

# TRUST BOARDS IN COMMON - PUBLIC - MAIN BOARDROOM, DPOWH

### GROUP BOARDS IN COMMON - PUBLIC - MAIN BOARDROOM, DPOWH

- 📋 10 April 2025
- 09:00 GMT+1 Europe/London



### AGENDA

•	1.1 - Welcome, Group Chair's Opening Remarks & Apologies for Absence	1
	Agenda - HUTH NLaG Boards in Common Meeting - April 2025 - Public.pdf	
	1.2 - Staff Charter and Values	
•	1.3 - Patient Story	
	1.4 - Declarations Of Interest	
	BIC(25)047 - Declarations of Interest.pdf	
	1.5 - Minutes of the Meeting held on Thursday, 13 February 2025	
	BIC(25)048 - Minutes of the meeting held on Thursday, 13 February 2025.pdf	
	1.6 - Matters Arising	
•	1.7 - Action Tracker - Public	
	BIC(25)049 - Action Tracker - Public.pdf	
	1.8 - Acting Group Chief Executive's Briefing	
	BIC(25)050 - Acting Group Chief Executive's Briefing.pdf	
•	2 - Group Development	
•	None	
•	3 - Board Committees-in-Common Highlight / Escalation Reports	
•	3.1 - Quality & Safety Committees-in-Common Highlight / Escalation Report & Board Challenge	47
	BIC(25)052 - Quality & Safety Committees-in-Common Highlight Report.pdf	48
•	3.1.1 - Maternity & Neonatal Safety Champions Overview Assurance / Escalation Reports - NLaG &	
	HUTH	53
	BIC(25)053 - Maternity Neonatal Safety Champions Report.pdf	54
•	3.1.2 - Maternity & Perinatal Updates	57
	BIC(25)054 - Maternity Neonatal Assurance Reports - NLAG HUTH.pdf	58
•	3.1.3 - Quality Priorities	93
	BIC(25)055 - Quality Priorities.pdf	94
•	3.2 - Performance, Estates & Finance Committees-in-Common Highlight / Escalation Report &	
	Board Challenge	121
	BIC(25)056 - Performance, Estates & Finance Committees-in-Common Highlight Report.pdf	122
•	3.3 - Workforce, Education & Culture Committees-in-Common Highlight / Escalation Report & Board	ł
	Challenge	128
	BIC(25)057 - Workforce, Education & Cultures Committees-in-Common Highlight Report.pdf	129
•	3.3.1 - National Staff Survey Response - NLaG & HUTH	134

	BIC(25)058 - National Staff Survey Response - NLaG & HUTH (please note large document).pdf.	135
•	4 - Governance & Assurance	453
•	4.1 - Board Assurance Framework & Strategic Risk Register - NLaG & HUTH	454
	BIC(25)059 - Board Assurance Framework & Strategic Risk Register - NLaG & HUTH.pdf	455
•	5 - Other Items for Approval	482
•	None	483
•	6 - Items for Information / Supporting Papers	484
	BIC(25)060 - Quality & Safety Committees-in-Common Minutes - February 2025.pdf	485
	BIC(25)061 - Performance, Estates & Finance Committees-in-Common Minutes - February and	
	March 2025.pdf	504
	BIC(25)062 - Workforce, Education & Cultures Committees-in-Common - January and February	
	2025 Minutes.pdf	539
	BIC(25)064 - Integrated Performance Report - NLaG and HUTH.pdf	562
	BIC(25)065 - Documents Signed Under Seal.pdf	638
	BIC(25)066 - Trust Boards & Committees Meeting Cycle - 2025 & 2026.pdf	640
	BIC(25)074 - Sir James Mackey, Chief Executive NHS England letter dates 1 April 2025.pdf	643
	BIC(25)075 - Board Member Appraisal Guidance.pdf	659
	BIC(25)076 - Research, Innovation and Development Annual Report 2024 - 2025.pdf	665
	BIC(25)077 - Guardian of Safe Working - Quarter Three Reports - HUTH and NLaG.pdf	745
•	7 - Any Other Urgent Business	770
•	8 - Questions from the Public & Governors	771
•	9 - Matters for Referral to Board Committees-in-Common	772
•	10 - Date of the Next Meeting	773

### 1.1 - WELCOME, GROUP CHAIR'S OPENING REMARKS & APOLOGIES FOR

#### ABSENCE

💄 Sean Lyons, Group Chair

#### REFERENCES

Only PDFs are attached

Agenda - HUTH NLaG Boards in Common Meeting - April 2025 - Public.pdf



### AGENDA

#### A meeting of the Trust Boards-in-Common (meeting held in Public) to be held on Thursday, 10 April 2025 at 9.00 am to 12:30 in the Main Boardroom, Diana, Princess of Wales Hospital

For the purpose of transacting the business set out below:

No.	Agenda Item	Format	Purpose	Time
	CORE / STANDING BUSINESS ITEMS			
1.1	Welcome, Group Chair's Opening Remarks and Apologies for Absence	Verbal	Information	09:00
	Sean Lyons, Group Chair			
1.2	Staff Charter and Values	Attached	Information	
	Sean Lyons, Group Chair			
1.3	Patient Story	Verbal	Discussion /	
	Amanda Stanford, Acting Group Chief Executive		Assurance	
1.4	Declarations of Interest	BIC(25)047	Assurance	
	Sean Lyons, Group Chair	Attached		
1.5	Minutes of the Meeting held on Thursday, 13	BIC(25)048	Approval	
	February 2025	Attached		
	Sean Lyons, Group Chair			
1.6	Matters Arising	Verbal	Discussion /	
	Sean Lyons, Group Chair		Assurance	
1.7	Action Tracker	BIC(25)049	Assurance	
	- Public	Attached		
	Sean Lyons, Group Chair			
1.8	Acting Group Chief Executive's Briefing	BIC(25)050	Assurance	09:30
	Amanda Stanford, Acting Group Chief Executive	Attached		
	BROUP DEVELOPMENT			
2.1	None			
	BOARD COMMITTEES-IN-COMMON HIGHLIGHT /			
3.1	Quality & Safety Committees-in-Common	BIC(25)052	Assurance	10:05
	Highlight / Escalation Report & Board	Attached		
	Challenge			
	Sue Liburd & Dr David Sulch, Non-Executive Directors Committee Chairs			
3.1.1	Maternity & Neonatal Safety Champions	BIC(25)053	Assurance	10:20
5.1.1	Overview Assurance / Escalation Reports –	Attached	Assurance	10.20
	NLaG and HUTH	Allached		
	Dr David Sulch & Sue Liburd, NED Maternity &			
	Neonatal Safety Champions			
	BREAK – 10:30 – 10:	:45		1
3.1.2	Maternity & Neonatal Safety Assurance	BIC(25)054	Assurance	10:55
	Reports – NLaG and HUTH	Attached		
	Amanda Stanford, Acting Group Chief Executive			
	& Yvonne McGrath, Group Midwifery Director			

3.1.3	Quality Priorities	BIC(25)055	Approval	11:05
	Amanda Stanford, Acting Group Chief Executive	Attached		
3.2	Performance, Estates & Finance Committees-	BIC(25)056	Assurance	11:15
	in-Common Highlight / Escalation Report &	Attached		
	Board Challenge			
	Gill Ponder & Helen Wright, Non-Executive Directors Committee Chairs			
3.3	Workforce, Education & Culture Committees-	PIC(25)057	Acquirance	11:30
3.3	in-Common Highlight / Escalation Report &	BIC(25)057 Attached	Assurance	11.30
	Board Challenge	Allacheu		
	Tony Curry & Julie Beilby, Non-Executive			
	Directors Committee Chairs			
3.3.1	National Staff Survey Response –	BIC(25)058	Assurance	11:45
	NLaG & HUTH	Attached		
	Simon Nearney, Group Chief People Officer			
4. G	OVERNANCE & ASSURANCE			
4.1	<b>Board Assurance Framework &amp; Strategic Risk</b>	BIC(25)059	Assurance	12:05
	Register – NLaG and HUTH	Attached		
	David Sharif, Group Director of Assurance			
	THER ITEMS FOR APPROVAL			
5.1	None			
	EMS FOR INFORMATION / SUPPORTING PAPER			
6.1	Items for Information / Supporting Papers	Verbal	Information /	
	(as per Appendix A)		Assurance	
	,		, local alloc	
7. A	Sean Lyons, Group Chair			
	Sean Lyons, Group Chair NY OTHER URGENT BUSINESS			
7.1	Sean Lyons, Group Chair NY OTHER URGENT BUSINESS Any Other Urgent Business	Verbal		12:15
7.1	Sean Lyons, Group Chair NY OTHER URGENT BUSINESS Any Other Urgent Business Sean Lyons, Group Chair / All			12:15
7.1 8. Q	Sean Lyons, Group Chair NY OTHER URGENT BUSINESS Any Other Urgent Business Sean Lyons, Group Chair / All UESTIONS FROM THE PUBLIC AND GOVERNOP	रऽ		
7.1	Sean Lyons, Group Chair NY OTHER URGENT BUSINESS Any Other Urgent Business Sean Lyons, Group Chair / All UESTIONS FROM THE PUBLIC AND GOVERNOF Questions from the Public and Governors		Discussion	12:15 12:20
7.1       8.     Q       8.1	Sean Lyons, Group Chair NY OTHER URGENT BUSINESS Any Other Urgent Business Sean Lyons, Group Chair / All UESTIONS FROM THE PUBLIC AND GOVERNOF Questions from the Public and Governors Sean Lyons, Group Chair	RS Verbal	Discussion	
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7.1       8.     Q       8.1	Sean Lyons, Group Chair NY OTHER URGENT BUSINESS Any Other Urgent Business Sean Lyons, Group Chair / All UESTIONS FROM THE PUBLIC AND GOVERNOF Questions from the Public and Governors Sean Lyons, Group Chair ATTERS FOR REFERRAL TO BOARD COMMITT To agree any matters requiring referral for	RS Verbal	Discussion	
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7.1       8.     Q       8.1     9.       9.     M       9.1	Sean Lyons, Group Chair NY OTHER URGENT BUSINESS Any Other Urgent Business Sean Lyons, Group Chair / All UESTIONS FROM THE PUBLIC AND GOVERNOF Questions from the Public and Governors Sean Lyons, Group Chair ATTERS FOR REFERRAL TO BOARD COMMITT To agree any matters requiring referral for consideration on behalf of the Trust Boards by any of the Board Committees-in-Common Sean Lyons, Group Chair / All	RS Verbal EES-IN-COM	Discussion	12:20
<ul> <li>7.1</li> <li>8. Q</li> <li>8.1</li> <li>9. M</li> <li>9.1</li> </ul>	Sean Lyons, Group Chair NY OTHER URGENT BUSINESS Any Other Urgent Business Sean Lyons, Group Chair / All UESTIONS FROM THE PUBLIC AND GOVERNOF Questions from the Public and Governors Sean Lyons, Group Chair ATTERS FOR REFERRAL TO BOARD COMMITT To agree any matters requiring referral for consideration on behalf of the Trust Boards by any of the Board Committees-in-Common	RS Verbal EES-IN-COM Verbal	Discussion MON Discussion	12:20

KEY:

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

#### **APPENDIX A**

6.	ITEMS FOR INFORMATION / SUPPORTING PAPERS	
6.1	Quality & Safety Committees-in-Common	
6.1.1	Quality & Safety Committees-in-Common Minutes – February 2025 Sue Liburd & Dr David Sulch, Non-Executive Directors Committee Chairs	BIC(25)060 Attached
6.2	Performance, Estates & Finance Committees-in-Common	
6.2.1	Finance, Estates & Performance Committees-in-Common Minutes – February & March 2025 Gill Ponder & Helen Wright, Non-Executive Directors Committee Chairs	BIC(25)061 Attached
6.3	Workforce, Education & Culture Committees-in-Common	
6.3.1	Workforce, Education & Culture Committee-in-Common Minutes – January & February 2025 Tony Curry & Julie Beilby, Non-Executive Directors Committee Chairs	BIC(25)062 Attached
6.4	Other	
6.4.1	Integrated Performance Report – NLaG and HUTH Ivan McConnell, Group Chief Strategy & Partnerships Officer	BIC(25)064 Attached
6.4.2	<b>Documents Signed Under Seal</b> Jonathan Lofthouse, Group Chief Executive	BIC(25)065 Attached
6.4.3	Trust Boards & Committees Meeting Cycle – 2025 & 2026 David Sharif, Group Director of Assurance	BIC(25)066 Attached
6.4.4	Sir Jim Mackey, Chief Executive NHS England letter dated – 1 April 2025 – Working Together in 2025/26 to lay the Foundations for Reform David Sharif, Group Director of Assurance	BIC(25)074 Attached
6.4.5	Board Member Appraisal Guidance David Sharif, Group Director of Assurance	BIC(25)075 Attached
6.4.6	Research, Innovation & Development Annual Report Dr Kate Wood, Group Chief Medical Officer	BIC(25)076 Attached
6.4.7	Guardian of Safe Working Hours Report – Quarter Three Dr Kate Wood, Group Chief Medical Officer	BIC(25)077 Attached

#### PROTOCOL FOR CONDUCT OF BOARD BUSINESS

- Any Director wishing to propose an agenda item should send it with 8 clear days' notice before the meeting to the Group Chair, who shall then include this item on the agenda for the meeting. Requests made less than 8 days before a meeting may be included on the agenda at the discretion of the Group Chair.
- Urgent business may be raised provided the Director wishing to raise such business has given notice to the Group Chief Executive not later than the day preceding the meeting or in exceptional circumstances not later than one hour before the meeting.
- Board members wishing to ask any questions relating to those reports listed under 'Items for Information' should raise them with the appropriate Director outside of the Board meeting. If, after speaking to that Director, it is felt that an issue needs to be raised in the Board setting, the appropriate Director should be given advance notice of this intention, in order to enable him/her to arrange for any necessary attendance at the meeting.
- Directors / Board members should contact the Group 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.
- When staff attend Board meetings to make presentations (having been advised of the time to arrive by the Board Secretary), it is intended to take their item next after completion of the item then being considered. This will avoid keeping such people waiting for long periods.

	Staff c	Humber Health Partnership	
COMPASSION	HONESTY	RESPECT	TEAMWORK
Put the safety and care of patients and colleagues at the heart of everything you do	Take responsibility for your actions, decisions and behaviours	Trust and appreciate your colleagues - say thank you and well done	Meet regularly as a whole team, discuss goals, actions and ideas for improvement. Commit to being good team members
Listen to your colleagues and patients, understand, empathise and take action to help	Report concerns about safety, quality and negative behaviours as quickly as possible	Talk to everyone in a respectful and polite manner and listen when others want to speak	Include all colleagues in key discussions about the team or service
Treat everyone with kindness and support those who need assistance or guidance	Communicate constantly and clearly at all times; create and respond to a constant loop of honest feedback	Understand and appreciate the perspectives, choices and beliefs of others and never discriminate against anyone	Tackle poor behaviours as they arise
Do the right thing, even if this is more difficult to do	Be open about mistakes, apologise, learn and improve	Respect and use each others' strengths; act respectfully by giving, receiving and acting on constructive feedback	Agree high professional standards as a team; give yourselves time to reflect on how to constantly improve

#### 1.2 - STAFF CHARTER AND VALUES

💄 Sean Lyons, Group Chair

#### 1.3 - PATIENT STORY

💄 Amanda Stanford, Acting Group Chief Executive

### 1.4 - DECLARATIONS OF INTEREST

💄 Sean Lyons, Group Chair

### REFERENCES

Only PDFs are attached

BIC(25)047 - Declarations of Interest.pdf



#### **Trust Boards-in-Common Front Sheet**

#### Agenda Item No: BIC(25)047

Name of the Meeting	Trust Boards-in-Common		
Date of the Meeting	10 April 2025		
Director Lead	Sean Lyons, Group Chair		
Contact Officer/Author	David Sharif, Group Director of Assurance		
Title of the Report	Declarations of Interest		
Executive Summary	Non-Executive Directors, Executive Directors and other		
	Directors Declaration of Interest		
Background Information			
and/or Supporting	N/A		
<b>Document(s)</b> (if applicable)			
Prior Approval Process	N/A		
Filor Approval Flocess			
Financial implication(s)	N/A		
(if applicable)	IN/A		
Implications for equality,			
diversity and inclusion,			
including health	N/A		
inequalities (if applicable)			
Pacammandad action(a)	□ Approval □ Information		
Recommended action(s)	□ Discussion □ Review		
required	✓ Assurance $\Box$ Other – please detail below:		

Executive Directors and Other Directors Register of Interests At both the Northern LincoInshire 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.		

	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.

