.5)	(4.9)	(10.7)	(5.8)
Consultancy Expenditure	(0.0)	(0.2)	(0.2)	(0.0)	(1.1)	(1.1)	(0.0)	(1.6)	(1.6)	(0.1)	0.2	0.3	(0.9)	(0.9)	(0.0)	(1.0)	(1.3)	(0.3)	(0.1)	0.0	0.1	(0.9)	(2.0)	(1.1)	(1.0)	(2.9)	(1.9)
Total Other Non Pay	(8.3)	(8.0)	0.3	(124.3)	(134.5)	(10.2)	(131.7)	(141.6)	(9.9)	(6.6)	(5.8)	0.9	(71.6)	(69.9)	1.8	(78.5)	(76.7)	1.8	(15.0)	(13.8)	1.2	(195.9)	(204.3)	(8.4)	(210.2)	(218.3)	(8.1)
Total Non Pay Costs	(23.4)	(28.3)	(4.9)	(317.8)	(335.5)	(17.7)	(339.2)	(357.8)	(18.5)	(13.3)	(11.1)	2.2	(151.0)	(150.5)	0.4	(165.1)	(164.9)	0.2	(36.7)	(39.4)	(2.7)	(468.8)	(486.0)	(17.2)	(504.4)	(522.7)	(18.3)
Total Operating Expenditure	(65.8)	(71.7)	(5.9)	(784.7)	(831.1)	(46.4)	(847.8)	(900.1)	(52.3)	(47.2)	(44.0)	3.2	(526.1)	(521.8)	4.2	(567.5)	(562.9)	4.6	(113.0)	(115.7)	(2.7)	(1,310.8)	(1,352.9)	(42.1)	(1,415.3)	(1,463.0)	(47.7)
EBITDA	8.9	8.0	(0.9)	35.4	29.9	(5.5)	59.1	44.4	(14.8)	1.9	1.4	(0.5)	22.8	19.1	(3.7)	33.6	30.1	(3.5)	10.8	9.4	(1.4)	58.2	49.0	(9.2)	92.7	74.5	(18.2)
Depreciation	(2.3)	(2.3)	(0.0)	(25.1)	(24.8)	0.3	(27.4)	(27.2)	0.3	(2.1)	(1.7)	0.4	(21.6)	(18.5)	3.0	(23.7)	(20.5)	3.1	(4.4)	(4.0)	0.4	(46.7)	(43.4)	3.3	(51.1)	(47.7)	3.4
Non Operating Items	(1.2)	(2.2)	(1.0)	(13.3)	(14.5)	(1.3)	(14.5)	(15.8)	(1.3)	(0.7)	(0.7)	(0.0)	(7.4)	(6.3)	1.1	(8.1)	(7.6)	0.4	(1.9)	(2.9)	(1.1)	(20.7)	(20.9)	(0.2)	(22.6)	(23.5)	(0.9)
Surplus/(Deficit)	5.4	3.5	(1.9)	(3.0)	(9.5)	(6.4)	17.2	1.4	(15.8)	(0.8)	(1.0)	(0.2)	(6.2)	(5.8)	0.4	1.9	2.0	0.1	4.6	2.5	(2.1)	(9.2)	(15.2)	(6.1)	19.1	3.4	(15.7)
NHSE Allowable Adjustments	(0.4)	1.0	1.4	(4.6)	(0.6)	4.0	(17.2)	(1.4)	15.8	(0.2)	0.1	0.3	(1.6)	(2.0)	(0.4)	(1.9)	(2.0)	(0.1)	(0.6)	1.1	1.7	(6.2)	(2.6)	3.6	(19.1)	(3.4)	15.7
Adjusted Surplus / (Deficit)	5.0	4.5	(0.5)	(7.6)	(10.0)	(2.4)	0.0	(0.0)	(0.0)	(1.0)	(0.9)	0.1	(7.8)	(7.8)	(0.0)	0.0	0.0	0.0	4.0	3.6	(0.4)	(15.4)	(17.8)	(2.5)	0.0	(0.0)	(0.0)

Appendix A – Trust I&E & Divisional Budgetary Performance

		HUTH (£m)								
		CM			YTD			Forecast		
Directorate	Care Group	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Operations	Chief Delivery Officer	(0.1)	(0.1)	(0.0)	(0.6)	(1.1)	(0.4)	(0.7)	(1.0)	(0.3)
	Cancer Network	(0.5)	(0.5)	0.0	(5.7)	(5.6)	0.1	(6.3)	(6.3)	0.1
	Cardiovascular	(3.0)	(3.3)	(0.3)	(32.3)	(35.6)	(3.3)	(35.2)	(38.1)	(2.9)
	Digestive Diseases	(2.7)	(3.1)	(0.4)	(29.7)	(32.0)	(2.2)	(32.4)	(34.9)	(2.5)
	Head & Neck	(3.4)	(3.7)	(0.2)	(37.6)	(38.1)	(0.5)	(40.9)	(41.7)	(0.8)
	Major Trauma Network	(0.4)	(0.4)	0.0	(3.0)	(2.7)	0.2	(3.4)	(3.2)	0.2
	Patient Services	(2.0)	(2.1)	(0.1)	(21.6)	(22.7)	(1.1)	(23.5)	(24.7)	(1.2)
	Specialist Cancer and Support Services	(16.3)	(16.3)	0.0	(173.5)	(174.5)	(1.0)	(188.9)	(190.5)	(1.6)
	Theatres, Anaesthetics and Critical Care	(6.6)	(7.3)	(0.7)	(72.1)	(77.7)	(5.5)	(78.9)	(84.6)	(5.7)
	Sub Total Operations North	(35.0)	(36.7)	(1.8)	(376.1)	(390.0)	(13.9)	(410.3)	(425.1)	(14.8)
	Chief Delivery Officer	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Acute and Emergency Medicine	(2.9)	(3.0)	(0.2)	(33.4)	(36.5)	(3.1)	(36.3)	(39.6)	(3.4)
	Community, Frailty & Therapy	(3.2)	(3.4)	(0.1)	(35.6)	(36.4)	(0.8)	(38.9)	(39.9)	(1.1)
	Family Services	(4.6)	(4.7)	(0.1)	(51.3)	(53.7)	(2.4)	(55.9)	(58.5)	(2.6)
	Neuroscience	(2.0)	(2.3)	(0.3)	(21.9)	(23.8)	(1.9)	(23.9)	(26.0)	(2.1)
	Pathology Network Group	(1.6)	(1.8)	(0.2)	(17.8)	(19.5)	(1.7)	(19.4)	(21.2)	(1.8)
	Site Management & Discharge teams	(0.3)	(0.3)	(0.0)	(2.8)	(2.8)	0.0	(3.0)	(3.0)	0.0
	Specialist Medicine	(3.6)	(3.8)	(0.2)	(39.3)	(40.3)	(1.0)	(42.7)	(44.0)	(1.2)
	Specialist Surgery	(3.2)	(3.4)	(0.2)	(35.7)	(38.2)	(2.6)	(38.9)	(41.8)	(2.9)
	Sub Total Operations South	(21.4)	(22.7)	(1.3)	(237.7)	(251.2)	(13.4)	(259.0)	(274.1)	(15.1)
Total Operations		(56.3)	(59.4)	(3.1)	(613.8)	(641.1)	(27.3)	(669.3)	(699.3)	(30.0)
Corporate	Chief Executive	(0.1)	(0.4)	(0.3)	(1.3)	(1.8)	(0.6)	(1.4)	(2.4)	(1.0)
	Chief Medical Officer	(1.1)	(0.6)	0.5	(12.3)	(12.2)	0.0	(13.4)	(13.3)	0.0
	Chief Nurse Office	(0.6)	(0.6)	(0.0)	(33.4)	(33.3)	0.1	(34.0)	(33.9)	0.1
	Director of Assurance	(0.0)	(0.0)	(0.0)	(0.2)	(0.2)	(0.0)	(0.2)	(0.2)	(0.0)
	Director of People	(0.8)	(0.8)	0.0	(8.9)	(8.8)	0.1	(9.7)	(9.7)	0.0
	Director of Finance, Estates & Facilities	(5.9)	(5.4)	0.5	(62.0)	(60.5)	1.5	(68.0)	(66.4)	1.7
	Strategy and Partnerships	(0.5)	(0.4)	0.0	(5.4)	(5.3)	0.1	(5.9)	(5.8)	0.1
Total Corporate		(9.1)	(8.3)	0.8	(123.3)	(122.1)	1.2	(132.6)	(131.6)	0.9
Central Income, Reserves & Technical		70.6	71.9	1.2	774.6	779.7	5.1	857.4	854.6	(2.8)
Central Income		(3.8)	(1.2)	2.6	(41.3)	(26.7)	14.6	(45.3)	(30.5)	14.9
Reserves & Technical		4.0	0.5	(3.5)	0.8	0.8	0.1	7.1	8.2	1.1
Total Central Income, Reserves & Technical		70.8	71.2	0.3	734.1	753.8	19.7	819.1	832.3	13.2
Surplus / (Deficit)		5.4	3.5	(1.9)	(3.0)	(9.5)	(6.4)	17.2	1.4	(15.8)
Adjustments to adjusted financial performance		(0.4)	1.0	1.4	(4.6)	(0.6)	4.0	(17.2)	(1.4)	15.8
Adjusted financial performance Surplus / (Deficit)		5.0	4.5	(0.5)	(7.6)	(10.0)	(2.4)	0.0	(0.0)	(0.0)

		NLAG (£m)								
		CM			YTD			Forecast		
Directorate	Care Group	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Operations	Chief Delivery Officer	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Cancer Network	(0.3)	(0.3)	0.0	(3.6)	(3.4)	0.2	(4.0)	(3.8)	0.2
	Cardiovascular	(0.9)	(0.8)	0.1	(9.7)	(9.2)	0.6	(10.6)	(10.0)	0.6
	Digestive Diseases	(2.5)	(2.4)	0.0	(27.5)	(25.9)	1.6	(30.0)	(28.3)	1.6
	Head & Neck	(1.2)	(1.2)	(0.0)	(13.6)	(14.0)	(0.4)	(14.8)	(15.3)	(0.5)
	Major Trauma Network	(0.2)	(0.2)	(0.0)	(2.2)	(2.3)	(0.0)	(2.4)	(2.4)	(0.0)
	Patient Services	(1.6)	(1.7)	(0.0)	(17.7)	(18.1)	(0.3)	(19.3)	(19.8)	(0.5)
	Specialist Cancer and Support Services	(5.6)	(5.5)	0.1	(60.1)	(60.0)	0.1	(65.5)	(65.5)	0.0
	Theatres, Anaesthetics and Critical Care	(4.0)	(4.2)	(0.3)	(45.1)	(45.7)	(0.6)	(49.1)	(49.6)	(0.5)
	Sub Total Operations North	(16.2)	(16.3)	(0.1)	(179.5)	(178.5)	1.1	(195.7)	(194.7)	1.0
	Chief Delivery Officer	(0.1)	(0.1)	(0.0)	(0.7)	(0.9)	(0.2)	(0.7)	(1.0)	(0.2)
	Acute and Emergency Medicine	(5.6)	(5.2)	0.3	(61.9)	(57.6)	4.4	(67.4)	(62.9)	4.5
	Community, Frailty & Therapy	(4.0)	(4.0)	(0.1)	(44.1)	(44.4)	(0.2)	(48.1)	(48.5)	(0.3)
	Family Services	(4.3)	(4.3)	0.0	(47.6)	(47.8)	(0.2)	(51.9)	(52.2)	(0.3)
	Neuroscience	(0.6)	(0.7)	(0.0)	(7.0)	(6.9)	0.0	(7.6)	(7.6)	0.0
	Pathology Network Group	(2.1)	(2.0)	0.0	(22.2)	(20.7)	1.5	(24.2)	(23.0)	1.2
	Site Management & Discharge teams	(0.3)	(0.3)	(0.0)	(3.7)	(3.7)	(0.0)	(4.0)	(4.0)	(0.0)
	Specialist Medicine	(1.7)	(2.0)	(0.3)	(19.2)	(19.3)	(0.1)	(20.9)	(21.1)	(0.2)
	Specialist Surgery	(1.8)	(1.6)	0.1	(19.3)	(19.3)	0.1	(21.1)	(21.0)	0.1
	Sub Total Operations South	(20.4)	(20.3)	0.1	(225.8)	(220.5)	5.3	(246.1)	(241.2)	4.9
Total Operations		(36.7)	(36.7)	(0.0)	(405.3)	(399.0)	6.3	(441.8)	(435.9)	5.8
Corporate	Chief Executive	(0.1)	(0.3)	(0.2)	(1.2)	(1.7)	(0.5)	(1.4)	(2.2)	(0.8)
	Chief Medical Officer	(1.4)	(1.4)	0.0	(14.8)	(14.3)	0.5	(16.2)	(15.7)	0.5
	Chief Nurse Office	(2.0)	(2.0)	0.0	(22.0)	(21.9)	0.0	(23.9)	(23.9)	0.0
	Director of Assurance	(0.1)	(0.1)	(0.0)	(0.7)	(0.8)	(0.2)	(0.7)	(0.9)	(0.2)
	Director of People	(0.8)	(0.7)	0.0	(8.3)	(8.0)	0.3	(9.1)	(8.8)	0.3
	Director of Finance, Estates & Facilities	(3.6)	(3.9)	(0.3)	(38.5)	(40.3)	(1.8)	(42.2)	(44.3)	(2.1)
	Strategy and Partnerships	(0.3)	(0.3)	0.0	(3.7)	(3.5)	0.2	(4.0)	(3.8)	0.2
Total Corporate		(8.2)	(8.7)	(0.5)	(89.2)	(90.5)	(1.3)	(97.5)	(99.6)	(2.1)
Central Income, Reserves & Technical		46.6	42.4	(4.3)	516.3	502.8	(13.5)	565.4	551.3	(14.1)
Central Income		(2.4)	1.5	3.9	(25.1)	(15.3)	9.8	(27.5)	(10.8)	16.7
Reserves & Technical		(0.2)	0.5	0.7	(2.8)	(3.8)	(1.0)	3.2	(3.0)	(6.2)
Total Central Income, Reserves & Technical		44.0	44.4	0.3	488.4	483.8	(4.6)	541.1	537.5	(3.7)
Surplus / (Deficit)		(0.8)	(1.0)	(0.2)	(6.2)	(5.8)	0.4	1.9	2.0	0.1
Adjustments to adjusted financial performance		(0.2)	0.1	0.3	(1.6)	(2.0)	(0.4)	(1.9)	(2.0)	(0.1)
Adjusted financial performance Surplus / (Deficit)		(1.0)	(0.9)	0.1	(7.8)	(7.8)	(0.0)	0.0	0.0	0.0

GROUP (£m)									
CM			YTD			Forecast			
Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	
(0.1)	(0.1)	(0.0)	(0.6)	(1.1)	(0.4)	(0.7)	(1.0)	(0.3)	
(0.8)	(0.8)	0.0	(9.3)	(9.0)	0.3	(10.3)	(10.0)	0.3	
(3.9)	(4.1)	(0.2)	(42.0)	(44.8)	(2.8)	(45.8)	(48.2)	(2.3)	
(5.1)	(5.5)	(0.4)	(57.2)	(57.9)	(0.7)	(62.4)	(63.2)	(0.9)	
(4.6)	(4.9)	(0.3)	(51.2)	(52.1)	(0.9)	(55.7)	(57.0)	(1.3)	
(0.6)	(0.6)	0.0	(5.2)	(5.0)	0.2	(5.8)	(5.6)	0.2	
(3.6)	(3.8)	(0.2)	(39.3)	(40.8)	(1.4)	(42.9)	(44.6)	(1.7)	
(21.9)	(21.8)	0.1	(233.6)	(234.5)	(0.9)	(254.4)	(256.0)	(1.6)	
(10.6)	(11.6)	(1.0)	(117.2)	(123.4)	(6.2)	(128.0)	(134.2)	(6.2)	
(51.2)	(53.1)	(1.9)	(555.6)	(568.4)	(12.8)	(606.0)	(619.9)	(13.8)	
(0.1)	(0.1)	(0.0)	(0.7)	(0.9)	(0.2)	(0.7)	(1.0)	(0.2)	
(8.4)	(8.3)	0.2	(95.3)	(94.0)	1.3	(103.7)	(102.6)	1.1	
(7.2)	(7.4)	(0.2)	(79.8)	(80.8)	(1.0)	(87.0)	(88.4)	(1.4)	
(8.9)	(8.9)	(0.1)	(99.0)	(101.5)	(2.6)	(107.8)	(110.7)	(2.9)	
(2.6)	(3.0)	(0.3)	(28.9)	(30.8)	(1.9)	(31.5)	(33.5)	(2.0)	
(3.7)	(3.8)	(0.1)	(40.0)	(40.2)	(0.2)	(43.6)	(44.2)	(0.6)	
(0.6)	(0.7)	(0.0)	(6.5)	(6.4)	0.0	(7.0)	(7.0)	0.0	
(5.3)	(5.8)	(0.5)	(58.5)	(59.6)	(1.1)	(63.7)	(65.1)	(1.4)	
(5.0)	(5.1)	(0.1)	(55.0)	(57.5)	(2.5)	(60.0)	(62.8)	(2.8)	
(41.8)	(43.0)	(1.2)	(463.5)	(471.7)	(8.2)	(505.0)	(515.3)	(10.3)	
(93.0)	(96.1)	(3.1)	(1,019.1)	(1,040.1)	(21.0)	(1,111.1)	(1,135.2)	(24.1)	
(0.2)	(0.7)	(0.5)	(2.5)	(3.6)	(1.0)	(2.8)	(4.6)	(1.8)	
(2.5)	(2.0)	0.5	(27.1)	(26.5)	0.6	(29.5)	(29.0)	0.6	
(2.6)	(2.6)	0.0	(55.3)	(55.2)	0.1	(57.9)	(57.9)	0.1	
(0.1)	(0.1)	(0.0)	(0.9)	(1.0)	(0.2)	(0.9)	(1.1)	(0.2)	
(1.6)	(1.5)	0.0	(17.2)	(16.8)	0.4	(18.7)	(18.4)	0.3	
(9.5)	(9.3)	0.2	(100.5)	(100.8)	(0.3)	(110.2)	(110.6)	(0.4)	
(0.8)	(0.7)	0.1	(9.1)	(8.8)	0.3	(9.9)	(9.6)	0.3	
(17.3)	(16.9)	0.4	(212.6)	(212.7)	(0.1)	(230.0)	(231.2)	(1.2)	
117.3	114.2	(3.1)	1,291.0	1,282.6	(8.4)	1,422.8	1,405.9	(16.8)	
(6.2)	0.4	6.5	(66.4)	(42.0)	24.4	(72.8)	(41.3)	31.5	
3.8	1.0	(2.8)	(2.0)	(2.9)	(0.9)	10.3	5.2	(5.1)	
114.9	115.5	0.7	1,222.5	1,237.6	15.1	1,360.2	1,369.8	9.6	
4.6	2.5	(2.1)	(9.2)	(15.2)	(6.1)	19.1	3.4	(15.7)	
(0.6)	1.1	1.7	(6.2)	(2.6)	3.6	(19.1)	(3.4)	15.7	
4.0	3.6	(0.4)	(15.4)	(17.8)	(2.5)	0.0	(0.0)	(0.0)	

Council of Governors Business Meeting

Agenda Item No: CoG(25)040

Name of the Meeting	Council of Governors Business Meeting	
Date of the Meeting	16 April 2025	
Director Lead	David Sharif, Group Director of Assurance	
Contact Officer/Author	David Sharif, Group Director of Assurance	
Title of the Report	Board Assurance Framework (BAF)	
Executive Summary	<p>This report sets out the Board Assurance Framework strategic risks, mitigating actions and any changes since the last time it was reported.</p> <p>The Council of Governors are asked to;</p> <ul style="list-style-type: none"> Note the Board Assurance Framework attached. 	
Background Information and/or Supporting Document(s) (if applicable)	N/A	
Prior Approval Process	The BAF is received at the Group Cabinet Risk and Assurance Committee, each of the Committees-in-Common and has final approval at the Boards-in-Common.	
Financial implication(s) (if applicable)	Financial implications are included in the report.	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A	
Recommended action(s) required	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance </div> <div> <input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below: </div> </div>	

Front Sheet Boards in Common

Meeting name	Boards in Common BIC (25)059	<ul style="list-style-type: none"> BAF risk 8 – Financial Sustainability – Current risk score = 16 <p>No proposed changes to risk appetites were deemed necessary.</p> <p>These Committees is also invited to consider the risk score factors.</p>
Meeting date	10 April 2025	There are actions underway in total addressing all of the BAF risks. For all Group risks, both individually and in combination more generally for all strategic risks, robust management and oversight is required to preserve and nurture the Group's reputation and credibility for patients and broader stakeholders.
Director Lead	David Sharif, Group Director of Assurance	The risk appetite levels agreed by the Boards-in-Common are now included in this report as a prompt.
Contact Officer/Author	Rebecca Thompson, Deputy Director of Assurance	Each CiC receives a quarterly update on the BAF for review and approval, the last round being February 2025. The next round of discussions will commence in May 2025 to inform the June quarter.
Title of the Report	Board Assurance Framework (BAF)	Recommendations: The Boards in Common are asked to:
Executive Summary	<p>The following report highlights the Q3 risk ratings for:</p> <ul style="list-style-type: none"> BAF risk 1 – Group Culture and Leadership – Current risk score = 20 BAF risk 2 – Performance – Current risk score = 20 BAF risk 3 – Patients – Current risk score = 20 BAF risk 4 – Research and Innovation – Current risk score = 12 BAF risk 5 – Partnerships – Current risk score = 12 BAF risk 6 – Digital – Current risk score = 16 BAF risk 7 – Capital – Current risk score = 15 	<ul style="list-style-type: none"> Note and review the BAF risks Note that the risks have been reviewed by the Executive Team and the Committees-in-Common

Background information and/or Supporting Document(s) (if applicable)	All BAF risks have been updated following discussion between the Executive Team and the Group Director of Assurance.
Prior Approval Process	The BAF is considered at the Group Cabinet Risk and Assurance Committee and quarterly each Committees-in-Common, with final receipt and approval agreed at the Board.
Implications for equality, diversity and inclusion, including health inequalities	No immediate EDI Concerns
Financial implication(s)	The actions being taken to mitigate the risks should produce more efficient systems and processes across the Group
Recommended action(s) required	<div> <input type="checkbox"/> Approval <input checked="" type="checkbox"/> Information </div> <div> <input type="checkbox"/> Discussion <input type="checkbox"/> Review </div> <div> <input type="checkbox"/> Assurance <input type="checkbox"/> Other </div>

Board Assurance Framework

Group Cabinet Risk and Assurance Committee

Purpose of the report

The purpose of the report is to update the Committee regarding the Group's strategic culture and leadership risk. The Board assurance framework is designed to help drive the Boards' agenda, achieve its strategic objectives and ensure that the Group's reputation and credibility for patients and broader stakeholders is preserved and nurtured.

Structure of the report

Overleaf, a table summarises the current assessment for the finance risk:

- The risk description;
- The risk owner/s;
- The current risk score (and whether a change from the previous report);
- The target score (the maximum acceptable);
- The optimum score; and
- The risk appetite category.

The subsequent pages additionally set out, by each risk (over three pages each):

- The strategic risk description;

- #1
- The last review date;
- The current risk score in a 5 by 5 matrix applicable to the risk appetite for this risk category; and
- The risk appetite statement relevant to the matrix (for information).

#2

- The controls and assurances and their respective gaps

#3

- The actions being taken to mitigate the current gaps;
- An estimated completion date; and
- The lead officers involved.

Risk appetite

Risk category	Current risk appetite level	Risk appetite statement
Clinical Quality and Safety	Cautious	Safe and high-quality patient outcomes are vital. Our willingness to accept clinical quality and safety risks is balanced and cautious. Whilst we accept that safe, clinical practice is a priority, we will accept some clinical risks if we improve patient care and outcomes overall and our work does not result in any abnormal deviations from acceptable standards.
Financial / Value for Money	Open	Our willingness to accept financial or value for money risks is mainly open in nature. We are prepared to make less certain investments for a better future that may risk an adverse financial impact on the basis of our ability to assess and gain benefits and minimise risks.
Partnership	Balanced	Our willingness to accept partnership risks is balanced and open in nature. We wish our engage with a range of partners to deliver our agenda, some of whom may by more innovative or experimental nature and have a limited track record as a result. We are prepared to accept a reasonable level of challenge and setback on the basis of our ability to monitor and manage the risks.
Transformation delivery	Open	Our willingness to accept transformation delivery risks is open and entrepreneurial in nature. We wish our local leaders to make changes for the benefit of their patients without routine recourse to executive permission. We accept the potential consequences because we recognise the need to change and capability of our workforce to make the right decisions.
Workforce	Balanced	Our staff are the most important aspect is delivering safe, effective care and a good experience to our patients. Our willingness to accept workforce risks is balanced and open in nature. Whilst we have the highest levels of ambition for our workforce and their development, we will accept some level of likelihood or range of negative consequences to our workforce in the pursuit of better patient care, more local decision-making,

Board Assurance Framework

Current assessment

The table below summarises the current assessment for each risk.

ID	Heading	CiC	Strategic risk	Risk owner/s	Latest score	Score change	Scored date	Appetite	Max target score	Optimal risk
1	Staff support	WEC	We aim to support our staff. However, if we fail to embed compassionate and inspirational leadership and fail to improve our working environments, then staff engagement scores (from staff surveys) will not improve and our staff retention and attendance rates will not improve.	Simon Nearney, Group Chief People Officer	20		10/7/2024	Balanced	12	8
2	Performance	PEF	We aim to achieve upper quartile performance through transformational change and by harnessing the energy of the organisation and creating a culture of improvement.	Clive Walsh, Interim Site Chief Executive - North, Sarah Tedford, Interim Site Chief Executive - South	20	0	1/24/2025	Open	16	4
3	Patients	QS	We aim to listen to our patients and keep them safe by learning from mistakes. However, if we do not listen actively, we will give patients a poor experience, sustain avoidable harm and the Group will attract regulatory sanctions.	Kate Wood, Group Chief Medical Officer, Amanda Stanford, Group Chief Nurse	20		10/9/2024	Cautious	9	4
4	Research and innovation	QS	We aim to expand our research and innovation capabilities by developing a strong brand. However, if we fail to develop sufficient skill sets and resources, we will not be able to exploit all the income sources to achieve this and attract high calibre staff into research posts.	Kate Wood, Group Chief Medical Officer	12		10/29/2024	Balanced	12	4
5	Partnerships	TB	We aim to play a leading role in our health and care system, by being a prominent advocate for the Humber region, outward-facing with a clear, consistent case for its investment and regeneration. However, if we fail to unite internally and attract investment, we will experience little progress towards addressing our health inequality challenges.	Jonathan Lofthouse, Group Chief Executive, Ivan McConnell, Group Chief Strategy & Partnerships Officer	12		11/6/2024	Balanced	12	4
6	Digital	CAMP	We aim to develop our digital infrastructure and wider connectivity through a robust digital delivery function that matches Group needs with adequate capital and revenue funds. However, if the Board fails to commit to the digital benefits and we have an unclear line of sight to the benefits sought, we will own a weak plan to deliver and to monitor transformation, resulting in insufficient transformation of our operations.	Kate Wood, Group Chief Medical Officer	16		10/25/2024	Open	9	6
7	Capital	CAMP	We aim to use major capital infrastructure and investment effectively. However, if we fail to identify sufficient capital sources for equipment, (including medical, digital and estates,) and to address estate deficiencies, and produce a weak capital plan, and then experience unexpected capital growth or plan ineffectively across schemes in-year, we will face unpredictable capital demands, access issues for our patients and not deliver transformational change for the benefit of our patients.	Emma Sayner, Group Chief Financial Officer	15		10/23/2024	Open	9	4
8	Financial sustainability	PEF	We aim to achieve financial sustainability through strong financial stewardship. However, if we fail to agree and communicate clear, balanced finance plans that are mutually beneficial to the Group and system partners, with aligned activity and workforce actions, then a failure to engage with teams and to set controls that are consistent and / or appropriately delegated, will result in overspent budgets and little change in practice.	Emma Sayner, Group Chief Financial Officer	16	-4	2/4/2025	Open	15	9

The following pages provide further detail.

Board Assurance Framework

Risk #1 – Group Culture and Leadership (1)

The tables below and opposite provides score and further details for the above risk.

Strategic objective	
Group Culture and Leadership	
Strategic risk category	Current score
Staff support	20
Strategic risk	
We aim to support our staff. However, if we fail to embed compassionate and inspirational leadership and fail to improve our working environments, then staff engagement scores (from staff surveys) will not improve and our staff retention and attendance rates will not improve.	
Committee	
Workforce, Education and Culture	
Lead	
Simon Neamey, Group Chief People Officer	
Last review date - of strategic risk	of risk score
Monday, 7 October 2024	10/7/2024

Current score and risk appetite (Balanced)					
CONSEQUENCE Impact	Best (1)	Likely (2)	Possible (3)	Unlikely (4)	Almost certain (5)
Catastrophic (5)	Green	Orange	Red	Black	Red
Major (4)	Green	Green	Orange	Red	Red
Medium (3)	Green	Green	Orange	Orange	Red
Minor (2)	Green	Green	Green	Green	Orange
Negligible (1)	Green	Green	Green	Green	Green

Tolerable score = 12
(L:4, C:3)

Optimal score = 8
(L:4, C:2)

| Appetite statement | | | | | |
| Our staff are the most important aspect is delivering safe, effective care and a good experience to our patients. Our willingness to accept workforce risks is balanced and open in nature. Whilst we have the highest levels of ambition for our workforce and their development, we will accept some level of likelihood or range of negative consequences to our workforce in the pursuit of better patient care, more local decision-making, improved productivity, innovation and better ways of working. | | | | | |

Board Assurance Framework

Risk #1 – Group Culture and Leadership (2)

The tables below and opposite set out the controls and assurances for the above risk and their respective gaps. The numbers shown in the gap tables reference an action ID given overleaf.