Page **2** of **4** 

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 <sup>st</sup> 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		

#### 1.5 - MINUTES OF THE MEETING HELD ON THURSDAY, 13 FEBRUARY 2025

#### Lyons, Group Chair

#### REFERENCES

Only PDFs are attached

BIC(25)048 - Minutes of the meeting held on Thursday, 13 February 2025.pdf





### TRUST BOARDS-IN-COMMON MEETING IN PUBLIC

Minutes of the meeting held on Thursday, 13 February 2025 at 9.00 am in the Boardroom, Hull Royal Infirmary

#### For the purpose of transacting the business set out below:

**Group Chair** 

**Group Chief Executive** 

Group Chief Nurse

Vice Chair (NLaG) Vice Chair (HUTH)

Group Chief Financial Officer

**Group Chief Medical Officer** 

Non-Executive Director (NLaG) Non-Executive Director (HUTH) Non-Executive Director (NLaG) Non-Executive Director (NLaG) Non-Executive Director (NLaG) Non-Executive Director (HUTH) Non-Executive Director (HUTH) Non-Executive Director (HUTH)

#### Present:

Sean Lyons
Jonathan Lofthouse
Emma Sayner
Amanda Stanford
Dr Kate Wood
Linda Jackson
Murray Macdonald
Julie Beilby
Jane Hawkard
Sue Liburd
Simon Parkes
Gill Ponder
Dr David Sulch
Prof Laura Treadgold
Helen Wright

#### In Attendance:

Mr S Aftab Rachel Farmer	Consultant Ophthalmologist & Staff Governor Liaison Workforce
Myles Howell	Group Director of Communications
Sarah Mableson	Nurse Director – Digestive Diseases (For item 1.3)
Ivan McConnell	Group Chief Strategy & Partnerships Officer
Fran Moverley	Freedom to Speak Up Guardian (HUTH) (For item 3.3.1)
Simon Nearney	Group Chief People Officer
John Palmer	Trust Member (attended virtually)
Dr Ashok Pathak	Associate Non-Executive Director (HUTH)
Raj Purewal	C2 AI.Com
lan Reekie	Lead Governor (attended virtually)
Neil Rogers	Site Managing Director (North) (representing Clive Walsh)
David Sharif	Group Director of Assurance
Sarah Meggitt	Executive Assistant to the Group Chair (minute taker)

#### **KEY**

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

#### 1. CORE BUSINESS ITEMS

#### 1.1 Welcome, Group Chair's Opening Remarks and Apologies for Absence

Sean Lyons welcomed Board members and observers to the meeting and declared it open at 9.00 am. He welcomed Murray Macdonald, HUTH Vice Chair and NLAG Associate NED to his first meeting of the Trust Boards-in-Common.

The following apologies for absence were noted:

Tony Curry	Non-Executive Director (HUTH)
Sarah Tedford	Interim Site Chief Executive (South)
Clive Walsh	Interim Site Chief Executive (North) (represented by Neil
	Rogers)

#### 1.2 Staff Charter and Values

Sean Lyons reminded everyone of the Staff Charter shared at the meeting and highlighted that everyone should always adhere to this in terms of behaviours.

#### 1.3 Patient Story

Amanda Stanford introduced Sarah Mableson, Nurse Director for Digestive Diseases. She reminded Board members that it was important to recognise how families were looked after. If they were not cared for appropriately, those families did sometimes have to formally complain to resolve issues they had.

Sarah Mableson introduced the patient story for Kenneth Newson. She went through the story and advised of the process that had been undertaken which had included meeting with the family. Board members were advised of the lessons that had been learnt and how this had impacted staff involved to ensure ways of working changed.

Sean Lyons thanked Sarah Mableson for sharing a powerful story.

Dr David Sulch gueried how practices had changed following this patient's experience. Sarah Mableson advised that there was more continuity during the Multi-Disciplinary Team (MDT) process for Endoscopic Retrograde Cholangiopancreatography (ERCP). Different clinicians would have previously been involved in the process, however, there was now a named clinician from the start of care. Administrative support was also now in place which had not been previously. Discussions had also taken place with surgeons as to whether surgery should have been offered earlier, whilst there had been a difference of opinion on this. Dr David Sulch queried what grade of clinician had provided advice on the phone to discharge Kenneth Newson. Sarah Mableson advised it had been a Registrar. She added that when a meeting recently took place with the clinicians, they did discuss whether in future patients with pancreatitis should be seen in person due to the high risk of mortality and it was felt this should be the case. Registrars were at that meeting and heard this advice. From his experience, Dr David Sulch felt that any patient not being seen by a consultant should be seen face-to-face if they are to be discharged and this should be considered. Sarah Mableson agreed to discuss this with the Chief of Service.

Page 2 of 17

#### Action: Sarah Mableson to discuss with Chief of Service whether patients not being seen by a consultant should be seen faceto-face when being discharged. (This action would be reported back through Amanda Stanford).

Sarah Mableson explained that during the day there was the support of clinicians through the Same Day Emergency Care (SDEC) facility. However, there was some issues with that support when this was required out of hours. Simon Parkes felt it was important to remember that these people were not just another patient and there needed to be a culture that enabled every patient to be seen as an individual.

Amanda Stanford agreed with the point made and added that it was an honour to be involved in the care of those patients and that it was important to make the end of life experience the best it could possibly be. Dr Ashok Pathak expressed concern that this had not been picked up prior to the last visit as there had been multiple visits to the Emergency Department (ED). He felt there was a need to modify patient pathways, although he appreciated there was of course fewer specialists within this service.

Gill Ponder was concerned how the learning from this was embedded into services and that this continued and was built upon. Sarah Mableson agreed and explained that one of the ways to support this was to provide the tools and instil confidence in staff to ensure there was improvements. She added that audits would also be undertaken within services to monitor whether any further complaints had been received. Sarah Mableson advised that the teams were always looking at ways to support further so would welcome any advice.

Dr Kate Wood asked Sarah Mableson to thank the family for allowing their story to be shared. Dr Kate Wood referred back to the point made in respect of culture and explained this was unfortunately an issue that was engrained into the NHS that would take some time to eliminate. An additional change in respect of ERCP was that at that time NLaG only had one clinician that undertook this procedure. The Group working had now improved support.

Julie Beilby thanked Sarah Mableson for how she had shared the story, she added that the sharing of this story had shown empathy and care that all staff should show individual patients. Julie Beilby felt the family would feel reassured that improvements had been made and that Sarah Mableson cared. Simon Parkes advised he would be happy to take some of the learning points back to the University of Lincoln particularly in respect of how patients should be treated as this should be considered when staff were students. Amanda Stanford added she would welcome this and that she had also linked in with Laura Treadgold on this in respect of Hull University students. Dr Kate Wood also felt this should be fed into the Groups through the Chiefs of Service.

Dr David Sulch queried why the coroner referral was not made until the family had complained. It was agreed this would be checked outside of the meeting.

# Action: Sarah Mableson to query why the coroner referral was not made until the family complained. (This action would be reported back through Amanda Stanford).

Page 3 of 17

Dr Kate Wood wanted to remind Board members that those particular doctors were now referred to as Resident Doctors and not Junior Doctors.

#### 1.4 Declarations of Interest – BIC(25)001

Sean Lyons referred to the report and sought any comments, none were received.

#### 1.5 **To approve the minutes of the Boards-in-Common meeting held on Thursday, 12 December 2024 – BIC(25)002**

The minutes of the meetings held on the 12 December 2024 were accepted as a true and accurate record and would be duly signed by the Chair following the amendments listed below.

- Amanda Stanford referred to page 10, item 3.1.2. The acronym CYP referred to Children and Young People.
- Amanda Stanford referred to page 11, item 3.1.2 as this referred to a letter of concern. This was referring to the MNSI (Maternity and Newborn Safety Investigation), and for clarity should be included.

#### 1.6 Matters Arising

Sean Lyons invited board members to raise any matters requiring discussion not captured on the agenda.

#### 1.7 Action Tracker – Public – BIC(25)003

The following updates to the Action Tracker were noted:

#### NLaG

 Item 4.5.1, 8 February 2024 – Chair of Health Tree Foundation Trustees' Committee – Extension of Tenure – Foundation Patron Role due to current Patron Standing Down. Sue Liburd advised there was still no progress with appointing a Patron for the committee despite herself and Neil Gammon still trying to resolve this. It was acknowledged that public appointments were due to end shortly and it was hoped someone may be interested from that field.

#### Trust Boards-in-Common

- Item 1.5, 8 August 2024 Quality & Safety Committees-in-Common Highlight Report - Never Event. Dr Kate Wood provided an update on recent Never Events. She advised that the investigations into the events had provided actions, some of which had already been resolved. There had been four investigations and three of those had now completed with one ongoing. It was agreed this action could be closed.
- Item 3.1, 10 October 2024 Quality & Safety Committees-in-Common Highlight Report - NED Visibility. Amanda Stanford advised this was part of the "A Commitment to Excellence" ACE programme, which was now being implemented. It was agreed this action could be closed.

Page 4 of 17

- Item 3.1.3, 10 October 2024 Maternity & Neonatal Safety Assurance Reports

   NLaG & HUTH Board Development Session. Amanda Stanford advised the
   proposal was that once year six had been completed for the Clinical
   Negligence Scheme for Trusts (CNST). A session would be shared for year
   seven and what this meant for the organisation. It was agreed this action could
   be closed.
- Item 3.2.1, 10 October 2024 Winter Plan. It was confirmed this item had been discussed at the previous meeting held on Thursday, 12 December 2024 and could be closed.
- Item 3.4, 12 December 2024 Capital & Major Projects Committees-in-Common Highlight Report & Board Challenge – Humber Acute Services Review Update. It was confirmed this item was due to be discussed at the meeting that day, it was agreed this item could be closed.

#### 1.8 Group Chief Executive's Briefing – BIC(25)004

Jonathan Lofthouse referred to the report and advised of the Professor Tim Briggs visit. Neil Rogers added that Professor Tim Briggs had been pleased with the engagement that was in place to shorten pathways and reduce waste and that this was one of best examples he has seen nationally. Neil Rogers expected a further visit during the summer period. In respect of item 1.3, Jonathan Lofthouse advised that there was some planning around this with two distinct pieces of work. There was a fundamental expectation from the centre that organisations should live within financial means moving forward with an increase in local authority and autonomy to support this. It was also recognised that there was insufficient funds to do everything that was required, so there would be a need to make choices going forward on priorities. It was noted there was a tight deadline for submission as the headline plan had to be submitted by February 2025 with the final being required by March 2025. This would also be subject to check and challenge with regional and national colleagues. Emma Sayner added that prior to this there was a need for a submission to be shared first at the Integrated Care Board (ICB) on the 20 February 2025. It was reported that whilst the high-level planning guidance had been received, the specific detail on how this related to the group for key elements was still awaited. One of the key opportunities within the guidance was the change in focus around waiting times.

Jonathan Lofthouse explained that as a system the ICB had now moved into a higher level of tiering in respect of ED performance. This allowed access to additional improvement resources. He added that through the Executives there had also been agreement of investments in consultant level staffing and middle level staffing for ED. Neil Rogers advised that a 45-minute handover time for ambulances had been introduced on the North Bank and was going well. This would also be introduced on the South Bank this week. To support this escalation, beds on ward areas had been identified. Jonathan Lofthouse advised that the organisation was now one of the most improved for ambulance handover time across the NHS. There was now the need to introduce a quality process to ensure this was business as usual.

Simon Parkes queried what the consequence was for those patients now being allocated into a bed. Amanda Stanford explained that areas had been allocated as temporary escalation beds following a risk assessment. These would not normally be areas where patients would be cared in for long periods of time. This was

Page 5 of 17

instead of patients being in ED. There was now an agreement for the number of patients that could be cared for in ED that was outside the normal footprint. Patients would then be moved to the escalation areas once that threshold had been reached. She added that the central governance team had undertaken unannounced visits to the escalated areas, with some areas of concerns highlighted and were being addressed. Murray Macdonald felt that although this was in place, there were still concerns that if patients were not being "off loaded" in a timely manner, it did mean ambulances were not attending patients that were at home in need of attention. Murray Macdonald felt the Trust Boards-in-Common needed to have an understanding of what the totality risk was for those ambulances not being able to handover patients with a need to understand how those risks were being reviewed appropriately in order to identify the accumulative risk and how this would be managed.

In respect of Goole & District Hospital (GDH) Jonathan Lofthouse reported that discussions were still taking place and that a meeting was due to be held the following day being Friday, 14 February 2025 with MPs.

On finance, Emma Sayner advised that the position presented within the report was for month 9. She added that the team were working to get into a good position for year-end. Work was being undertaken with the care groups to ensure they were working as a single team across the group to support this. There was some caution that some of the CIP success was non-recurrent in nature. There had also been some positive additional flows of income confirmed through the ICB. Again these would only be a one-off payment. In respect of capital, the Trusts would receive additional funds available as it came to year-end and there was significant pressure on the capital team to ensure this was delivered. Emma Sayner wanted to thank the teams for this.

Dr David Sulch referred to the Integrated Performance Report (IPR) in respect of the increased ambulance conveyances at HUTH and queried why that had happened. Jonathan Lofthouse explained that some of this was due to the Urgent Treatment Centre (UTC) being on site and also due to the Yorkshire Ambulance Service (YAS) being behind with the merging of the control room and 111 services. This had been challenged to check that YAS were still conveying the right patient to warrant this.

Jane Hawkard queried when the Boards would be briefed in respect of the planning submission. Jonathan Lofthouse advised the information was still being collated, however, the Boards would be briefed ahead of this being signed. Jane Hawkard was pleased this was to be shared as she was concerned that commitment would be provided without the Boards having sight of this. Emma Sayner reported that this year did feel different as in terms of expectations as the organisations were being asked what it would take to live within our means. Sean Lyons appreciated the Boards would need to meet to discuss this further before signing.

Simon Parkes wanted to pay tribute to the Executives and their colleagues that had worked hard to deliver the savings for this year as it had been a real challenge. Helen Wright felt that as the organisations moved forward there was a need to have more understanding of the run rates and what should be put in place to ensure continual improvements.

Page 6 of 17

Sue Liburd referred to item 8.1 on the report, (livers some love) and queried whether there was available data in terms of individuals that had poor liver health and the potential impact on providing this. Jonathan Lofthouse agreed to share this with Sue Liburd outside of the meeting.

Sean Lyons felt the Boards required some Board Development time to focus more on flow and to look at what was happening with this in the system. This would then highlight whether improvements could be made.

# Action: Session on flow to be included on future Board Development Session

#### 2. GROUP DEVELOPMENT

#### 2.1 Humber Acute Services Review – Update on Planned Changes – BIC(25)006

Ivan McConnell referred to the report and briefed the Boards on what had previously been put in place. He added that an agreed process had been put in place with the local councils and workshops had been held. Following on from this, there had been a pause due to North Lincolnshire Council asking the Secretary of State for a "Call In". Ivan McConnell explained that all queries had been discussed with the Council. It was reported that "Call Ins" were being undertaken in batches and no advice had been received on when the outcome would be known. It was confirmed that if the Secretary of State did 'call this in', it would mean a pause in the process which would mean risks for delivery. Progress would continue for now with the planned implementation date of May 2025. Jonathan Lofthouse queried how long it would be before the expected outcome would be received. Ivan McConnell explained this could be up to 12 weeks.

Linda Jackson understood this work had been handed over to Sarah Tedford and queried what resource she would have for this as there was no timeline within the paper. Ivan McConnell explained that part of the handover included internal workplans for the operational teams that had been developed. These plans were being looked at in terms of resourcing. There was a project team and Sarah Tedford had established an Implementation Board. Project support would be reviewed and managed through the care groups. The Performance, Estates & Finance Committees-in-Common would also receive timelines on its progress.

#### 3. BOARD COMMITTEES-IN-COMMON HIGHLIGHT / ESCALATION REPORTS

# 3.1 Quality & Safety Committees-in-Common Highlight / Escalation Report & Board Challenge – BIC(25)007

Dr David Sulch referred to the report and highlighted key points. One point was in respect of how the vaccination programme would be reviewed to ensure there was improvements for next winter. Dr David Sulch highlighted the areas where further assurance had been sought. Helen Wright queried whether there was a direct correlation between the lower uptake on vaccinations and patients presenting with flu. Amanda Stanford advised that vaccination rates had increased when masks were introduced. Amanda Stanford added that there were still discussions taking place as to whether there would be a combined flu and Covid vaccination next year.

Page 7 of 17

It was felt this would add further complexities for people committing to the vaccination.

#### 3.1.1 Maternity & Neonatal Safety Champions Overview Assurance / Escalation Reports – NLaG & HUTH – BIC(25)008

Sue Liburd referred to the report and highlighted key points. She added that Dr David Sulch had now taken over the role of the Maternity Safety Champion for HUTH. One highlight was a recent assurance visit which had been undertaken on the services being delivered and the quality that was being provided. Verbal feedback had been received on the day and a constructive and positive written report had been received subsequently. One point had been noted was that the organisations had to improve at showing the differential between the two organisations. One area that would be reviewed was still births that related to diabetes as this had been a note for concern. A deep dive into this would be undertaken and patient flow for the induction of labour would also be reviewed. In respect of the Maternity Support Workers (MSWs) disputes, Sue Liburd confirmed this was now in the final stages for staff receiving payments and this had now been concluded at NLaG.

Linda Jackson queried whether there had been any feedback on the issues raised in respect of the Freedom to Speak Up (FTSU) concerns raised. She secondly queried which site was referenced to in respect of the increased number of still births, or whether this was across both organisations. Amanda Stanford advised that the FTSU concerns had been in relation to leadership. The team had been sighted on the issues raised and there were plans in place to address them. A piece of work was being undertaken in terms of a programme to improve leadership styles. Listening events would continue for staff as this was worked through. It was recognised that the MSWs action had significantly impacted a number of staff and there would be some work needed to support them moving forward with this. Amanda Stanford advised that when still births were reviewed, 60% of them had been due to gestational diabetes. This would now be reviewed as a priority as part of the Maternity Strategy. Jonathan Lofthouse added that the ICB were also undertaking some work around gestational diabetes as it had been raised there.

Simon Parkes highlighted that there had again been several papers shared from Maternity at the meeting and that it was difficult to digest all the information being provided. Amanda Stanford explained that organisations were now under far more scrutiny than they had been previously which created more of a challenge. The scheme required the Boards to have sight of all the information. Gill Ponder appreciated this was mandated, however, it made it difficult to identify what had changed since the previous meeting. She requested that any information that had changed could be highlighted within the paper to ensure this was focussed on. Jonathan Lofthouse advised that some organisations had Maternity Sub-Boards that were held to discuss those items. It was felt this should be considered going forward.

# Action: Consideration as to whether a Maternity Sub-Board should be implemented

Sean Lyons queried whether there were any issues that needed to be raised with Board members. Amanda Stanford felt the organisation was now in an improved position. Monitoring of neonatal deaths would continue and would assure the Page **8** of **17**  organisation that the correct governance was in place. The induction of labour needed further assurance as to whether this it was moving at sufficient pace, workforce issues continued to be a challenge. Although those issues posed a significant risk they were sighted on.

#### 3.1.2 Maternity & Perinatal Updates:

# Maternity & Neonatal Safety Assurance Reports – NLaG and HUTH – BIC(25)009

#### Maternity Incentive Scheme – NLaG & HUTH – BIC(25)010

Yvonne McGrath referred to the report and noted key highlights. Yvonne McGrath explained that there was a key risk at HUTH in respect of the Perinatal Mortality Review Tool (PMRT) which had resulted in declaring non-compliance for safety action one. This related to one case, meaning the 95% target had not been met. It was advised that NHS Resolution (NHSR) may be able to upgrade this.

In respect of safety action three, the Quality Improvement Project aims had been reviewed; a decision had been made to focus on early breastmilk for babies born to women with diabetes.

Included in the pack was the claims scorecard for quarter two. These had been triangulated with maternity incidents, complaints and claims.

In respect of safety action ten Yvonne McGrath advised there had been one new Maternity & Newborn Safety Investigations Programme (MNSI) reported due to an intrapartum intrauterine device (IUD) at the Scunthorpe General Hospital (SGH) in December 2024. The written duty of candour had not yet been sent as consent from the family had not yet been received. There was also three ongoing MNSI referrals, however, there had been no other referrals since October 2024.

Amanda Stanford advised that this was the final sign off for the Maternity Incentive Scheme (MIS) Year Six. She wanted to acknowledge the amount of work that had been undertaken by the team to get to this point. In respect of not achieving safety action one, Yvonne McGrath advised further checks had been put in place to ensure this did not happen in the future. There had also been external checks by the Local Maternity & Neonatal System (LMNS) to review all evidence.

Jane Hawkard referred to the reviewing and upgrading of safety action one and queried what the consequences of this would be. She felt that this needed to be followed through if it was not agreed, as it was not reasonable due to the circumstances.

Sean Lyons recognised the improvements that had been made from the previous year to get to this position.

In respect of safety action one, Dr Kate Wood advised NLaG had been in the same position the previous year and had scored a red rating in a self-assessment. Prior to submission NHSR and Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE) across the United Kingdom (UK) had acknowledged the honesty of the organisation and changed this to a green rating prior to submission.

Page 9 of 17

The Trust Boards-in-Common approved the declaration within the board paper.

Yvonne McGrath referred to the Maternity & Neonatal Assurance Report and highlighted key points. She reported that the band seven roles were due to be advertised and this would support improvements once they were recruited to. She added that the induction of labour also remained one of the major risks within the service.

Linda Jackson referred to the fill rates in respect of the unregistered roles and queried what had been put in place due to this. Yvonne McGrath advised that work on the band two and three roles was being undertaken and was part of the work to address those vacancies. It was noted some of those roles had now been appointed to following the writing of this report.

Gill Ponder referred to the neonatal low fill rate and queried how the risk of this was being mitigated. Yvonne McGrath explained that staff would be moved to different work areas if needed to ensure there was required cover. Gill Ponder referred to page four of the report in respect of recruitment challenges as it stated there had been a high number of applicants for a role, however, only six had been shortlisted. She queried whether the advert for the role had encouraged applicants that were not suitable for the role. Yvonne McGrath advised that some of the applicants had been from abroad which had meant they were not registered to work here. Simon Parkes added that applications for midwifery training at Lincoln University had noticeably reduced. There was now a need to review how this could be improved in terms of supply trained midwives into the NHS. One option to consider would be to introduce apprenticeship roles. Yvonne McGrath agreed that one option to consider would be to recruit people into band two roles that could then progress into midwife roles. Simon Parkes felt it was a piece of work that Universities could work on together.

Sean Lyons thanked Yvonne McGrath for sharing the report.

#### 3.2 Performance, Estates & Finance Committees-in-Common Highlight / Escalation Report & Board Challenge – BIC(25)014

Helen Wright referred to the report and highlighted key points. She added that a review was being undertaken on reporting to check what reports should be shared at the Trust Boards-in-Common, this would be an ongoing discussion.

One particular point to note was the reduction of the Board Assurance Framework (BAF) risk rating for finance following a detailed discussion. It had been agreed this would reduce from 20 to 16, as it was not seen to be catastrophic. Dr David Sulch referred to the quality risks in terms of performance as he was not assured that those risks linked together and were, therefore, not appropriately reported into the Quality & Safety Committees-in-Common. Simon Parkes felt that this was an issue that could be discussed further at the Audit, Risk & Governance Committees-in-Common from an assurance perspective. Simon Parkes agreed to raise this at the meeting.

# Action: Simon Parkes and Jane Hawkard as NED Chairs of Audit, Risk & Governance Committees-in-Common to review that risks that

Page 10 of 17

## related to performance were being referred through to the Quality & Safety Committees-in-Common appropriately

David Sharif added that one request from the Audit, Risk & Governance Committees-in-Common was for himself and Amanda Stanford to discuss in more detail the actions and processes in place to address the number of high-level risks that the organisations had reported via its registers. This could be included as part of that discussion in how those risks were correlated across the Committees-in-Common.

Dr Ashok Pathak recognised that some specialities were mentioned through the Committees-in-Common highlight reports, in particular Maternity. However, some were not reported on as much, in particular ophthalmology. He requested that the Boards received this detail to have oversight of any issues that were being raised. Sue Liburd agreed to highlight this within the Quality & Safety Committees-in-Common report to the Board, in particular deep dives that were being undertaken to ensure the Boards were aware.

#### 3.3 Workforce, Education & Culture Committees-in-Common Highlight / Escalation Report & Board Challenge – BIC(25)015

Julie Beilby referred to the report and highlighted key points. She explained that a review of mandatory training would be undertaken to harmonise requirements across the partnership.

Murray Macdonald queried when the Boards would have sight of the staff survey results. Simon Nearney advised this would be shared appropriately, however, this was currently embargoed. Simon Parkes recognised it was important for the Boards to have sight of this once the Executive team have had appropriate time to reflect on the information and work with the relevant teams on the details. He added that it would be more beneficial for the Boards to receive the considered response from Executives on what would be put in place to address issues raised. Following some discussion Jonathan Lofthouse felt it would be reasonable to share the agreed key themes with the Boards at the Board Development session due to be held in March 2025.

Dr David Sulch referred to the People Strategy being shared at the meeting and felt that any issues that had arisen from the survey should also be aligned to the Strategy to ensure they were to be addressed. After further discussion, it was agreed Simon Nearney would share the link to the survey information for those that wanted to see this.

#### Action: Simon Nearney to share link to staff survey information

David Sharif referred to the reference in respect of the operational structure being far from complete, this related more to the recruitment of the Site Chief Executives being ongoing rather than the structures. Linda Jackson added that one point raised at the meeting was that the six-month review of the structure and the effectiveness of this would be shared shortly.

Page 11 of 17

#### 3.3.1 Freedom to Speak up Guardian (FTSUG) Report – Quarter Three – BIC(25)016

Fran Moverley shared the HUTH report with Board members and referred to key points. She highlighted that there had been an increase in reported cases in respect of inappropriate behaviours. Fran Moverley advised there had been one anonymous concern raised and although she had been unaware who had raised this, she was able to go to the Head of that Department to discuss what had been raised. This had been well received and processes had been changed within the department. Although she had been unable to report this back to the individual, the detail of this was included within the report so that the individual was able to refer to this.

Fran Moverley referred to the NLaG report and advised of key points. She added that the main themes at NLaG had also been around inappropriate behaviours. It was reported that worker safety was also featuring more nationally. Concerns that related to the group had reduced during this quarter.

Jonathan Lofthouse wanted to commend Fran Moverley for presenting nationally that week, this had been well received by National Executives.

Helen Wright questioned how staff were reminded that inappropriate behaviours would not be tolerated. Simon Nearney explained it was more beneficial to address those concerns in the areas that this had occurred rather than wider communications to staff. These were also addressed through human resources (HR) representatives to review whether there were any actions and learning from this. Simon Nearney added that any concerns in respect of this would also be escalated to the Boards when required. It was also felt culture needed to be embedded into workplaces by the managers.

Julie Beilby explained a recent internal audit report had been reviewed in respect of improving the triangulation of data across the broader spectrum of processes, in particular whether there were any hot spots in the organisations. There would be further discussion in respect of this at the Workforce, Education & Culture Committees-in-Common.

Jane Hawkard felt morale was not as low as it appeared as this only referenced staff that had reported and impacted by poor behaviour from staff and also patients. Sean Lyons referred to the nursing dashboards which highlighted metrics in respect of those issues. Gill Ponder queried two of the comments that related to staff that had felt that, now they had spoken up, they were being treated differently. She further queried whether those issues were followed up with individuals. Fran Moverley explained that when concerns had been resolved, individuals were given the opportunity to check if they were happy to close concerns. When those concerns had been raised anonymously this was obviously difficult to do so. Simon Nearney explained that he had queried those concerns with Liz Houchin. He advised that with some, although concerns were resolved, staff were still aggrieved as they may not be happy with the outcome. Simon Nearney agreed to share any detail with Gill Ponder outside of the meeting.

Dr Ashok Pathak was concerned that HUTH did not have as many anonymous concerns raised. Fran Moverley advised that NLaG had an app where staff were able to report concerns anonymously. This was also due to be introduced at HUTH Page **12** of **17** 

and it was expected that anonymous concerns may then increase. Jane Hawkard queried whether there was any triangulation in respect of staff being victimised when they had raised concerns, as this had recently been discussed at the Audit, Risk & Governance Committees-in-Common. Simon Nearney explained HR do review this when grievances were raised.

#### 3.3.2 People Strategy – 2025 - 28 – BIC(25)017

Simon Nearney shared the report with the Trust Boards-in-Common. He highlighted the themes that it related to. The Strategy had also been through various stakeholder groups and other forums for feedback. It was felt there was an emerging picture at the organisations as there were improved attendance rates, turnover, and appraisals being undertaken. There had been a focus on current vacancies and it had been highlighted that the main areas for improvements were in clinical areas. It was noted that retention remained an issue, so focus would now be on flexible working to see if this made improvements. Other areas being identified were the introduction of apprenticeships in various roles. Simon Nearney added that a People Management session would be introduced for all managers band seven and above. They would spend half a day receiving training and learn how they could be a better leader in the organisation. Sean Lyons advised that the Workforce, Education & Cultures Committees-in-Common had also approved the People Strategy.

Simon Parkes appreciated those staff that were there to support, but also felt they were being overloaded with additional requests and challenges within their own roles. Simon Nearney appreciated the point made and explained he hoped those discussions would support improving this. Gill Ponder referred to page 18 of the report as it stated there would be a reduction down to 12% by 2028 for staff experiencing harassment, bullying and abuse from a colleague or manager. She felt this should be a target of zero as it should not be tolerated. Simon Nearney explained that there would always be instances where this would not be achievable. Gill Ponder noted the point made, however, felt that the aim should be to achieve zero. Simon Nearney explained that although there was a zero-tolerance approach in place and that any staff not behaving in that way would be dealt with there would always be concerns raised meaning zero-tolerance would not be achieved. Sean Lyons queried whether there should be a benchmarking exercise undertaken to identify what other Trusts had stated. Emma Savner felt it was incumbent on the Boards to make a difference in behaviours. Dr David Sulch felt there would be an opportunity to look at this in more depth once the staff survey was shared.

The Trust Boards-in-Common approved the People Strategy 2025 – 28.

#### 3.4 Capital & Major Projects Committees-in-Common Highlight / Escalation Report & Board Challenge – BIC(25)018

Helen Wright referred to the report and highlighted key points. It was noted that the draft Capital Plan had been approved at the meeting and queries had been raised as to whether there would be any obvious omissions, nothing was highlighted at the meeting. Helen Wright referred to the additional £15 million funding that had been awarded for the Electronic Patient Record (EPR), and the level of engagement had been commended. Jonathan Lofthouse advised that the system had done well in respect of capital for 2025/26 as some additional funding had been awarded that had not been expected.

Page 13 of 17

Dr Kate Wood wanted to provide some assurance to the Audit, Risk & Governance Committees-in-Common in respect of EPR, as an internal audit report had identified the issues around the implementation of Lorenzo. These had been recognised and would be shared with the EPR Programme Board to ensure they were highlighted.

Sean Lyons queried whether the regional plans had been taken into account and what the financial impact was and how this would be evaluated. Emma Sayner explained that there would be a post project evaluation which would include a robust process. There was also a need to ensure that prioritisation was reviewed and that this linked back to a longer-term strategy. Having a longer-term plan was important to support this to ensure funds were spent as they should be and could then be flexed. Helen Wright advised that the organisation was not aware of any significant gaps other than the Community Diagnostic Centres, however, those had been mitigated.

#### 3.5 Audit, Risk & Governance Committees-in-Common Highlight / Escalation Report & Board Challenge – BIC(25)019

Jane Hawkard referred to the report and noted key highlights. One particular point was that the Group Risk Register had been reviewed, however, the Committees-in-Common had not been assured and had requested that the Group Risk & Assurance Cabinet (GRAC) reviewed this as a matter of urgency. There were a high number of risks across various areas which did not provide a clear picture of risk for the organisations.

Murray Macdonald felt there was a need to pause and consider what was being highlighted in respect of the Committees not being not assured that the risk register was effective. He felt this should be responded to accordingly. Sean Lyons queried whether the organisations were running any significant risks in terms of this. Simon Parkes explained that the information shared showed that some of those risks had no mitigations against them, so this needed to be considered. David Sharif advised that he and Amanda Stanford had gone through the risks with the care groups and corporate directorates, and this had highlighted that there was nothing that required immediate escalation to the Boards beyond the mitigations and actions that were being undertaken. It was noted there was still work required from the care groups to ensure the risks and their scores were correctly reflected. It was confirmed the care group performance and accountability meetings had commenced and these have been an opportunity to review risk further. Amanda Stanford added that the care groups needed to have more understanding on how risks were to be graded, as not everything was catastrophic. They needed to use the framework appropriately when grading risks. She added that there would also be a need to demonstrate to the Audit, Risk & Governance Committees-in-Common that the Risk Management Policy was working as it should be.

Jonathan Lofthouse explained that part of the process was to review the risks that had been on there several years. He added that the process for having one single risk system across the Group was also ongoing which would mean some harmonisation work being undertaken. Jane Hawkard advised this would be discussed further at the April 2025 meeting. Amanda Stanford added that the corporate risks would also be included within the review.

Page 14 of 17

#### 3.6 Charitable Funds Highlight Report – BIC(25)020

Jane Hawkard referred to the report and sought approval from the HUTH Board to close the HUTH General Purpose Account and transfer to the WISHH Charity by the 31 March 2025. She also noted the other recommendations on the report. Jane Hawkard highlighted that any restrictions would be moved.

The HUTH Trust Board approved the recommendations within the report.

#### 3.7 Health Tree Foundation Trustees' Highlight Report – BIC(25)042

Gill Ponder referred to the report and noted key highlights. It was reported that the contract with Smile was due for review in June 2025, a decision would be needed for this in due course regarding any new contracts.

#### 4. GOVERNANCE & ASSURANCE

#### 4.1 Board Assurance Framework (BAF) & Strategic Risk Register – NLaG & HUTH – BIC(25)019

David Sharif referred to the report and noted key highlights advising that the full BAF would be received in April 2025. He highlighted that this report detailed the finance risk as 20, however, it was recognised this would be 16 at the next meeting following the review at the Finance, Performance & Estates Committees-in-Common.

#### 4.2 Trust Board Reporting Framework – BIC(25)022

David Sharif referred to the report and advised there was some work required to refresh this which would be shared at a future Trust Boards-in-Common meeting. The report had been shared with Cabinet and the Executives had provided some reflections on this. David Sharif requested that Board members advised him of any comments.

Sean Lyons felt that any changes should be undertaken with scrutiny and logic.

#### 5. OTHER ITEMS FOR APPROVAL

#### 5.1 Audit, Risk & Governance Committees-in-Common Terms of Reference – NLaG & HUTH – BIC(25)023

David Sharif referred to the report and sought approval.

The Trust Boards-in-Common approved the Audit, Risk & Governance Committeesin-Common Terms of Reference for NLaG and HUTH.

#### 6. ITEMS FOR INFORMATION / SUPPORTING PAPERS

#### 6.1 Items for Information / Supporting Papers

The following items for information were shared.

- Quality & Safety CiC Minutes October, November & December 2024
- Performance, Estates & Finance CiC Minutes November & December 2024
- Workforce, Education & Culture CiC Minutes December 2024
- Capital & Major Projects CiC Minutes November 2024
- Audit, Risk & Governance CiC Minutes October 2024
- Results of Audit, Risk & Governance CiC Annual Self-Assessment Exercise 2025
- Integrated Performance Report (IPR)
- Documents Signed Under Seal
- Trust Boards & Committees Meeting Cycle 2025 & 2026

#### 7. ANY OTHER URGENT BUSINESS

Sean Lyons sought items of any urgent business from Board members. None were received.