Control
Workforce Transformation Committee
Talent management team for international recruitment
Required Learning Steering Group
NLAG People Strategy (2024 expiry)
International recruitment drives
HUTH People Strategy (2024 expiry)
Group Senior Management Team (was EMC) will receive escalation reports from the Group Workforce Transformation Committee
Group Leadership Strategy (in development)
E-Rostering for clinical staff
EDI Steering Group
CESR Programme
Care Group Performance and Accountability
Annual Care Group Workforce plans

Gaps in control (and Action ID)	5	6	7	8	Total
Hard to recruit roles in medical specialities	1	1	1		3
Healthcare Assistant issues and high turnover	1	1			2
Sufficient attraction, to recruit and retain staff to work in the area	1	1	1	1	4
Total	3	3	2	1	9

See over for Action ID detail

Source and assurance
External
Workforce Report to HNY and Care Partnership ICB Workforce Board
Workforce Report to Pay and Agency meetings
Internal
Annual Safer Staffing Report
Certificate of Eligibility for Specialist Registration metrics to Group Workforce Transformation Committee
Integrated Performance Report

Assurance gaps (and Action ID)	5	6	7	Total
Consultant vacancy position		1	1	2
Frequent culture and staff experience measures			1	1
Plans to address ageing workforce profile	1			1
Total	1	1	2	4

Board Assurance Framework

Risk #1 – Group Culture and Leadership (3)

The table below sets out the actions being taken for the above risk. The ID number reference to the gap tables from the previous page.

ID	Action	Completion date	Update	Update date	Action owner/s
5	Group People Strategy 2025-28 to be developed and launched 2025	01/01/25	WECC Endorsed	29/01/25	Simon Nearney, Group Chief People Officer
6	Recruitment drives using the Group name to attract high calibre candidates	31/10/24		29/01/25	Simon Nearney, Group Chief People Officer
7	Cultural Transformation action plan development	31/10/24	Care Groups March Performance meetings - Apr/May 2025	29/01/25	Simon Nearney, Group Chief People Officer
8	Group Leadership network and training programme - November 2024	30/11/24	New competencies for leaders - comments from Care Groups - May 2025	29/01/25	Simon Nearney, Group Chief People Officer
38	Launched Group Well-being platform	28/02/25		29/01/25	Simon Nearney, Group Chief People Officer

Board Assurance Framework

Risk #2 - Performance (1)

The tables below and opposite provides score and further details for the above risk.

Strategic objective

Achieving upper quartile performance

Strategic risk category

Performance

Current score

20

Strategic risk

We aim to achieve upper quartile performance through transformational change and by harnessing the energy of the organisation and creating a culture of improvement.

Committee

Performance, Estates and Finance

Lead

Clive Walsh, Interim Site Chief Executive - North

Last review date

Wednesday, October 23, 2024

Current score and risk appetite

(Open)

Consequence Impact	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost certain (5)
Catastrophic (5)					
Major (4)					
Moderate (3)					
Minor (2)					
Negligible (1)					

Tolerable score = 16
(L:4, C:4)

Optimal score = 4
(L:2, C:2)

Appetite statement

Our willingness to accept transformation delivery risks is open and entrepreneurial in nature. We wish our local leaders to make changes for the benefit of their patients without routine recourse to executive permission. We accept the potential consequences because we recognise the need to change and capability of our workforce to make the right decisions.

Board Assurance Framework

Risk #2 – Performance (2)

The tables below and opposite set out the controls and assurances for the above risk and their respective gaps. The numbers shown in the gap tables reference an action ID given overleaf.

Control

- Unplanned Care Board
- Planned Care Board
- Financial Planning Improvement Board
- Care Group Performance and Accountability

Gaps in control (and Action ID)	19	20	21	28	31	37	Total
Absence of a comprehensive demand and capacity model		1					1
Data quality issues in supporting metrics					1		1
Lack of timely / realtime performance reporting (eg weekly dashboard)	1						1
Lack of trajectory setting to support robust performance management	1			1			2
Unresolvable gap between national expectations / targets and available finance, degrading or overriding control						1	1
Weak culture of improvement/change management			1			1	2
Total	2	1	1	1	1	2	8

Source and assurance

External

- Acute Provider collaboration reports
- GIRFT reviews - identifying progress towards modernising services and improving experiences and outcomes for patients
- NHS tiering arrangements and support or freedoms

Internal

- Integrated Performance Report
- Planned Care Board reporting to Performance, Estates & Finance CiC
- Unplanned Care Board reporting to Performance, Estates & Finance CiC

Assurance gaps (and Action ID)	31	Total
Absence of routine data quality monitoring	1	1
Total	1	1

See over for Action ID detail

Board Assurance Framework

Risk #2 - Performance (3)

The table below sets out the actions being taken for the above risk. The ID number reference to the gap tables from the previous page.

ID	Action	Completion date	Update	Update date	Action owners
20	Strategic Bed Review (based on optimum LoS)	30/08/25			Ivan McConnell, Group Chief Strategy & Partnerships Officer, Clive Walsh, Interim Site Chief Executive - North
21	Embed QI Methodology	31/01/25			Ivan McConnell, Group Chief Strategy & Partnerships Officer, Amanda Stanford, Group Chief Nurse
28	Work being monitored via South and North Site Reviews (SS, QA2 - expected impacts from key actions in UEC improvement plan to KPIs (four hour performance, Doctor 1 Seen time, ambulance handover) and NS QA6 - FDS for cancers				Clive Walsh, Interim Site Chief Executive - North, Sarah Tedford, Interim Site Chief Executive - South
31	Standing up revised organisational data quality governance	31/05/25			Adam Creeggan, Group Director of Performance
37	Developing skills and capability of Care Group leadership to tackle day-to-day challenges and lead on effective transformation programmes, intra-Care Group and cross-sites				Simon Neamey, Group Chief People Officer, Clive Walsh, Interim Site Chief Executive - North, Sarah Tedford, Interim Site Chief Executive - South
41	Delivery of BI investment	30/11/25			Adam Creeggan, Group Director of Performance

Board Assurance Framework

Risk #3 – Patients (1)

The tables below and opposite provides score and further details for the above risk.

Strategic objective

Listening to our patients and keeping them safe

Strategic risk category

Patients

20

Strategic risk

We aim to listen to our patients and keep them safe by learning from mistakes. However, if we do not listen actively, we will give patients a poor experience, sustain avoidable harm and the Group will attract regulatory sanctions.

Committee

Quality and Safety

Lead

Amanda Stanford, Group Chief Nurse

Kate Wood, Group Chief Medical Officer

Last review date - of strategic risk

Wednesday, 9 October 2024

of risk score

10/9/2024

Current score and risk appetite

(Cautious)

Consequence Impact	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost certain (5)
Catastrophic (5)					
Major (4)					
Moderate (3)					
Minor (2)					
Negligible (1)					

Tolerable score = 9
(L:3, C:3)

Optimal score = 4
(L:2, C:2)

Appetite statement

Safe and high-quality patient outcomes are vital. Our willingness to accept clinical quality and safety risks is balanced and cautious. Whilst we accept that safe, clinical practice is a priority, we will accept some clinical risks if we improve patient care and outcomes overall and our work does not result in any abnormal deviations from acceptable standards.

Board Assurance Framework

Risk #3 – Patients (2)

The tables below and opposite set out the controls and assurances for the above risk and their respective gaps. The numbers shown in the gap tables reference an action ID given overleaf.

Control
Strategic Safeguarding Board
Statutory and Mandatory Training
Safe Staffing Models
Risk and Compliance Group
Quality and Safety Strategy
Peer Review Process
Patient Safety and Learning Group
Patient Experience and Learning
National NICE Guidance
National Best Practice for Audits
Maternity and Neonatal Assurance Group
Infection Control Committee
Incident Reporting culture
Freedom to Speak Up Guardian
Continuous Professional Development for all health professionals and mapped to Quality Priorities

Source and assurance
External
CQC findings and reports
GIRFT reviews - identifying progress towards modernising services and improving experiences and outcomes for patients
National Patient Survey
Internal
Bi-annual Safer Staffing Report
Clinical audit outcomes
Complaint levels
CQC Action Plan
Friends and Family Test reporting
Incident reporting
Integrated Performance Report
Maternity Neonatal Dashboard
Outputs from QI Programme
Risk Management metrics

Gaps in control (and Action ID)	12	13	14	15	29	30	Total
Absence of Group Clinical Strategy						1	1
Comprehensive safety culture	1	1		1			3
Data quality issues in supporting metrics	1						1
Fully safe staffing levels (North)		1					1
Lack of compelling research and innovation strategy					1		1
Lack of consistent basic hygiene compliance				1			1
Lack of extensive collaboration and credibility					1		1
Robust EQIA process			1				1
Strong speak up and reporting culture				1			1
Total	2	2	1	3	2	1	11

See over for Action ID detail

Assurance gaps (and Action ID)	11	12	13	15	29	Total
Lack of available protected time for research and skilled resources to develop innovation					1	1
Poor regulatory status		1	1			2
PSIRF Processes not fully embedded		1		1		2
Risk Management process not fully embedded	1					1
Total	1	2	1	1	1	6

Board Assurance Framework

Risk #3 – Patients (3)

The table below sets out the actions being taken for the above risk. The ID number reference to the gap tables from the previous page.

ID	Action	Completion date	Update	Update date	Action owner/s
11	Develop and publish Risk Management strategy	01/04/25	to be shared with incoming Director of Patient Safety before ARG in Apr-25	04/02/25	Amanda Stanford, Group Chief Nurse
12	Develop and publish Quality and Safety Strategy	01/05/25	1st Draft	04/02/25	Amanda Stanford, Group Chief Nurse
13	Develop and publish Nursing, Midwifery and AHP Strategy	01/06/25	1st Draft to NMB end of Jan	04/02/25	Amanda Stanford, Group Chief Nurse
14	Embed EQIA process (outlined in six-month finance report for 2024-25)	01/04/25	PA Consulting support being explored	24/10/24	Emma Sayner, Group Chief Financial Officer, Amanda Stanford, Group Chief Nurse
15	Develop and embed the Ward Accreditation programme	31/03/25	250 people to trained to date. SOPs agreed. Peer reviews set for next six months. Next iteration of reporting based on new programme	04/02/25	Amanda Stanford, Group Chief Nurse
29	Develop and publish research and innovation strategy	31/01/25	draft by end of November, Cabinet in December	29/10/24	Ivan McConnell, Group Chief Strategy & Partnerships Officer
30	Develop and publish Clinical Services strategy	31/01/25	Obstetric, Paeds and Neonatal review to December Board 2024	01/11/24	Ivan McConnell, Group Chief Strategy & Partnerships Officer, Kate Wood, Group Chief Medical Officer, Amanda Stanford, Group Chief Nurse
39	CQC preparations for Care Groups.	30/09/25		04/02/25	Amanda Stanford, Group Chief Nurse

Board Assurance Framework

Risk #4 – Research and Innovation (1)

The tables below and opposite provides score and further details for the above risk.

Strategic objective	
Developing research and innovation capabilities	
Strategic risk category	Current score
Research and innovation	12
Strategic risk	
We aim to expand our research and innovation capabilities by developing a strong brand. However, if we fail to develop sufficient skill sets and resources, we will not be able to exploit all the income sources to achieve this and attract high calibre staff into research posts.	
Committee	
Quality and Safety	
Lead	
Kate Wood, Group Chief Medical Officer	
Last review date - of strategic risk	of risk score
Tuesday, 29 October 2024	10/29/2024

Current score and risk appetite (Balanced)



Appetite statement

Our willingness to accept partnership risks is balanced and open in nature. We wish our engage with a range of partners to deliver our agenda, some of whom may by more innovative or experimental nature and have a limited track record as a result. We are prepared to accept a reasonable level of challenge and setback on the basis of our ability to monitor and manage the risks.

Board Assurance Framework

Risk #4 – Research and Innovation (2)

The tables below and opposite set out the controls and assurances for the above risk and their respective gaps. The numbers shown in the gap tables reference an action ID given overleaf.

Control
Senior research team
Research Committee
Research and innovation strategy
Protected time
Innovation infrastructure
Financial clarity over existing research resources
Business cases for investment / disinvestment decisions
Available research service capacity eg labs

Source and assurance
External
External agency reviews

Gaps in control (and Action ID)	29	Total
Lack of compelling research and innovation strategy	1	1
Lack of extensive collaboration and credibility	1	1
Total	2	2

See over for Action ID detail

Assurance gaps (and Action ID)	29	Total
Lack of available protected time for research and skilled resources to develop innovation	1	1
Total	1	1

Board Assurance Framework

Risk #4 – Research and Innovation (3)

The table below sets out the actions being taken for the above risk. The ID number reference to the gap tables from the previous page.

ID	Action	Completion date	Update	Update date	Action owner/s
29	Develop and publish research and innovation strategy	31/01/25	draft by end of November, Cabinet in December	29/10/24	Ivan McConnell, Group Chief Strategy & Partnerships Officer

Board Assurance Framework

Risk #6 – Developing our Digital infrastructure (1)

The tables below and opposite provides score and further details for the above risk.

Strategic objective

Developing our digital infrastructure

Strategic risk category

Digital

Current score

16

Strategic risk

We aim to develop our digital infrastructure and wider connectivity through a robust digital delivery function that matches Group needs with adequate capital and revenue funds. However, if the Board fails to commit to the digital benefits and we have an unclear line of sight to the benefits sought, we will own a weak plan to deliver and to monitor transformation, resulting in insufficient transformation of our operations.

Committee

Capital and Major Projects

Lead

Kate Wood, Group Chief Medical Officer

Last review date - of strategic risk

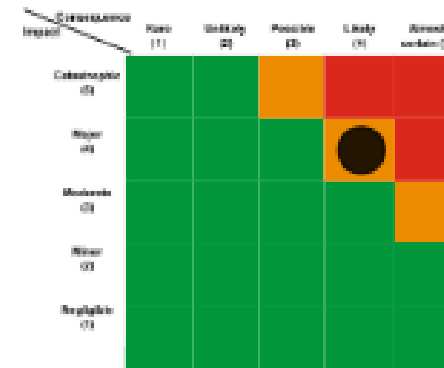
Friday, 25 October 2024

of risk score

10/25/2024

Current score and risk appetite

(Open)



Tolerable score = 9
(L:3, C:3)

Optimal score = 6
(L:2, C:3)

Appetite statement

Our willingness to accept transformation delivery risks is open and entrepreneurial in nature. We wish our local leaders to make changes for the benefit of their patients without routine recourse to executive permission. We accept the potential consequences because we recognise the need to change and capability of our workforce to make the right decisions.

Board Assurance Framework

Risk #6 – Developing our Digital infrastructure (2)

The tables below and opposite set out the controls and assurances for the above risk and their respective gaps. The numbers shown in the gap tables reference an action ID given overleaf.

Control

Supplementary business cases eg DrDoctor, Electronic Document Management System
Long term Financial Model
ICB Digital Governance
Financial Strategy
Financial management education for directors and budget holders
Executive digital governance
EPR Business case
Digital Strategy

Source and assurance

External

Internal audit reviews eg arising from the National Cyber Security Centre's Cyber Assessment Framework (CAF) and the Data Security and Protection Toolkit

Internal

Self-assessment of CAF

Gaps in control (and Action ID)	25	Total
Lack of comprehensive oversight of all digital investment and management	1	1
Weak commercial and contractual grip and control	1	1
Total	2	2

Assurance gaps (and Action ID)	25	26	Total
Gaps in financial tracking and funding	1		1
Lack of technical expertise from the Board		1	1
Total	1	1	2

Board Assurance Framework

Risk #6 – Developing our Digital infrastructure (3)

The table below sets out the actions being taken for the above risk. The ID number reference to the gap tables from the previous page.

ID	Action	Completion date	Update	Update date	Action owner/s
24	Develop Group estates strategy and 10-year Master Plan	01/07/25			Emma Sayner, Group Chief Financial Officer, Tom Myers, Group Director of Estates and Facilities
25	Produce and publish Digital Strategy - covering governance, staffing, resourcing, and engagement necessary to achieve objectives	31/03/25	Feb T100 received consultation draft	18/02/25	Kate Wood, Group Chief Medical Officer, Andy Haywood, Group Chief Digital Officer
26	Board development programme and use of external expertise	31/12/25			Jonathan Lofthouse, Group Chief Executive, David Sharif, Group Director of Assurance

Board Assurance Framework

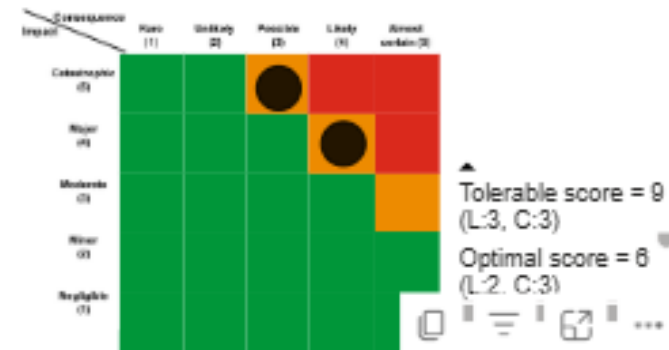
Risk #7 – Using major capital effectively (1)

The tables below and opposite provides score and further details for the above risk.

Strategic objective	
Developing our digital infrastructure	
Strategic risk category	Current score
Capital	15
Strategic risk	
We aim to develop our digital infrastructure and wider connectivity through a robust digital delivery function that matches Group needs with adequate capital and revenue funds. However, if the Board fails to commit to the digital benefits and we have an unclear line of sight to the benefits sought, we will own a weak plan to deliver and to monitor transformation, resulting in insufficient transformation of our operations.	
Committee	
Capital and Major Projects	
Lead	
Emma Sayner, Group Chief Financial Officer	
Kate Wood, Group Chief Medical Officer	
Last review date - of strategic risk	of risk score
Friday, 25 October 2024	10/25/2024

Current score and risk appetite

(Open)



Appetite statement

Our willingness to accept transformation delivery risks is open and entrepreneurial in nature. We wish our local leaders to make changes for the benefit of their patients without routine recourse to executive permission. We accept the potential consequences because we recognise the need to change and capability of our workforce to make the right decisions.

Our willingness to accept financial or value for money risks is mainly open in nature. We are prepared to make less certain investments for a better future that may risk an adverse financial impact on the basis of our ability to assess and gain benefits and minimise risks.

Board Assurance Framework

Risk #7 – Using major capital effectively (2)

The tables below and opposite set out the controls and assurances for the above risk and their respective gaps. The numbers shown in the gap tables reference an action ID given overleaf.

Control
Regulatory frameworks
Qualified and accredited engineers
Long term Financial Model
Financial Strategy
Financial management education for directors and budget holders
Estates 10 year Master Plan for Group
Effective management of operational estates risks
Effective E&F governance structures
Business cases for investment / disinvestment decisions
Business case review group
Source and assurance
<input type="checkbox"/> External
Compliance outcomes from regulators
<input type="checkbox"/> Internal
Riddor performance
Status of operational estates risks and actions from risk register

Gaps in control (and Action ID)	24	Total
Absence of comprehensive Estates Strategy / 10-year plan	1	1
Total	1	1

Assurance gaps (and Action ID)	Total
Total	

Board Assurance Framework

Risk #7 – Using major capital effectively (3)

The table below sets out the actions being taken for the above risk. The ID number reference to the gap tables from the previous page.

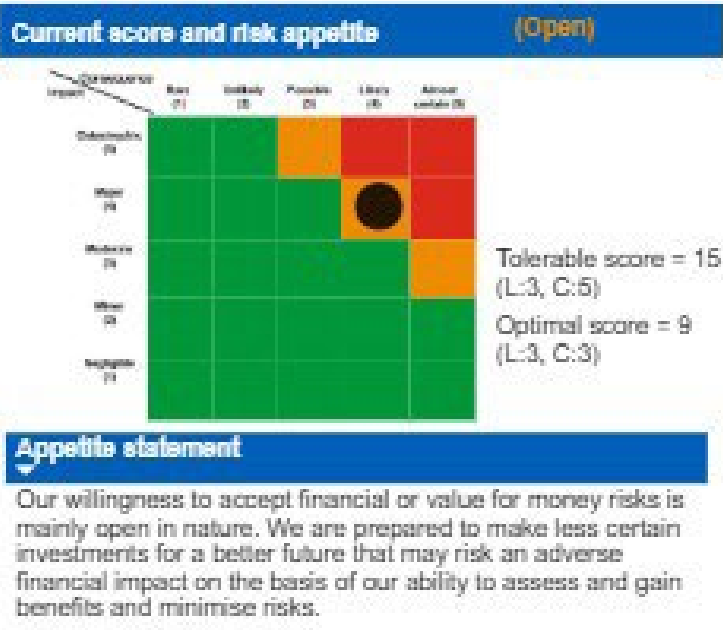
ID	Action	Completion date	Update	Update date	Action owner/s
24	Develop Group estates strategy and 10-year Master Plan	01/07/25			Emma Sayner, Group Chief Financial Officer, Tom Myers, Group Director of Estates and Facilities

Board Assurance Framework

Risk #8 – Achieving financial sustainability (1)

The tables below and opposite provides score and further details for the above risk.

Strategic objective	
Achieving financial sustainability	
Strategic risk category	Current score
Financial sustainability	16
Strategic risk	
We aim to achieve financial sustainability through strong financial stewardship. However, if we fail to agree and communicate clear, balanced finance plans that are mutually beneficial to the Group and system partners, with aligned activity and workforce actions, then a failure to engage with teams and to set controls that are consistent and / or appropriately delegated, will result in overspent budgets and little chance in practice.	
Committee	
Performance, Estates and Finance	
Lead	
Clive Walsh, Interim Site Chief Executive - North Emma Sayner, Group Chief Financial Officer	
Last review date - of strategic risk	of risk score
Wednesday, 23 October 2024	2/4/2025



Board Assurance Framework

Risk #8 – Achieving financial sustainability (2)

The tables below and opposite set out the controls and assurances for the above risk and their respective gaps. The numbers shown in the gap tables reference an action ID given overleaf.

Control
Unplanned Care Board
Planned Care Board
Long term Financial Model
ICS finance model
High functioning Finance department advice and guidance
Financial Strategy
Financial Planning Improvement Board
Financial management education for directors and budget holders
Cost Improvement Programme
Cash management controls
Care Group Performance and Accountability
Business cases for investment / disinvestment decisions
Budgetary control system
Board capability and education

Source and assurance
External
Internal audit review of key financial systems
Internal
Budget control reports
Exception reporting on Standing Financial Instructions and Standing Orders compliance
In-year operational plan progress

Gaps in control (and Action ID)	22	23	33	34	35	36	Total
Absence of Group Finance Strategy founded on clinical and estates strategies		1	1	1			3
Out of date Long Term Financial Model	1						1
Weak culture of improvement/change management					1	1	2
Total	1	1	1	1	1	1	6

See over for Action ID detail

Board Assurance Framework

Risk #8 – Achieving financial sustainability (3)

The table below sets out the actions being taken for the above risk. The ID number reference to the gap tables from the previous page.

ID	Action	Completion date	Update	Update date	Action owner/s
22	Develop a five-year long term financial model	31/03/25		23/10/24	Emma Sayner, Group Chief Financial Officer
23	Develop a comprehensive finance strategy	31/03/25		23/10/24	Emma Sayner, Group Chief Financial Officer
33	Business Case Review Group	31/01/25	Started w/c 20/1/25	24/01/25	Emma Sayner, Group Chief Financial Officer
34	Create and link a prioritisation Framework to strategy	31/03/25		24/01/25	Emma Sayner, Group Chief Financial Officer
35	Utilise the Care Group Performance and Accountability Groups to focus and deliver on transformation	31/03/26		24/01/25	Emma Sayner, Group Chief Financial Officer, Simon Neamey, Group Chief People Officer, Kate Wood, Group Chief Medical Officer, Amanda Stanford, Group Chief Nurse, Clive Walsh, Interim Site Chief Executive - North, Sarah Tedford, Interim Site Chief Executive - South
36	Develop a positive challenge culture within Finance e.g. to query why we do things and where we need value	31/03/26		24/01/25	Emma Sayner, Group Chief Financial Officer

Board Assurance Framework

Next steps and recommendations

Next steps

Audit, Risk and Governance Committees-in-Common will receive a detailed presentation on 24 April 2025 on the status and actions being taken to strengthen the Group's risk management system. This will include a proposed format for future risk reporting to the Board (in support of the BAF) and to CiCs. This will include the development of a commentary on the high-scoring Group-wide risks, for which the current numbers are illustrated opposite.

It will also approve the Group's risk management strategy and policy. The management of the high-level risks will continue to be assessed through the Care Groups, corporate Directorates and the Risk and Compliance Group and the escalation processes in place. The Risk and Compliance Group will inform group-wide risks to the Group Risk and Assurance Committee before their adoption by corporate leads.

The Executive Team will continue to review their strategic risks between CICs and the Group Cabinet Risk and Assurance Committee will recommend any changes to risk ratings or BAF risks to the CICs. Final decisions will be made at the Boards-in-Common.

Recommendations

The Board in Common are asked to:

- Note and review the BAF risks
- Note that the risks have been reviewed by the Executive Team and the Committees-in-Common

Council of Governors Business Meeting

Agenda Item No: CoG(25)041

Name of the Meeting	Council of Governors Business Meeting
Date of the Meeting	16 April 2025
Director Lead	Clive Walsh, Site Chief Executive - North Ivan McConnell, Group Chief Strategy and Partnerships Officer
Contact Officer/Author	Adam Creeggan, Group Director of Performance Jackie Railton, Deputy Director, Planning and Performance Louise Topliss, Head of Performance
Title of the Report	Group Integrated Performance Report
Executive Summary	The Group Performance Report sets out key performance metrics for the NHS Humber Health Partnership as at February 2025
Background Information and/or Supporting Document(s) (if applicable)	
Prior Approval Process	
Financial implication(s) (if applicable)	Report references delivery of activity versus plan with inherent links to income generation via block contract or Elective Recovery Fund
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	Report references delivery of access targets, with inherent links to equity of access across the Group
Recommended action(s) required	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Assurance below: </div> <div> <input type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail </div> </div>

Integrated Performance Report

MONTH 11: February 2025 Performance

January 2025 for Cancer data

Produced March 2025

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1. Executive Summary

This report provides an overview of the Group's performance across a range of metrics with specific detail in relation to each individual Trust.

Domain	HUTH Performance	NLAG Performance	Commentary
RTT Long Waits <ul style="list-style-type: none"> 104 weeks 78 weeks 65 weeks 52 weeks 	February 2025 0 0 156 2,936	January 2025 0 2 19 794	<ul style="list-style-type: none"> NLAG reported 2 x 78w breaches; 1 due to a late pop up and 1 due to complexity Increase in 65w breaches at NLAG +10 and HUTH +23 Increase in 52w breaches at NLAG +126 but decrease at HUTH of -84 The latter increases target delivery in 25/26 and relates to linear growth in PTL due to supply/demand imbalance.
Diagnostic 6w Performance	February 2025 14.2%	February 2025 22.3%	<ul style="list-style-type: none"> HUTH performance improved by 4% NLAG performance improved by 5.4% HUTH - Deteriorating performance in Cystoscopy – increase from 26.3% to 49.3% (impacted by inclusion of overdue planned – should improve next month with Mutual Aid support from Goole) NLAG - Deteriorating performance in Barium Enema – increase from 2.6% to 6.4%
Cancer 62-day Performance (all sources)	January 2025 54.7%	January 2025 45.4%	<ul style="list-style-type: none"> Both Trusts in Tier 1 for Cancer delivery; working with NE&Y Regional Office on recovery assurance 62-day performance at NLAG significantly reduced on December. 62-day performance at HUTH reduced by 4% +63-day backlog test and challenge meetings in place. Concerns remain in HUTH 104 + backlog is above trajectory, Complex pathways transferred to Tertiary late in pathway (IPT), urology surgical capacity & LGI screening diagnostic delays impact on 62 Day). NLAG continues to see improvement in the reduction of the 63+Backlog.
ED: 4-hour standard (Type 1 & 3) 78% by March 2025	February 2025 57.8% Trust compliance	February 2025 70.3% Trust compliance	<ul style="list-style-type: none"> HUTH A&E 4 Hour standard (all types) was 57.8% in February 2025 (plan 63.3%). Type 1 performance of 38.8% was below the 24/25 operating plan target of 40.2%. Type 3 performance (HRI UTC) was 91.3% against the 98% target. Attendances at UTC remain below planned levels. NLAG combined type 1 and 3 performance was 70.3% in February against a target of 74%. Type 1 performance = 47.9% (Target 57.8%) and Type 3 performance = 99.3% (Target 100%). Type 3 attendance volumes are significantly higher than planned, generating a partial offset of Type 1 compliance shortfall.

2. Pathway Summary – Benchmark Report – Elective Care

NB: National benchmarking data is a month in arrears due the NHSE publication timetable

Indicator	Period	Target	🏆	SPC	Last 12 Months	Centile
RTT 52 Week Breach	Jan 25	0	3,020			9
RTT 65 Week Breach	Jan 25	-	134			21
RTT 78 Week Breach	Jan 25	0	1			53
RTT 95th Percentile Admitted Waiting Time	Jan 25	18.0	61.2			52
RTT 95th Percentile Non-Admitted Waiting Time	Jan 25	18.0	57.6			26
RTT Admitted Treatment Within 18 Weeks	Jan 25	90.0%	58.1%			57
RTT Average (Median) Admitted Waiting Time	Jan 25	9.0	12.9			63
RTT Average (Median) Non-Admitted Waiting Time	Jan 25	5.0	9.1			67
RTT Average Wait for Incomplete	Jan 25	7.00	15.2			36
RTT Incomplete 18 Week Standard	Jan 25	92.00%	56.4%			32
RTT Incomplete 92nd Percentile	Jan 25	-	45.3			21
RTT Incomplete Pathways With a DTA	Jan 25	25.0%	16.5%			44
RTT Non-Admitted Treatment Within 18 Weeks	Jan 25	95.0%	65.6%			55
RTT Total Clock Starts	Jan 25	-	20,414			89
RTT Total Clock Stops	Jan 25	-	19,897			92
RTT Total Incompletes	Jan 25	-	79,923			16

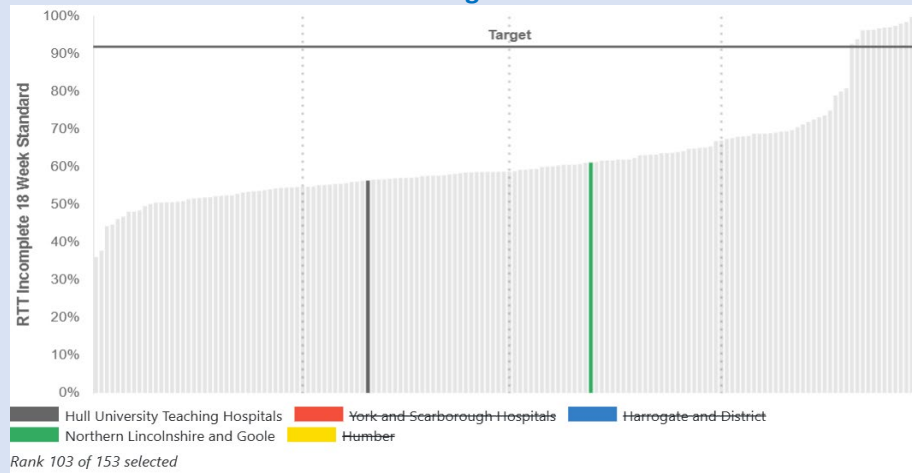
Indicator	Period	Target	🏆	SPC	Last 12 Months	Centile
RTT 52 Week Breach	Jan 25	0	668			55
RTT 65 Week Breach	Jan 25	-	9			63
RTT 78 Week Breach	Jan 25	0	0			100
RTT 95th Percentile Admitted Waiting Time	Jan 25	18.0	58.3			69
RTT 95th Percentile Non-Admitted Waiting Time	Jan 25	18.0	49.9			62
RTT Admitted Treatment Within 18 Weeks	Jan 25	90.0%	54.3%			44
RTT Average (Median) Admitted Waiting Time	Jan 25	9.0	14.7			47
RTT Average (Median) Non-Admitted Waiting Time	Jan 25	5.0	12.2			30
RTT Average Wait for Incomplete	Jan 25	7.00	13.5			61
RTT Incomplete 18 Week Standard	Jan 25	92.00%	61.2%			59
RTT Incomplete 92nd Percentile	Jan 25	-	40.8			55
RTT Incomplete Pathways With a DTA	Jan 25	25.0%	14.2%			58
RTT Non-Admitted Treatment Within 18 Weeks	Jan 25	95.0%	61.1%			34
RTT Total Clock Starts	Jan 25	-	10,698			55
RTT Total Clock Stops	Jan 25	-	10,094			60
RTT Total Incompletes	Jan 25	-	42,509			45

2. Pathway Benchmarking & Trend – Elective Care

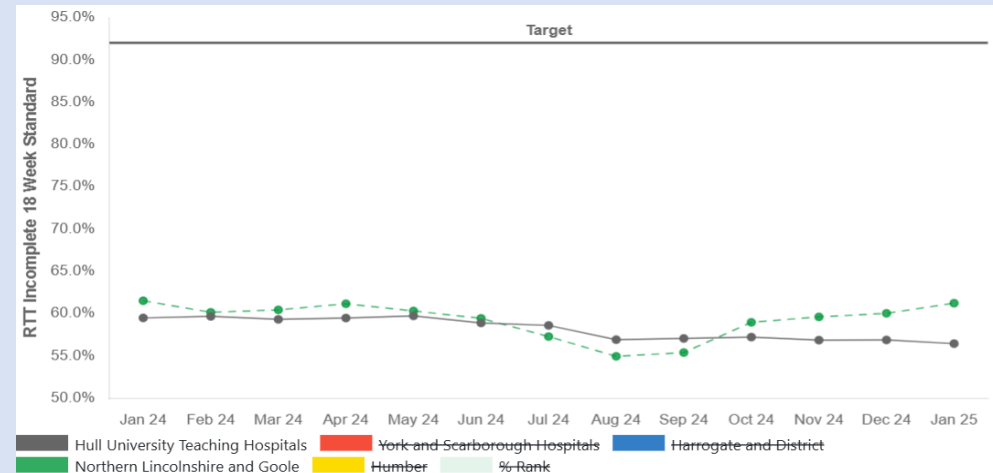
NB: National benchmarking data is a month in arrears due the NHSE publication timetable

RTT – Incomplete Standard

Ranking Chart

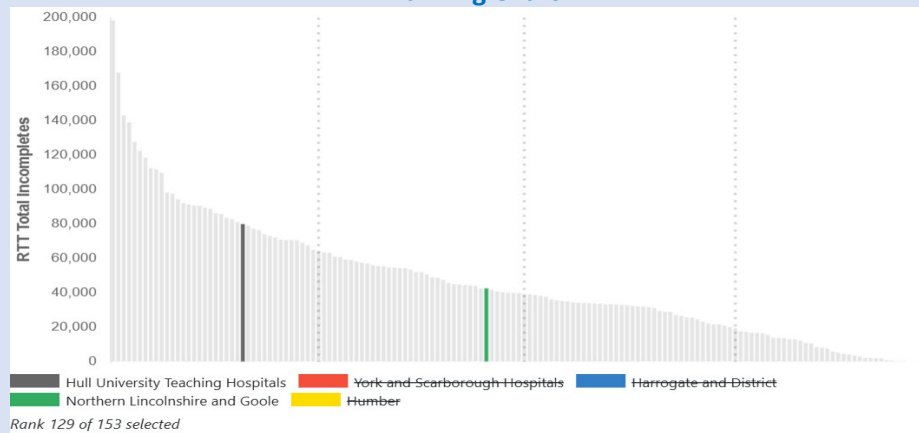


Trend Chart

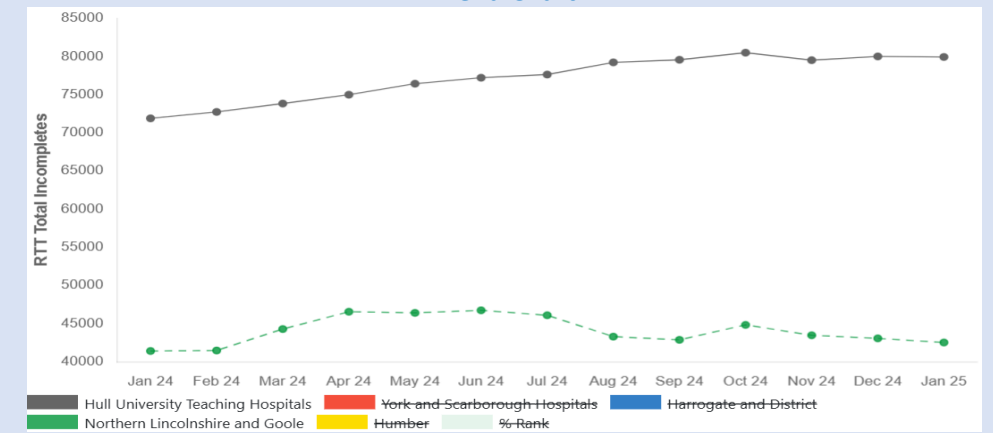


RTT – Total Waiting List Volume

Ranking Chart

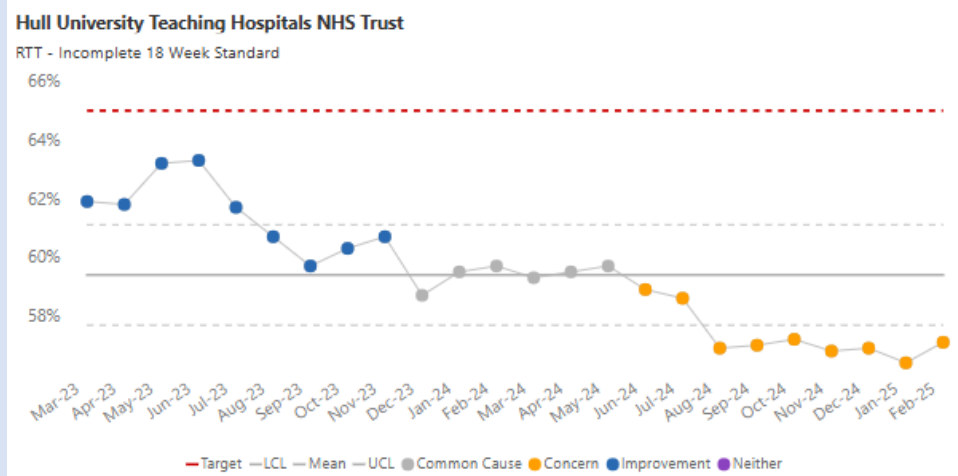


Trend Chart



3. Referral to Treatment - HUTH

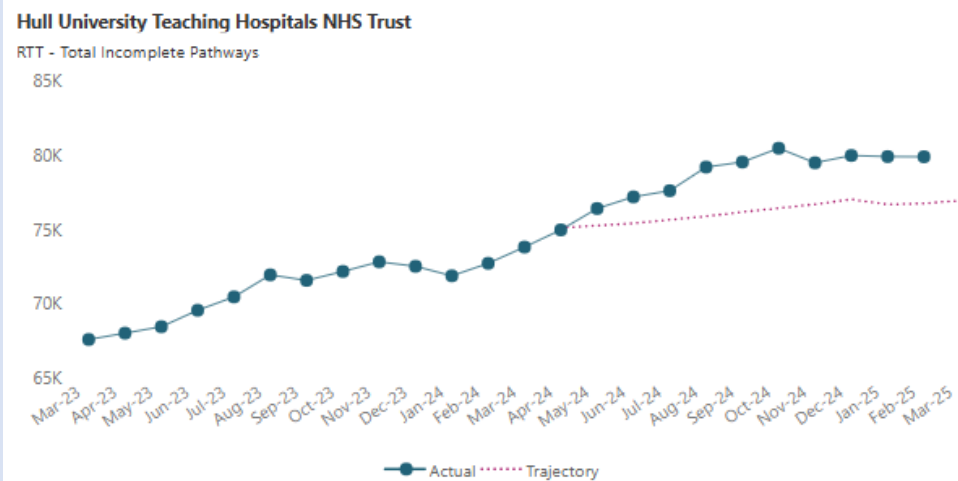
Compliance



Key Themes

- February 18 week RTT performance of 57.1% is broadly unchanged previous months.
- Waiting list volume has been stable in the last few months but remains above plan and now stands at 79,912. This predominately reflects an increase in referrals (all sources) of 3.1% YTD.
- Sustainable RTT waiting list volume to achieve the 92% by 2029 is 45,000.
- 54% of patients on the PTL are awaiting a first outpatient appointment. Largest volumes in ENT, Ophthalmology, Dermatology, Oral Surgery and Respiratory Medicine
- Average wait for incomplete pathway is 14 weeks but remains broadly stable i.e. not increased despite the increase in PTL size.

Critical Enabler



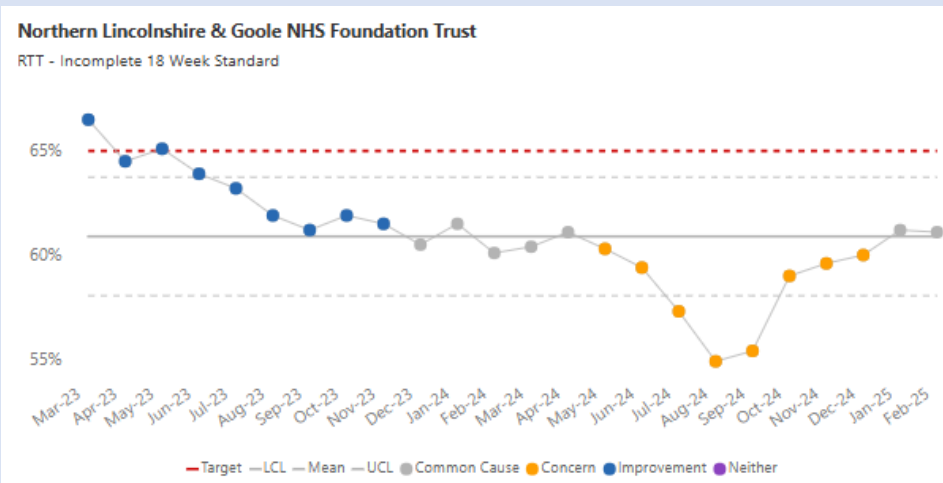
Actions

Critical actions being progressed through RTT Delivery Group:

- Commissioning of automated PTL validation product (LUNA ROVA) capable of scanning structured and unstructured data for 500 patient pathways per day. Proof of concept trial to be undertaken in March/April with identification of significant waitlist reduction opportunity anticipated.
- Ongoing planning process to develop additional outpatient & day case/inpatient capacity in response to sustained demand increases. Care Groups have identified additional activity schemes over and above the 24/25 operational plans to achieve additional pathway completions with a focus on decrease waits for first outpatient activity >40 weeks.
- Reallocate follow up outpatient activity without a procedure.
- Remedial admin action plans deployed to resolve pathway outcome recording delays to reduce total waiting list volume.

4. Referral to Treatment - NLAG

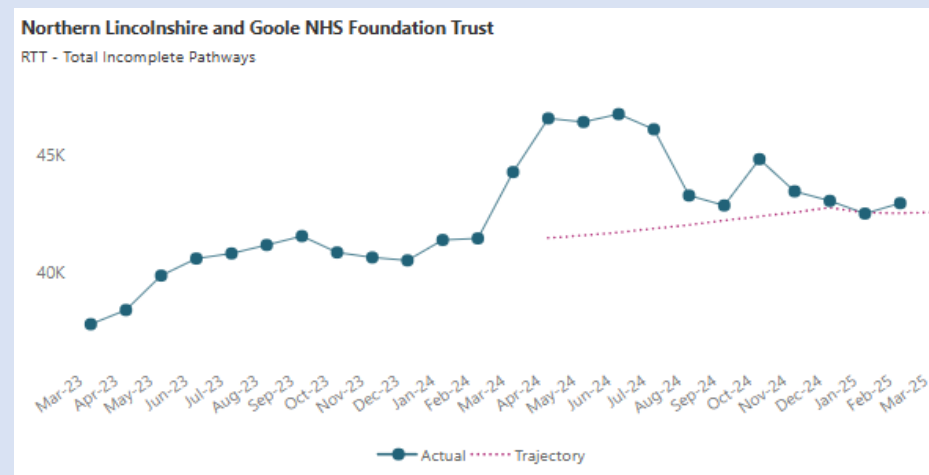
Compliance



Key Themes

- February performance of 61.1% with is broadly the same as last month.
- Since the correction of ASI reporting the RTT waiting list volume has subsequently been reduced to 42,531 and is slightly over the planned trajectory.
- Sustainable RTT waiting list volume to achieve the 92% by 2029 is 22,000.

Critical Enabler



Actions

Critical actions being progressed through RTT Delivery Group

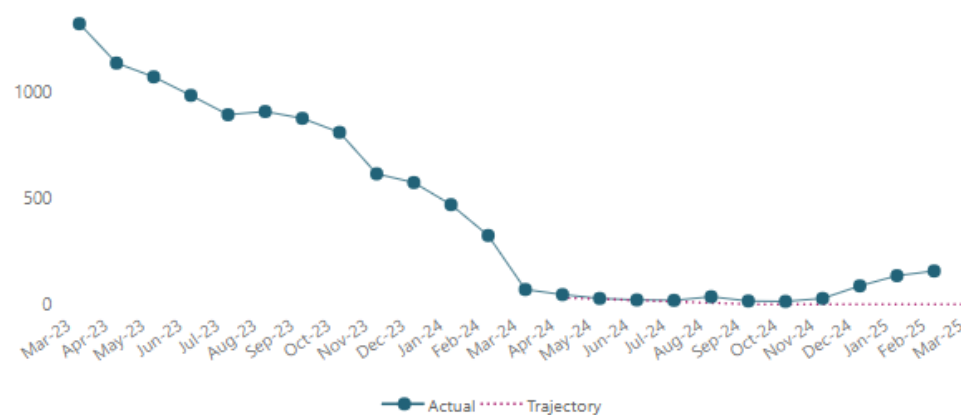
- Increase first outpatient activity and decreased waits for first outpatient activity >13 weeks.
- Decrease follow up outpatient activity without a procedure.
- Care Groups have deployed additional activity over and above the 24/25 operational plan underpinned by Elective Recovery Funds
- Proof of concept trial of automated PTL pathway review to increase validation resource of the PTL, particularly over 18 weeks to support the national drive to deliver a minimum 65% incomplete standard by March 2026.

5. Referral to Treatment – 65w Waits - HUTH

Compliance

Hull University Teaching Hospitals NHS Trust

RTT - 65+ Week Waits



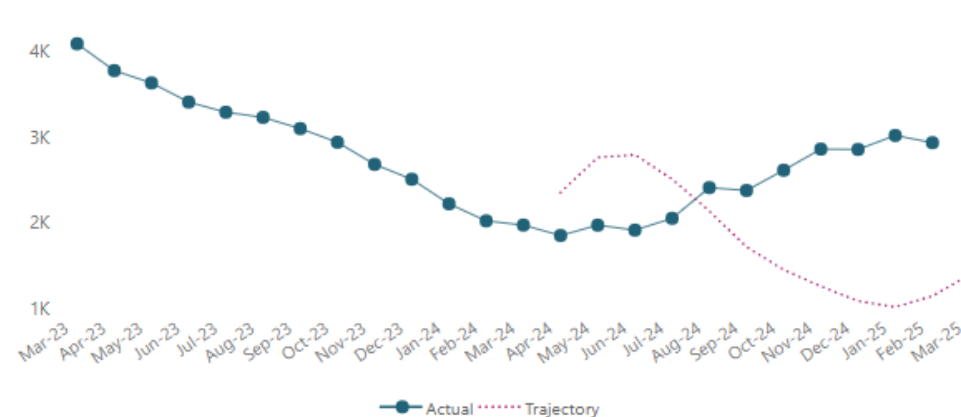
Key Themes

- 156 patients exceeded 65 weeks at the end of February which was an increase on previous months.
- Risks identified relating to February delivery: -
 - ENT – additional weekend audiology and outpatient capacity is being delivered through Modality and HEYAS.
 - Cardiology – additional weekend outpatient and echocardiogram capacity is being delivered through Modality.
 - Plastic Surgery – a plan is in place for provision additional weekend lists to support the complex delayed breast reconstruction (DIEP requires 3 session day)
 - Delays in offering admission dates leading to unreasonable offers and patient choice breaches.
- 3.7% of patients are waiting over 52 weeks compared to 2.7% at the start of the financial year. The 25/26 planning requirement is to achieve no more than 1% waiting over 52 weeks.

Critical Enabler

Hull University Teaching Hospitals NHS Trust

RTT - 52+ Week Waits



Actions

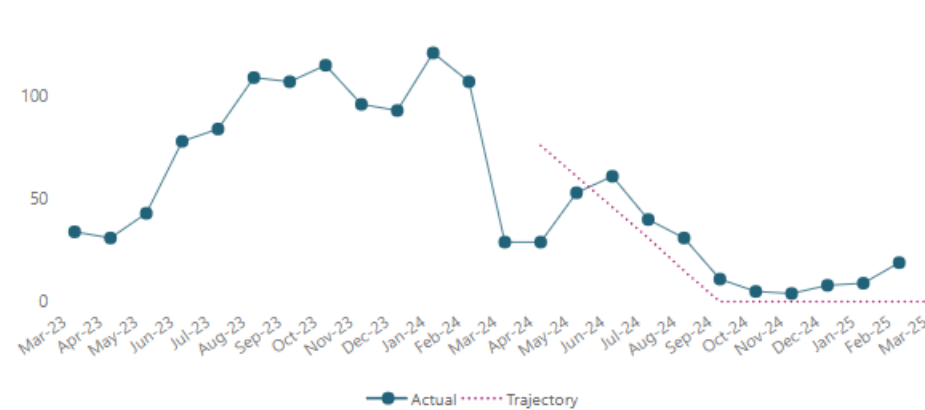
Critical actions being delivered through the RTT Delivery Group

- Delivery of 24/25 operating plan activity extension plans.
- Reduce first outpatient waits to <40 weeks, with the main challenge in ENT. Additional insourced activity in place and ongoing engagement with system partners on mutual aid support via the Tier 1 process.
- Additional weekend waiting list initiatives to create capacity in Plastic surgery, Breast Surgery and ENT.
- Executive oversight and scrutiny of patients dated and/or risks to eliminate the number of >65-week waits
- New Cardiology clinical pathway has been developed and is being implemented across their PTL.

6. Referral to Treatment – 65w Waits - NLAG

Compliance

Northern Lincolnshire and Goole NHS Foundation Trust
RTT - 65+ Week Waits

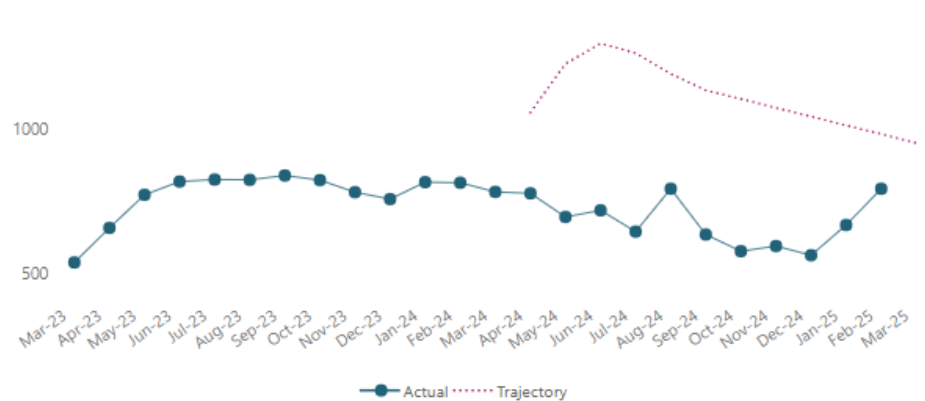


Key Themes

- 19 breaches at the end of February, predominately due to patient choice
- Improvement in the median waiting time for incomplete pathways by 2 weeks.
- Increasing 52w profile, driven mainly by increases in ENT, Paediatrics and Urology.

Critical Enabler

Northern Lincolnshire and Goole NHS Foundation Trust
RTT - 52+ Week Waits



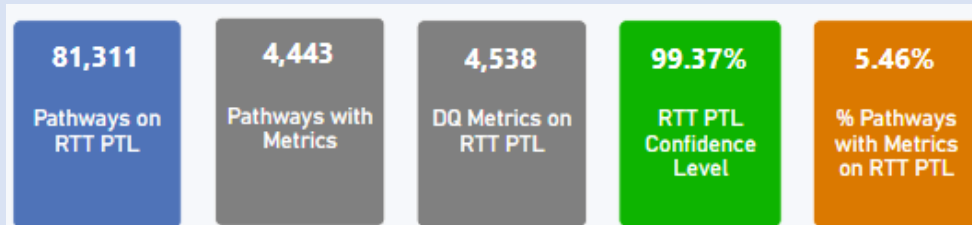
Actions

Critical actions being delivered through the RTT Delivery Group

- Delivery of 24/25 operating plan activity extension plans.
- Reduce first outpatient waits to <40 weeks, with the main challenge in Paediatrics (ADHD). Additional insourced activity in place.
- Focus on booking practice via earlier planning of admission dates to reduce unreasonable offers and subsequent patient choice breaches, as per the revised Group Access Policy.

7. Referral to Treatment – Data Quality - HUTH

Compliance



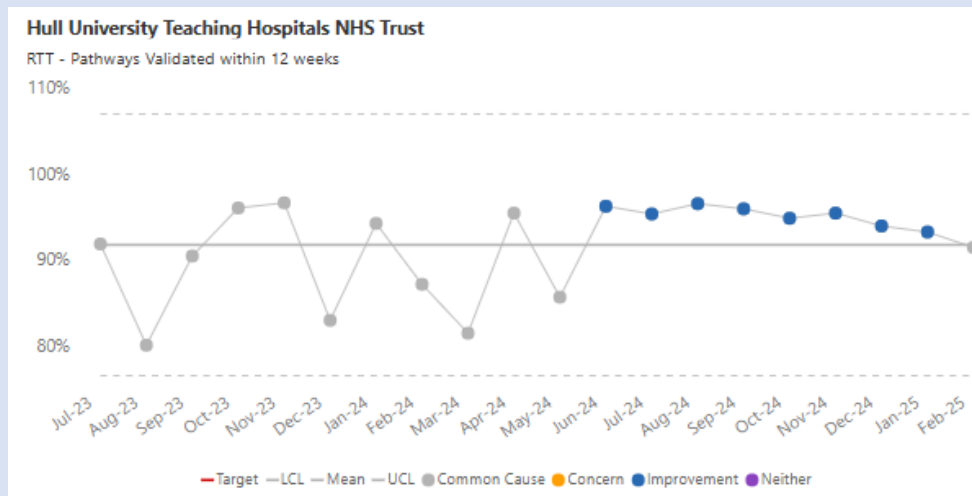
Key Themes

It is an NHSE mandated reporting requirement for Board to receive oversight of RTT Data Quality.

The Trust has robust oversight arrangements in place to support timely validation, these are monitored by RTT BI data quality reports in conjunction with the LUNA system, with established escalation processes in place. LUNA is currently reporting that the Trust has a 99.37% confidence level for RTT PTL data quality.

91.4% pathways have been validated every 12 weeks.

Critical Enabler



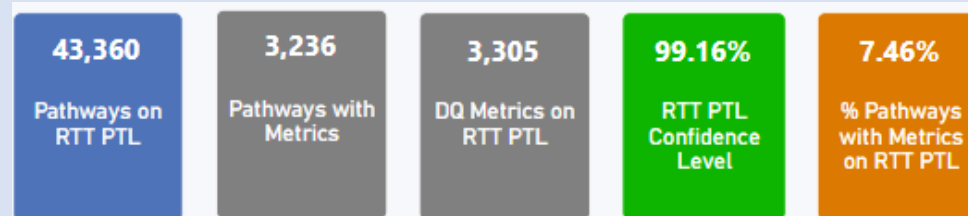
Actions

Critical actions to be taken:

- Business as usual process in place between the Performance and CAS teams
- BI data quality reports are used to monitor weekly and escalation processes are in place.
- Focus by CAS on ensuring the pathways over 12 weeks have an up-to-date validation comment
- Deployment of LUNA ROVA proof of concept trial during March/April to support the national drive to deliver a minimum 65% incomplete standard by March 2026.
- Validation Sprint to commence 6th April 2025 through to 22nd June 2025. Additional national income at £33 per clock stop capped at a maximum of 5% of the baseline waiting list volume.

8. Referral to Treatment – Data Quality - NLAG

Compliance

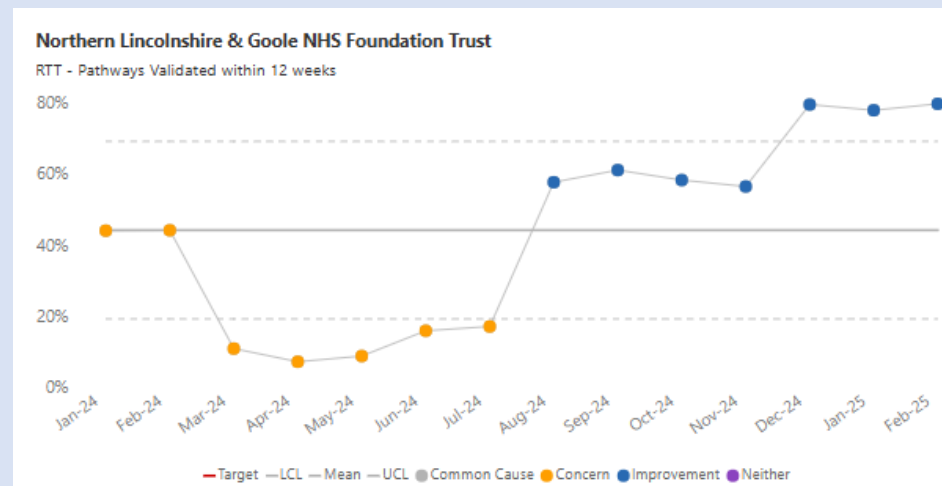


Key Themes

It is an NHSE mandated reporting requirement for Board to receive oversight of RTT Data Quality.