#### 8. QUESTIONS FROM THE PUBLIC AND GOVERNORS

Sean Lyons advised he had received a question from John Palmer who was a Trust member. The question was in respect of voltage available at the Goole site. His query was that there was false information that had been shared in respect of the voltage available at the GDH site and he queried what was in place there, as he had believed there were connections that enabled a 400 volt to be used.

Ivan McConnell advised that the GDH site did not have this available and that this had been reviewed with Northern Power and the Estates Team on site. A review would be undertaken as to whether this was available close by.

Sean Lyons sought further questions from the public and Governors, none were received.

#### 9. MATTERS FOR REFERRAL TO COMMITTEES-IN-COMMON

9.1 There were no matters referred to the Committees-in-Common.

#### 10. DATE AND TIME OF THE NEXT MEETING

#### 10.1 **Date and Time of the next Boards in Common meeting:**

Thursday, 10 April 2025 at 9.00 am in Main Boardroom, Diana, Princess of Wales Hospital.

The meeting closed at 13:03 hrs.

Page 16 of 17

### Cumulative Record of Board Director's Attendance 2024/25

Name	Possible	Actual	Name	Possible	Actual
Sean Lyons	6	6	Simon Parkes	6	4
Jonathan Lofthouse	6	6	Gill Ponder	6	6
Julie Beilby	6	6	Mike Robson	1	1
Lee Bond	3	3	Emma Sayner	2	2
Paul Bytheway	3	3	David Sharif	6	6
Tony Curry	6	5	David Sulch	6	6
Stuart Hall	5	5	Shaun Stacey	1	1
Linda Jackson	6	5	Amanda Stanford	5	5
Jane Hawkard	6	6	Sarah Tedford	2	1
Sue Liburd	6	5	Laura Treadgold	4	3
Murray Macdonald	1	1	Kate Truscott	3	1
Ivan McConnell	6	6	Clive Walsh	2	1
Simon Nearney	6	6	Kate Wood	6	4
Ashok Pathak	6	4	Helen Wright	5	5

Page **17** of **17** 

#### 1.6 - MATTERS ARISING

💄 Sean Lyons, Group Chair

# 1.7 - ACTION TRACKER - PUBLIC

💄 Sean Lyons, Group Chair

# REFERENCES

Only PDFs are attached

BIC(25)049 - Action Tracker - Public.pdf





BIC(25)049

# BOARDS-IN-COMMON ACTION TRACKER

2024 / 25

#### ACTION TRACKER - CURRENT ACTIONS - 10 APRIL 2025

ACTION		R - <u>CURRENT ACTIONS</u> - 10 APR	RIL 2025				Hull University Teaching Hospitals NHS Trust		Northern Lincolnshire and Goole NHS Foundation Trus
Minute Ref	Date / Month	Subject	Action Ref (if	Action Point	Lead Officer	Target Date	Progress	Status	Evidence
LaG ACT	IONS		unicienty						
4.5.1	08.02.24	Chair of Health Tree Foundation Trustees' Committee - Extension of Tenure - Foundation Patron Role due to current Patron standing down		Sue Liburd to seek more understanding on what was requried of the Patron role	Sue Liburd	February 2025	It was agreed a further update would be provided at the April 2025 meeting.		
	Common ACT			<b></b> .					
.5	08.08.24	Quality & Safety Committees-in-Common Highlight Report - Never Event		Dr Kate Wood to provide update on Never Event once details are available	Dr Kate Wood	February 2025	Update to be provided at the February 2025 meeting.		February 2025 minutes
1.7	08.08.24	Group Chief Executive's Briefing - Flow Campaign		Simon Nearney to share a flow campaign report at a future board meeting	Simon Nearney	June 2025	The Flow Campaign was launched in September 2024. A further Campaign Report will be shared at the April 2025 meeting. An update will now be provided at the June 2025 meeting.		
3.1	10.10.24	Quality & Safety Committees-in-Common Highlight Report - NED Visibility		NED visibility to be added to Board Development timetable session	Amanda Stanford	February 2025	A session was provided at the November 2024 Board Development session on Executive and Non-Executive Director visibility. Further updates would be provided.		February 2025 minutes
3.1.3	10.10.24	Maternity & Neonatal Safety Assurance Reports - NLaG & HUTH - Board Development Session		Board Development Session to be held to review what the organisations were required to complete in terms of statutory requirements and what this did to improvement patient care	Amanda Stanford	February 2025	Update to be shared at the February 2025 meeting.		February 2025 minutes
.2.1	10.10.24	Winter Plan		Winter Plan to be shared at November 2024 Board Development Session		February 2025	Update to be shared at the February 2025 meeting.		February 2025 minutes
.4	12.12.24	Capital & Major Projects Committees-in- Common Highlight Report & Board Challenge		Ivan McConnell to provide an update on HASR at the February 2025 Trust Boards-in-Common meeting	Ivan McConnell	February 2025	Item added as an agenda item on the February 2025 meeting.		February 2025 minutes
.3	13.02.25	Patient Story		Sarah Mableson to discuss with Chief of Service whether patients not being seen by a consultant should be seen face-to-face when being discharged.	Sarah Mableson (to be reported by Amanda Stanford)	April 2025	Update to be shared at the April 2025 meeting.		
1.3	13.02.25	Patient Story		Sarah Mableson to query why the coroner referral was not made until the family complained. (This action would be reported back through Amanda Stanford).	Sarah Mableson (to be reported by Amanda Stanford)		Clarification provided: The incident had initially not been reported through our own internal incident reporting systems and it had in fact entered the organisation through a complaint raised by the family. The coroners referral was completed for this gentleman after the ICU Consultant had spoken to the family and they explained about his pathway. Following review by the Nurse Director, Digestive Diseases into referral she is comfortable that this was appropriately referred.		
.8	13.02.25	Chief Executive's Briefing - Board Development Session on Flow to be arranged		Session on flow to be included on future Board Development Session	David Sharif	April 2025	Update to be shared at the April 2025 meeting.		
5.1.3	13.02.25	Maternity & Neonatal Safety Champions Overview Assurance / Escalation Reports Consideration for Maternity Sub-Board to be introduced		Consideration for Maternity Sub-Board to be introduced	Amanda Stanford	April 2025	Update to be shared at the April 2025 meeting.		
1.2	13.02.25	Performance, Estates & Finance Committees-in-Common Highlight Report - Audit, Risk & Governance Committees-in- Common to review risks		Simon Parkes and Jane Hawkard as NED Chairs of Audit, Risk & Governance Committees-in-Common to review that risks that related to performance were being referred through to the Quality & Safety Committees-in-Common appropriately	Simon Parkes / Jane Hawkard	April 2025	Update to be shared at the April 2025 meeting.		
3.2	13.02.25	Workforce, Education & Culture Committees-in-Common Highlight / Escalation Report & Board Challenge - Staff Survey Link		Simon Nearney to share link to staff survey information	Simon Nearney	April 2025	Upate to be shared at the April 2025 meeting.		

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

#### **ACTION TRACKER - CLOSED ACTIONS**

#### NHS

Northern Lincolnshire

Hull University Teaching Hospitals NHS Trust

nem Lincomsnire	
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
Boards-in-C	common ACT	ION					•		
3.1		Quality & Safety Committees-in-Common Highlight Report - Infection Control NED Champion		Discussion required as to whether a NED Champion was required in terms of IPC	Amanda Stanford	December 2024	Update to be provided at the December 2024 meeting.		December 2024 minutes
3.2		Performance, Estates & Finance Committees-in- Common Highlight Report - EqIA Report		Amanda Stanford to share an example report with the Trust Boards-in-Common on EqIA	Amanda Stanford	December 2024	Update to be shared at the December 2024 meeting.		December 2024 minutes
Key:	•				•	•			
Green	Completed -	can be closed following meeting							

Completed - can be closed following meeting

# 1.8 - ACTING GROUP CHIEF EXECUTIVE'S BRIEFING

Letter Amanda Stanford, Acting Group Chief Executive

# REFERENCES

Only PDFs are attached

BIC(25)050 - Acting Group Chief Executive's Briefing.pdf





#### **Trust Boards-in-Common Front Sheet**

# Agenda Item No: BIC(25)050

Name of Meeting	Trust Boards-in-Common			
Date of the Meeting	Thursday 10 April 2025			
Director Lead	Amanda Stanford, Acting Group Chief Executive			
Contact Officer / Author	Amanda Stanford, Acting Group Chief Executive			
Title of Report	Acting Group Chief Executive's Briefing			
Executive SummaryThis report updates the Trust Boards in Common on: Changes in the NHS England leadership team Engagement on Goole and District Hospital service link to the detailed information published to date Managing an infection outbreak and a reminder to on correct practice Performance against key patient and finance metr including positive improvement in ambulance hand times on both sides of the river and delivery of the improvement programme Successful opening of Community Diagnostic Cem Scunthorpe and other capital programme updates Opening of Learning and Innovation Centre at Cas Hospital and other good news stories, including accreditation for endometriosis services, celebratia NHS Overseas Workers Day, investment in neuro brain mapping, rebrand of the Humber Health Cha for young volunteers across the Group, and being 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)	□ Approval □ Information			
required	□ Discussion □ Review			
	✓ Assurance $\Box$ Other – please detail below:			

#### **Acting Group Chief Executive Officer**

#### Briefing to the Trust Boards in Common Thursday 10 April 2025

#### 1. Introduction

- 1.1 Board members 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 appraised 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.
- 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) and will update the Trust Boards in Common verbally today.
- 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/ (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 Trust Board members already do, everyone to role-model best practice in our walk-arounds, and talk to staff as to what they find helpful, and what they find challenging, in IPC practice.

#### 3. Urgent and Emergency Care and Planned Care

- 3.1 The headline data position for Urgent and Emergency Care and Planned Care are included in today's Integrated Performance Report at agenda item BIC(25)064. Starting with our Group organisation's performance on ambulance handover and the four-hour Emergency Department standard, our performance for February 2025 is set out below.
- 3.2 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 'footprint' for the north bank is the Emergency Department at Hull Royal Infirmary and the Urgent Treatment Centres in Hull and the East Riding, run by City Health Care Partnership.
- 3.3 On a 'footprint' basis, the north bank collective four-hour performance for February 2025 was 57.8. The plan requirement was a performance of 63.3%. The Unplanned Care Board continues to scrutinise short-and medium-term recovery plans to impact on each part of the patient journey and ED performance and patient experience. Three core objectives have been agreed, which are reported at the Performance and Finance Committees in Common, to make in-roads into improving four-hour performance and with it, patient experience.
- 3.4 The ambulance handover position for the north bank in February 2025 saw an improved position in January 2025 (463 handovers over 60 minutes) and February 2025 (107 handovers over 60 minutes) due to increased focus on ambulance handovers linked with a new set of actions implemented in partnership with Yorkshire Ambulance Service, which have been in place since December 2024. This agreed a performance of ambulance handovers being completed at 85 minutes and patients becoming ED responsibility at this moment in time; in order to undertake this, both ED and YAS have increased staffing and risk-assessed areas adjacent to the ED in order to take handover of patients and release crews to deal with emergency community calls. Our Group is one of the most improved for ambulance handover nationally over the last two months.
- 3.5 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%.
- 3.6 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.
- 3.7 In respect of elective care, the February 2025 position for 65-week+ breaches was 175 breaches of the standard (156 north bank, 19 south bank). ENT, Breast Surgery, Plastic Surgery and Cardiology remain the most pressured specialties on the north bank. We are being held to account on landing the lowest possible outturn figure for year-end. On the north bank, 3.7% of patients are waiting over 52 weeks compared to 2.7% at the start of the financial year. The 2025-26 planning requirement is to achieve no more than 1% of patients waiting over 52 weeks; we know that more than half of patients waiting over 52 weeks currently require a first outpatient appointment, so understand what plans need to be put in place to achieve this standard.

#### 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 was reported to the Performance, Estates and Finance Committee in March and the assurance and escalations report for this is at agenda item BIC(25)056.
- 5.2 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. 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 Centres in Scunthorpe opened to patients last month and the centre in Grimsby opens imminently. We are still scheduled to take handover of the final phase of the Day Surgery Super Centre at Castle Hill Hospital shortly.
- 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 sides, saving a projected £300,00 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 It was a pleasure for a number of colleagues to attend the opening of the new Learning and Innovation Centre at Castle Hill Hospital last month. After losing the last Learning Centre on Suite 22 due to aerated concrete, the new Learning and Innovation Centre came to fruition in the space of circa 12 months, after a first visit with flashlights to an empty basement of the Day Surgery Super Centre! We are really grateful to the diligence and hard work of the Estates, Development and Facilities teams as well as the Learning and Development teams to come together on such a high-quality project and make the best of a difficult situation. The Centre includes excellent facilities including our surgical skills lab and we are really proud of the quality of offer we can give to our staff.
- 6.2 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.

6.3 As we discussed at our Board Development session last month, 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 was due to meet with the chairs and leads for our Staf Networks across our Group on 4 April 2025; 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 Our Group has invested £100,000 in digital software to enable neurosurgeons to conduct brain surgery with pinpoint accuracy, reducing the risk of damage to key functions like speech, vision and movement. The neurosurgery team, based in the Neurosciences Unit at Hull Royal Infirmary, will now be able offer safer and more effective treatment to patients with brain tumours or aneurysms using the Elements software by medical technology company Brainlab.
- 8.4 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 Hull 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 2 April 2025

# 2 - GROUP DEVELOPMENT

NONE

# 3 - BOARD COMMITTEES-IN-COMMON HIGHLIGHT / ESCALATION REPORTS

3.1 - QUALITY & SAFETY COMMITTEES-IN-COMMON HIGHLIGHT /

ESCALATION REPORT & BOARD CHALLENGE

Liburd & Dr David Sulch, Non-Executive Director Committee Chairs

#### REFERENCES

Only PDFs are attached

BIC(25)052 - Quality & Safety Committees-in-Common Highlight Report.pdf





#### Trust Boards-in-Common Front Sheet

#### Agenda Item No: BIC(25)052

Name of Meeting	Trust Boards-in-Common			
Date of the Meeting	10 April 2025			
Director Lead	David Sulch, Sue Liburd – Chairs of CIC			
Contact Officer / Author	David Sulch, Sue Liburd – Chai	irs of CIC		
Title of Report	Quality and Safety CIC Escalat	ion Report		
Executive Summary	<ul> <li>This report sets out the items of business considered by the Quality and Safety Committees-in-Common at their meeting(s) held on Thursday 27 February 2025 and 27 March 2025 including those matters which the committees specifically wish to escalate to either or both Trust Boards.</li> <li>The Board in Common are asked to <ul> <li>Note the issues highlighted in item 3 and their assurance ratings.</li> </ul> </li> </ul>			
	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 inclue	ded in the report.		
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A			
Recommended action(s)	□ Approval	✓ Information		
required	□ Discussion	✓ Review		
	<ul> <li>✓ Assurance below:</li> </ul>	□ Other – please detail		



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

Report for meeting of the Trust Boards to be held on:	10 April 2025
Report from:	Quality and Safety Committees in Common
Report from meeting(s) held on:	27 February 2025 and 27 March 2025
Quoracy requirements met:	Yes

#### **1.0** Purpose of the report

1.1 This report sets out the items of business considered by the Quality and Safety Committees-in-Common at their meeting(s) held on 27 February 2025 and 27 March 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:

#### 27 February 2025

- Operational Pressures Update
- Review of Committees-in-Common Terms of Reference and Workplan
- Board Assurance Framework Q3
- Risk Register Report Q3
- EQIA Update
- Quality Priorities Q3 Plan 2025/26
- CQC Improvement Plan
- Nursing Assurance Report
- Safeguarding MCA & DOLs

#### 27 March 2025

• Operational Pressures Update

- Safeguarding and Vulnerabilities Annual Report
- Integrated Performance Report
- Ophthalmology Service (Deep Dive)
- HUTH IPC BAF Q3
- Maternity and Neonatal Assurance Report HUTH/NLAG
- Mortality/Learning from Deaths Q3 report
- Infected Blood Inquiry -Closure Report
- Maternity and Neonatal Assurance Report
- External Agency Visits Report

- Deep Dive Audiology
- Deep Dive TAVI
- Integrated Performance Report
- Quarterly Patient Safety Report
   Q3
- Patient Experience Report Q3

- Patient Led Assessment of Care
- Clinical Effectiveness Report
- Quality Strategy Update
- Research Innovation and Development Annual Report
- Annual PROMS Report

#### 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:

### 27 February 2027

- The operational pressures update highlighted the Referral to Treatment Time (RTT) AI Validation programme which would be reviewing patient risk and other opportunities for treatment, cancer patients waiting over 63 days had not reduced and there had been an IPC outbreak in the Neonatal unit on the North Bank.
- The CIC were informed that the extra-contractual rates for consultants had been reviewed and proposed to be aligned across the Group. A dispute had been raised on the South Bank regarding the rates and the CIC agreed to refer this item to the Performance Estates and Finance CIC.
- A review of the Terms of Reference took place and it was agreed that mortality and learning from deaths should be explicitly added.
- The Quality Priorities update was received for Q3 along with the plan for 2025/26. The deteriorating patient and sepsis were highlighted as was the link to Martha's Rule which is being prepared for as a group, but not yet for implementation. End of Life Care and Medication Safety were also highlighted as included in the Quality Priorities. The CIC endorsed the Quality Priorities for the coming year 25/26.
- Reasonable assurance was given to the quarterly Mortality and Learning from Deaths report. Concerns included the HUTH SHMI, ongoing NLAG data issues and palliative care coding, which was under review.

### 27 March 2027

- There has been a CPE outbreak and an IPC Gold has been stood up to tackle the issues. Hand hygiene is pivotal and the Group had a clear line around expectations in clinical areas. A screening programme has been implemented and 24/7 cleaning has been introduced to the wards.
- Temporary escalation spaces have been introduced and are under continued review.
- Cancer Performance The 62 day pathway remains under pressure.
- It was reported that HUTH was now in the 'as expected' range for SHMI.

### 4.0 Matters on which the committees have requested additional assurance:

4.1 The committees requested additional assurance on the following items of business:

### 27 February 2025

 The CQC action plans were presented for HUTH and NLAG and there were still issues regarding statutory and mandatory training for medics, but otherwise work was moving into delivering and sustaining performance. The CIC gave reasonable assurance due to the ongoing improvements being made.

- The CQC Maternity actions was also showing good improvement and down to 2 amber actions which were linked to medical staffing and the governance structure for HUTH. Reasonable Assurance was given due to the ongoing improvements.
- The Maternity CNST Year 6 submission had been signed and Year 7 would be received in April 2025. There was a concern raised regarding induction of labour performance and there was currently an exercise to cleanse the data in place. The CIC gave reasonable assurance for this item.
- The Nursing Assurance Report was received and the new 'A Commitment to Excellence' initiative was highlighted. This would allow the Group to set standards and recognise areas of excellence as well as give ward to board assurance.
- MCA DoLs applications were still increasing and work was ongoing to align the processes across the Group. The CIC gave the item reasonable assurance due to the grip and control being shown by the teams.
- The CIC received an Ophthalmology deep dive and the main risk was due to medical staffing gaps. The issues were being addressed by a nurse led service and using Group resources. The new HUTH Eye Hospital telephone system meant that there had been a reduction in PALs since its implementation. The CIC agreed that the mitigations in place were positive but limited assurance was given until sustained performance was shown. The CIC agreed to review the position again in 6 months.
- The IPC BAF was presented for HUTH and a plan to address cleaning standards across the Group was being formulated. The NLAG BAF was being developed and policies were being aligned across the Group. The CIC gave limited assurance due to the challenges being faced.
- The Safeguarding Annual Report 2023/24 was taken for information.
- The Infected Blood Inquiry closure report was received and summarised the actions taken by the Group. Dr Wood thanked the teams for their support to patients and staff and added her condolences to any patients and families affected.

#### 27 March 2025

- Maternity and Neonatal Assurance Report Risks around midwifery training due to sickness and an increase in diabetes were being reviewed on the risk register. The CIC also discussed the review of the racism allegations relating to the internationally trained midwives. Once a comprehensive investigation had taken place, further information would be brought back to the CIC. This is also being discussed through WEC.
- Audiology Deep Dive Work is ongoing to secure appropriate investment to
  provide an appropriate service in the correct accommodation. The CIC were
  reassured that the team had a good grip on the issues but limited assurance
  was given due to the lack of data relating to performance.. It was highlighted
  that following the audiology SI in NLAG (2021) there was now a quarterly
  screening group which operates across the partnership to ensure
  performance is reviewed for all screening services.
- TAVI Deep Dive A comprehensive update was received regarding the number of TAVI deaths and the governance structures relating to it. All TAVI deaths were reported through the DATIX system and are subjected to Structured Judgement Reviews. Duty of Candour processes are managed formally within the DATIX system as appropriate and face to face meetings are offered to relatives.
- PLACE The CIC gave significant assurance to HUTH, comprehensive data was presented, there was evidence of clear leadership and the outcomes were positive. The CIC could not assure the NLAG report due to the amount of detail provided.

• Research, Innovation and Development Annual Report was approved by the CIC.

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

5.1 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.

#### 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.

David Sulch, Non-Executive Director and Chair of the Quality and Safety Committees in Common

Sue Liburd, Non-Executive Director and Chair of the Quality and Safety Committees in Common

27 February 2025 and 27 March 2025

3.1.1 - MATERNITY & NEONATAL SAFETY CHAMPIONS OVERVIEW

ASSURANCE / ESCALATION REPORTS - NLAG & HUTH

Liburd & Dr David Sulch, Non-Executive Director Committee Chairs

#### REFERENCES

Only PDFs are attached

BIC(25)053 - Maternity Neonatal Safety Champions Report.pdf





#### **Trust Boards-in-Common Front Sheet**

#### Agenda Item No: BIC(25)053

Name of Meeting	Trust Boards-in-Common		
Date of the Meeting	Thursday 10 April 2025		
Director Lead	N/A		
Contact Officer / Author	Sue Liburd, Non-Executive D	Director	
	Stuart Hall/David Sulch, Non	n-Executive Director	
Title of Report	Maternity & Neonatal Safet	ty Champions Report	
Executive Summary	<ul> <li>Executive Maternity &amp; Neonatal Champions to provide assurance to the Board in the provision of high quality, safe maternity, and neonatal clinical care.</li> <li>The Maternity &amp; Neonatal Safety Champions continue to be proactive in engaging with staff across NLaG and HUTH. This activity is specifically documented in detail in the individual maternity reports produced by the Maternity teams and is summarised in this report.</li> </ul>		
Background Information and/or Supporting Document(s) (if applicable)	<ul> <li>The role of the Non-Executive Director Maternity &amp; Neonatal Champion is to provide Board level assurance that the following are in place:</li> <li>High quality clinical care</li> <li>Maternity &amp; neonatal service &amp; facilities</li> <li>Workforce numbers</li> <li>Learning &amp; training systems (includes ensuring authentic engagement with service users and ensuring the service acts upon their feedback); and</li> <li>Effective team working</li> </ul>		
Prior Approval Process	N/A		
<b>Financial Implication(s)</b> (if applicable)	N/A		
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A		
Recommended action(s)	🗆 Approval	ü Information	
required		<b>ü</b> Review	
	<b>ü</b> Assurance	$\Box$ Other – please detail below:	





# Maternity & Neonatal Safety Champion's Report For the Month of April 2025

#### **Executive summary:**

The role of the Non-Executive Director Maternity & Neonatal Champion is to provide Board level assurance that:

- High quality clinical care
- Maternity & neonatal service & facilities
- Workforce numbers
- Learning & training systems (includes ensuring authentic engagement with service users and ensuring the service acts upon their feedback)
- Effective team working are all in place.

This report has been developed to enable the Maternity & Neonatal Safety Champions for the two trusts to report on and provide assurance to the relevant committees and the boards in respect of the above areas. Where required, the report will include risks & concerns requiring escalation as well as good practice, improvement and innovation.

#### Activities undertaken this month:

To provide a brief overview of activities undertaken in month including walk rounds, service level meetings, meetings with the Executive Lead Champion for Maternity, Head of Midwifery, etc. and which cover areas listed in the bullet points in the executive summary (as appropriate) with more detail / themes being provided under the three specific headings below.

04/02/2025 Listening Event DPoW

10/02/2025 NHSE Military Maternity Care Pathway & Research

20/02/2025 Maternity & Neonatal Assurance Group

12/03/2025 Listening Event Internationally Educated Midwives NLAG

20/03/2025 Maternity & Neonatal Assurance Group

Learning Lessons:	Service User Voice Feedback:	Staff Experience & Feedback:
The Safety Champions noted the Deep Dive on diabetes and the ongoing work to improve care for this population of women.	The Safety Champions were pleased to note positive feedback about infant feeding support and inclusion of partners in North and North East Lincolnshire. Overall positive feedback for Badgernet, however some challenges with the access to the app.	Concerns raised by Internationally Educated Midwives at NLaG. Listening event undertaken and further events and actions planned and being implemented.

#### Good practice, improvements & innovation to share:

The Safety Champions noted the positive investment into increasing capacity within the Diabetes team at Hull.

#### Risks & concerns to escalate:

The concerns raised by the Internationally Educated Midwives.

#### Activities planned next month:

01/04/2025 Internationally Educated Midwives Concerns action planning meeting 03/04/2025 Maternity Safety Support Programme Reset Meeting

02/04/2025 HNY LMNS Delivery Board

17/04/2025 Maternity & Neonatal Assurance Group





29/04/2025 Safety Champion Walk round 07/05/2025 HNY LMNS Perinatal Quarterly Surveillance Group 15/05/2025 Maternity & Neonatal Assurance Group

Sue Liburd & David Sulch Non-Executive Director Maternity & Neonatal Safety Champion 31 March 2025

#### 3.1.2 - MATERNITY & PERINATAL UPDATES

Amanda Stanford, Group Chief Nurse & Yvonne McGrath, Group Midwifery Director

# REFERENCES

Only PDFs are attached

BIC(25)054 - Maternity Neonatal Assurance Reports - NLAG HUTH.pdf





#### **Trust Boards-in-Common Front Sheet**

#### Agenda Item No: BIC(25)054

Name of Meeting	Trust Boards-in-Common				
Date of the Meeting	Thursday 10 April 2025				
Director Lead	Amanda Stanford, Group Chief Nurse				
Contact Officer / Author	Yvonne McGrath, Group Director of Midwifery				
Title of Report	Maternity & Neonatal Assurance Reports – NLAG & HUTH				
Executive Summary	<ol> <li>Maternity and Neonatal Safety Improvement Plan (MatNeoSip): Plans are developing to devise an overarching Maternity and Neonatal Safety Improvement Plan that will encompass actions and improvements driven by both local and national drivers. Work continues on the MatNeoSip and plans are in place to meet with key members of staff to capture and stratify all actions. The MatNeoSip oversight will occur in the Maternity and Neonatal Improvement Group meeting with regular reporting within this assurance report.</li> <li>CNST MIS Year 6 Compliance ("10 Steps to Safety"): HUTH: SA1 issue identified and now declaring non-compliance with mitigation Compliance with all other nine safety actions submitted. NLAG: Submitted compliance: Both Trusts achieved over 90% compliance in key areas, including fetal monitoring and emergency training, meeting year six requirements of the Maternity Incentive Scheme (MIS).</li> <li>Concerns raised by Internationally Educated Midwives, listening event undertaken and further actions planned.</li> <li>Deep dive into outcomes associated with diabetes undertaken and action plan in place. Recruitment for additional midwifery and support hours in progress.</li> </ol>				
Background Information and/or Supporting Document(s) (if applicable)	MIS Year 6 progress reports and associated appendices Staffing Reports				
Prior Approval Process					
Financial Implication(s)					
(if applicable)					
Implications for equality, diversity and inclusion, including health inequalities (if applicable)					
Recommended action(s)	Approval     Information				
required					

# Maternity & Neonatal Safety Assurance Report

Yvonne McGrath

March 2025

# Page 2 of 34

Contents	
Item 1: Executive Summary	3
Item 2: Key highlights	4
2.1 Maternity and Neonatal Safety Improvement Plan (MatNeoSip)	4
2.2 CNST MIS Year 6: 10 Steps to Safety	5
2.3 Perinatal Quality Surveillance Model	7
2.5 Maternity and Neonatal Dashboards	11
Item 3: In month developments and updates	11
3.1 Maternity & Neonatal updates	
111	
Item 4: Training compliance	12
Item 5: Learning lessons	15
5.1 HUTH Maternity & Newborn Safety Investigation cases	15
5.2 HUTH Detail of incidents graded moderate or above and rapid reviews	16
5.3 NLAG Maternity & Newborn Safety Investigation cases	17
5.4 NLAG Details of incidents graded moderate or above and rapid reviews	<b>; 17</b>
Item 6: Listening to our staff	18
Item 7: Saving Babies Lives	19
Item 8: ATAIN	21
Item 9: Service User Feedback	22
Item 10: Maternity Survey Action Plan	26
Item 11: Screening Key Performance Indicators	27
Item 12: Triangulation of Claims Scorecard	28
Item 13: BSOTS Performance	32

#### 1: Executive Summary & Highlight Report

#### **Executive Summary: Maternity and Neonatal Services Progress Report**

This report provides an update on the ongoing developments, achievements, and challenges within maternity and neonatal services across Hull University Teaching Hospitals NHS Trust (HUTH) and Northern Lincolnshire and Goole NHS Foundation Trust (NLAG). The focus remains on enhancing safety, compliance, and quality of care while addressing workforce and service user feedback.

#### **Key Highlights**

- 1. Maternity and Neonatal Safety Improvement Plan (MatNeoSip):
- 2. CNST MIS Year 6 Compliance ("10 Steps to Safety"):
  - HUTH: SA1 issue identified and now declaring non-compliance with mitigation, for external review which may upgrade SA1 to compliant. compliance with all other safety actions declared.
    - NLAG: Compliance declared for all ten Safety Actions.

#### 3. Training Compliance:

 Both trusts achieved over 90% compliance in key areas, including fetal monitoring and emergency training, meeting year six requirements of the Maternity Incentive Scheme (MIS). Monitoring continues within the group.

#### 4. Safety Monitoring and Incident Management:

 Reviews of perinatal deaths, moderate harm incidents, and duty of candour compliance are consistently conducted.

#### 5. Saving Babies' Lives Care Bundle (Version 3):

 Self-assessment for quarter 3 HUTH achieved 86% compliance; NLAG achieved 79%, with ongoing improvement work targeting full implementation by March 2026. The introduction of Badgernet has impacted compliance at NLAG for the most recent quarter.

#### 6. Maternity and Neonatal Dashboards:

• Development of comprehensive dashboards is progressing, including key indicators like workforce metrics and risk management trends.

#### Service User Feedback

- Feedback from Friends and Family Tests (January 2025) reflects high levels of satisfaction:
  - HUTH: 94.3% positive feedback for maternity services.
  - NLAG: 97.3% positive feedback for maternity; 100% for neonatal care.
- Key concerns include inconsistent advice from staff and inadequate environments for sensitive discussions.

#### Conclusion

While significant strides have been made in training, safety compliance, and quality improvement projects, challenges remain in staffing, environmental conditions, and leadership stability. Both trusts are committed to addressing these issues through strategic initiatives, ongoing monitoring, and engagement with staff and service users.

# Item 2: Key highlights 2.1 Maternity and Neonatal Safety Improvement Plan (MatNeoSip)

Plans are developing to devise an overarching Maternity and Neonatal Safety Improvement Plan that will encompass actions and improvements driven by both local and national drivers. Work continues on the MatNeoSip and plans are in place to meet with key members of staff to capture and stratify all actions. The first Maternity and Neonatal Improvement Group took place in December and the MatNeoSip oversight will occur in this meeting with regular reporting within this assurance report. Plan on page poster shared within this pack. Copy of MatNeoSiP attached to this pack and work is ongoing to continue to populate and develop the Single Improvement Plan.

# 2.2 CNST MIS Year 6: 10 Steps to Safety

# Hull University Teaching Hospitals NHS Trust

The Trust has utilised the NHS Resolution Audit tool during the year to track compliance with the standards.

Green - Completed
Amber - On Track for completion
Red - Not on track
Blue - Completed and evidenced

Safety action	Red	Amber	Green	Blue	
1 National Perinatal Mortality Review Tool					
2 Maternity Services Data Set (MSDS)					
3 Transitional Care Services					
4 Clinical Workforce Planning					
5 Midwifery Workforce Planning					
6 SBLCB V3					
7 Service User Feedback / Co- produced Services					
8 Training					
9 Floor to Board					Trust Board minutes required to evidence of Q3 Claims scorecard discussion.
10 MNSI / Early Notification Scheme					
Total	1	0	0	9	

# Northern Lincolnshire and Goole NHS Foundation Trust

Safety action	Red	Amber	Green	Blue	Comments/ Actions being taken
1 National Perinatal Mortality Review Tool					Trust Board minutes required to evidence of Q3 PMRT report discussion.
2 Maternity Services Data Set (MSDS)					
3 Transitional Care Services					
4 Clinical Workforce Planning					
5 Midwifery Workforce Planning					
6 SBLCB V3					
7 Service User Feedback / Co- produced Services					
8 Training Plan					
9 Floor to Board					Trust Board minutes required to evidence of Q3 Claims scorecard discussion.
10 MNSI / Early Notification Scheme					
Total	0	0	2	8	

# 2.3 Perinatal Quality Surveillance Model

# Hull University Teaching Hospitals NHS Trust

CQC Maternity Ratings	Safe	Effective	Caring	Responsive	Well Led	Overall
	Inadequate	Requires improvement	Good	Requires Improvement	Inadequate	Inadequate

Maternity Support Programme         Yes	
---	--

Data measure	January 2025
Findings of review of all perinatal deaths using the real time data monitoring tool	95688 – 36+4 SB. Missed OGTT. Graded B,B. 96211 – 22+1 NND. Missed IVABXs. Graded B,A,A 96177 – 36+5 SB. Unbooked/Unknown pregnancy. Graded A.A.
Number of cases referred to MNSI/ENS	0
Family's informed of referral to MNSI/ENSR	0
Findings of review of all cases eligible for referral to MNSI	N/A
Number of incidents graded as moderate or above and what action is being taken	W327191 – Moderate. WB IMDD 8. 4000I MOH and ITU transfer. MIRM review conducted. Downgraded to low harm. Well managed MOH and escalation. Part of ongoing thematic review of PPH >1500ml.
Compliance with duty of candour	100%
Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training	Please refer to body of report
Minimum safe staffing in maternity services to include Obstetric cover on the delivery suite, gaps in rotas and midwife minimum safe staffing planned cover vs actual prospectively	Reviewed daily and plans put in place to mitigate risk e.g. Double pay incentive, use of mutual aid across the group.