- LUNA data quality is showing a confidence rate to 99.16% which is an improved position.
- The predominant sub metric generating the DQ flag is pathways validated every 12 weeks the latest data shows sustained improvement against the 90% standard following admin delays in transacting pathway events post Lorenzo deployment. Current performance is at 79.6%

Critical Enabler

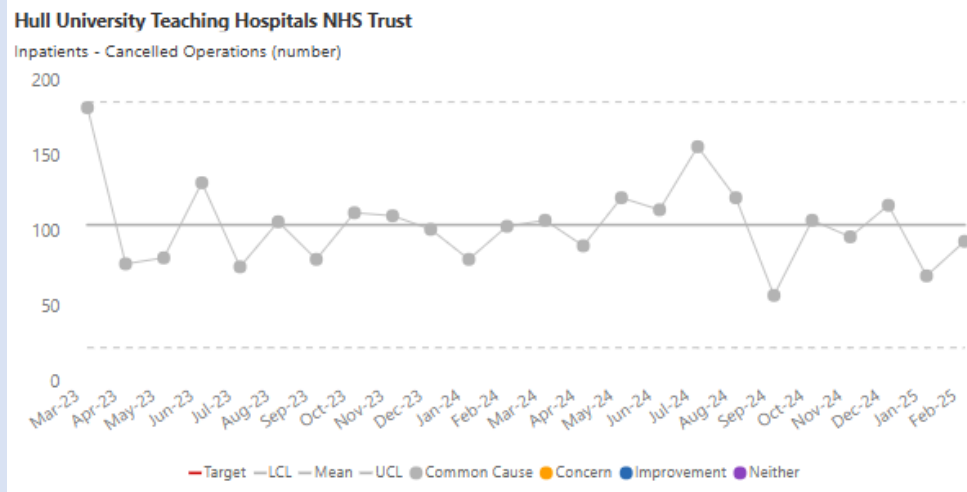


Actions

- Patient Services to reduce the number of unvalidated pathways and other key DQ reports including un-outcome clinic and admission attendances to proactivity improve incomplete pathway management.
- Focus on improving up-to-date validation / tracking comments.
- Deployment of LUNA ROVA proof of concept trial during March/April to support the national drive to deliver a minimum 65% incomplete standard by March 2026.
- Validation Sprint to commence 6th April 2025 through to 22nd June 2025. Additional national income at £33 per clock stop capped at a maximum of 5% of the baseline waiting list volume.

9. Cancelled Operations - HUTH

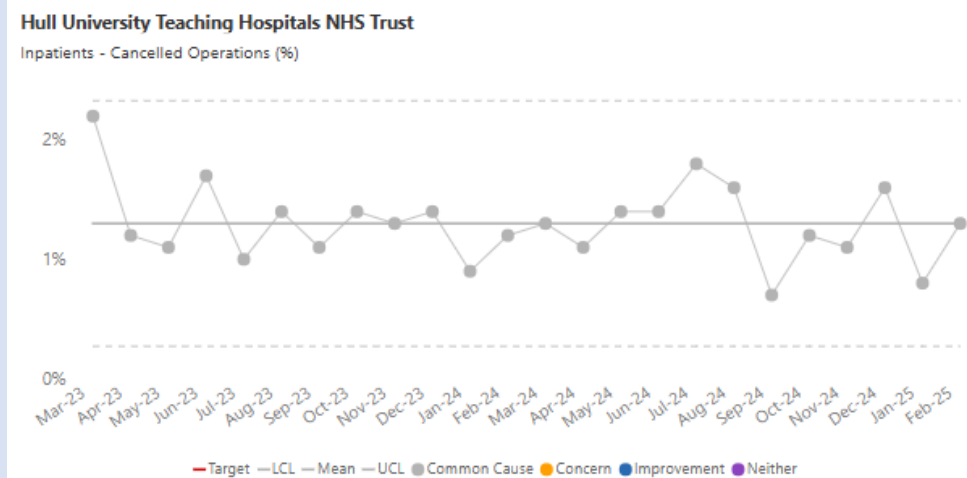
Compliance



Key Themes

- In February there were 93 cancelled operations on the day for non-clinical reasons and represents 1.3% of admissions.
- The largest reasons were –
 - Theatre list overrun – 32
 - Bed unavailable (ward and ICU) - 24
 - Emergency case – 11
 - Equipment failure - 9
 - Other – 17
- The main specialties for cancellations on the day were –
 - Interventional Radiology – 21 (No beds)
 - Urology – 15 (Equipment failure)
 - Gynaecology – 10 (List overrun)
 - Vascular Surgery – 8 (No beds)

Critical Enabler

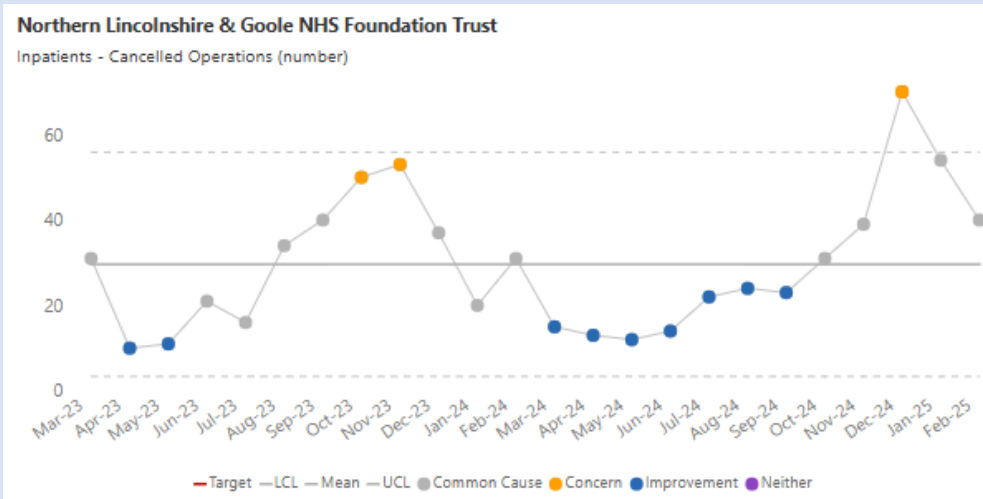


Actions

- Group level cancelled operations Standard Operating Procedure (SOP) developed and deployed with the Operations Director for Theatres responsible for approving all on the day cancellations
- Robust cancelled operations performance monitoring systems deployed at Group level including 28 day re-bookings reviewed weekly by Site Managing Director
- Review of cancellations trends and themes escalated to the speciality / pre-assessment teams.
- Focus in operational meetings regarding beds required for elective procedures to take place with review of 7/5/2 day pre-op to commence in Orthopaedics and ENT.

10. Cancelled Operations - NLAG

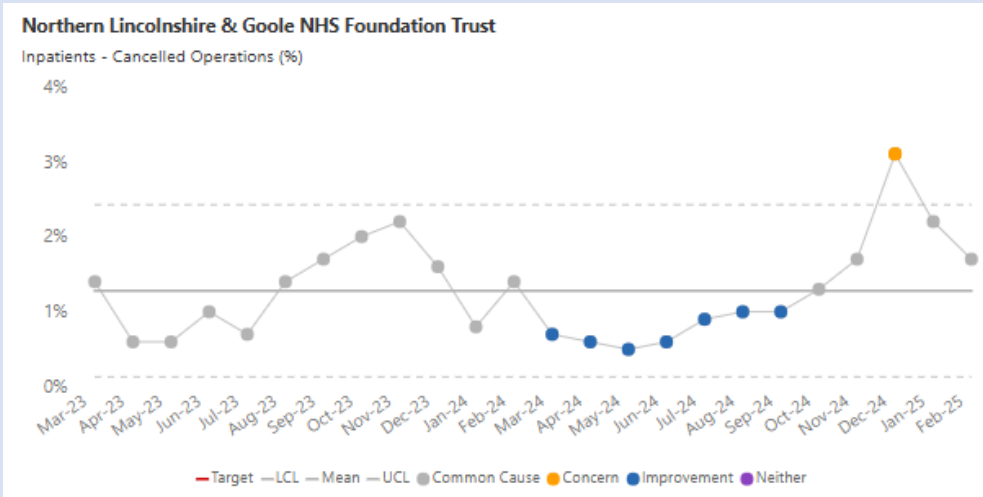
Compliance



Key Themes

- February cancellation volumes reduced to 40 – representing 1.7% of admissions.
- The largest reasons were –
 - List overrun – 13
 - Anaesthetist unavailable – 10
 - Surgeon unavailable - 7
- The main specialties incurring cancellations on the day were –
 - General Surgery - 10 (predominantly no anaesthetist)
 - Urology – 10 (predominately list overrun)
 - Ophthalmology – 10 (predominantly no surgeon)
 - T&O = 8

Critical Enabler

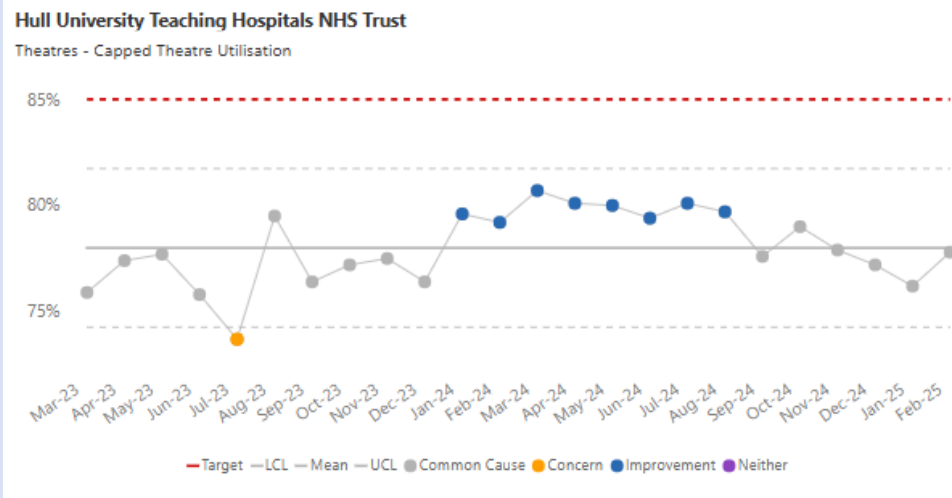


Actions

- Cancelled operations Standard Operating Procedure (SOP) has been reissued at Group level with the Operations Director for Theatres responsible for approving on the day cancellations
- Additional daily scrutiny and feed back to specialties regarding capped utilisation and the additional minor patient to be added to all lists not delivering 85% utilisation.
- Standing down or lifting sessions SOP completed and deployed.
- Working with NHSE/GIRFT on improvement recommendations
- Enhanced BIU support to report national data set and eliminate DQ issues.

11. Capped Theatre Utilisation - HUTH

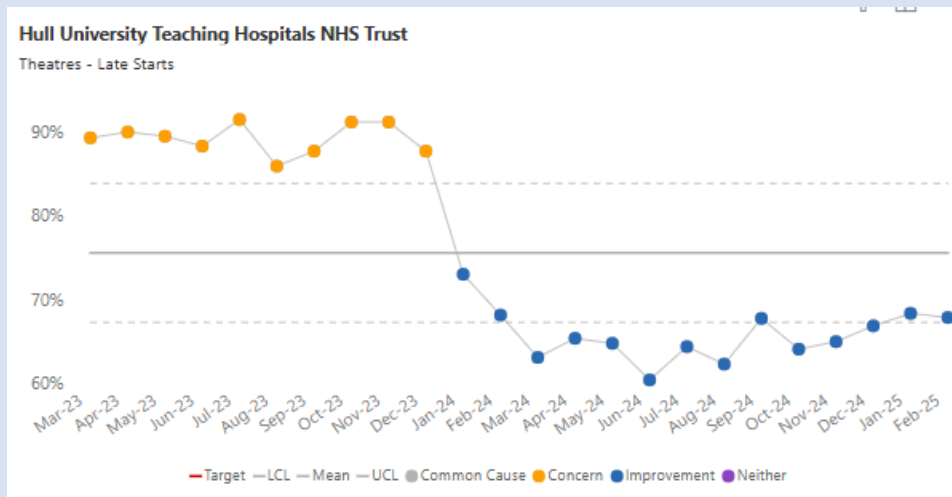
Compliance



Key Themes

- Improvement in capped theatre utilisation with latest Model Hospital data showing performance at 80% placing the Trust in Quartile 3 nationally.
- Internal reporting at 77.8% for capped theatre utilisation for February.
- Day Case capped theatre utilisation has deteriorated to 70.8% - improving this element of delivery is the critical enabler to improve to the aggregate activity standard of 85%.
- Utilisation deterioration linked to increase in late starts to 67.8% (methodology 0 minutes = late start)

Critical Enabler

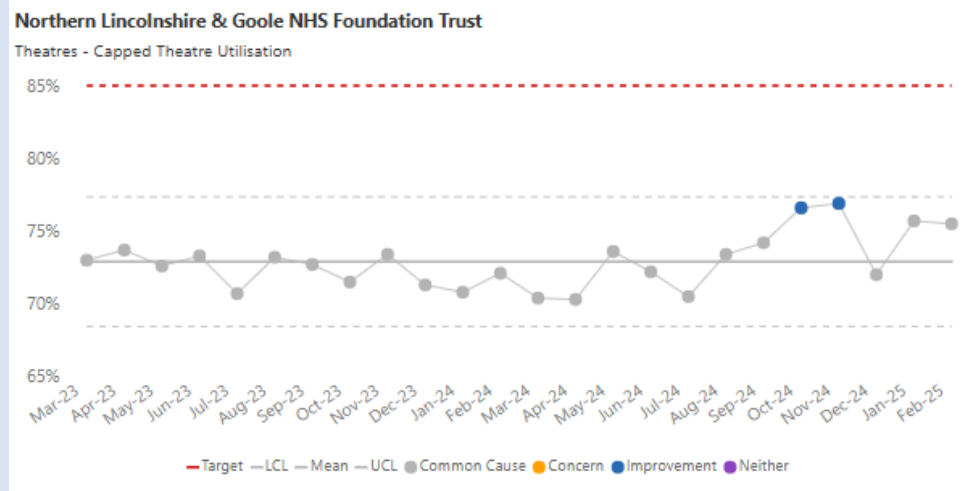


Actions

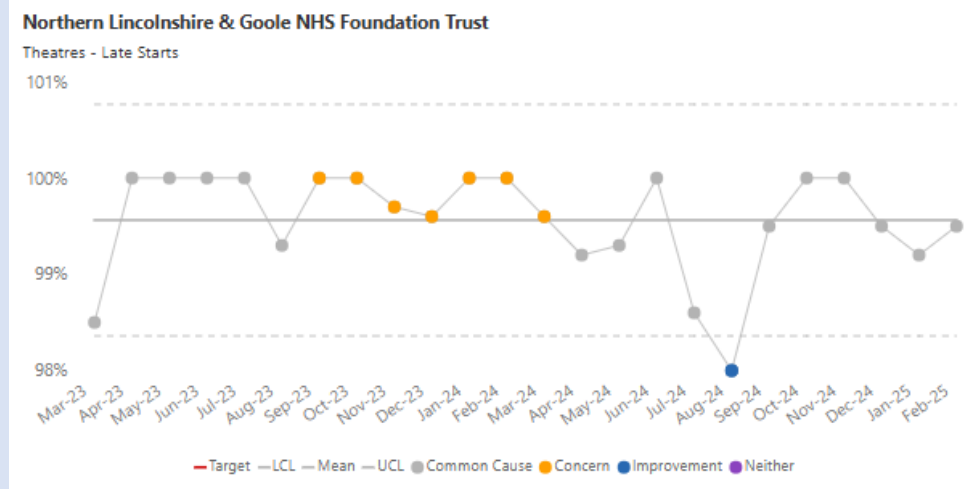
- Improve recording of day case touch points in ORMIS
- Theatre Data Quality dashboard in place which is managed daily by the Theatres, Anaesthetics and Critical Care Group
- Theatres Insights Model being implemented – training roll out completed at both Trusts.
- Ongoing improvement programme supported by PA Consulting

12. Capped Theatre Utilisation - NLAG

Compliance



Critical Enabler



Actions

- Implementation of 1 extra patient per day case list for any list at <85% capped utilisation
- Ongoing improvement programme supported by PA Consulting
- CAP working group established with Theatre and Analytical leads to apply learning from HUTH analysts on improvement work undertaken on data quality issues with the fortnightly submissions to Model Health and the methodologies applied.
- BI reporting being reviewed due to issues with how the theatre sessions are recorded on WebV, currently sessions are not differentiated between day case and elective theatres, which creates significant issues based on Model Hospital calculation methodologies.

13. Pathway Summary – Benchmark Report – Diagnostics

NB: National benchmarking data is a month in arrears due the NHSE publication timetable

Indicator	Period	Target	🏆	SPC	Last 12 Months	Centile
Audiology	Jan 25	5.00%	0.5%	🟢		89
Barium Enema	Jan 25	5.00%	5.6%	🟢		33
Colonoscopy	Jan 25	5.00%	58.4%	🟢		4
Computed Tomography	Jan 25	5.00%	12.3%	🟢		24
Cystoscopy	Jan 25	5.00%	26.3%	🟢		35
DEXA Scan	Jan 25	5.00%	16.7%	🟢		22
DM01 Waiting <13 Weeks	Jan 25	100.00%	95.2%	🟢		37
Diagnostic activity levels - Audiology Assessments	Jan 25	-	882	🟢		75
Diagnostic activity levels - Barium Enema	Jan 25	-	62	🟢		83
Diagnostic activity levels - CT	Jan 25	-	6,665	🟢		71
Diagnostic activity levels - Colonoscopy	Jan 25	-	313	🟢		45
Diagnostic activity levels - Cystoscopy	Jan 25	-	309	🟢		74
Diagnostic activity levels - DEXA Scan	Jan 25	-	487	🟢		79
Diagnostic activity levels - Echocardiography	Jan 25	-	811	🟢		43
Diagnostic activity levels - Endoscopy	Jan 25	-	1,187	🟢		61
Diagnostic activity levels - Flexi Sigmoidoscopy	Jan 25	-	129	🟢		70
Diagnostic activity levels - Gastroscopy	Jan 25	-	436	🟢		61
Diagnostic activity levels - Imaging	Jan 25	-	15,268	🟢		68
Diagnostic activity levels - Non Obstetric Ultrasound	Jan 25	-	4,899	🟢		59
Diagnostic activity levels - Total	Jan 25	-	18,628	🟢		65
Diagnostic activity levels - Urodynamics	Jan 25	-	46	🟢		73
Diagnostics - 6 Week Standard	Jan 25	5.00%	18.2%	🟢		45
Diagnostics - 6 Week Standard Reversed	Jan 25	95.00%	81.8%	🟢		45
Echocardiography	Jan 25	5.00%	32.0%	🟢		23
Electrophysiology	Jan 25	5.00%	-	🟡		-
Gastroscopy	Jan 25	5.00%	21.8%	🟢		35
Magnetic Resonance Imaging	Jan 25	5.00%	2.7%	🟢		71
Neurophysiology	Jan 25	5.00%	4.4%	🟢		61
Non-obstetric Ultrasound	Jan 25	5.00%	6.3%	🟢		56
Urodynamics	Jan 25	5.00%	59.8%	🟡		20

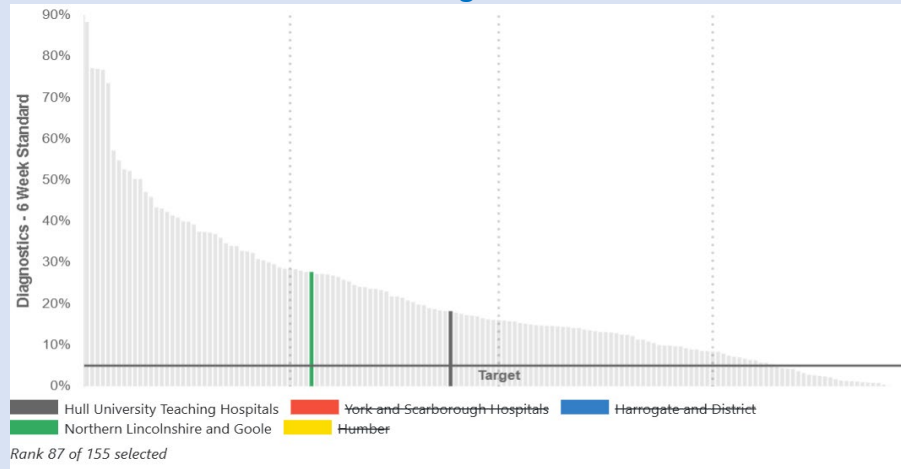
Indicator	Period	Target	🏆	SPC	Last 12 Months	Centile
Audiology	Jan 25	5.00%	59.6%	🟡		20
Barium Enema	Jan 25	5.00%	2.6%	🟢		46
Colonoscopy	Jan 25	5.00%	15.3%	🟢		45
Computed Tomography	Jan 25	5.00%	2.7%	🟢		54
Cystoscopy	Jan 25	5.00%	26.3%	🟢		34
DEXA Scan	Jan 25	5.00%	45.0%	🟢		5
DM01 Waiting <13 Weeks	Jan 25	100.00%	96.4%	🟢		44
Diagnostic activity levels - Audiology Assessments	Jan 25	-	362	🟢		39
Diagnostic activity levels - Barium Enema	Jan 25	-	158	🟢		97
Diagnostic activity levels - CT	Jan 25	-	11,661	🟢		96
Diagnostic activity levels - Colonoscopy	Jan 25	-	323	🟢		48
Diagnostic activity levels - Cystoscopy	Jan 25	-	263	🟢		65
Diagnostic activity levels - DEXA Scan	Jan 25	-	241	🟢		45
Diagnostic activity levels - Echocardiography	Jan 25	-	1,130	🟢		60
Diagnostic activity levels - Endoscopy	Jan 25	-	1,282	🟢		66
Diagnostic activity levels - Flexi Sigmoidoscopy	Jan 25	-	196	🟢		88
Diagnostic activity levels - Gastroscopy	Jan 25	-	500	🟢		70
Diagnostic activity levels - Imaging	Jan 25	-	21,753	🟢		88
Diagnostic activity levels - Non Obstetric Ultrasound	Jan 25	-	4,796	🟢		57
Diagnostic activity levels - Total	Jan 25	-	24,976	🟢		86
Diagnostic activity levels - Urodynamics	Jan 25	-	181	🟢		96
Diagnostics - 6 Week Standard	Jan 25	5.00%	27.7%	🟢		28
Diagnostics - 6 Week Standard Reversed	Jan 25	95.00%	72.3%	🟢		28
Echocardiography	Jan 25	5.00%	35.9%	🟢		21
Gastroscopy	Jan 25	5.00%	14.7%	🟢		50
Magnetic Resonance Imaging	Jan 25	5.00%	27.9%	🟢		18
Neurophysiology	Jan 25	5.00%	37.1%	🟡		29
Non-obstetric Ultrasound	Jan 25	5.00%	28.1%	🟢		20
Urodynamics	Jan 25	5.00%	21.5%	🟢		67

14. Pathway Benchmarking & Trend – Diagnostics

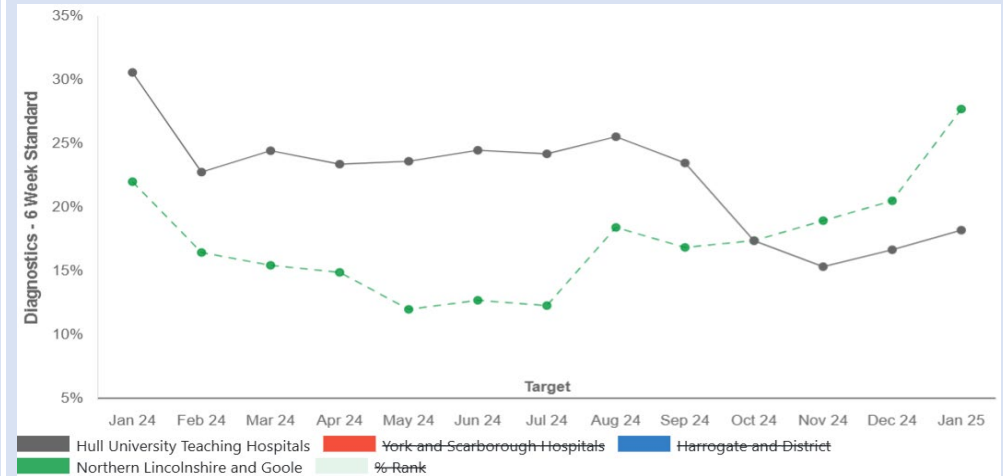
NB: National benchmarking data is a month in arrears due the NHSE publication timetable

Diagnostics – 6 week Performance Standard

Ranking Chart

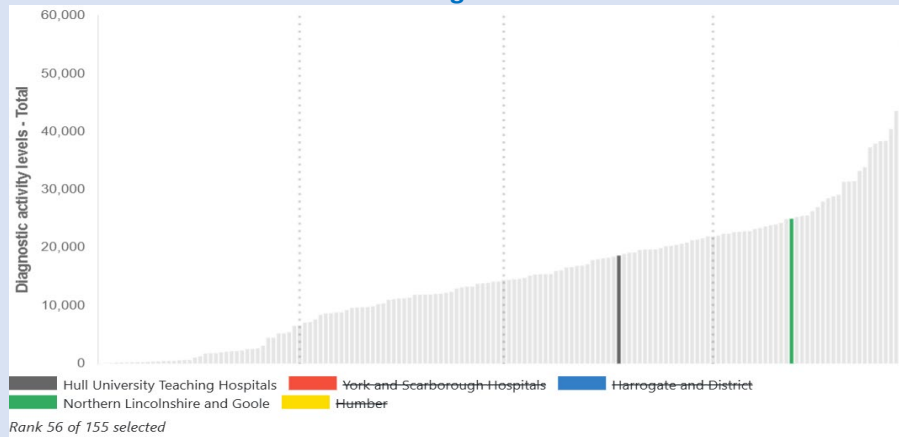


Trend Chart

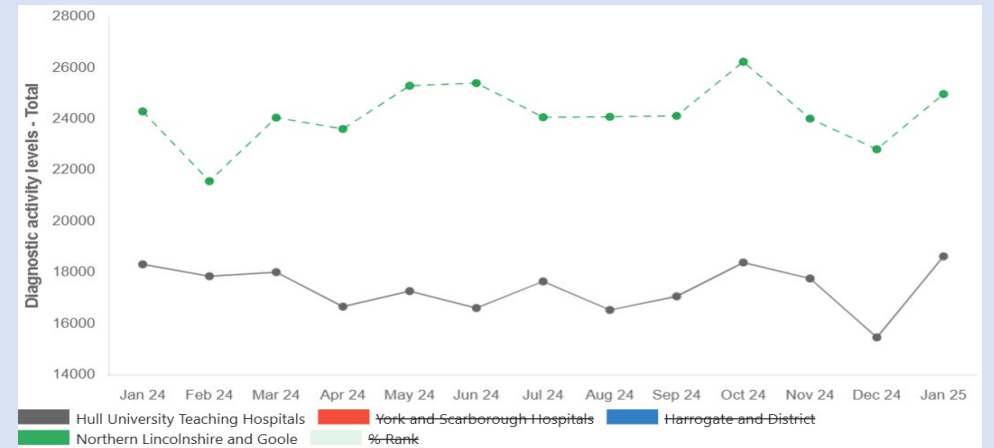


Diagnostics – Activity

Ranking Chart

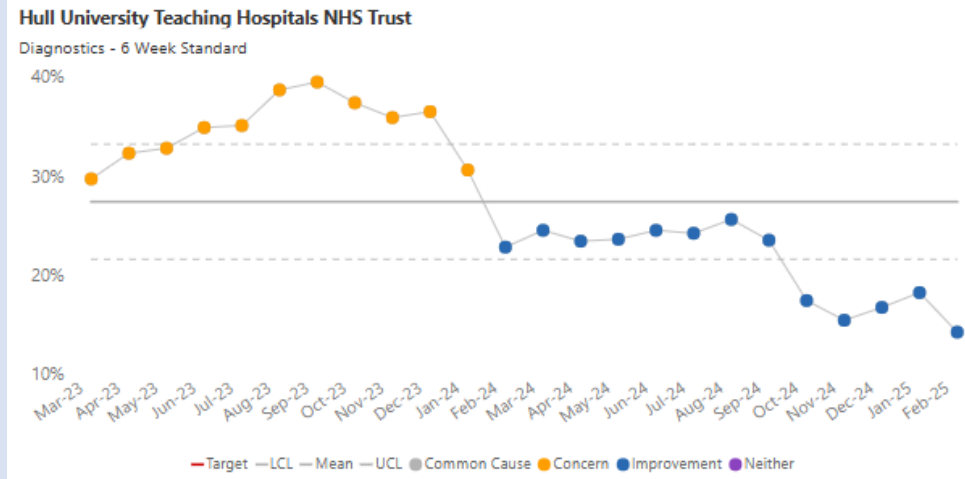


Trend Chart



15. Diagnostic 6 Week Standard - HUTH

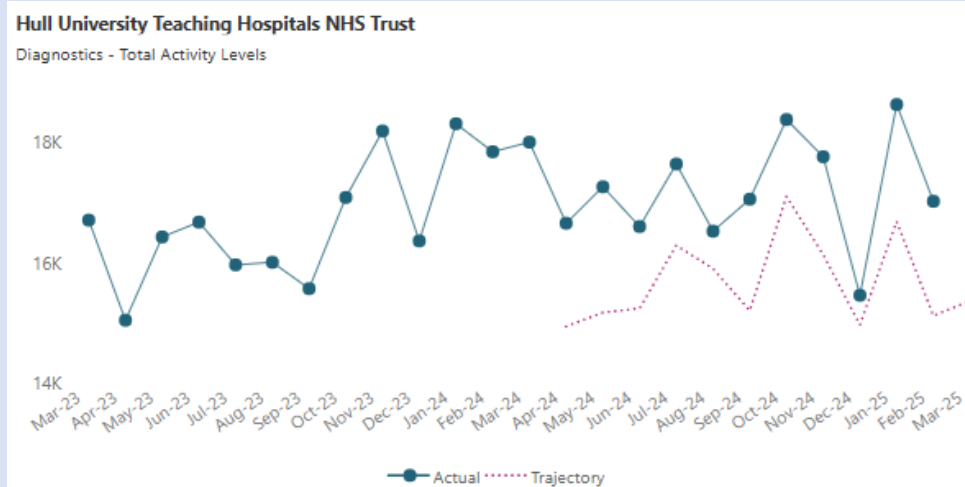
Compliance



Key Themes

- February showed an improvement of 4% and HUTH is performing significantly ahead of planning trajectory.
- Deteriorating performance in Cystoscopy – increase from 26.3% to 49.3% (impacted by inclusion of overdue planned – should improve next month with Mutual Aid support from Goole)
- Improvements in:-Echo – reduction of 11.2%, Colonoscopy – reduction of 4.1%, CT – reduction of 3.4%, NOUS – reduction of 2.8%, DEXA – large improvement 14.9%, Flexi – reduction of 20.1%, Gastroscopy – reduction of 12.8% and Sleep studies – still high but reduction of 7.45%
- Most modalities at HUTH increased activity levels over 23/24 and into 24/25. Whilst ahead of delivery trajectory, aggregate diagnostic compliance has remained relatively static in recent months.

Critical Enabler

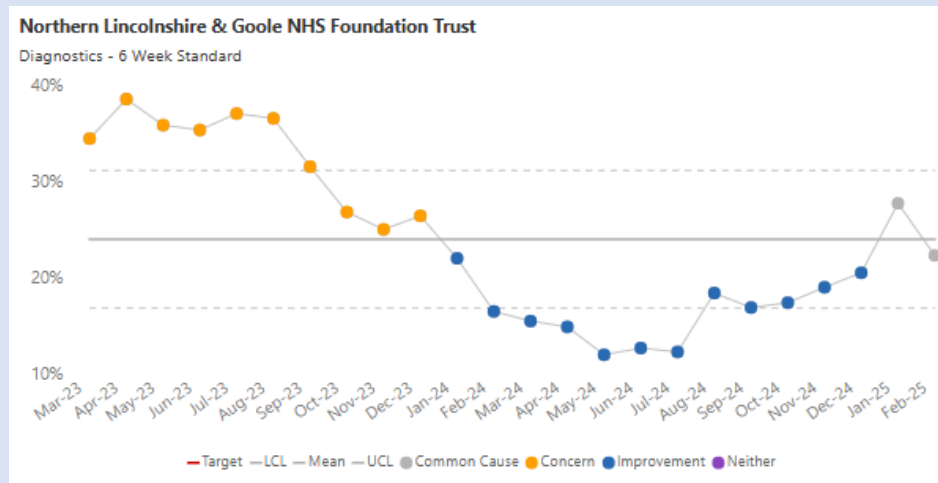


Actions

- Critical actions in place:
 - Dedicated investment case approved to address DEXA waiting list backlog via increased throughput and testing volume capacity.
 - Tender exercise completed for NOUS to create additional capacity.
 - Services have developed improvement plans to create additional diagnostic activity levels and utilise mutual aid opportunities across the Group.
 - Validation of DMO1 activity recording underway to support performance and forecasting going forward.

16. Diagnostic 6 Week Standard - NLAG

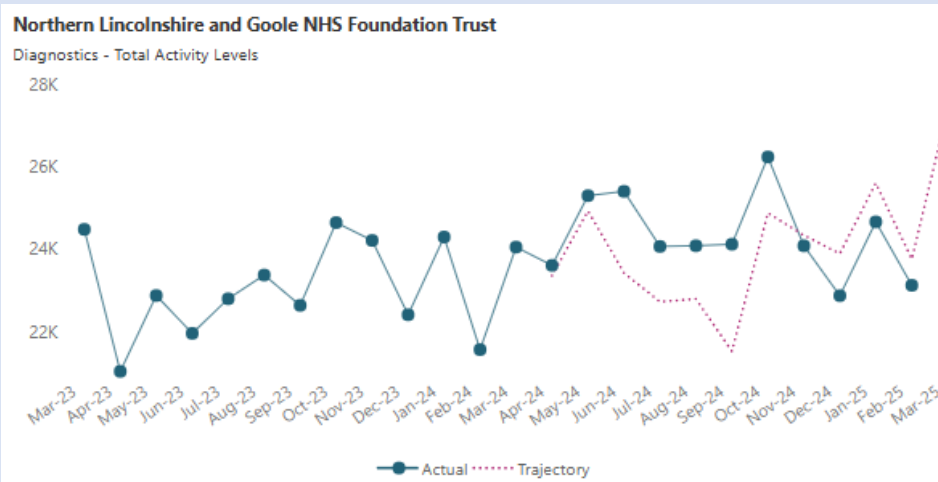
Compliance



Key Themes

- February performance showed improvement of 5.4%
- Deteriorating performance in Barium Enema – increase from 2.6% to 6.4%
- Improvements were seen across several modalities:
 - Echo – reduction of 11.2%
 - All Imaging modalities have seen a reduction
 - Neurophysiology – reduction of 4.3%
 - All Endoscopy modalities have seen a significant reduction

Critical Enabler



Actions

- To mitigate capacity shortfalls relating to staffing in Neurophysiology on the South Bank enhanced workforce arrangements have been deployed to reduce backlog.
- Ultrasound increasing capacity with use of IS. CDC comes online in November which will start to improve the position.
- Review of DEXA waiting list booking process following transition from Solus to Soliton.
- Further activity stretch plans have been deployed to create additional diagnostic activity levels above the annual plan and utilise mutual aid opportunities across the Group. Where associated investment plans have been approved operational teams are commencing implementation either through use of WLIs, locums, substantive appointments, or Independent Sector.

17. Pathway Summary – Benchmark Report – Cancer Waiting Times

Indicator	Period	Target	🏆	SPC	Last 12 Months	Centile
Cancer 2 Week Wait	Jan 25	93.00%	77.5%			27
Cancer 2 Week Wait Breast Symptomatic	Jan 25	93.0%	11.3%			5
Cancer 28 Day Faster Diagnosis	Jan 25	75.0%	72.4%			39
Cancer 28 Day Faster Diagnosis - Acute Leukaemia	Jan 25	75.0%	-			-
Cancer 28 Day Faster Diagnosis - Brain Tumours	Jan 25	75.0%	100%			100
Cancer 28 Day Faster Diagnosis - Breast Cancer	Jan 25	75.0%	92.8%			61
Cancer 28 Day Faster Diagnosis - Breast Symptoms	Jan 25	75.0%	90.4%			36
Cancer 28 Day Faster Diagnosis - Children's Cancer	Jan 25	75.0%	100%			100
Cancer 28 Day Faster Diagnosis - Gynaecological Cancer	Jan 25	75.0%	53.0%			24
Cancer 28 Day Faster Diagnosis - Haematological Malignancies	Jan 25	75.0%	0.0%			5
Cancer 28 Day Faster Diagnosis - Head & Neck Cancer	Jan 25	75.0%	85.0%			83
Cancer 28 Day Faster Diagnosis - Lower Gastrointestinal Cancer	Jan 25	75.0%	40.9%			4
Cancer 28 Day Faster Diagnosis - Lung Cancer	Jan 25	75.0%	76.5%			43
Cancer 28 Day Faster Diagnosis - Missing or Invalid	Jan 25	75.0%	-			-
Cancer 28 Day Faster Diagnosis - Other Cancer	Jan 25	75.0%	-			-
Cancer 28 Day Faster Diagnosis - Skin Cancer	Jan 25	75.0%	92.9%			72
Cancer 28 Day Faster Diagnosis - Testicular Cancer	Jan 25	75.0%	-			-
Cancer 28 Day Faster Diagnosis - Upper Gastrointestinal Cancer	Jan 25	75.0%	87.8%			84
Cancer 28 Day Faster Diagnosis - Urological Malignancies	Jan 25	75.0%	45.1%			26
Cancer 31 Day All Stages	Jan 25	96.0%	71.4%			1
Cancer 31 Day First Treatment	Jan 25	96.00%	75.8%			1
Cancer 31 Day Subsequent Treatment	Jan 25	96.0%	66.8%			3
Cancer 31 Day Subsequent Treatment - Drugs	Jan 25	96.0%	94.3%			17
Cancer 31 Day Subsequent Treatment - Radiotherapy	Jan 25	96.0%	54.4%			7
Cancer 62 Day All Routes	Jan 25	85.00%	54.4%			12
Cancer 62 Day Consultant Upgrade	Jan 25	85.0%	50.0%			3
Cancer 62 Day Screening	Jan 25	90.0%	45.5%			24
Cancer 62 Day Urgent Suspected	Jan 25	85.00%	58.0%			34
Cancer of bronchus; lung	Sep 24	1.00	1.1			32

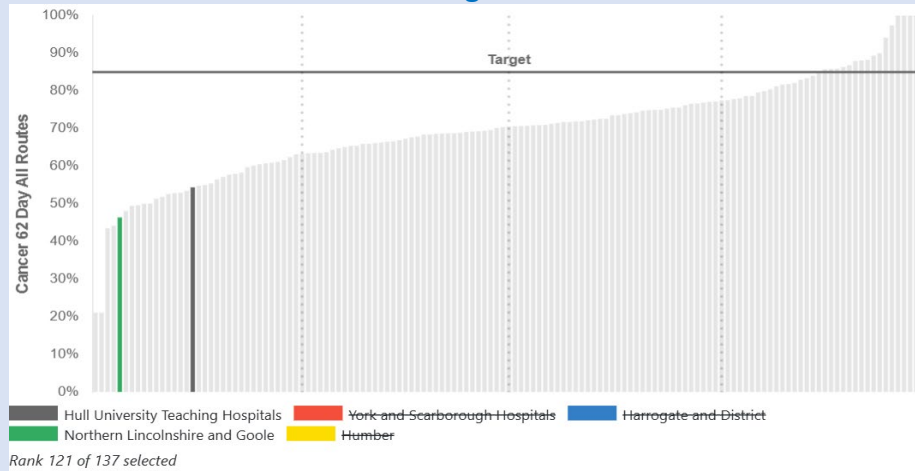
Indicator	Period	Target	🏆	SPC	Last 12 Months	Centile
Cancer 2 Week Wait	Jan 25	93.00%	79.6%			35
Cancer 2 Week Wait Breast Symptomatic	Jan 25	93.0%	11.8%			6
Cancer 28 Day Faster Diagnosis	Jan 25	75.0%	67.0%			10
Cancer 28 Day Faster Diagnosis - Breast Cancer	Jan 25	75.0%	76.0%			8
Cancer 28 Day Faster Diagnosis - Breast Symptoms	Jan 25	75.0%	81.3%			13
Cancer 28 Day Faster Diagnosis - Gynaecological Cancer	Jan 25	75.0%	57.6%			32
Cancer 28 Day Faster Diagnosis - Haematological Malignancies	Jan 25	75.0%	-			-
Cancer 28 Day Faster Diagnosis - Head & Neck Cancer	Jan 25	75.0%	62.7%			24
Cancer 28 Day Faster Diagnosis - Lower Gastrointestinal Cancer	Jan 25	75.0%	61.1%			51
Cancer 28 Day Faster Diagnosis - Lung Cancer	Jan 25	75.0%	64.5%			16
Cancer 28 Day Faster Diagnosis - Missing or Invalid	Jan 25	75.0%	-			-
Cancer 28 Day Faster Diagnosis - Other Cancer	Jan 25	75.0%	66.7%			50
Cancer 28 Day Faster Diagnosis - Sarcoma	Jan 25	75.0%	-			-
Cancer 28 Day Faster Diagnosis - Skin Cancer	Jan 25	75.0%	-			-
Cancer 28 Day Faster Diagnosis - Testicular Cancer	Jan 25	75.0%	100%			100
Cancer 28 Day Faster Diagnosis - Upper Gastrointestinal Cancer	Jan 25	75.0%	82.7%			73
Cancer 28 Day Faster Diagnosis - Urological Malignancies	Jan 25	75.0%	64.2%			72
Cancer 31 Day All Stages	Jan 25	96.0%	92.8%			47
Cancer 31 Day First Treatment	Jan 25	96.00%	93.6%			54
Cancer 31 Day Subsequent Treatment	Jan 25	96.0%	91.6%			39
Cancer 31 Day Subsequent Treatment - Drugs	Jan 25	96.0%	91.7%			9
Cancer 31 Day Subsequent Treatment - Radiotherapy	Jan 25	96.0%	-			-
Cancer 62 Day All Routes	Jan 25	85.00%	46.4%			3
Cancer 62 Day Consultant Upgrade	Jan 25	85.0%	82.9%			55
Cancer 62 Day Screening	Jan 25	90.0%	18.2%			3
Cancer 62 Day Urgent Suspected	Jan 25	85.00%	42.9%			11
Cancer of bronchus; lung	Sep 24	1.00	1.1			38

18. Pathway Benchmarking & Trending – Cancer Waiting Times

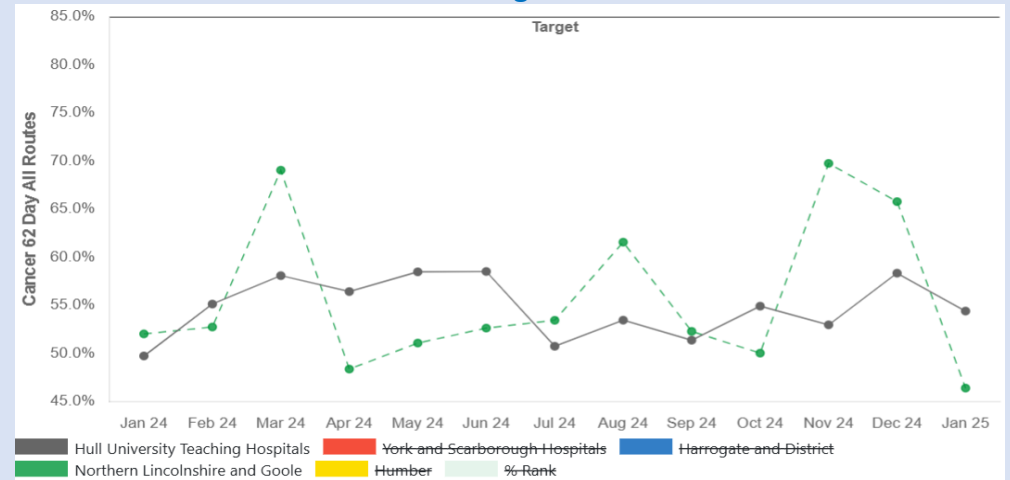
NB: National benchmarking data is a month in arrears due the NHSE publication timetable

62 Day Performance

Ranking Chart

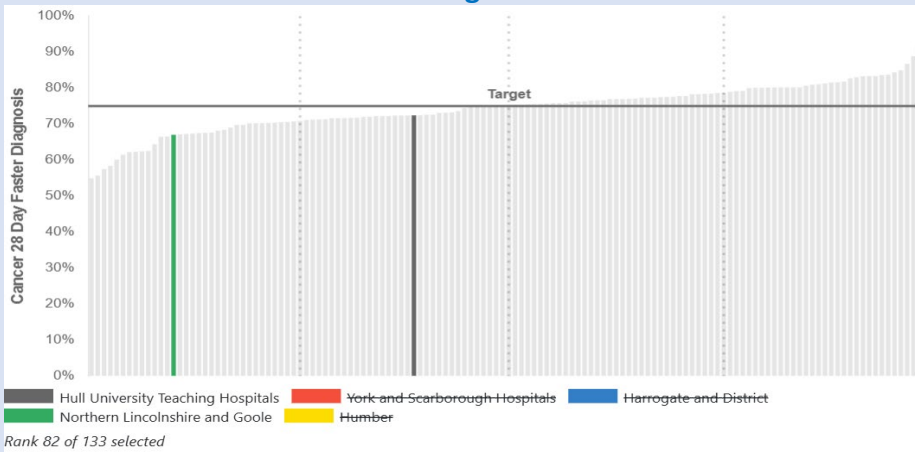


Trending Chart

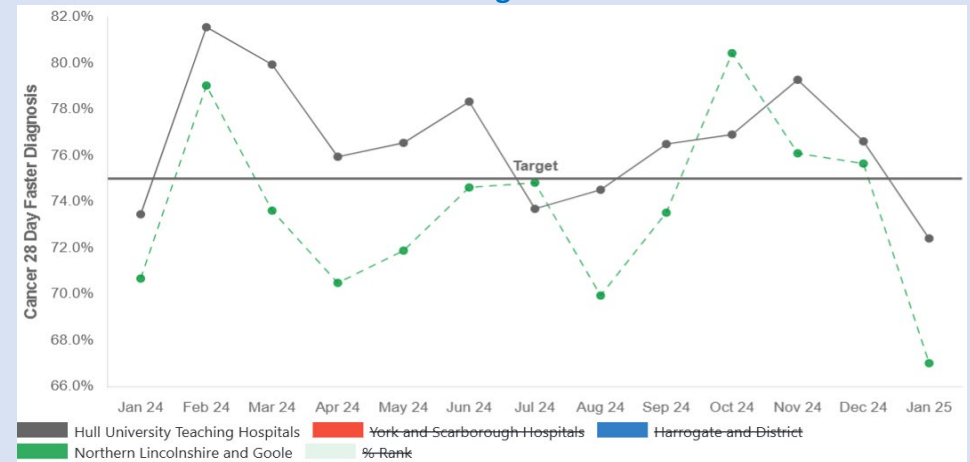


Faster Diagnosis Performance

Ranking Chart

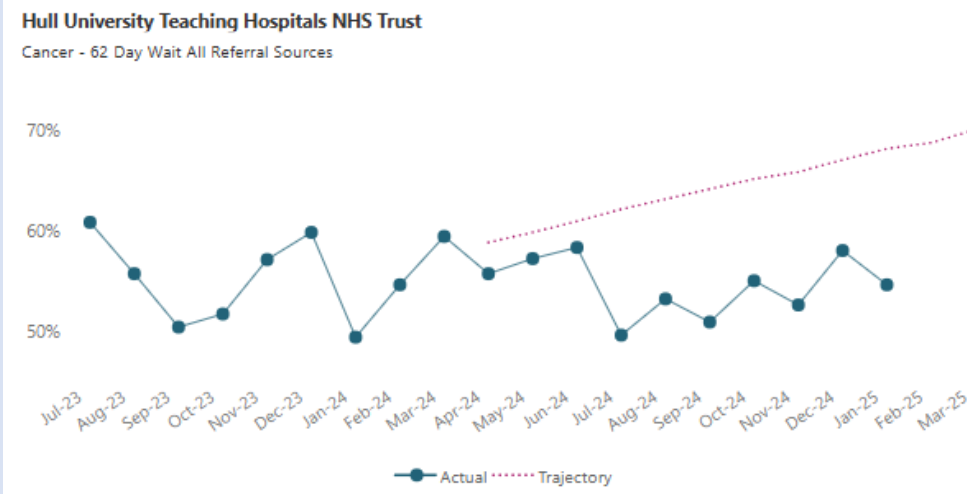


Trending Chart



19. 62 Day Cancer Performance - HUTH

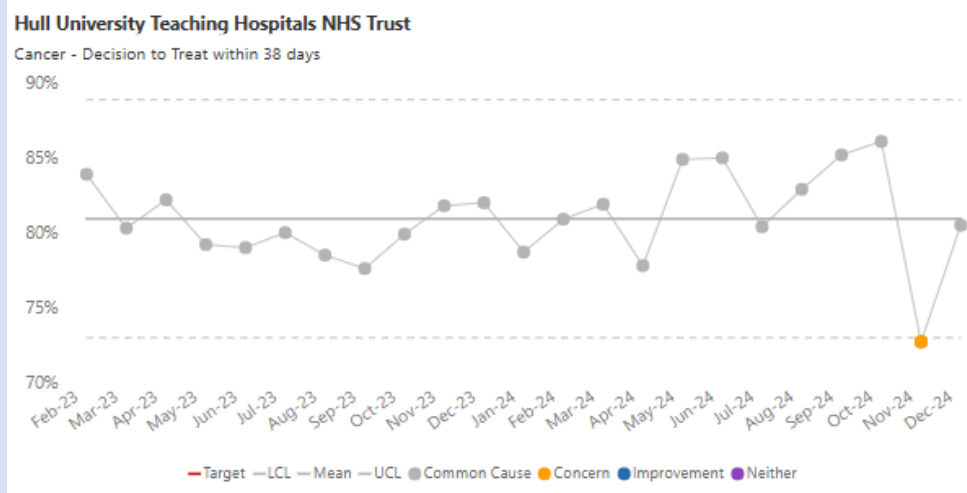
Compliance



Key Themes

- January performance of 54.7% shows a 4% deterioration on previous month.
- Delays in pathways continue to impact on delivery (IPT local and regional) performance impact 7-10% due to breach attribution in Lung, Head & Neck & Urology pathways.
- OPA capacity - capacity constraints for 1st seen appointments impacting on several specialties (Breast, Lung, Gynae, Head & Neck).
- Diagnostic and staging capacity: delays in MRI reporting (outsourcing taking 5+ days for results), CTC capacity (dating and reporting); specialties affected : Breast, Lung, Lower GI; GA hysteroscopy delays due to low patient tolerance as outpatient procedure.
- Histology reporting TATs – currently above national 10-day standard. Escalated to Pathology Care Group.
- Consultant vacancies/reduction in clinical capacity: Breast, Lower GI (radiographer capacity) impacting screening pathways, Head & Neck (Max Fax/Thyroid), Lung, Urology (additional pelvic consultant starts Jan 25 at HUTH).
- Plastic Surgery & Dermatology capacity (managed at HUTH) – x4 vacant consultant posts wef mid-April 2024; focussed effort to maintain PTL

Critical Enabler

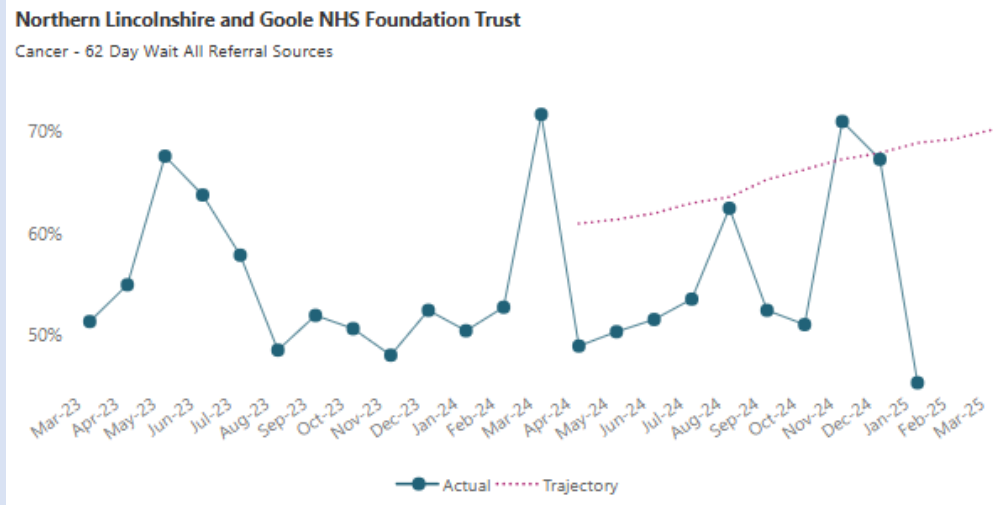


Actions

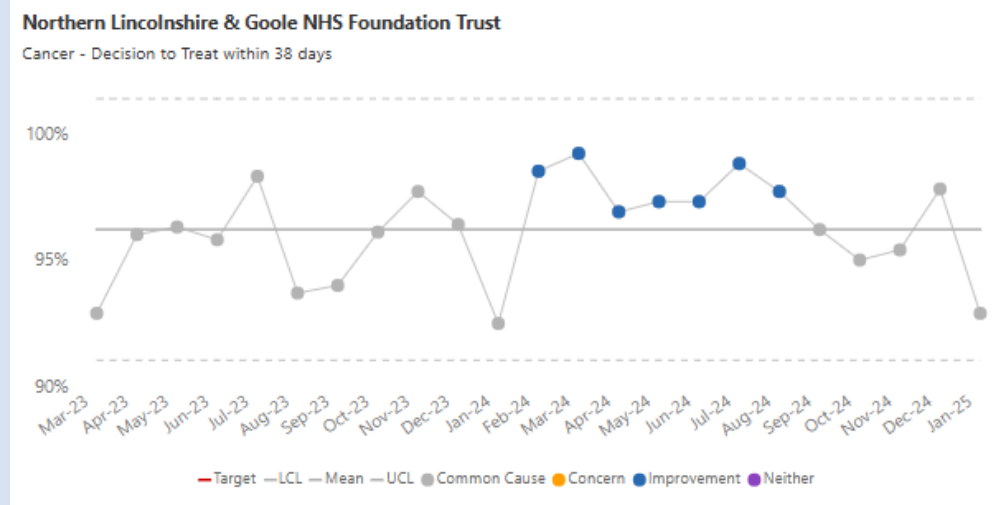
- Oncology 1st consultant appointment
- Radiotherapy waiting times recovery plan in place
- Head and Neck fast track preassessment (South) extended to 31.3.25.
- Additional patients on prostate lists (+1 per list)
- Additional WLIs in place to increase outpatient capacity
- Recruitment in place to resolve substantive consultant vacancies.
- Recovery plan for Histology turnaround delays in development

20. 62 Day Cancer Performance - NLAG

Compliance



Critical Enabler

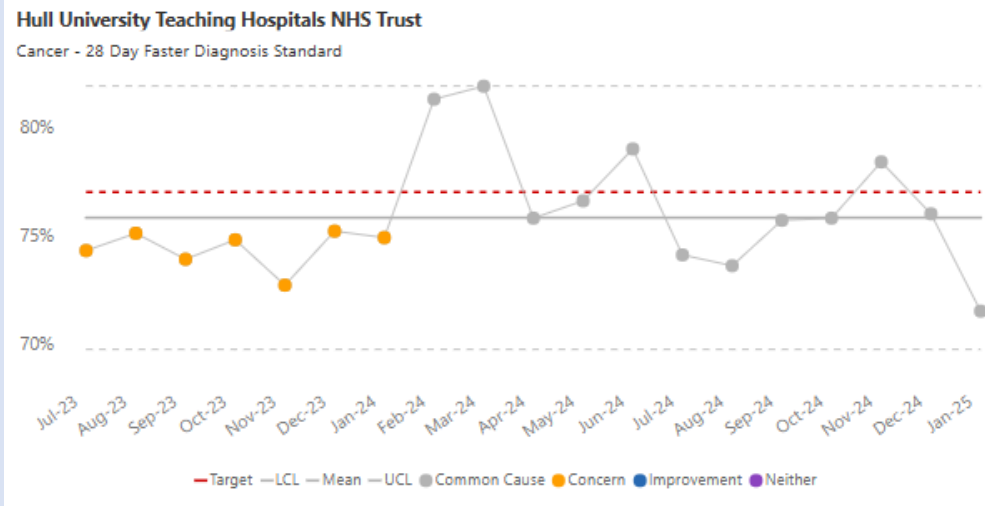


Actions

- 3rd & 4th pelvic oncology surgeon locums being recruited
- Radiotherapy recovery plan mobilised – formal review commenced September 2024; staff have agreed to continue overtime until March 2025 subject to funding by NHSE resources bid in October 2024
- Lung whole pathway project plan executed - Thoracic surgery OPA capacity improved - Nav bronch tertiary centre delays IHT transfer at both Y&S and NLAG.
- Breast recovery plans in place for 1st OPA and Surgery
- Gynaecology (South Bank) workshop held – action plan developed: Admin/Referral work stream commenced Nov 24 plus clinical pathway work stream in Dec 2024; Gynae surgical OPA capacity at tertiary centre delays transfer of care.

21. 28 Day Faster Diagnosis Standard - HUTH

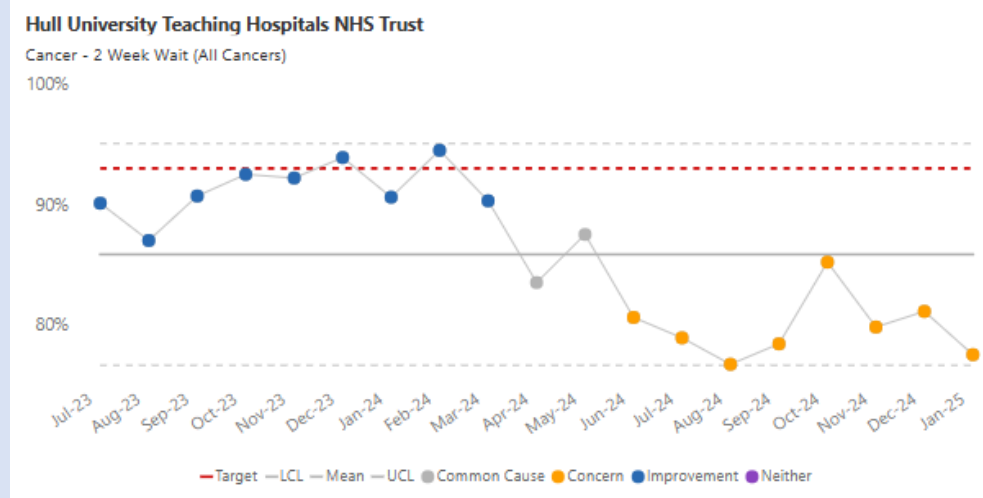
Compliance



Key Themes

- January performance 71.5%, which is a deterioration on previous months
- Wait to first appointment is a contributory factor with USC 2ww performance at 77.5%
- Head & Neck - First seen outpatient capacity is affecting performance
- Breast Symptomatic first seen outpatient capacity/screening results impacting on FDS performance
- Lung - On-going validation for December 2024 and January 2025 - Delays for December: Diagnostic delays (EBUS - only 2 out of 3 scopes operational).