	Total Planned Hours	Total Actual Hours	Fill Rate %			
Midwifery staffing (Registered Nurses and Midwives)	21370.25	18170.22	85.03%			
	Total Planned Hours	Total Actual Hours	Fill Rate %			
Midwifery staffing (Unregistered Care Staff)	8392.75	5604.42	66.78%			
	Total Planned Hours	Total Actual Hours	Fill Rate %			
Neonatal staffing (Registered Nurses and Midwives)	17232.25	11958.08%	69.39%			
Neenetal atoffing (the side and One Out)	Total Planned Hours	Total Actual Hours	Fill Rate %			
Neonatal staffing (Unregistered Care Staff)	944.00	498.00	52.75%			
Obstetrician staffing - cover on the delivery suite, gaps in rotas	Reviewed daily and plans put in place to mitigate risk e.g. use of locums and offer of enhance rates where required.					
Service User Voice feedback	Please refer to body of report	Please refer to body of report				
Staff feedback from frontline champions and walk-abouts	Staff struggling without a Ward Manager on Rowan Ward - funding now agreed and closes on March 14 <sup>th</sup> . Rowan Ward also require more office space to work and attempts to source funding for these works is ongoing					
MNSI/NHSR/CQC or other organisations with a concern or request for action made directly with the Trust	No					
Coroner Reg 28 made directly to the Trust	0					
Progress in achievement of CNST 10	Please refer to body of report					

# Northern Lincolnshire and Goole NHS Foundation Trust

CQC Maternity Ratings	Safe	Effective	Caring	Responsive	Well Led	Overall
DPOW	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Goole	Requires Improvement	Good	Good	Good	Good	Good
SGH	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement

Maternity Support Programme	No
-----------------------------	----

Data measure	January 2025
	0 perinatal deaths in January 2025.
Findings of review of all perinatal deaths using the real time data monitoring tool	<ul> <li>Key themes identified from Q3 cases PMRT:</li> <li>Kleihauer bloods not tested.</li> <li>All Postnatal bloods and investigations not being taken.</li> <li>Estimated fetal weights not plotted on growth chart.</li> <li>Family members not being offered referral to smoking cessation team.</li> <li>Management for reduced fetal movements not followed as per policy.</li> </ul>
Number of cases referred to MNSI/ENS	0
Family's informed of referral to MNSI/ENSR	N/A
Findings of review of all cases eligible for referral to MNSI	N/A
Compliance with duty of candour (within 10 working days)	100%
Number of incidents graded as moderate or above / action taken	2 moderate cases 336324 – Diathermy burn to patient during intraoperative procedure - apologised 336868 – Birth trauma following failed instrumental – clinical lead escalated practice concerns

Please refer to body of report					
ant cover on the delivery suite, ga	ps in rotas and midwife minimu	m safe staffing planned			
nutual aid across the group.					
Total Planned Hours	Total Actual Hours	Fill Rate %			
11,745.9	11,087.2	94.4%			
Total Planned Hours	Total Actual Hours	Fill Rate %			
4,758.5	4,219.1	88.7%			
Total Planned Hours	Total Actual Hours	Fill Rate %			
5,704.0	5,026.3	88.1%			
Total Planned Hours	Total Actual Hours	Fill Rate %			
2,852.0	2,483.5	87.1%			
100% compliant - no gaps ide	ntified.				
Please refer to body of report					
Staff feedback from frontline champions and walk-abouts Escalation from Internationally Educated Midwives- more detail in the report.					
<sup>yr</sup> No					
0					
Please refer to body of report					
	ant cover on the delivery suite, ga nutual aid across the group. Total Planned Hours 11,745.9 Total Planned Hours 4,758.5 Total Planned Hours 5,704.0 Total Planned Hours 2,852.0 100% compliant – no gaps ide Please refer to body of report Escalation from Internationally No 0	ant cover on the delivery suite, gaps in rotas and midwife minimu nutual aid across the group. Total Planned Hours Total Actual Hours 11,745.9 11,087.2 Total Planned Hours Total Actual Hours 4,758.5 4,219.1 Total Planned Hours Total Actual Hours 5,704.0 5,026.3 Total Planned Hours Total Actual Hours 2,852.0 2,483.5 100% compliant – no gaps identified. Please refer to body of report Escalation from Internationally Educated Midwives- more deta No 0			

#### 2.5 Maternity and Neonatal Dashboards

Development of a Maternity and Neonatal Dashboard has commenced and will comprise of the following indicators.

- Activity Indicators
- Maternal Morbidity Indicators
- Neonatal Mortality & Morbidity Indicators
- Workforce Indicators
- Postnatal Indicators
- · Risk Management Indicators

These indicators will be underpinned with SPC charts where relevant to support recognition of themes, trends and risk and enable appropriate management and quality improvement. This process will be replicated for NLAG.

Item 3: In month developments and updates 3.1 Maternity and Neonatal updates

**Positive News** 

## Areas of Concern- Hull Royal Infirmary

 Notification received from RCOG of a potential alarm level outlier status in the forthcoming National Maternity and Perinatal Audit (NMPA) report relating to a high rate of singleton live births with a 5-minute Apgar score less than 7, which covers births during 2023. The alert is currently being investigated for data accuracy.

#### Areas of Concern- Northern Lincolnshire and Goole NHS Foundation Trust

- Internationally Education Midwives escalation of significant concerns via the Regional Lead for Internationally Educated Midwives Listening event was undertaken (12<sup>th</sup> of March) with the Director of Midwife, Yvonne McGrath, Maternity and Neonatal Safety Champion and Non-Executive Director, Sue Liburd, Michio Abe who is part of the regional Stay and Thrive Team and an Internationally Educated Nurse at Hull Royal Infirmary and Devon Marsh, Regional Lead for Internationally Educated Midwives. The midwives in attendance bravely and vulnerably shared their experience, reporting racism, unfair treatment, not feeling safe and the impact these experiences at work have had on their mental health and well-being.
  - Initial actions agreed:
  - Further meeting in 3 weeks to feedback on urgent concerns raised particularly around transition from Band 5 to Band 6. Time-out day with Organisation Development and key stakeholders to consider a system-wide approach to addressing systemic racism in maternity services Explore training options for staff

#### Item 4: Maternity Training Compliance

- HUTH and NLAG have achieved the 90% compliance for MIS year six.
- Safety action (SA8) identifies that 90% attendance in each relevant staff group should attend:
- 1. Fetal monitoring training
- 2. multi-professional maternity emergencies training
- 3. Neonatal Life Support Training

# Hull University Teaching Hospitals NHS Trust

Fetal Monitoring – February 2025 (Incorporating Intelligent Intermittent Auscultation, Antenatal CTG Intrapartum CTG, Human factors).					
Staff Group HuTH Compliance					
Obs consultants & SAS grade doctors	90%				
Other medical staff on obs rota 93%					
Midwives	96%				

PROMPT – February 2025 To include Live Skills Drills (Shoulder Dystocia, cord prolapse, APH, PPH, Eclampsia, vaginal breech), Sepsis, Deteriorating Patient.					
Staff Group HuTH Compliance					
Obs consultants & SAS grade doctors	100%				
Other medical staff on obs rota (commenced before 01 July 24)	75%				
Midwives	98%				
Midwifery Support Workers	100%				
Anaesthetic consultants	100%				
Anaesthetic staff on Obs rota 22%					
Compliance has dropped with new obstetric medical staff starting at the trust and awaiting their previous compliance or booking onto training. 14 new Anaesthetists joining trust from February and are booked from February-July 2025.					

Neonatal Resuscitation – February 2025				
Staff Group		HuTH Compliance		
Neonatal/paediatric consultants / SAS grade doo	ctors	90%		

Neonatal/paediatric junior doctors	97%
Neonatal nursing staff / senior nurses	98%
Midwifery Support Workers	Not applicable
Advanced neonatal nurse practitioners	75%
Midwives	98%

In January, HUTH changed the program delivery, aiming to improve compliance and monitoring of staff's mandatory training. Staff will now be assigned all mandatory training within a one-week period.

## Northern Lincolnshire and Goole NHS Foundation Trust

Fetal Monitoring – February 2025 (Incorporating K2 Competency Assessments - Intelligent Intermittent Auscultation, Antenatal CTG Intrapartum CTG, Human factors).								
Staff Group DPOW SGH Trustwide								
Obs consultants & SAS grade doctors	100%	86%	93%					
Other medical staff on obs rota 100% 89% 94%								
Midwives	94%	93%	95%					

<b>PROMPT – February 2025</b> To include Live Skills Drills (Shoulder Dystocia, cord prolapse, APH, PPH, Eclampsia, vaginal breech), Sepsis, Deteriorating Patient.								
Staff Group DPOW SGH Trustwid								
Obs consultants & SAS grade doctors	100%	86%	93%					
Other medical staff on obs rota	94%	100%	97%					
Midwives	94%	96%	95%					
Midwifery Support Workers	93%	86%	90%					
Anaesthetic consultants	91%	92%	92%					
Anaesthetic staff on Obs rota (5 new starters)	63 %	80%	69%					

Neonatal Resuscitation – February 2025							
Staff Group	DPOW	SGH	Trustwide				
Neonatal/paediatric consultants / SAS grade doctors         86%         100%         9							
Neonatal/paediatric junior doctors (commenced before 01 July 24)	<i>i</i> ) 95% 96% 96%						
Neonatal nursing staff / senior nurses	96%	86%	92%				
Midwifery Support Workers	Not applicable						
Advanced neonatal nurse practitioners	100%	-	100%				
Midwives	94%	95%	95%				

Item 5: Learning lessons Hull University Teaching Hospitals NHS Trust

5.1 Maternity & Newborn Safety Investigation (MNSI) cases (ongoing)

MNSI number	IMD/Ethnicity	Qualify for EN? If yes, include reference	Have the family received notification of role of MNSI/EN?	Did the family require and received information in a format/language that was accessible for them?	Written Duty of Candour complete	Compliant with Duty of candour?	Details/update
038040	IMDD 2 White British	No	No	Yes	Yes - sent 25/09/24	Yes	MNSI have contacted Family. Interviews conducted.
038053	IMDD 1 White British	No	No	Yes	Yes - sent 29/05/24	Yes	MNSI have contacted Family. Bereavement contact continues. Interviews conducted.
038632	IMDD 4 Pakistani	No	No	Yes	Yes - sent 15/10/24	Yes	MNSI referral consent gained and made. Notes shared and awaiting interview dates.

# 5.2 Detail of incidents graded moderate or above and rapid reviews (January 2025 onwards)

Incident number and detail	IMD/Ethnicity	Obstetric/ Neonatal	Grading (Moderate or above, cases considered at PSRP, AARs, PSII)	Learning/action taken/update
W32830 38/40 Stillbirth	IMDD 10 White British	Obs	Fatal	MLC. MIRM no learning identified. PMRT process. DoC followed.
W324688 39+2 Stillbirth	IMDD 1 Asian – Pakistani	Obs	Moderate	GDM – service thematic review being performed. Escalated to HoM and DoM and CD. IOL at 40+ planned. ECV performed. PMRT process. DoC followed.
W324948/W324820 Neonatal Death 23+2	IMDD 9 White British	Neonatal/Obs	Fatal/Moderate	Abnormal dopplers and IUGR from 20/40. Guarded prognosis. APH and SVD. MIRM planned 03/01/2024.
W324995 MOH 7.2I Interventional radiology and ITU admission	IMDD 6 White British	Obs	Moderate	MIRM review planned 03/01/2024. Service user back within maternity services. Verbal DoC provided.
W322962 – Skull fracture following ventouse/NBFD	IMDD 2 White British	Obs	Moderate	Sequential instrumentation due to consent being denied for EMLSCS. MIRM review. DoC followed.

## Northern Lincolnshire and Goole NHS Foundation Trust

# 5.3 Maternity & Newborn Safety Investigation cases (ongoing)

MNSI number	IMD/Ethnicity	Qualify for EN? If yes, include reference	Have the family received notification of role of MNSI/EN?	Did the family require and received information in a format/language that was accessible for them?	Written Duty of Candour complete	Compliant with Duty of candour?	Details/update
MI- 039094	IMDD 8 White British	No	Yes	Yes	Yes – posted 29/11/24	Yes	No safety concerns identified at rapid review. MNSI currently fact finding
MI- 039193	IMDD 1 Any Other (Afghanistan)	No	Yes	Yes (Bengali)	Consent not obtained therefore rejected by MNSI. DoC not required	N/A	Consent from family no obtained for MNSI investigation despite sending information in their language Pashto. Discussed at Learning Response Panel – due to no concerns identified at rapid review, plan to review at PMRT
MI- 039623	IMDD 1 White British	No	Yes	Yes	Yes – posted 24/2/25	Yes	Rapid review undertaken and identified issues with no identification of SGA and a lack of escalation of proteinuria by an MSW. Learning actioned. MNSI currently fact finding

Incident number and detail	IMD/Ethnicity	Obstetric/ Neonatal	Grading (Moderate or above, cases considered at PSRP, AARs, PSII)	Learning/action taken/update
336324 – Diathermy burn to patient during intraoperative procedure.	IMDD 1 White British	Obstetric	Moderate	Surgeon explained the incident to the patient and she apologized, I applied a small dressing on the ankle.
336868 – Birth trauma following failed instrumental	IMDD 3 White British	Obstetric	Moderate	Clinical lead discussed with Operating Consultant regarding the appropriate use of the fetal pillow.
336899 – Intrapartum stillbirth	IMDD 1 White British	Obstetric	Moderate	Rapid review undertaken and immediate actions identified including escalation by MSW with abnormal results and reviewing scan findings with sonographer. Escalated to MNSI.
337880 –Antepartum stillbirth	IMDD 2 White British	Obstetric	No harm	Rapid review undertaken with no recommendations identified.

#### 5.4 Detail of incidents graded moderate or above and rapid reviews (December 2024 onwards)

#### Item 6: Listening to our staff

Ongoing work on Maternity Safety Champion Culture Improvement Plan- plan for timeout day with Quads from both sites and other key stakeholder/

Ongoing work to develop action plan from staff survey findings.

 Further coffee morning held at to support staff to apply and interview for promotion at HRI- Midwife Practice Lead (Ward Manager Posts) currently out to advert closing 14<sup>th</sup> of March.

## Item 7: Saving Babies' Lives Care Bundle (v3)

## Northern Lincolnshire and Goole NHS Foundation Trust

% of interventions fully Implemented	Assessment three	Assessment four	Assessment five	Assessment Six	Self- Assessment
Review quarter	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25
Assurance review date	20 Mar 24	10 June 24	19 Sept 24	11 Dec 24	14 Mar 25
Element 1: Smoking in pregnancy	70%	70%	90%	80%	80%
Element 2: Fetal growth restriction	90%	90%	85%	90%	80%
Element 3: Reduced fetal movements	100%	100%	100%	100%	100%
Element 4: Fetal monitoring in labour	80%	80%	100%	80%	100%
Element 5: Preterm birth	81%	67%	74%	74%	74%
Element 6: Diabetes	67%	83%	83%	83%	67%
TOTAL	81%	77%	83%	81%	79%

Following peer validation of evidence submitted for quarter 2 2024/25 by the LMNS, a grading of "significant assurance" was assigned with an overall compliance of 81% for all 6 elements. Evidence for quarter 3 was submitted early March 2025 and based on self-assessment, a compliance of 79% was reported. The introduction of Badgernet in Maternity has impacted compliance negatively due to documentation issues and embedding a new system into practice. Further improvement work is required to reach full implementation by March 2026.

The table below provides the projected targets set by the LMNS.

		Interventions fully	Quarte	rly review		Progress	Interventions fully	Ĭ
	Mar-24	implemented	ро	oints	Mar-25	required	implemented	Mar-26
Element 1	70%	7/10			90%	2	9/10	100%
Element 2	90%	18/20			95%	1	19/20	100%
Element 3	100%	2/2			100%		2/2	100%
Element 4	80%	4/5	June '24	Sept '24	100%	1	5/5	100%
Element 5	81%	22/27			92%	3	25/27	100%
Element 6	67%	4/6			84%	1	5/6	100%
Total	81%	57/70			90%	7	65/70	100%

#### Hull University Teaching Hospitals NHS Trust

% of interventions fully implemented	Assessment three	Assessment four	Assessment five	Assessment Six	Self- Assessment
Review quarter	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25
Assurance review date	19 Mar 24	10 Jun 24	18 Sept 24	11 Dec 24	10 Mar 25
Element 1: Smoking in pregnancy	50%	60%	70%	80%	80%
Element 2: Fetal growth restriction	90%	95%	95%	100%	90%
Element 3: Reduced fetal movements	50%	50%	50%	100%	100%
Element 4: Fetal monitoring in labour	20%	20%	40%	80%	60%
Element 5: Preterm birth	67%	70%	67%	89%	85%
Element 6: Diabetes	83%	83%	83%	100%	100%
TOTAL	69%	73%	74%	91%	86%

Following peer validation of evidence submitted for quarter 2 2024/25 by the LMNS, a grading of "significant assurance" was assigned with an overall compliance of 91% for all 6 elements. Evidence for quarter 3 was submitted early March 2025 and based on self-assessment, a compliance of 86% was reported. Further improvement work is required to reach full implementation by March 2026.

The table below provides the projected targets set by the LMNS.