Critical Enabler



Actions

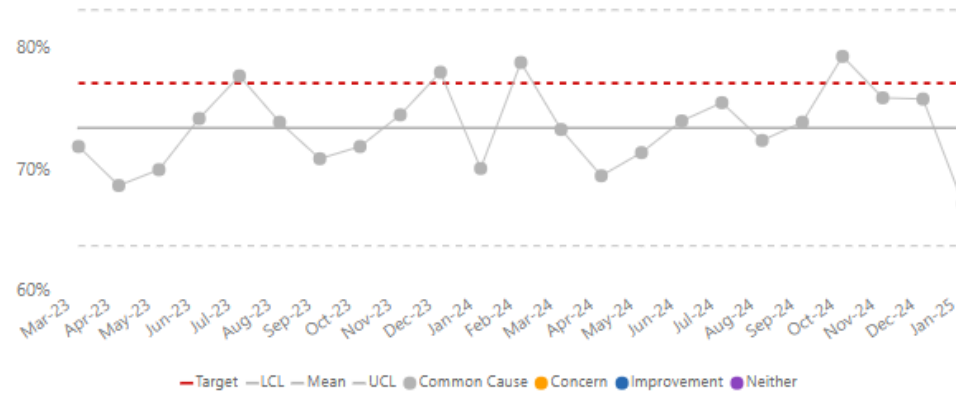
- Additional capacity plans for Jan – March in place across Urology/Breast/Lung and Lower GI (Alliance funded)
- Nav Bronch machine failure resolved – 3rd EBUS scope capacity restored.
- Colorectal - improvement seen in performance from November relating to targeted capacity. Performance will continue to be monitored.

22. 28 Day Faster Diagnosis Standard - NLAG

Compliance

Northern Lincolnshire & Goole NHS Foundation Trust

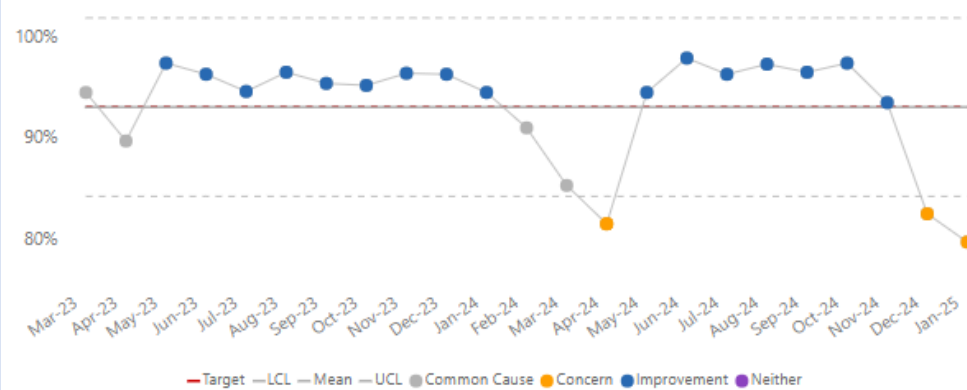
Cancer - 28 Day Faster Diagnosis Standard



Critical Enabler

Northern Lincolnshire & Goole NHS Foundation Trust

Cancer - 2 Week Wait (All Cancers)



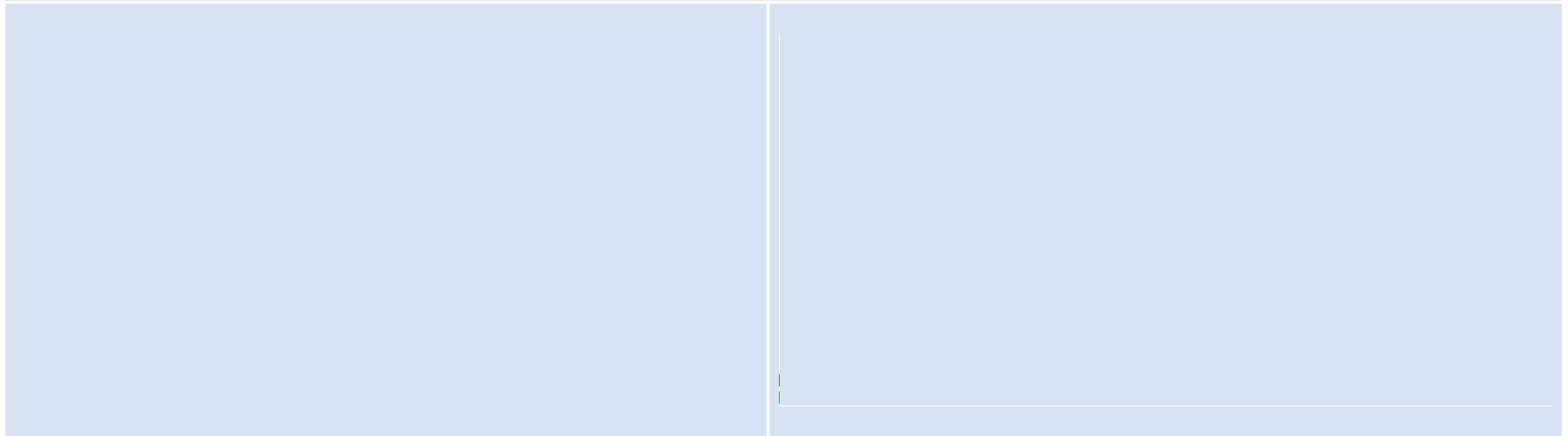
23. Pathway Summary – Benchmark Report – Unscheduled Care

Indicator	Period	Target	🏆	SPC	Last 12 Months	Centile
A&E - 4 Hour Standard	Feb 25	78.00%	57.8%	🟡		4
A&E - 4 Hour Standard (Type 1)	Feb 25	78.0%	38.8%	🟡		0
A&E - 4 Hour Standard (Type 2 or 3)	Feb 25	95.0%	91.3%	🟡		7
A&E - Conversion Rate	Feb 25	25.0%	25.5%	🟢		18
A&E - DTA to Admission >12 Hours	Feb 25	0.0%	12.0%	🟡		44
A&E - DTA to Admission >12 Hours#	Feb 25	0.0	391.0	🟡		35
A&E - DTA to Admission >4 Hours	Feb 25	10.00%	40.5%	🟡		40
A&E - Left Without Being Seen	Jan 25	5.00%	8.1%	🟡		5
A&E - Reattendance Rate	Jan 25	5.0%	8.7%	🟡		46
A&E - Time to Initial Assessment	Jan 25	15.0	21.0	🟡		9
A&E - Time to Treatment	Jan 25	60.0	87.0	🟡		25
A&E - Total Time in A&E	Jan 25	160.0	289.0	🟡		1
A&E - Total Time in A&E (Admitted)	Jan 25	180.0	401.0	🟡		39
A&E - Total Time in A&E (Non-Admitted)	Jan 25	140.0	250.0	🟡		1
A&E Attendances All	Feb 25	-	12,759	🟡		50
A&E Attendances Type 1	Feb 25	-	8,151	🟡		63
A&E Attendances Type 3	Feb 25	-	4,608	🟡		48
Emergency Admissions Type 1	Feb 25	-	3,249	🟡		38
Emergency Admissions via A&E	Feb 25	-	3,249	🟡		37
Friends & Family A&E Score	Jan 25	85%	71%	🟡		7
Other Emergency Admissions	Feb 25	-	2,011	🟡		13
Total Emergency Admissions	Feb 25	-	5,260	🟡		22

Indicator	Period	Target	🏆	SPC	Last 12 Months	Centile
A&E - 4 Hour Standard	Feb 25	78.00%	71.1%	🟡		47
A&E - 4 Hour Standard (Type 1)	Feb 25	78.0%	47.9%	🟡		13
A&E - 4 Hour Standard (Type 2 or 3)	Feb 25	95.0%	99.4%	🟡		73
A&E - Conversion Rate	Feb 25	25.0%	34.6%	🟡		0
A&E - DTA to Admission >12 Hours	Feb 25	0.0%	14.3%	🟡		38
A&E - DTA to Admission >12 Hours#	Feb 25	0.0	736.0	🟡		14
A&E - DTA to Admission >4 Hours	Feb 25	10.00%	25.5%	🟡		67
A&E - Left Without Being Seen	Jan 25	5.00%	2.6%	🟡		79
A&E - Reattendance Rate	Jan 25	5.0%	9.2%	🟡		33
A&E - Time to Initial Assessment	Jan 25	15.0	31.0	🟡		4
A&E - Time to Treatment	Jan 25	60.0	55.0	🟢		64
A&E - Total Time in A&E	Jan 25	160.0	150.0	🟢		73
A&E - Total Time in A&E (Admitted)	Jan 25	180.0	207.0	🟡		81
A&E - Total Time in A&E (Non-Admitted)	Jan 25	140.0	136.0	🟢		67
A&E Attendances All	Feb 25	-	14,803	🟡		41
A&E Attendances Type 1	Feb 25	-	8,126	🟢		64
A&E Attendances Type 3	Feb 25	-	6,677	🟡		33
Emergency Admissions Type 1	Feb 25	-	5,129	🟡		9
Emergency Admissions Type 3	Feb 25	-	-	🟡		-
Emergency Admissions via A&E	Feb 25	-	5,129	🟡		10
Friends & Family A&E Score	Jan 25	85%	75%	🟡		22
Other Emergency Admissions	Feb 25	-	421	🟡		65
Total Emergency Admissions	Feb 25	-	5,550	🟡		19

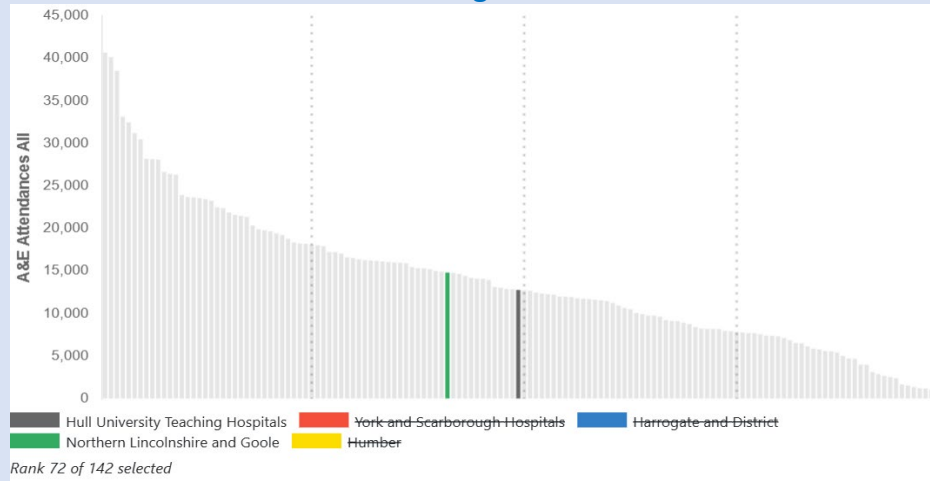
24.Pathway Benchmarking & Trending – Unscheduled Care

A&E - 4 Hour Performance

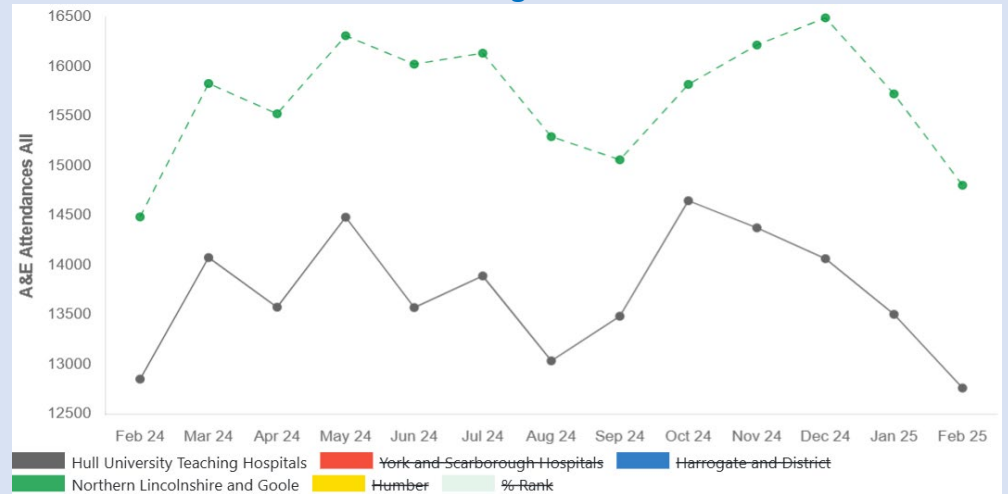


A&E – Attendances

Ranking Chart

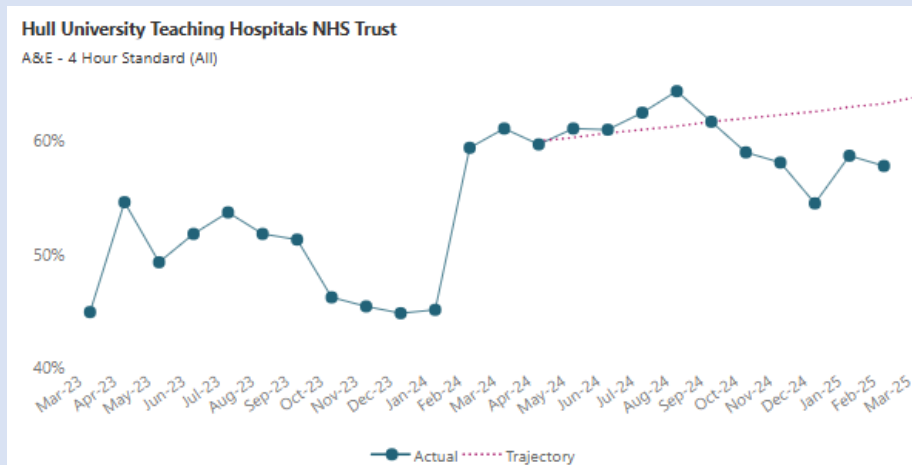


Trending Chart



25. Emergency Care Standards – 4 hour Performance - HUTH

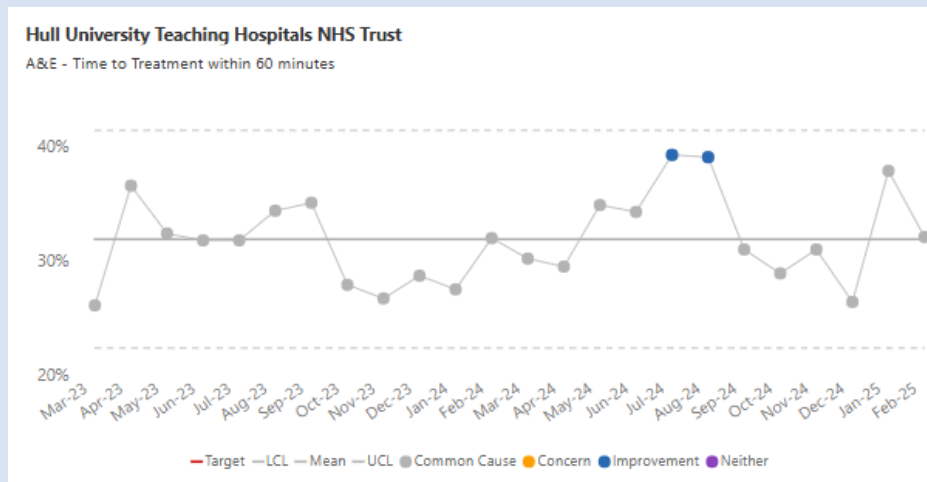
Compliance



Key Themes

- A&E 4 Hour standard (all types) was 57.8% in February 2025 (plan 63.3%).
- Type 1 performance of 38.8% was below the 24/25 operating plan target of 40.2%.
- Type 3 performance (HRI UTC) was 91.3% against the 98% target. Attendances at UTC remain significantly below planned levels.
- HUTH remains within the lowest quartile for patients seen by a clinician within 60 minutes of arrival. Time to treatment was 32.1% in February (deterioration against the January position).

Critical Enabler



Actions

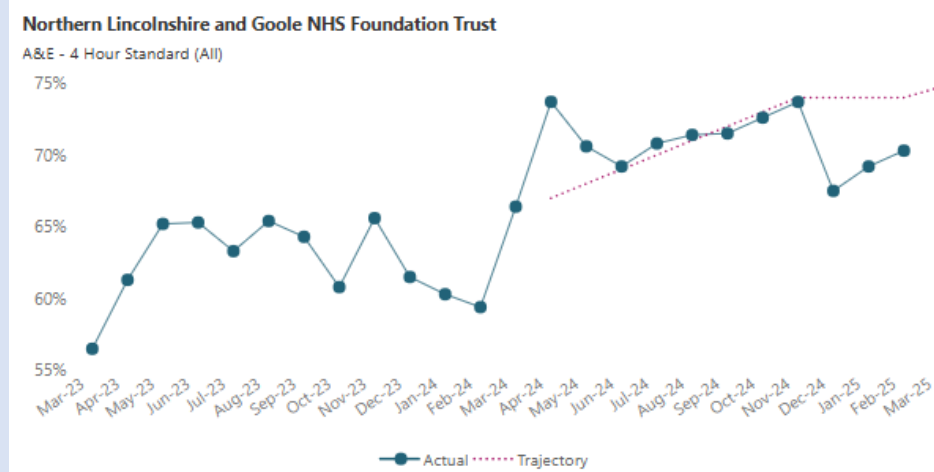
3 critical 'front door' objectives identified.

1. Reducing non-admitted breaches: - Increased from 2,497 in August to 3,759 in December, reducing to 2,926 in February 2025
2. Time to first clinician: - Deterioration from mean of 121.9 in August to December (183), reducing to 161 in February 2025
3. Improved frailty assessment: - Deterioration from 457.2mins in August to 696 mins in December for total time in department for patients >65 years of age (target time of 160 minutes). Some improvement in February 2025 (590 minutes)

The Group has developed a comprehensive action plan to improve performance against the 78% 4 hour target. Workstreams include: recruitment to senior and middle grade medical posts, redesign of the ground floor of the Tower Block to facilitate additional AAU and SDEC capacity, review of ED systems and processes, flow programme to improve timely transfer to base wards, facilitate earlier discharge and reduce the number of NCTRs, revised site management arrangements and the use of digital enablers to increase efficiency and productivity

26. Emergency Care Standards – 4 hour Performance - NLAG

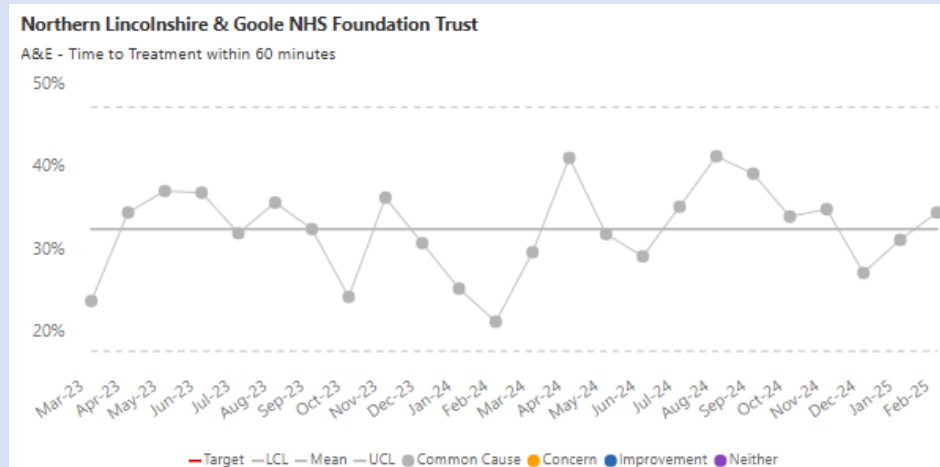
Compliance



Key Themes

- Combined type 1 and 3 performance was 70.3% in February against a target of 74%.
- Type 1 performance = 47.9% (Target 57.8%)
- Type 3 performance = 99.3% (Target 100%)
- Time to treatment within 60 minutes was 34.3% in February (a improvement on the January 2025 position).

Critical Enabler



Actions

3 critical 'front door' objectives identified:

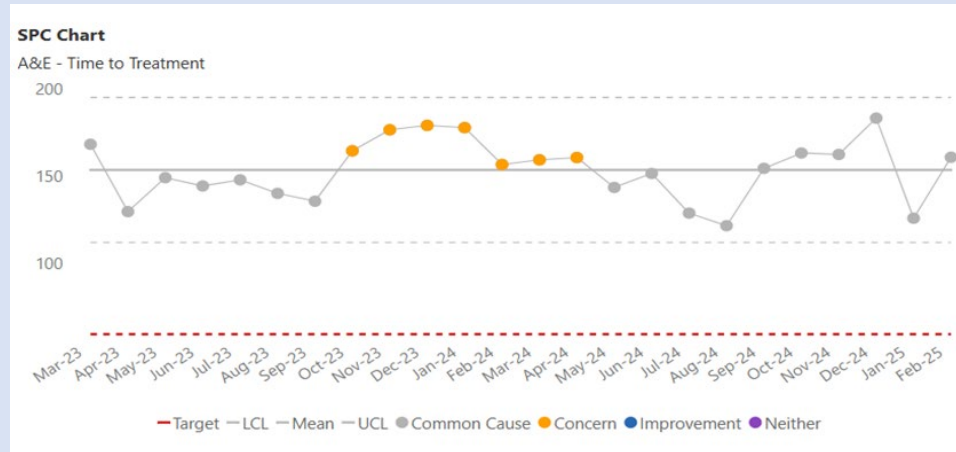
1. Reducing non-admitted breaches: - Increase from 3,219 in December to 3643 in February 2025
2. Time to first clinician: 113 minutes in February
3. Improved frailty assessment: - Increase in waiting time from 239 mins in August to 496 minutes in February for total time in department for patients >65 years of age (target time of 160 mins)

The UEC Improvement Programme for NLaG includes the development of a front door frailty model, working with EMAS to improve 15 minute handover performance, and review of the criteria for admission.

Patient flow outside ED also being prioritised: - CDU now functional across both sites. Patient flow outside ED also being prioritised. Implementation of SAFER Bundle, designated cover of GIM wards and reduction of NCTR.

27. Core Objective 1 – Mean Time to Treatment

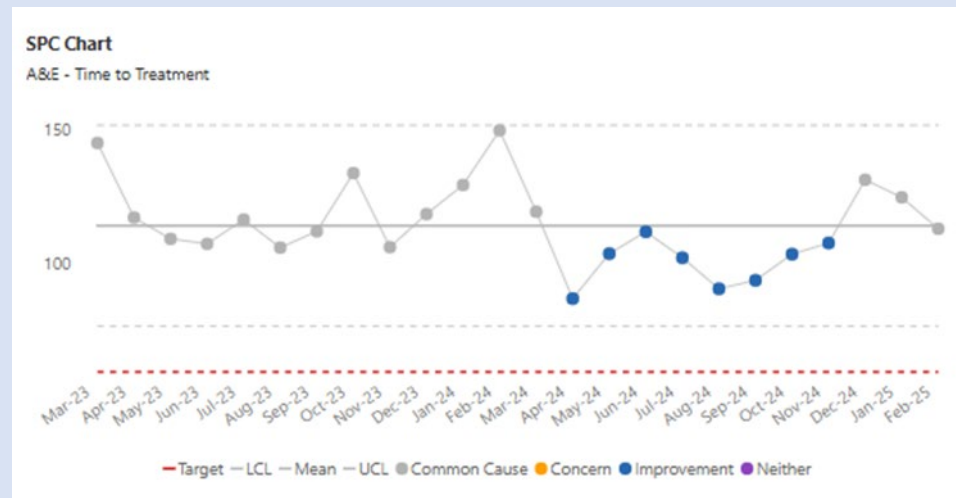
Compliance



Key Themes

- The Group established a target of 60 minutes for time to first clinician (time to treatment)
- HUTH saw an increase in mean waiting time in February 2025 = 161 minutes

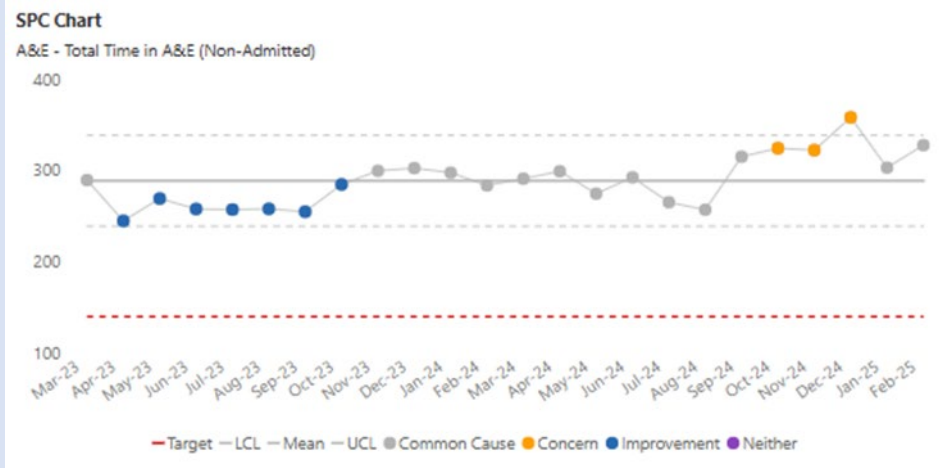
Compliance



- NLaG mean saw an improvement in February 2025 reducing to 113 minutes

28. Core Objective 2 – Non-Admitted Total Time in Department

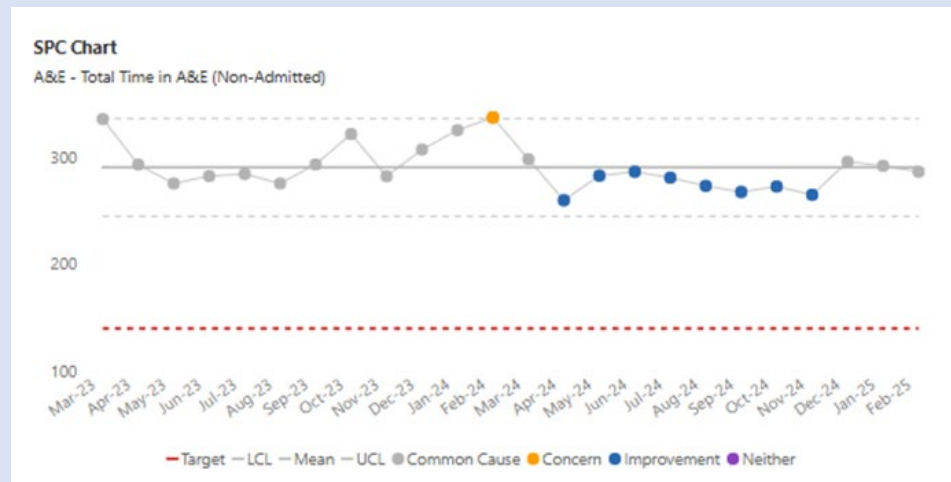
Compliance



Key Themes

- The Group established a target of 140 minutes for time spent by non-admitted Type 1 patients in the ED.
- HUTH saw an in-month improvement in January 2025 (303 mins) from a peak of 358 mins in Dec 2024. However, the February position saw a deterioration to 328 mins.

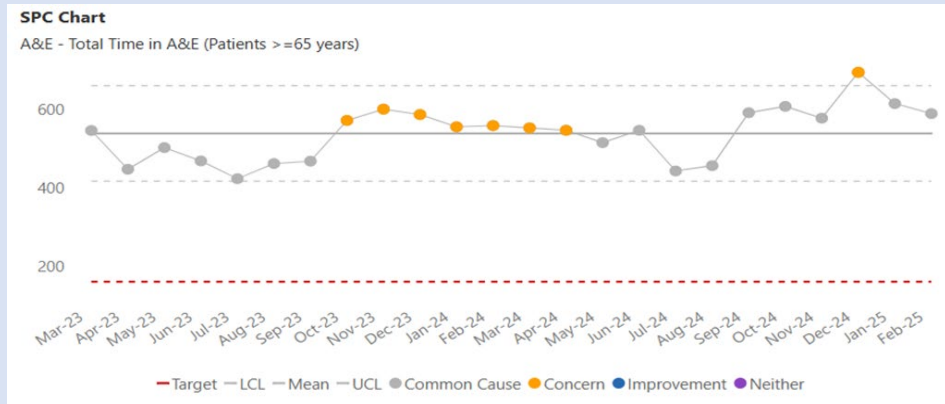
Compliance



- NLaG has performed consistently in 265-300 mins range since late Spring, with a slight deterioration in December. February 2025 performance 286 mins.