		Interventions fully	Quarte	rly review		Progress	Interventions fully	
	Mar-24	implemented	рс	oints	Mar-25	required	implemented	Mar-26
Element 1	70%	7/10			90%	2	9/10	100%
Element 2	90%	18/20			95%	1	19/20	100%
Element 3	100%	2/2			100%		2/2	100%
Element 4	80%	4/5	June '24	Sept '24	100%	1	5/5	100%
Element 5	81%	22/27			92%	3	25/27	100%
Element 6	67%	4/6			84%	1	5/6	100%
Total	81%	57/70			90%	7	65/70	100%

# Item 8: Avoiding Term Admissions to NICU

# Northern Lincolnshire and Goole NHS Foundation Trust

% of term babies that required admission to the NNU (February 2025)						
SiteNumber of BirthsNumber of Births (>37 weeks gestation)			Number of Term Baby Admissions to NNU	%		
DPOW	148	131	6	4.0%		
SGH & GOOLE	122	108	12	9.8%		

## Hull University Teaching Hospitals NHS Trust

% of term babies that required admission to the NNU (February 2025)						
Site	SiteNumber of BirthsNumber of Births (>37 weeks gestation)		Number of Term Baby Admissions to NNU	%		
HUTH	324	289	12	3.7%		

#### Item 9: Service User Feedback

#### 9.1 Hull Royal Infirmary Friends and Family Test – January 2025

For January 2025 a total of 70 responses were received as part of the Friends and Family Test for Maternity Services. 86% of the feedback was positive.

Maternity Services				
Ward/area	Number of responses			
Midwifery Led Unit	7			
Community Midwife Team	3			
Maple ward	1			
Rowan Ward	45			
Labour and Delivery Suite	9			
Rainbow/bereavement Suite	5			

Maternity Services - Trust wide					
Response option	Number	Percentage			
Very good	59	84%			
Good	7	10%			
Neither good nor poor	2	3%			
Poor	1	1%			
Very poor	1	1%			
Don't know	0	0%			

MLU: "Very good. Staff brilliant and friendly, helpful and very knowledgeable".

**Community Midwifery Team:** "My community midwife was fantastic, she kept me thoroughly informed throughout my pregnancy. She understood all my needs and my wishes during pregnancy and the birth. Even after birth, she has again been fantastic. Answered all my questions and queries if they arose".

Maple Ward: No comments received.

**Rowan**: "Amazing staff, kind, caring, personable and genuinely wanted to best for all of us. Could not fault any of the staff at all. We felt that we were in safe hands continuously. The only thing to improve on is for the NHS to get the funding it deserves and the staff to get the wages they deserve".

"The staff are over worked. There is not enough staff. My baby unfortunately was in NICU so I spent my time in there. Because my room was empty, I didn't receive my medication or meals. 1 day my meds were left on my table for 4 hours and Id not been back. While I was trying to care for my baby, my care was forgot about. The night staff was very loud and the nurses' station had music loud on a night. My husband bought my food daily from the canteen. Id of been stuck with vending machines if the cafe wasn't supplying hot food. 1 doctor couldn't find my sons veins and bent the canula while inserted in his foot".

Labour / Delivery Suite: "Really excellent service all round from midwives to registrar. Everyone is on top of their game".

**Rainbow/Bereavement Suite:** "The support and extra monitoring was invaluable right from the start. Having someone to message and call with and anxieties or concerns was amazing. The support with the birth plan was incredible too and meant I had the birth/delivery that I wanted and that was best for me".

# 9.2 Northern Lincolnshire and Goole NHS Foundation Trust Friends and Family Test – January 2025

#### Neonatal Care

For January 2025 a total of 8 responses were received as part of the Friends and Family Test for NICU across the Trust. 100% of the feedback was positive.

	NICU – Trust wide	
Response option	Responses	Percentage
Very good	8	100%
Good	0	0%
Neither good nor poor	0	0%
Poor	0	0%
Very poor	0	0%

Some of the comments received are detailed below:

#### NICU DPOW:

"I wish there was an experience that was higher than "very good" because that doesn't do justice for how amazing our experience has been other than two "blips" where someone had incorrectly typed one of our twins' weights at birth which resulted in its locking line they'd lost is % birth weight instead of 9-10% which caused huge distress and upset until we had received this".

"For me, staff were amazing towards me, any questions I had were answered straight away.".

"All staff can't be faulted, all very supportive and informative of everything going on. Carol, Selina especially lovely all staff are thorough".

#### NICU SGH:

"Staff are amazing, caring and kind".

"Could not have asked for better care and helpful during our time here".

"We are very satisfied for the treatment and all services, Thanks to all the staff".

#### Maternity Care

For January 2025 a total of 37 responses were received as part of the Friends and Family Test for Maternity Services across the Trust. 97.3% of the feedback was positive.

	Maternity – Trust wide				
Response option	Responses	Percentage			
Very good	34	91.9%			
Good	2	5.4%			
Neither good nor poor	0	0%			
Poor	1	2.7%			
Very poor	0	0%			

Some of the comments received are detailed below:

#### Maternity DPOW:

"Always helpful/always good at explaining everything fantastic care all around and would always recommend to give birth at Grimsby. Thanks again".

"All of the midwives were absolutely brilliant who have been to visit us at home. All very knowledgeable and I felt confident and comfortable in talking to them about any issues I've been having with breastfeeding etc".

Thank you Purdy for being so welcoming and friendly during my growth scan. You made me feel at ease and went into great detail during my scan. Thank you for a lovely appointment.".

#### Maternity Goole:

None received.

#### Maternity SGH:

"Although my delivery wasn't what I had planned the staff made sure I was well looked after, comfortable (well as well as I can be in delivery mode) they made me feel incredibly safe even at the scariest moments, they are living legends - Amazing people".

"All staff have been lovely, caring and supportive".

"Doctors and nursing staff are very professional and put me at ease. Procedure was done, staff and doctors explained everything".

The poor comment relates to attitude and behaviour.

#### Item 10: Maternity Survey CQC Surveys

#### Northern Lincolnshire and Goole NHS Foundation Trust

The 2023 survey results action plan has been co-produced between maternity services and Maternity and Neonatal Voices Partnership (MNVP) Lead.

The action plan includes 7 actions - 3 complete and 4 in progress.

- 1. Work is ongoing in collaboration with MNVP lead regarding partners staying overnight at SGH (issues around old estates and facilities)
- 2. A leaflet regarding guidance for partners staying overnight has been produced and is awaiting governance ratification
- 3. Issues in relation to GP care were identified and have been escalated to the Local Maternity and Neonatal System (LMNS).

The action plan is monitored by Safety Champions and LMNS Board.

The 2024 survey results action plan for both Trusts has now been completed and is attached to the meeting pack.

## Hull University Teaching Hospitals NHS Trust

The 2023 survey action plan has been co-produced between maternity services and Maternity and Neonatal Voices Partnership (MNVP) Lead.

The action plan includes 28 actions - 25 complete and 3 in progress.

1. All remaining actions related to involving partners staying and the longer term aspiration to reintroduce dads staying overnight.

The action plan is monitored by Safety Champions and LMNS Board.

The 2024 survey results action plan for both Trusts has now been completed and is attached to the meeting pack.

# Item 11: Screening Key Performance Indicators (Quarter 2 - 2024/2025)

# Hull University Teaching Hospitals

Indicator	Performance	Acceptable Threshold
ST2: Timeliness of antenatal screening	80.7%	≥50.0%
ST3: Completion of FOQ	100%	≥95.0%
NB2: Avoidable repeat NBS test	3.9%	<2.0%
ID1: HIV coverage	99.8%	≥95.0%
ID3: Hepatitis B coverage	99.8%	≥95.0%
D4: Syphilis coverage	99.8%	≥95.0%
ST1: Antenatal Screening coverage	99.7%	≥95.0%
FA3: Coverage T21/T18/T13 screening	2	Not set
FA2: Coverage fetal anomaly ultrasound	99.6%	≥90.0%
NIPT S01: Coverage NIPT	91.7%	Not set

## Northern Lincolnshire and Goole NHS Trust

Indicator	Performance	Acceptable Threshold
ST2: Timeliness of antenatal screening	78.9%	≥50.0%
ST3: Completion of FOQ	96.9%	≥95.0%
NB2: Avoidable repeat NBS test	2.6%	<2.0%
ID1: HIV coverage	99.8%	≥95.0%
ID3: Hepatitis B coverage	99.8%	≥95.0%
D4: Syphilis coverage	99.8%	≥95.0%
ST1: Antenatal Screening coverage	99.8%	≥95.0%
FA3: Coverage T21/T18/T13 screening	No cases to follow up	Not set
FA2: Coverage fetal anomaly ultrasound	98.9%	≥90.0%
NIPT S01: Coverage NIPT	81.0%	Not set

#### Item 12: Triangulation of Claims Scorecard Quarter 3 2024/25

## 12.1 Northern Lincolnshire and Goole NHS Foundation Trust

Northern Lincolnshire and Goole NHS Foundation Trust - Maternity Incentive Scheme (SA9) Quarter 3 Quarterly review of Trust's claims scorecard alongside incident and complaint data and discussed by the maternity, neonatal and Trust Board level safety champions at Trust level (Board or directorate) quality meeting.

# Humber Health Partnership

	4 (55 claims)	Claims Breakdown Q3 24/25
Top injuries by volume: Fatality (16) Unnecessary pain (15) Additional / unnecessary operation(s) (13) Stillborn (11) Bladder damage (5)	Top injuries by value: Brain damage (3) Cerebral palsy (2) Wrongful birth (1) Bladder damage (3) Fatality (9)	<ul> <li>Claims opened:</li> <li>Alleged delay in diagnosis and management of ectopic pregnancy, resulting in rupture, surgery and removal of right fallopian tube.</li> <li>Allegations of Unsatisfactory management of anaesthesia prior to a medical termination of pregnancy including allegations of extravasation/arm injury leading to allegations of PTSD.</li> </ul>
Top causes by volume: Failure / delay in treatment (15) Failure / delay in diagnosis (8) Inadequate nursing care (3) Operator error (3) Intra-operative problems (3)	Top causes by value: Failure / delay in treatment (2) Intra-operative problems (1) Other (1) Fail in antenatal screening (1)	<ul> <li>Existing claims: 22</li> <li><u>Claims closed:</u></li> <li>Claim for wrongful birth. Alleged negligent ultrasound resulting in birth of baby with campomelic dysplasia. Damages paid – Nil</li> <li>Child born on 20/1/2024 which had a normal birth Apgar score 01. Damages paid – Nil</li> </ul>
Incidents Q3 24/25		Complaints Q3 24/25
Top 5 incident by volume: • Error /omission in health record (23) • Unexpected admission to NICU (20) • Below Safe Staffing Levels Following Escalation (17) • Post partum haemorrhage (PPH) >1500mls (17) • Staffing levels affecting patient care / monitoring of patients (16) Number of incidents reported on Ulysses for Obstetrics / Maternity: 449		
<ul> <li>Error /omission in health record (23)</li> <li>Unexpected admission to NICU (20)</li> <li>Below Safe Staffing Levels Following Es</li> <li>Post partum haemorrhage (PPH) &gt;1500</li> <li>Staffing levels affecting patient care / model</li> </ul>	mls (17) nitoring of patients (16)	<ul> <li>There have been 3 new complaints received relating to the following:</li> <li>Communication – failure to liaise with a patient</li> <li>Delay in treatment</li> </ul>
<ul> <li>Error /omission in health record (23)</li> <li>Unexpected admission to NICU (20)</li> <li>Below Safe Staffing Levels Following Es</li> <li>Post partum haemorrhage (PPH) &gt;1500</li> <li>Staffing levels affecting patient care / model</li> </ul>	mls (17) nitoring of patients (16)	Communication – failure to liaise with a patient

Learning Q3 24/25	Themes Q3 24/25
<ul> <li>Further training and support was given on Badgernet</li> <li>Blue wristbands to be applied for each thing left inside a patient to aide identification for removal</li> <li>Never event – simulation performed and draft report stage</li> </ul>	<ul> <li>The introduction of Badgernet has caused issues</li> <li>Staffing levels - mitigated with escalation policy. No harm caused by staffing levels.</li> </ul>

Action Plan Q3 24/25	Not started In progress Complete		
Change in policy and way of working for PPH to include the use of blue wristbands for any retained January 2025 January 2025			
Further support given fo	Further support given for users for Badgernet.		

## 12.2 Hull University Teaching Hospitals NHS Trust

Hull University Teaching Hospital - Maternity Incentive Scheme (SA9) Quarter 3 Quarterly review of Trust's claims scorecard alongside incident and complaint data and discussed by the maternity, neonatal and Trust Board level safety champions at Trust level (Board or directorate) quality meeting.



Claims Scorecard April 2014 – June 202	4 (90 claims)	Claims Breakdown Q3 24/25
Top injuries by volume: Fatality (16) Unnecessary pain (15) Additional / unnecessary operation(s) (13) Stillborn (11) Bladder damage (5)	Top injuries by value: Cerebral Palsy (4) Brain damage (7) Stillborn (13) Fatality (9) Cardiac Arrest (1)	<ul> <li><u>Claims opened:</u></li> <li>Alleged failure to perform fetal monitoring which led to a delay in delivery of the baby resulting in a hypoxic brain injury and subsequent death.</li> <li>Alleged failure to manage induction and labour resulting in a major obstetric haemorrhage plus avoidable extravasation injury around site of the cannula causing PTSD after obstetric haemorrhage.</li> <li>Existing claims: 36</li> </ul>
Top causes by volume: Failure / delay in diagnosis (11) Failure / delay in treatment/operation (11) Inadequate nursing care (6) Failure to recognise complication (6) Failure to act on abnormal test results (6)	Top causes by value: Failure to monitor 1 <sup>st</sup> stage of labour (3) Failure / delay in treatment (2) Failure / delay in diagnosis (1)	<ul> <li><u>Claims closed:</u></li> <li>Alleged failure to perform a rectal suction biopsy at any point to look for ganglion cells and exclude possibility of Hirschsprung disease. If done so, it would have avoided anastomotic leak, leading to sepsis and death. Damages paid – Nil</li> <li>37 week twins born by cat 2 section, ? fetal tachycardia in Twin 1. Baby born pale and floppy, no respiratory effort. Required intubation and CPR in theatre, admitted to NICU at 30 mins of age for ongoing ventilation and active cooling. Damages paid – Nil</li> </ul>
Incidents Q3 24/25		Complaints Q3 24/25
Top 5 incident by volume: • Term NNU admissions (38) • Post partum haemorrhage (PPH) >15000 • IUT for delay in IOL (10) • Stillbirth (6) • 3 <sup>rd</sup> and 4 <sup>th</sup> degree tears (6) Number of incidents reported on DATIX for		<ul> <li>There have been 4 new complaints received relating to the following:</li> <li>Communication</li> <li>Delay in treatment</li> <li>Injury to baby at delivery</li> </ul>
	, , , , , , , , , , , , , , , , , _	Deep Dive Reviews Q3 24/25
Clinical Audits Registered Q3 24/25         • Perinatal optimisation (Intrapartum antibiotics and steroids in preterm labour)         • Births <3 <sup>rd</sup> Centile and >37+6 Weeks Gestation with no risk Factors Identified         • Low Risk Fetal Growth Restriction - Fundal Height Assessment by 28+6 weeks Gestation         • Percentage of Pregnancies where a SGA Fetus (between 3rd and 10th centiles) is Antenatally Detected         • Percentage of Babies >3rd Birthweight Centile Born <39 weeks gestation where Growth Restriction was Suspected.		Complete: Delay in Induction of Labour - Focusing on length of wait for IOL Born Before Arrival – Focusing on theme identification following rise in cases. In progress: Management of Diabetes in Pregnancy - Focusing on investigations throughout pregnancy e.g. GTT and HbA1C, service user demographics and outcomes. Perinatal Optimisation – focusing on the pathway from presentation to delivery to assess if optimisation measures have been taken. Supported by the LMINS.