29. Core Objective 3 – Total Time in Department (Patients >= 65 years)

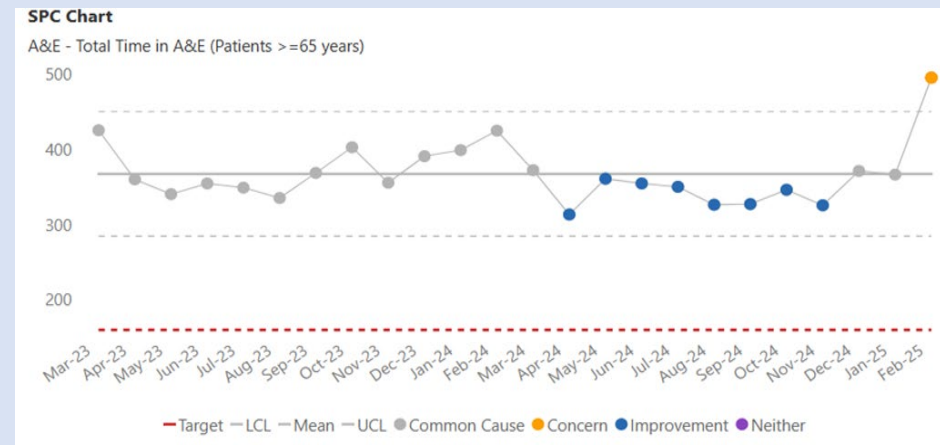
Compliance



Key Themes

- The Group established a target of 160 minutes for total time in the ED for patients aged 65 years and over
- The mean for HUTH was 590 minutes in February, reducing from December's peak of 696 minutes.

Compliance



- The mean for NLaG of 496 minutes in February 2025 marks a significant deterioration from the January position.

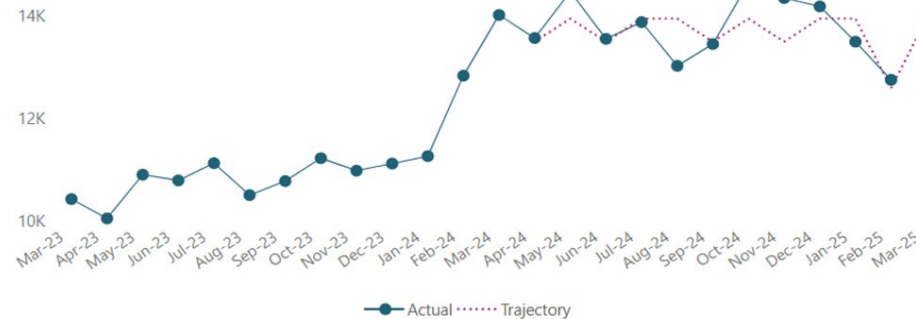
30. A&E Attendances – All Types

Compliance

HUTH

Run Chart and Trajectory

A&E - Attendances (All)



Key Themes

- HUTH - Limited change in compliance belies a significant and sustained increase in A&E attendances, with far more patients being seen within 4 hours than previous years.
- HRI: Compliance – Q3 19/20 65.7%, Q3 2024/25 61.0%. 14.8k more patients seen <4 hours (44.0% increase) 33.6k vs 48.4k. UTC coming on to the HRI books reflects half of that change.
- HUTH February 2025 – 12,759 total attendances comprising 8,151 Type 1 (above plan) and 4,608 Type 3 (below plan).

Compliance

NLaG

Run Chart and Trajectory

A&E - Attendances (All)



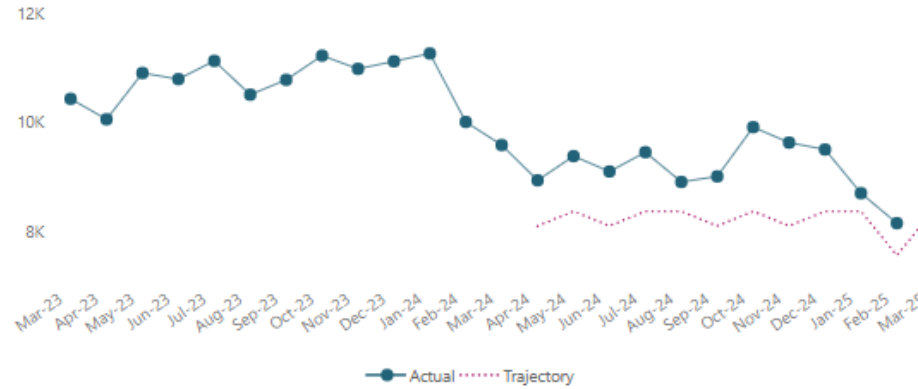
- SGH: Compliance – Q3 19/20 73.0%, Q3 2024/25 73.3%. 4.8k more patients seen <4 hours (25.2% increase) 23.8k vs 19k
- DPoW: Compliance – Q3 19/20 70.5%, Q3 2024/25 69.2%. 4.4k more patients seen <4 hours (22.6% increase) 23.8k vs 19.4k
- NLaG February 2025 – 14,413 total attendances comprising 8,126 Type 1 (below plan) and 6,287 Type 3 (above plan)

31. A&E Attendances – Type 1 Attendances

Compliance

Run Chart and Trajectory

A&E - Attendances (Type 1)



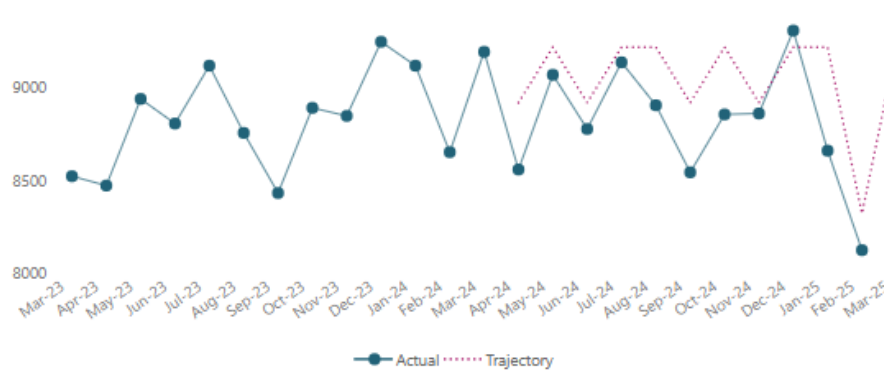
Key Themes

- HUTH Type 1 attendances consistently exceed plan. February actuals were 8,151, exceeding plan by 591.

Compliance

Run Chart and Trajectory

A&E - Attendances (Type 1)



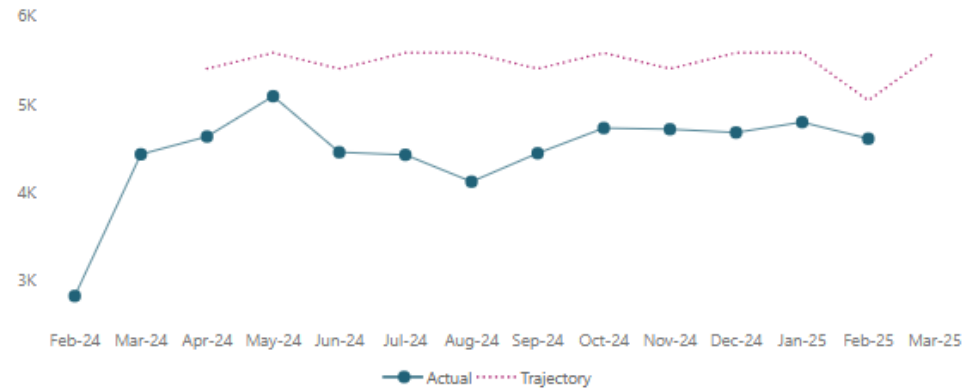
- NLaG Type 1 attendances remain below plan. February actuals were 8,126 vs plan of 8,322 (196 below plan)

32. A&E Attendances – Type 3 Attendances

HUTH

Run Chart and Trajectory

A&E - Attendances (Type 3)



Key Themes

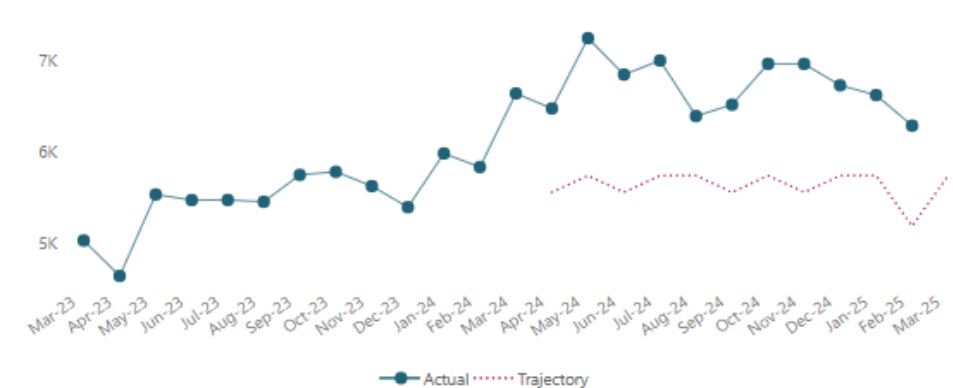
- HUTH: Attendances at HRI UTC remain significantly below planned levels – 4,608 seen in February vs plan of 5,040 (-432 attendances)

Compliance

Compliance

Run Chart and Trajectory

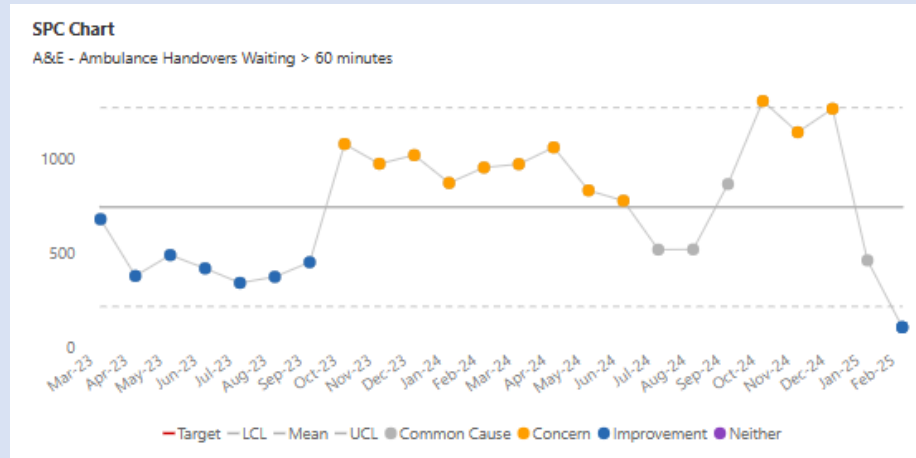
A&E - Attendances (Type 3)



- NLAG: Has seen significant and sustained increase in Type 3 attendances in 24/25
- February Type 3 attendances were 6,287 vs plan of 5,185, an increase of 1,102.

33. Ambulance Handovers >60 minutes - HUTH

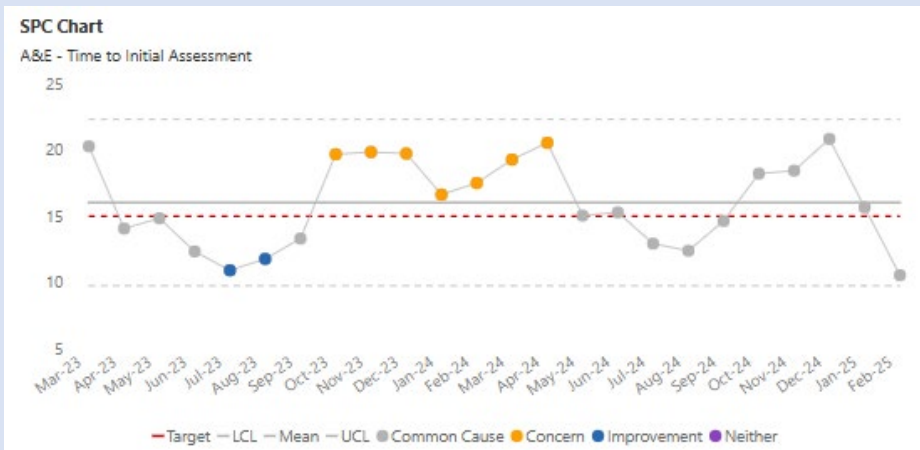
Compliance



Key Themes

- Month on month reduction in the number of ambulance handovers >60 minutes from Feb to August as part of recovery programme, however, notable deterioration at HUTH from September to December 2024. Improved position in January 2025 (463) and February 2025 (107) due to increased focus on ambulance handovers.
- Root cause of handover delays linked to winter pressures and patient volumes in A&E, resulting in compression of available assessment spaces.

Critical Enabler

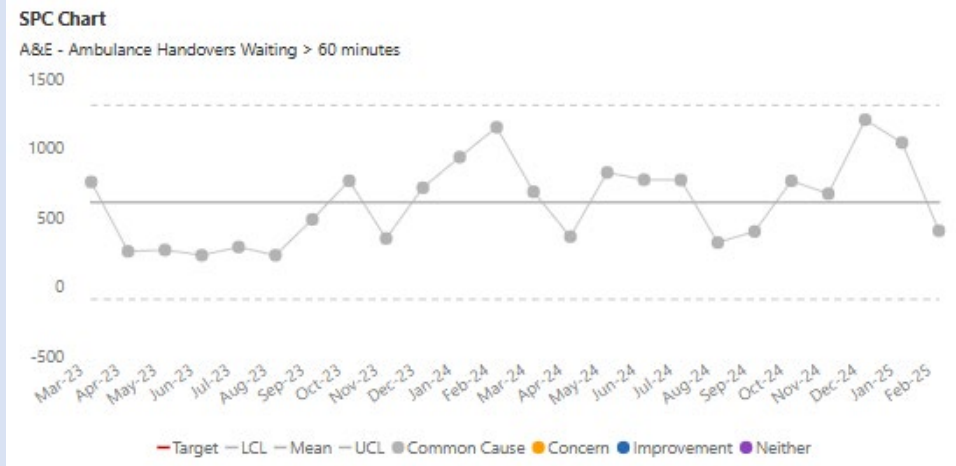


Actions

- Time to initial assessment in February was 11 minutes (target 15 mins).
- Triggers and Escalation/SOP for ambulance handovers is being reviewed and adapted linked to national OPEL system, enabling 30-minute Cat 2 responses for YAS.
- Work with YAS to bring forward clinical assessment through proposing changes to current practice.

34. Ambulance Handovers >60 minutes - NLAG

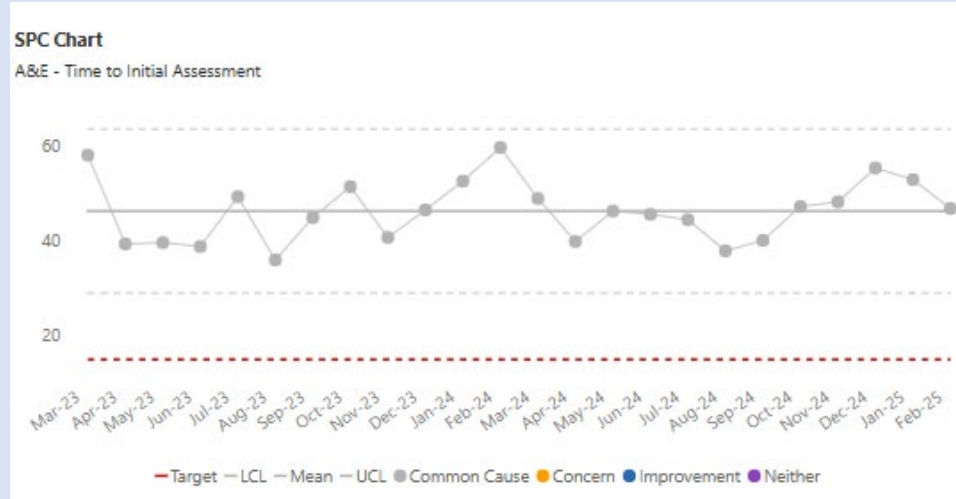
Compliance



Key Themes

- Performance in ambulance handovers >60 minutes has increased since August 2024, rising to 1,039 in January 2025, with a reduction to 404 in February 2025.
- Time to initial assessment in February was 47 minutes against target of 15 minutes.

Critical Enabler



Actions

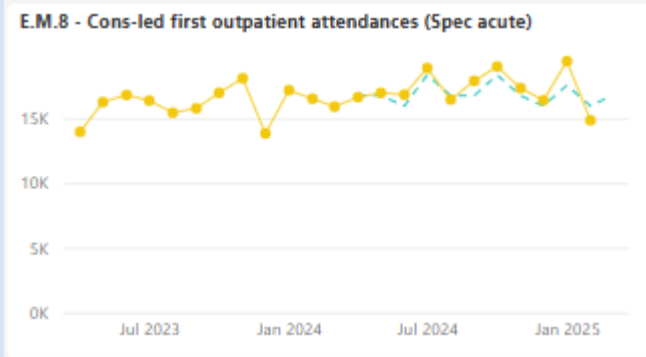
- Rapid Assessment and Treatment (RAT) model to be embedded to reduce waiting time to be seen.
- Audit of current practices planned to ensure handover principles are being adhered to. Working toward zero tolerance of >45-minute handover, aim to deliver 100% ambulance handovers under 45min and 80% under 30 minutes.
- Improvement of flow/ LOS through Discharge rounds in wards will reduce congestion.
- Impact and timelines for recovery programme being finalised with system partners.

35. Activity

HUTH

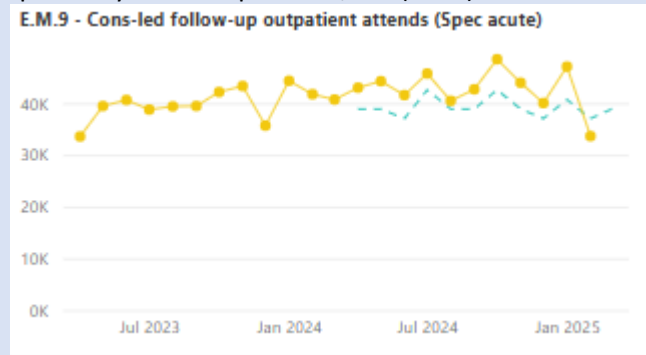
New Outpatient Attendances vs Plan

YTD New consultant-led activity is above plan at +4,744 (2.6%).



Follow up Outpatient Attendances vs Plan

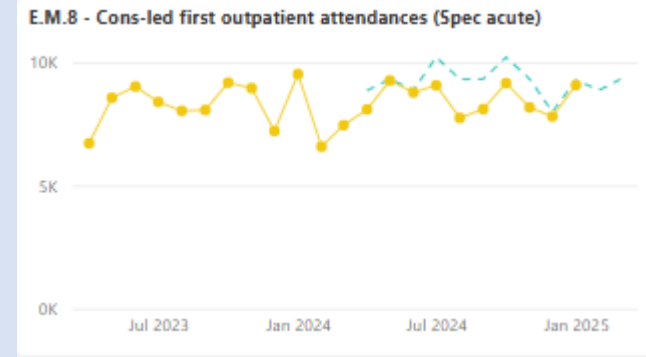
YTD Follow up activity is above plan +39,632 (9.2%).



NLAG (data shown to Month 10)

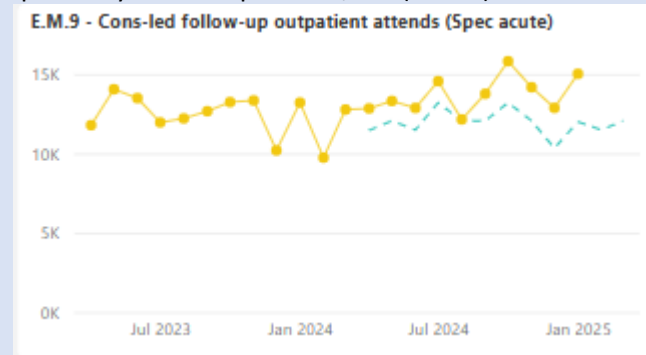
New Outpatient Attendances vs Plan

YTD New consultant-led activity is below plan at -7,442 (8.0%).



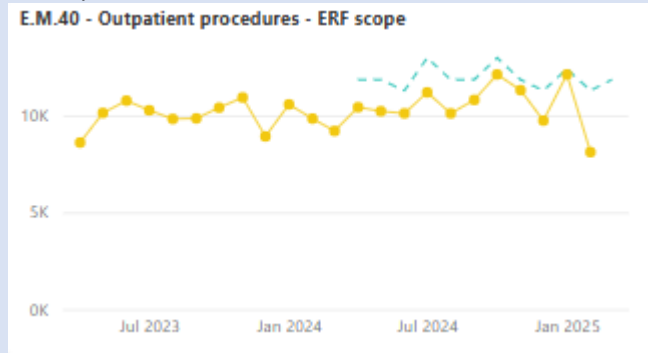
Follow up Outpatient Attendances vs Plan

YTD Follow up activity is above plan +17,473 (14.6%).



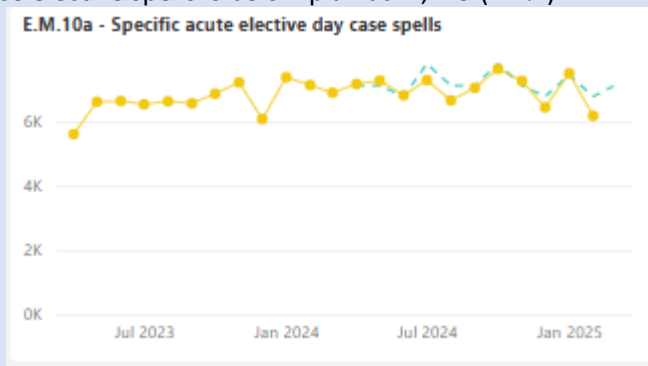
Outpatient Procedures vs Plan

YTD Outpatient procedure is under plan by -15,208 (11.6%). Action is being taken by the RTT Delivery Group to improve the recording of outpatient attendances with procedures.



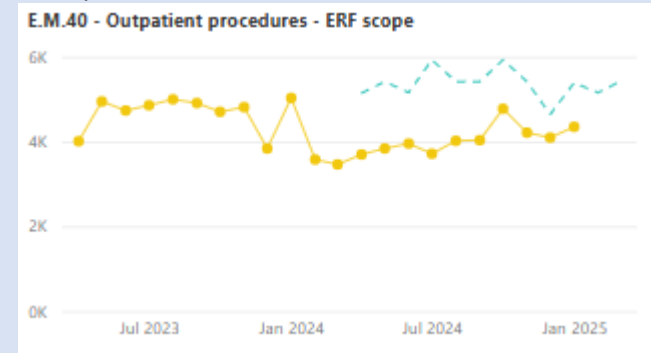
Day Case Admissions vs Plan

YTD Day case elective spells is below plan at -1,719 (2.2%).



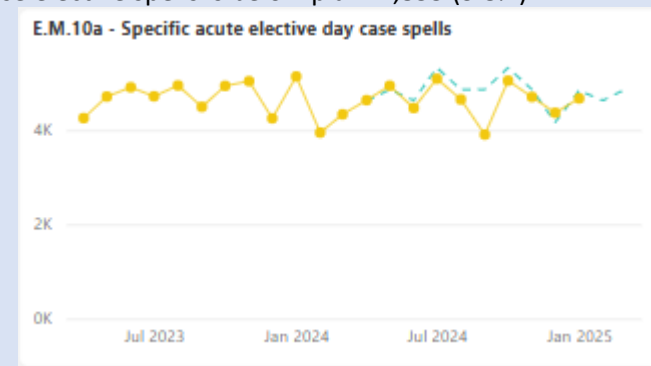
Outpatient Procedures vs Plan

YTD Outpatient procedure is under plan by -13,153 (24.4%). Action is being taken by the RTT Delivery Group to improve the recording of outpatient attendances with procedures.



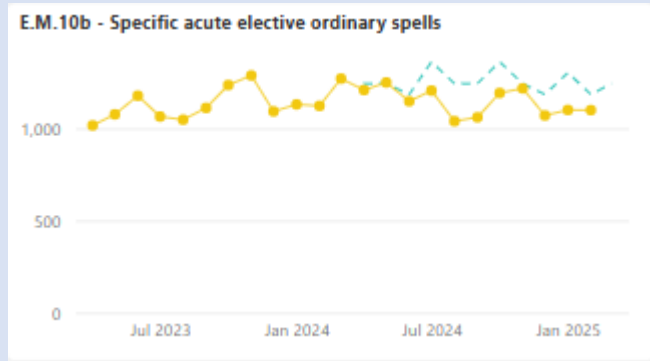
Day Case Admissions vs Plan

YTD Day case elective spells is below plan -1,855 (3.8%).



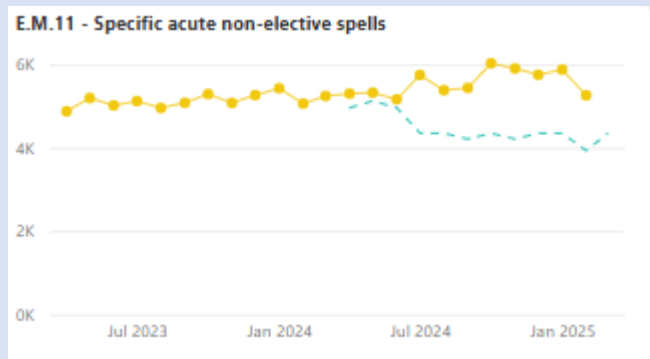
Elective Admissions vs Plan

YTD Inpatient spells is below plan at -1,205 (8.7%).



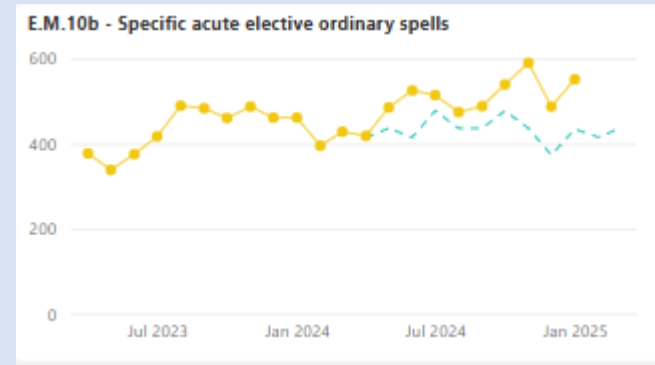
Non-Elective Admissions vs Plan

YTD non-elective spells +12,008 (24.4%) over plan.



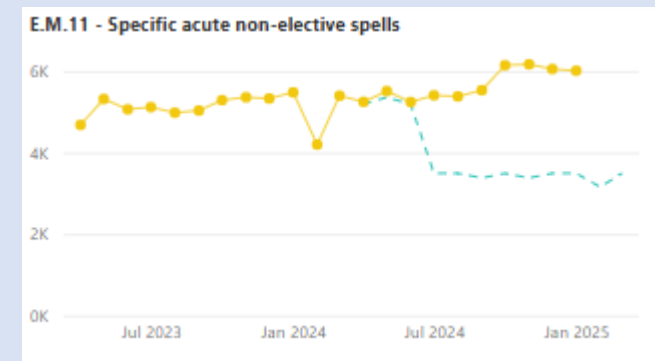
Elective Admissions vs Plan

YTD Inpatient spells is above plan +737 (17.0%), however data is subject to further evaluation of correct operational recording of intended management (Daycase versus zero LOS inpatient). A recent audit has evidenced this to be a recording issue.



Non-Elective Admissions vs Plan

Non-elective spells above plan YTD +16,744 (41.9%).



36. Elective Recovery Fund - HUTH

Hull University Teaching Hospitals	ERF Performance (%)											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
DAYCASE	116%	119%	118%	105%	102%	117%	115%	120%	106%	118%	113%	114%
ELECTIVE	107%	109%	104%	93%	97%	94%	96%	108%	98%	88%	102%	100%
OP FIRST ATTENDANCE	111%	116%	117%	115%	107%	118%	119%	118%	119%	127%	123%	117%
OP FIRST PROCEDURE	121%	117%	118%	117%	115%	126%	118%	124%	112%	125%	112%	119%
OP F/UP PROCEDURE	169%	166%	170%	159%	159%	167%	178%	178%	163%	184%	170%	169%

This data is an early pull of data and as such this is not fully coded and may omit clinics/discharges that were cashed up late.

37. Elective Recovery Fund - NLAG

Northern Lincolnshire & Goole Hospitals	ERF Performance (%)											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
DAYCASE	118%	119%	115%	117%	123%	103%	116%	113%	118%	126%	106%	116%
ELECTIVE	103%	110%	125%	109%	120%	107%	115%	121%	111%	116%	94%	112%
OP FIRST ATTENDANCE	93%	106%	107%	97%	93%	89%	93%	90%	93%	110%	93%	97%
OP FIRST PROCEDURE	94%	98%	95%	86%	104%	87%	88%	93%	100%	98%	99%	94%
OP F/UP PROCEDURE	77%	73%	83%	73%	87%	85%	92%	87%	91%	97%	97%	86%
Total	104%	109%	112%	106%	111%	98%	107%	107%	107%	116%	99%	107%

NLAG Notes

The Baseline profiling across months is set nationally and does not equate to working days.

January's was low, Feb's & March's are high, hence the 108% reported in January falling back to 107%

This data is an early pull of data and as such is not fully coded and may omit some clinics/discharges that were cashed up late.

This data will not fully match to the SUS national position, as the Inpatient SUS position is being generated through the old Data Warehouse to avoid the known errors.

Known errors are:

- Length of stay is overstated where a second or subsequent critical care stay exists, this may overstate excess bedday value.

The published national SUS ERF valuation is coming out at around 1.3% lower than local ERF valuation - an error in our submission was identified and corrected retrospectively. We expect future publications to match.

Council of Governors Business Meeting

Agenda Item No: CoG(25)042

Name of the Meeting	Council of Governors Business Meeting	
Date of the Meeting	16 April 2025	
Director Lead	David Sharif, Group Director of Assurance	
Contact Officer/Author	Alison Hurley, Deputy Director of Assurance	
Title of the Report	Acronyms and Glossary of Terms	
Executive Summary	A reference guide for any words, phrases or acronyms used during the meeting – updated December 2024. Document for information only.	
Background Information and/or Supporting Document(s) (if applicable)	N/A	
Prior Approval Process	N/A	
Financial implication(s) (if applicable)	N/A	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A	
Recommended action(s) required	<div> <input type="checkbox"/> Approval <input checked="" type="checkbox"/> Information </div> <div> <input type="checkbox"/> Discussion <input type="checkbox"/> Review </div> <div> <input type="checkbox"/> Assurance <input type="checkbox"/> Other – please detail below: </div>	

ACRONYMS & GLOSSARY OF TERMS

Dec 2024 – v8.9

2WW - Two week wait

A&E – Accident and Emergency: A walk-in facility at hospitals that provides urgent treatment for serious injuries and conditions

A4C – Agenda for Change. NHS system of pay that is linked to the job content, and the skills and knowledge staff apply to perform jobs

ACE – A Commitment to Excellence – Accreditation scheme previously known as 15 Step Reviews

Acute - Used to describe a disorder or symptom that comes on suddenly and needs urgent treatment

AAU – Acute Assessment Unit

Accounting Officer - The NHS Act 2006 designates the chief executive of an NHS foundation trust as the accounting officer.

Acute Hospital Trust - Hospitals in England are managed by acute trusts (Foundation Trusts). Acute trusts ensure hospitals provide high-quality healthcare and check that they spend their money efficiently. They also decide how a hospital will develop, so that services improve

Admission - A term used to describe when someone requires a stay in hospital, and admitted to a ward

Adult Social Care - Provide personal and practical support to help people live their lives by supporting individuals to maintain their independence and dignity, and to make sure they have choice and control. These services are provided through the local authorities

Advocate - An advocate is someone who supports people, at times acting on behalf of the individual

AGC – Audit & Governance Committee

AGM – Annual General Meeting

AHP – Allied Health Professional

ALoS – Average Length of Stay

AMM – Annual Members' Meeting

AO – Accounting Officer

AoMRC – Association of Medical Royal Colleges

AOP – Annual Operating Plan

ARC – the Governor Appointments & Remuneration Committee has delegated authority to consider the appointment and remuneration of the Group Chair, Vice Chair

and Non-Executive Directors on behalf of the Council of Governors, and provide advice and recommendations to the full Council in respect of these matters

ARM – Annual Review Meeting for CoG

Audit Committee - A Trust's own committee, monitoring its performance, probity and accountability

ARGC – Audit Risk & Governance Committees-in-Committee

Auditor - The internal auditor helps organisations (particularly boards of directors) to achieve their objectives by systematically evaluating and proposing improvements relating to the effectiveness of their risk management, internal controls and governance processes. The external auditor gives a professional opinion on the quality of the financial statements and report on issues that have arisen during the annual audit

BAF - Board Assurance Framework

BAME – Black and Minority Ethnic: Defined by ONS as including White Irish, White other (including White asylum seekers and refugees and Gypsies and Travellers), mixed (White & Black Caribbean, White & Black African, White & Asian, any other mixed background), Asian or Asian British (Indian, Pakistani, Bangladeshi, any other Asian background), Black or Black British (Caribbean, African or any other Black background), Chinese, and any other ethnic group

Benchmarking - Comparing performance or measures to best standards or practices or averages

BLS – Basic Life Support

BMA – British Medical Association

Board of Directors (BoD) - A Board of Directors is the executive body responsible for the operational management and conduct of an NHS Foundation Trust. It includes a Non-Executive Group Chair, Non-Executive Directors, the Group Chief Executive and other Executive Directors. The Group Chair and Non-Executive Directors are in the majority on the Board

Caldicott Guardian - The person with responsibility for the policies that safeguard the confidentiality of patient information

CAMHS - Child and Adolescent Mental Health Services work with children and young people experiencing mental health problems

CAP – Collaborative Acute Providers

Care Plan - A signed written agreement setting out how care will be provided. A care plan may be written in a letter or using a special form

CCG – Clinical commissioning groups (CCGs) were NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in each of their local areas in England. On 1 July 2022 they were abolished and replaced by Integrated Care Systems as a result of the Health and Care Act 2022.

CDC – Community Diagnostic Centre

CFC – Charitable Funds Committee

CFO – Chief Financial Officer

C Diff - Clostridium difficile is a type of bacteria. Clostridium difficile infection usually causes diarrhoea and abdominal pain, but it can be more serious

CE/CEO – Chief Executive Officer

CF – Cash Flow

CIP – the Cost Improvement Programme is a vital part of Trust finances. Every year a number of schemes/projects are identified. The Trust have an agreed CIP process which has been influenced by feedback from auditors and signed off at the CIP & Transformation Programme Board

Clinical Audit - Regular measurement and evaluation by health professionals of the clinical standards they are achieving

Clinical Governance - A system of steps and procedures through which NHS organisations are accountable for improving quality and safeguarding high standards

CMO – Chief Medical Officer

CMP or C&MP – Capital & Major Projects Committees-in-Common

Code of Governance – NHS England has issued this Code of Governance (the code) to help NHS providers deliver effective corporate governance, contribute to better organisational and system performance and improvement, and ultimately discharge their duties in the best interests of patients, service users and the public.

CoG - Council of Governors. Each NHS Foundation Trust is required to establish a Board of Governors. A group of Governors who are either elected by Members (Public Members elect Public Governors and Staff Members elect Staff Governors) or are nominated by partner organisations. The Council of Governors is the Trust's direct link to the local community and the community's voice in relation to its forward planning. It is ultimately accountable for the proper use of resources in the Trust and therefore has important powers including the appointment and removal of the Chair

Commissioners - Commissioners specify in detail the delivery and performance requirements of providers such as NHS Foundation Trusts, and the responsibilities of each party, through legally binding contracts. NHS Foundation Trusts are required to meet their obligations to commissioners under their contracts. Any disputes about contract performance should be resolved in discussion between commissioners and NHS Foundation Trusts, or through their dispute resolution procedures

Committee - A small group intended to remain subordinate to the board it reports to

Committees-in-Common (CiC) - NLaG and HUTH are implementing a governance structure which will ensure that they have single focussed discussions on major areas of service change. These discussions would take place in the Committees in Common

Co-morbidity - The presence of one or more disorders in addition to a primary disorder, for example, dementia and diabetes

Constituency - Membership of each NHS Foundation Trust is divided into constituencies that are defined in each trust's constitution. An NHS Foundation Trust must have a public constituency and a staff constituency, and may also have a patient, carer and/or service users' constituency. Within the public constituency, an NHS Foundation Trust may have a "rest of England" constituency. Members of the various constituencies vote to elect Governors and can also stand for election themselves

Constitution - A set of rules that define the operating principles for each NHS Foundation Trust. It defines the structure, principles, powers and duties of the trust

CoP – Code of Practice

CPA – Care Programme Approach

CPD – Continuing Professional Development. It refers to the process of tracking and documenting the skills, knowledge and experience that is gained both formally and informally at work, beyond any initial training. It's a record of what is experienced, learned and then applied

CPIS - Child Protection Information Sharing

CPN – Community Psychiatric Nurse

CPO – Chief People Officer

CQC - Care Quality Commission - is the independent regulator of health and social care in England, aiming to make sure better care is provided for everyone in hospitals, care homes and people's own homes. Their responsibilities include registration, review and inspection of services; their primary aim is to ensure that quality and safety are met on behalf of patients

CQUIN – Commissioning for Quality and Innovation are measures which determine whether we achieve quality goals or an element of the quality goal. These achievements are on the basis of which CQUIN payments are made. The CQUIN payments framework encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare. For the patient – this means better experience, involvement and outcomes

CSPO – Chief Strategy and Partnerships Officer

CSU – Commissioning Support Unit support clinical commissioning groups by providing business intelligence, health and clinical procurement services, as well as back-office administrative functions, including contract management

Datix - is the patient safety web-based incident reporting and risk management software, widely used by NHS staff to report clinical incidents (Replaced by Ulysses in 2023)

DBS – Disclosure & Barring Service (replaces Criminal Records Bureau (CRB))

DD – Due Diligence

Depreciation – A reduction in the value of a fixed asset over its useful life as opposed to recording the cost as a single entry in the income and expenditure account.

DGH – District General Hospitals

DH or DoH – Department of Health – A Government Department that aims to improve the health and well-being of people in England

DHSC - Department of Health and Social Care is a government department responsible for government policy on health and adult social care matters in England and oversees the NHS

DN - District Nurse, a nurse who visits and treats patients in their homes, operating in a specific area or in association with a particular general practice surgery or health centre

DNA - Did not attend: when a patient misses a health or social care appointment without prior notice. The appointment is wasted and therefore a cost incurred

DNR - Do not resuscitate

DoF – Director of Finance

DOI - Declarations of Interest

DOLS - Deprivation of Liberty Safeguards

DOSA – Day of Surgery Admission

DPA - Data Protection Act

DPH - Director of Public Health

DPoW - Diana, Princess of Wales Hospital, Grimsby

DTOCs – Delayed Transfers of Care

EBITDA - Earnings Before Interest, Taxes, Depreciation and Amortisation. An approximate measure of a company's operating cash flow based on data from the company's income statement

ECC - Emergency Care Centre

ED – Executive Directors or Emergency Department

EDI – Equality, Diversity and Inclusion

EHR – Electronic Health Record

EIA - Equality Impact Assessment

Elective admission - A patient admitted to hospital for a planned clinical intervention, involving at least an overnight stay

Emergency (non-elective) admission - An unplanned admission to hospital at short notice because of clinical need or because alternative care is not available

ENT – Ear, nose and throat treatment. An ENT specialist is a physician trained in the medical and surgical treatment of the ears, nose throat, and related structures of the head and neck

EoL – End of Life

EPR - Electronic Patient Record

ERF – Elective Recovery Fund

ERoY – East Riding of Yorkshire

ESR - Electronic Staff Record

Executive Directors - Board-level senior management employees of the NHS Foundation Trust who are accountable for carrying out the work of the organisation. For example the Chief Executive and Finance Director, of a NHS Foundation Trust who sit on the Board of Directors. Executive Directors have decision-making powers and a defined set of responsibilities, thus playing a key role in the day to day running of the Trust.

FD – Finance Director

FFT - Friends and Family Test: is an important opportunity for patients to provide feedback on the services that provided care and treatment. This feedback will help NHS England to improve services for everyone

FOI - Freedom of information. The FOI Act 2000 is an Act of Parliament of the United Kingdom that creates a public "right of access" to information.

FRC – Financial Risk Rating

FT – Foundation Trust. NHS foundation trusts are public benefit corporations authorised under the NHS 2006 Act, to provide goods and services for the purposes of the health service in England. They are part of the NHS and provide over half of all NHS hospital, mental health and ambulance services. NHS foundation trusts were created to devolve decision making from central government to local organisations and communities. They are different from NHS trusts as they: have greater freedom to decide, with their governors and members, their own strategy and the way services are run; can retain their surpluses and borrow to invest in new and improved services for patients and service users; and are accountable to, among others, their local communities through their members and governors

FTE – Full Time Equivalent

FTGA – Foundation Trust Governors' Association

FTN – Foundation Trust Network

FTSUG - Freedom to Speak Up Guardians help to protect patient safety and the quality of care, whilst improving the experience of workers

FY – Financial Year

GAG – the Governor Assurance Group has oversight of areas of Trust governance and assurance frameworks in order to provide added levels of assurance to the work of the Council of Governors (Replaced by Member and Public Engagement & Assurance Group (MPEAG) from April 2024)

GDH – Goole District Hospital

GDP – Gross Domestic Product

GDPR – General Data Protection Regulations

GIRFT – Getting It Right First Time

GMC - General Medical Council: the organisation that licenses doctors to practice medicine in the UK

GP - General Practitioner - a doctor who does not specialise in any particular area of medicine, but who has a medical practice in which he or she treats all types of illness (family doctor)

Governance - This refers to the “rules” that govern the internal conduct of an organisation by defining the roles and responsibilities of groups (e.g. Board of Directors, Council of Governors) and individuals (e.g. Chair, Chief Executive Officer, Finance Director) and the relationships between them. The governance arrangements of NHS Foundation Trusts are set out in the constitution and enshrined in the Licence

Governors - Elected or appointed individuals who represent Foundation Trust Members or stakeholders through a Council of Governors

Group Executive Team – assists the Chief Executive in the performance of his duties, including recommending strategy, implementing operational plans and budgets, managing risk, and prioritising and allocating resources

Group Model - Hull University Teaching Hospitals NHS Trust (HUTH) and Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) will still exist as separate legal entities but will operate within a singular Group model and one Group Executive Team

GUM - Genito Urinary Medicine: usually used as the name of a clinic treating sexually transmitted disease

H1 - First Half (financial or calendar year)

H2 - Second Half (financial or calendar year)

HAS - Humber Acute Services

HCA - a Health Care Assistant is someone employed to support other health care professions

HCAI - Healthcare Acquired Infections or Healthcare Associated Infections, are those acquired as a result of health care

HCCP - Humber Clinical Collaboration Programme

HDU - Some hospitals have High Dependency Units (HDUs), also called step-down, progressive and intermediate care units. HDUs are wards for people who need more intensive observation, treatment and nursing care than is possible in a general ward but slightly less than that given in intensive care

Health inequalities - Variations in health identified by indicators such as infant mortality rate, life expectancy which are associated with socio-economic status and other determinants

Healthwatch England - Independent consumer champion for health and social care. It also provides a leadership and support role for the local Healthwatch network.

HEE – Health Education England

HES - Hospital Episode Statistics – the national statistical data warehouse for England of the care provided by the NHS. It is the data source for a wide range of healthcare analysis for the NHS, government and many other organisations and individuals

HOBS - High Observations Beds

HOSC - Health Overview and Scrutiny Committee. Committee that looks at the work of the clinical commissioning groups, and National Health Service (NHS) trusts, and

the local area team of NHS England. It acts as a 'critical friend' by suggesting ways that health related services might be improve

HR – Human Resources

HSCA – Health & Social Care Act 2012

HSMR - Hospital Standardised Mortality Ratio

HTF - Health Tree Foundation (Trust charity)

HTFTC - Health Tree Foundation Trustees' Committee

Human Resources (HR) - A term that refers to managing “human capital”, the people of an organisation

Humber and North Yorkshire Health and Care Partnership - The Humber and North Yorkshire Health and Care Partnership is a collaboration of health, social care, community and charitable organisations

HW – Healthwatch

HWB/HWBB – Health & Wellbeing Board

HWNL - Healthwatch North Lincolnshire

HWNEL - Healthwatch North East Lincolnshire

HWER - Healthwatch East Riding

H&WB Board - Health and Wellbeing Board. A statutory forum where political, clinical, professional and community leaders from across the care and health system come together to improve the health and wellbeing of their local population and reduce health inequalities. The joint strategy developed for this Board is based on the Joint Strategic Needs Assessment. Each ICB has its own Health and Wellbeing Board.

HUTH – Hull University Teaching Hospitals NHS Trust

IAAU – Integrated Acute Assessment Unit

IAPT – Improved Access to Psychological Therapies

IBP – Integrated Business Plan

I & E – Income and Expenditure. A record showing the amounts of money coming into and going out of an organisation, during a particular period.

ICB – Integrated Care Board

ICP – Integrated Care Partnership

ICS – Integrated Care Systems - Partnership between NHS organisations, local councils and others, who take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. There are 44 ICS 'footprint' areas. The size of a system is typically a population of 1-3 million.

ICU – Intensive Care Unit

IG – Information Governance

Integrated Care - Joined up care across local councils, the NHS, and other partners. It is about giving people the support they need, joined up across local councils, the

NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. The aim is that people can live healthier lives and get the care and treatment they need, in the right place, at the right time.

IP – Inpatient

IPC - Infection Prevention & Control

IPR – Integrated Performance Report

IT – Information Technology

ITU – Intensive Therapy Unit

JAG – Joint Advisory Group accreditation

JHOSH - Joint Health Overview and Scrutiny Committee

Joint committees - In a joint committee, each organisation can nominate one or more representative member(s). The joint committee has delegated authority to make binding decisions on behalf of each member organisation without further reference back to their board.

JSNA – Joint Strategic Needs Assessment

KLOE – Key Line of Enquiry

KPI – Key Performance Indicator. Targets that are agreed between the provider and commissioner of each service, which performance can be tracked against

KSF – Knowledge and Skills Framework- This defines and describes the knowledge and skills which NHS staff (except doctors and dentists) need to apply in their work in order to deliver quality services

LA – NHS Leadership Academy

LATs – Local Area Teams

LD – Learning Difficulties

Lead Governor - The Lead Governor has a role in facilitating direct communication between NHS England and the NHS foundation trust's council of governors. This will be in a limited number of circumstances and, in particular, where it may not be appropriate to communicate through the normal channels, which in most cases will be via the Chair or the Trust Secretary, if one is appointed.

LETB – Local Education and Training Board

LGBTQ+ – Lesbian, gay, bisexual, transgender, questioning, queer, intersex, pansexual, two-spirit (2S), androgynous and asexual.

LHE – Local Health Economy

LHW – Local Healthwatch

LiA – Listening into Action

Licence - The NHS provider licence contains obligations for providers of NHS services that will allow Monitor to fulfil its new duties in relation to: setting prices for NHS-funded care in partnership with NHS England; enabling integrated care; preventing anti-competitive behaviour which is against the interests of patients; supporting commissioners in maintaining service continuity; and enabling Monitor to

continue to oversee the way that NHS Foundation Trusts are governed. It replaces the Terms of Authorisation

LMC – the Local Medical Council is the local representative committee of NHS GPs which represents individual GPs and GP practices as a whole in their localities

Local Health Economy - This term refers to the different parts of the NHS working together within a geographical area. It includes GP practices and other primary care contractors (e.g. pharmacies, optometrists, dentists), mental health and learning disabilities services, hospital services, ambulance services, primary care trusts (England) and local health boards (Wales). It also includes the other partners who contribute to the health and well-being of local people – including local authorities, community and voluntary organisations and independent sectors bodies involving in commissioning, developing or providing health services

LOS - length of stay for patients is the duration of a single episode of hospitalisation

LTC - Long Term Condition

M&A – Mergers & Acquisitions

MCA - Mental Capacity Act

MDT - Multi-disciplinary Team

Members - As part of the application process to become an NHS Foundation Trust, NHS trusts are required to set out detailed proposals for the minimum size and composition of their membership. Anyone who lives in the area, works for the trust, or has been a patient or service user there, can become a Member of an NHS Foundation Trust, subject to the provisions of the trust's constitution. Members can: receive information about the NHS Foundation Trust and be consulted on plans for future development of the trust and its services; elect representatives to serve on the Council of Governors; and stand for election to the Council of Governors

MHA – Mental Health Act

MI – Major Incident

MIU – Major Incident Unit

MLU - Midwifery led unit

Monitor - Monitor was the sector regulator of health care services in England, now replaced by NHS Improvement as of April 2016 (which has since merged with NHS England)

MPEAG – Membership and Public Engagement & Assurance Group is responsible for overseeing the development, implementation and regular review of the Trust's Member and Public Engagement Strategy. This incorporates oversight of member recruitment and communication, public engagement initiatives and mechanisms to feed back the views of members and the public to the CoG, and Trust Board.

MRI – Magnetic Resonance Imaging

MRSA – Metacillin Resistant Staphylococcus Aureus is a common type of bacteria that lives harmlessly in the nose or on the skin

MSA – Mixed Sex Accommodation

National Tariff - This payment system covers national prices, national currencies, national variations, and the rules, principles and methods for local payment arrangements

NED – Non-Executive Director

Neighbourhoods - Areas typically covering a population of 30-50,000, where groups of GPs and community-based services work together to coordinate care, support and prevention and wellbeing initiatives. Primary care networks and multidisciplinary community teams form at this level.

Neonatal – Relates to newborn babies, up to the age of four weeks

Nephrology - The early detection and diagnosis of renal (kidney) disease and the long-term management of its complications.

Neurology - Study and treatment of nerve systems.

NEWS - National Early Warning Score

Never Event - Serious, largely preventable patient safety incidents that should not occur if the available preventable measures have been implemented

NEL - North East Lincolnshire

NGO - National Guardians Office for the Freedom to Speak Up Guardian

NHS - National Health Service

NHS 111 - NHS 111 makes it easier to access local NHS healthcare services in England. You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is a fast and easy way to get the right help, whatever the time

NHS Confederation - is the membership organisation that brings together, supports and speaks for the whole healthcare system in England, Wales and Northern Ireland.

NHS ICS Body - ICS NHS bodies will be established as new organisations that bind partner organisations together in a new way with common purpose. They will lead integration within the NHS, bringing together all those involved in planning and providing NHS services to take a collaborative approach to agreeing and delivering ambitions for the health of their population

NHSE - NHS England. NHS England provides national leadership for the NHS. Through the NHS Long Term Plan, we promote high quality health and care for all, and support NHS organisations to work in partnership to deliver better outcomes for our patients and communities, at the best possible value for taxpayers and to continuously improve the NHS. We are working to make the NHS an employer of excellence and to enable NHS patients to benefit from worldleading research, innovation and technology

NHS Health and Care Partnership - a locally-determined coalition will bring together the NHS, local government and partners, including representatives from the wider public space, such as social care and housing.

NHSLA - NHS Litigation Authority. Handles negligence claims and works to improve risk management practices in the NHS

NHSP - NHS Professionals

NHS Providers - This is the membership organisation and trade association for all NHS provider trusts

NHSTDA – NHS Trust Development Authority

NICE - the National Institute for Health and Care Excellence is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health

NL - North Lincolnshire

NLaG - Northern Lincolnshire & Goole Hospitals NHS Foundation Trust

NMC - Nursing & Midwifery Council

Non-Elective Admission (Emergency) - An unplanned admission to hospital at short notice because of clinical need or because alternative care is not available

NQB - National Quality Board

NSFs – National Service Frameworks

OBC - Outline Business Case

OFT – Office of Fair Trading

OLU - Obstetric led unit

OOH - Out of Hours

OP – Outpatients

OPA – Outpatient Appointment

Operational management - Operational management concerns the day-to-day organisation and coordination of services and resources; liaison with clinical and non-clinical staff; dealing with the public and managing complaints; anticipating and resolving service delivery issues; and planning and implementing change

OSCs – Overview and Scrutiny Committees

PALS - Patient Advice and Liaison Service. All NHS Trusts have a PALS team who are there to help patients navigate and deal with the NHS. PALS can advise and help with any non-clinical matter (eg accessing treatment, information about local services, resolving problems etc)

PADR - Personal Appraisal and Development Review - The aim of a Performance Appraisal Development Review is to confirm what is required of an individual within their role, feedback on how they are progressing, to identify any learning and development needs through the use of the and to agree a Personal Development Plan

PAU – Paediatric assessment unit

PbR - Payment by Results

PCN - Primary Care Network: Groups of GP practices, working with each other and with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas. Led by a clinical director who may be a GP, general practice nurse, clinical pharmacist or other clinical profession working in general practice.

PCT – Primary Care Trust

PDC – Public Dividend Capital

PEWS - Paediatric Early Warning Score

PEF – Performance, Estates & Finance Committees-in-Common

PFI – Private Finance Initiative

PIDMAS – Patient Initiated Digital Mutual Aid System

PLACE - Patient Led Assessment of Controlled Environment are annual assessments of inpatient healthcare sites in England that have more than 10 beds. It is a benchmarking tool to ensure improvements are made in the non-clinical aspects of patient care, such as cleanliness, food and infection control

Place - Town or district within an ICS, which typically covers a population of 250,000 – 500,000 people. Often coterminous with a council or borough.

Place Based Working - enables NHS, councils and other organisations to collectively take responsibility for local resources and population health

Population Health Management (PHM) - A technique for using data to design new models of proactive care, delivering improvements in health and wellbeing which make best use of the collective resources. Population health aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population.

PPE - Personal Protective Equipment

PPG - Patient Participation Group. Patient Participation Group is a group of people who are patients of the surgery and want to help it work as well as it can for patients, doctors and staff

PPI – Patient and Public Involvement

PRIM - Performance Review Improvement Meeting

PROMS – Patient Recorded Outcome Measures

Provider Collaborative - Arrangements between NHS organisations with similar missions (e.g., an acute collaborative). They can also be organised around a 'place', with acute, community and mental health providers forming one collaborative. It is expected that all NHS providers will need to be part of one or more provider collaborates, as part of the new legislation.

PSF - Provider Sustainability Fund

PST – Patient Suitability for Transfer

PTL – Patient Transfer List

PTS – Patient Transport Services

QA – Quality Accounts. A QA is a written report that providers of NHS services are required to submit to the Secretary of State and publish on the NHS Choices website each June summarising the quality of their services during the previous financial year **or** Quality Assurance

QGAF – Quality governance assurance framework

QI – Quality Improvement

QIA – Quality Impact Assessment

QIPP – Quality Innovation, Productivity and Prevention. QIPP is a national, regional and local level programme designed to support clinical teams and NHS organisations to improve the quality of care they deliver while making efficiency savings that can be reinvested into the NHS

QOF – Quality and Outcomes Framework. The Quality and Outcomes Framework is a system designed to remunerate general practices for providing good quality care to their patients, and to help fund work to further improve the quality of health care delivered. It is a fundamental part of the General Medical Services (GMS) Contract, introduced in 2004.

QRP – Quality & Risk Profile

Q&SC – Quality & Safety Committees-in-Common

QSIR – Quality & Service Improvement Report

R&D – Research & Development

RAG – Red, Amber, Green classifications

RCA – Root Cause Analysis

RCGP – Royal College of General Practitioners

RCN – Royal College of Nursing

RCP – Royal College of Physicians

RCPSYCH – Royal College of Psychiatrists

RCS – Royal College of Surgeons

RGN – Registered General Nurse

RIDDOR – Reporting of Injuries, Diseases, Dangerous Occurrences Regulation. Regulates the statutory obligation to report deaths, injuries, diseases and "dangerous occurrences", including near misses, that take place at work or in connection with work

Risk Assessment Framework – The Risk Assessment Framework replaced the Compliance Framework during 2013/14 in the areas of financial oversight of providers of key NHS services – not just NHS Foundation Trusts – and the governance of NHS Foundation Trusts

RoI – Register of Interests

RoI – Return on Investment

RTT – Referrals to Treatment

SaLT - Speech and Language Therapy

SDEC – Same day emergency care

Secondary Care - NHS trusts and NHS Foundation Trusts are the organisations responsible for running hospitals and providing secondary care. Patients must first be referred into secondary care by a primary care provider, such as a GP

Serious Incident/event (SI) - An incident that occurred during NHS funded healthcare which resulted in serious harm, a never event, or another form of serious negative activity

Service User/s - People who need health and social care for mental health problems. They may live in their own home, stay in care, or be cared for in hospital

SGH – Scunthorpe General Hospital

SHCA – Senior Health Care Assistant

SHMI - Summary Hospital-level Mortality Indicator

SI - Serious Incident: An out of the ordinary or unexpected event (not exclusively clinical issues) that occurs on NHS premises or in the provision of an NHS or a commissioned service, with the potential to cause serious harm

SIB - System Improvement Board

SID - Senior Independent Director - One of the non-executive directors should be appointed as the SID by the Board of Directors, in consultation with the Council of Governors. The SID should act as the point of contact with the Board of Directors if Governors have concerns which approaches through normal channels have failed to resolve or for which such normal approaches are inappropriate. The SID may also act as the point of contact with the Board of Directors for Governors when they discuss, for example, the chair's performance appraisal and his or her remuneration and other allowances. More detail can be found in the Code of Governance

SJR - Structured Judgement Review

SLA – Service Level Agreement

SLM/R – Service Line Management/Reporting

SNCT - Safer Nursing Care Tool

Social Care - This term refers to care services which are provided by local authorities to their residents

SPA – Single Point of Access

SoS – Secretary of State

SSA – Same Sex Accommodation

Strategic Management - Strategic management involves setting objectives for the organisation and managing people, resource and budgets towards reaching these goals

Statutory Requirement - A requirement prescribed by legislation

SUI – Serious untoward incident/event: An incident that occurred during NHS funded healthcare which resulted in serious harm, a never event, or another form of serious negative activity

T&C – Terms and Conditions

TCI – To Come In

Terms of Authorisation - Previously, when an NHS Foundation Trust was authorised, Monitor set out a number of terms with which the trust had to comply.

The terms of authorisation have now been replaced by the NHS provider licence, and NHS Foundation Trusts must comply with the conditions of the licence

TMB - Trust Management Board

Third Sector - Also known as voluntary sector/ non-profit sector or "not-for-profit" sector. These organisations are non-governmental

ToR – Terms of Reference

Trauma - The effect on the body of a wound or violent impact

Triage - A system which sorts medical cases in order of urgency to determine how quickly patients receive treatment, for instance in accident and emergency departments

TTO – To Take Out

ULHT – United Lincolnshire Hospital NHS Trust

ULYSSES - Risk Management System to report Incidents and Risk (Replaced DATIX in 2023)

UTC - Urgent Treatment Centre

Voluntary Sector - Also known as third sector/non-profit sector or "not-for-profit" sector. These organisations are non-governmental

Vote of No Confidence - A motion put before the Board which, if passed, weakens the position of the individual concerned

VTE – Venous Thromboembolism

WEC – Workforce, Education & Culture Committee-in-Common

WRES - Workforce Race Equality Standards

WDES - Workforce Disability Equality Standards

WTE - Whole time equivalent

YTD - Year to date