#### Learning Q3 24/25

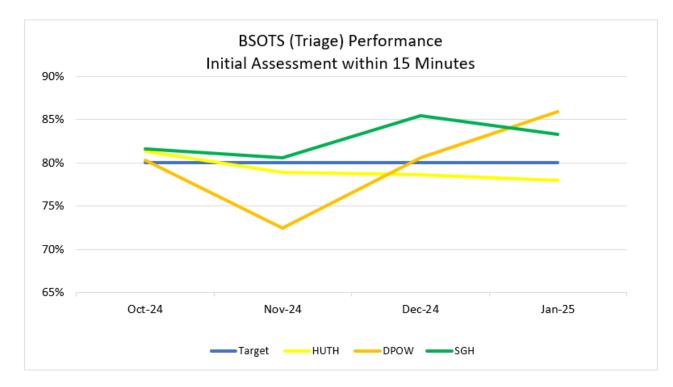
- ATAIN decrease in admission rate CAT 3/4 caesarean section deep dive being conducted
- When to take cord gas SOP approved
  IUT for delays in IOL now being reported on DATIX
  Better use of terbutaline
- · Never event simulation performed and draft report stage

#### Themes Q3 24/25

- ATAIN decrease in hypothermic admissions
- + Proteinuria not being sent for PCR
  Rise in stillbirths within diabetic service users
- Delay in IOL and ARM >24hrs

Action Plan Q3 24/25 Not started In progress Complete		
Develop guideline for Extreme Preterm SROM antibiotic therapy/repeating steroids pathway	July 2024	
Explore the introduction of fetal monitoring champions on the wards and in community to support staff Oct 2024		
Thematic review of CTG interpretation / deteriorating baby to be undertaken with the LMNS Sept 2024		
Introduction of teaching session on neonatal study day for the prevention of neonatal hypothermia Sept 2024		
MDT Induction of labour time out day to take place	January 2025	

## Item 13: BSOTS Performance



# 3.1.3 - QUALITY PRIORITIES

Length Stanford, Group Chief Nurse

## REFERENCES

Only PDFs are attached

BIC(25)055 - Quality Priorities.pdf





#### **Trust Boards-in-Common Front Sheet**

## Agenda Item No: BIC(25)055

Name of the Meeting	Trust Boards-in-Common
Date of the Meeting	10 April 2025
Director Lead	Amanda Stanford, Acting Group Chief Executive
Contact Officer/Author	Julia Elstob / Kelly Northcott-Orr
Title of the Report	Quality Priorities Q3 Progress Report
Executive Summary	Current progress to date and next steps in supporting the Group Key Quality Priorities
Background Information and/or Supporting Document(s) (if applicable)	<ul> <li>This report outlines the current position, progress, next steps and assurances for the continued development and progression of the Trusts group Quality Priorities. The aims and specific work streams are shown below.</li> <li>Deteriorating Patient Sepsis</li> <li>Aim- To improve recognition and responding to the deteriorating patient and improve recognition and response to Sepsis in patients.</li> <li>Education/ Observations and Escalations – Martha's Rule/Patient Engagement/ ReSPECT</li> <li>Progress</li> <li>Delirium Screening</li> <li>Infection Reduction</li> <li>SEPSIS – Screening and Management</li> <li>Progress- on track</li> <li>End of Life Care</li> <li>Aim- To improve personalised palliative and end of life care, to ensure patients are supported to have a good death</li> <li>Currently working on three options, SMART aims to be developed</li> <li>Roll out of comfort observations</li> <li>Pilot identification of EOL tool to use on ward 2</li> <li>Rollout of an EOL forum for NLAG</li> <li>Progress- further work to undertake</li> <li>Medication Safety</li> <li>Aim- Improve the safety of prescribing weight dependent medication to adults and the number of no harm and near miss medication related incidents</li> <li>Weighing of patients</li> <li>Time critical medication</li> <li>Progress- on track</li> </ul>

	• Development of unified training Programme / documentation Progress- further work to undertake		
	Each of these Quality Priorities have an Executive sponsor and clinical lead. The Quality Improvement (QI) Team are supporting and working on the SMART objectives and metrics, these are outlined in more detail within this report.		
Prior Approval Process	Quality & Safety Committee	s-in-Common November 2024	
<b>Financial implication(s)</b> (if applicable)	Not applicable		
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	Not applicable		
Recommended action(s) required	✓ Approval	□ Information	
	✓ Discussion	□ Review	
	✓ Assurance	$\Box$ Other – please detail below:	

#### Contents

Programme Scope/Objectives	4
Current Timeline	5
Deteriorating Patient and Sepsis	6
Summary	6
Workstreams	6
Risks/Issues	13
DP and Sepsis Supporting Metrics	13
End of Life Care	16
Summary	16
Workstreams	16
Risks/Issues	16
End of Life Supporting Metrics	17
Medication Safety	18
Summary	18
Workstreams	19
Medication Safety Supporting Metrics	20
Risks/Issues	22
Mental Capacity	23
Summary	23
Workstreams	24
Risks/Issues	24
Mental Capacity Supporting Metrics	25
Overall Quality Priority Programme Summary	26
Appendix 1: RAG KEY	26
Appendix 2: Governance Structure for Quality Priorities	27

#### Quality Priorities Q3 Progress Report – January 2025

#### **Programme Scope/Objectives**

This programme aims to support the Care Groups with the delivery of the Key Quality Priorities that have been identified by the Humber Health Group and in accordance with national NHS recommendations and guidance to deliver improved care to our patients, staff and communities and to improve health outcomes and inequalities.

The projects within this programme are currently undergoing review, following additional resource from within the Quality Improvement Team with effect from January 2025 and a revised structure is in the process of being established with standardised Task & Finish Groups and Check and Challenge Groups for each part of this programme. This will assist in us being able to accurately articulate our priorities with SMART aims and measures developed with the relevant Teams and the ability to support work in focussed areas, over the next 12-18 months, whilst having a robust governance structure in place to support routes of escalation, as required. Data will be continually updated to demonstrate progress as projects develop. Details of this can be seen in <u>Appendix 2</u>.

#### 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	Austin Smithies	
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	Tracy Means	
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	Jo Goode	
Mental Capacity	Increase the compliance and quality of Mental Capacity Act (MCA) assessments and best interest recording	Nick Cross	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.

# **Current Timeline**

	Tod	lay		
	2025		2026	
Start	Deteriorating Patient & Sep	osis Quality Priority		Finish
Fri 01/03/24	Mon 03/06/24 - Wed 30/12/2	26		Wed 30/12/
	<b>Patient Engagement T&amp;F G</b> Mon 03/06/24 - Tue 31/03/20			
	<b>Education T&amp;F Group</b> Mon 03/06/24 - Wed 30/12/2	26		
	T	eSPECT Discussions T&F Group hu 06/02/25 - Wed 31/12/25		
		nfection Reduction T&F Group Mon 10/02/25 - Tue 31/03/26		
		<b>Delirium Screen</b> Thu 10/07/25 - W		
		Dbservations& scalations - Martha's		
	1	Rule T&F Group		
		EPSIS - Screening & Managem ue 11/02/25 - Mon 29/06/26	ent lær Group	
	Medication Safety Quality F Mon 03/06/24 - Tue 31/03/26			
	Weighing of Patients T&F G Mon 03/06/24 - Fri 29/08/25	iroup		
	<b>Time Critical Medications T</b> Mon 03/06/24 - Fri 29/08/25	&F Group		
	<b>Mental Capacity Quality Pri</b> Mon 03/06/24 - Tue 31/03/20			
	Develop a roll out plan to d MCA /Best Interest/DoLs fo North Bank	-		
	To have developed a dosing	model of training and suppor legal MCA /Best Interest docun		
	To have developed a unified			
	across the Group.			
	Mon 03/06/24 - Tue 30/12/2			
	<b>End of Life Care</b> Mon 03/06/24 - Tue 31/03/26			

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# **Deteriorating Patient and Sepsis**

# Summary

Quality Priority:	Deteriorating	Patient and Sepsis	i	Status		
Overarching Aim:	-	ecognition and respor nd response to Sepsi	•	•	atient ai	nd improve
Timeline	Mon 03/06/24		26 roup 6 ReSPECT Discu Thu 06/02/25 - Infection Redu Mon 10/02/25 Delirium Scree Mon 10/02/25	ssions T&F Group Wed 31/12/25 Inction T&F Group - Tue 31/03/26 ening T&F Group	Half 1, 2	026 Finish Mon 29/06/26
			Observations & Escalations SEPSIS - Scree Tue 11/02/25 -	ning & Managemen	t T&F Gro	pup

#### Workstreams

#### 1. Education

SMART Aims:	Progress to date:	Next steps:
By end of June 2025, the workstream will have developed and agreed a Group-wide education training programme in relation to Resuscitation, Deteriorating Patients and Sepsis, which is role specific and applicable to all.	New T&F Group established & running from Feb 2025. Draft plan created regarding existing training across	<ul> <li>Sign-off of revised Aims &amp; Measures.</li> <li>Pull together baseline data on current compliance, feedback, and serious incidents for presentation at the next T&amp;F meeting along with impact of full review that is also currently ongoing</li> </ul>
By end of December 2025, the workstream will have all relevant training requirements updated on individuals' compliance schedules, via the relevant training platform.	training across group and shared with working group for review. Sepsis E-learning has been brought in	<ul> <li>currently ongoing.</li> <li>Gap analysis underway, to be completed to see where differences exist and what is required by role across the Group.</li> </ul>

SMART Aims:	Progress to date:	Next steps:
By end of January 2026, the workstream will have sourced the required resource to commence delivery of the role specific Resus, Deteriorating Patients and Sepsis training, as detailed above and on an ongoing basis.	for HUTH and NLAG and made mandatory	<ul> <li>Conduct a cost analysis of the ALERT and BEACH programs.</li> <li>Present to Education Strategy Group February 2025.</li> </ul>

## Timeline

	Half 2, 2024		day 1, 2025	Half 2, 2025	Half 1, 2026	Half 2, 2026
Start $\sqsubset$						Finish
Mon 13/05/24	Education T&F Group Mon 03/06/24 - Fri 30/0	)1/26				Mon 31/08/26
	Develop and agree a G training programme in					
	Resuscitation, Deterio Sepsis, which is role sp to all.	rating	Patients and			
	Ensure all relevant trai individuals' complianc platform. Mon 03/06/24 - Wed 3'	e sche	dules, via the re			
	Ensure the Group have delivery of the role sp training, as detailed al Mon 03/06/24 - Fri 30/0	ecific R bove ar	esus, Deteriora	ting Patients and Sep		
	<b>By TBC the workstrear</b> <b>Sepsis Screening Tool</b> Mon 03/06/24 - Fri 30/0	across	-	use of the paediatric	:	

#### 2. Observations and Escalations – Martha's Rule

SMART Aims:	Progress to date:	Next steps:
By June 30th the workstream will have implemented a phased approach roll-out to introduce Martha's Rule to selected agreed Departments across the North Bank - H100 & H40 & C31 & C14 South Bank – B3 & C5. (potentially September for Paediatrics initial roll-out at HUTH)	New T&F Group established & running wef Feb 2025. CCOT are well on with developing SOP. Planning for rollout to Paeds is also well underway. Pilot Adult areas identified.	<ul> <li>Meet and gain consent form pilot areas.</li> <li>Define process and create SOP.</li> <li>Await National information and arrange HHP branding.</li> <li>Ensure processes in place for monitoring, measuring and feedback.</li> <li>Create BI dashboard.</li> <li>Create digital forms for Nerve Centre / WebV</li> <li>Train staff</li> <li>Go live 30/06/25</li> </ul>

#### Timeline

Feb '	25	Mar '25	Apr '25	May '25	Jun '25	Jul '25	Aug
- 1			Escalations - I	Martha's Ru	le T&F Group		
		11/02/25 - M	on 30/06/25				
1		ate an SOP			rain ward		
		11/02/25 - M	on 05/05/25		hu		
		ine process	I man an a small		nent PWQ -		
		11/02/25 - W			'05/25 - Fri		
	-		th existing wo	ork			
		11/02/25 - M ntify pilot Wa					
		11/02/25 - M					
			m nominated				
		11/02/25 - M					
			sentatives from	n			
		11/02/25 - M					
	Ense	ure processes	s in place to m	onitor and	measure		
	Tue	11/02/25 - W	ed 25/06/25				
			Produce	HHP brande	ed information		
			Tue 01/04	/25 - Wed 2	5/06/25		
				ources from			
				/25 - Wed 2			
					HHP branding		
			Tue 01/04	/25 - Wed 2			
					<b>a digital</b> 105/25 - Fri		
					with Datix		
					05/05/25 - Wed		
					se measures		
					05/05/25 - Wed		

# 3. Patient Engagement

By end of March 2026, the workstream will ensure that people with lived experience be actively involved into the working groups, provided with training and able to work with improvement teams to assist with the co-design of improvements to services in relation to Sepsis and Deteriorating Patients.       Take Group established & running we Nov 2024. <ul> <li>Three former patients with lived experience agreed to help in co-production and quality improvement to assist with the co-design of improvements to services in relation to Sepsis and Deteriorating Patients.</li> <li>They shared their stories with around communication.</li> <li>Linking in with Education and running in respect of Civility and Respect.</li> <li>Explore supporting patients whilst in hospital to mitigate deconditioning.</li> </ul>	SMART Aims:		Prog	ress to date:		Next ste	eps:	
Timeline       Half 2, 2024       Half 1, 2025       Half 2, 2025       Half 1, 2026         Start       Patient Engagement T&F Group       Finish       Mon 03/06/24         Mon 03/06/24       Patient Engagement T&F Group       Mon 03/06/24 - Tue 31/03/26       Finish         Ensure that people with lived experience be actively involved into the working groups, provided with training and able to work with improvement teams to assist with the co-design of improvements to services in relation to Sepsis and Deteriorating Patient       Finish	workstream will ensure that people with lived experience be actively involved into the working groups, provided with training and able to work with improvement teams to assist with the co-design of improvements to services in relation to Sepsis and		wef Nov 2024. Three former patients with lived experience agreed to help in co- production and quality improvement for the quality priority. They shared their stories with the sub-group as well as sharing what they would like to see being improved. Key themes highlighted issues centred			<ul> <li>lived patient experiences and use to help design changes in current pathways, via relevant T&amp;F Groups.</li> <li>Supporting provision of discharge information for patients to manage onwards recovery plan.</li> <li>Linking in with Education and Training in respect of Civility and Respect.</li> <li>Explore supporting patients whilst in hospital to mitigate</li> </ul>		
Mon 03/06/24       Patient Engagement T&F Group Mon 03/06/24 - Tue 31/03/26       Mon 29/06/26         Ensure that people with lived experience be actively involved into the working groups, provided with training and able to work with improvement teams to assist with the co-design of improvements to services in relation to Sepsis and Deteriorating Patient       Mon 29/06/26	Timeline	Half 2, 2024			Half 2, 2025	Half 1, 20	)26	
	Mon 03/06/24	Mon 03/06/24 - Tue 31/0 Ensure that people with groups, provided with with the co-design of in Deteriorating Patient	)3/26 n lived ex training a mprovem	perience be activ	with improvement tea	ms to assist		-

#### 4. ReSPECT

SMART Aims:		Progress to c	late:	Next steps:	
By end of Dec 2025 to have evidenced improvements in the quality of ReSPECT documentation, against agreed standards, in the Oncology and Haematology Departments at the Queens Centre in CHH.		New T&F Group established & running wef Feb 2025.		<ul> <li>TOR, Aims and Measure still to be signed off and next steps agreed.</li> <li>Group to explore how to support staff with broaching this subject earlier in patient pathways and increasing their confidence in raisin this subject.</li> <li>Outcome of recent ReSPECT audit to presented at the next working group.</li> <li>Baseline and metrics currently being worked up.</li> </ul>	
		Today	11 11 2 2025	U. K.1. 2020	
	Half 2, 2024	Half 1, 2025	Half 2, 2025	Half 1, 2026	
Start Mon 03/06/24	Patient Engagement T& Mon 03/06/24 - Tue 31/0	3/26			Finish Mon 29/06/26
	groups, provided with t	raining and able to v provements to serv	actively involved into the vork with improvement t ices in relation to Sepsis	eams to assist	

#### 5. Infection Reduction

SMART Aims:		Progress to date	:	Next st	eps:	
By March 2026, the group will have seen a reduction in the number of Urinary catheter related HAI of across a number of specifically identified Wards across the Group, from the baseline data, by reviewing current practices of why and when catheters are inserted, how these are managed and monitored and then removed. In the first instance we will be focussing on: NORTH BANK: AMU, Wards 8 & 80, Wards 9 & 90 SOUTH BANK: AMU, SGH Wards 16 & 22		New T&F Group established & running wef Feb 2025.		<ul> <li>TOR, Aims and Measures still to be signed off.</li> <li>A further meeting is scheduled to review requirements for developing a data capture/audit tool that could then be used to baseline, with a plan to review again in 6 months' time.</li> <li>Urinary Catheter policies for both North and South Bank to be reviewed as a group.</li> <li>Current relevant educational packages that we have in place for catheterisation across the Group to be presented at next meeting on 10/3/25.</li> </ul>		
Start Mon 03/06/24	Half 2, 2024	across a number across the Grou reviewing currer	rue 31/03/26 ction of Urinary cather r of specifically identif p, from the baseline da nt practices, why/when anaged/monitored	ied Wards ata, by		Finish Mon 29/06/26

#### 6. Delirium Screening

SMART Aims:	Progress to date:	Next steps:	
To screen 90% of patients with dementia or concerns regarding cognition for delirium within 24 hours of arrival at hospital by April 2026 across the Group.	Under development		
Timeline: To be developed			

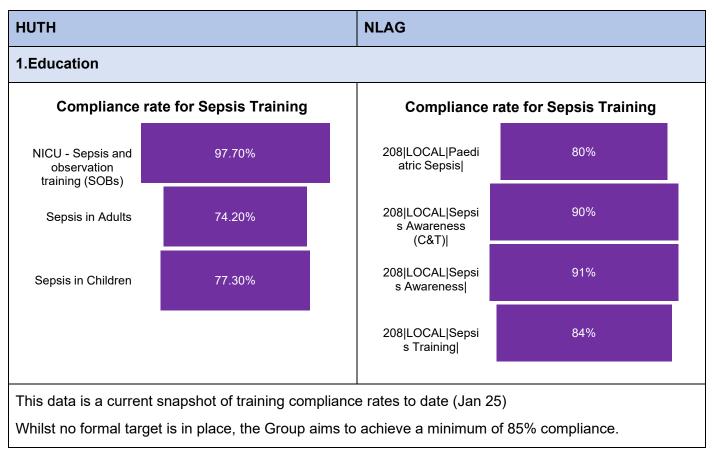
## 7. SEPSIS – Screening and Management

SMART Aims:	Progress to date:	Next steps:
To improve the SEPSIS screening rates, escalation and response rates, to the target 95% in selected Wards across the Humber Health Group, as part of a screening & monitoring pilot over the next 18 months.	Currently awaiting further information from Tracy Campbell before progressing this further. Updated sepsis dashboard at HUTH has been completed. The creation of a sepsis dashboard at NLAG is in progress. The sepsis screening tool has been rolled out at HUTH, approved and in creation for NLAG. A Sepsis policy is in the process of being finalised for HUTH and NLAG.	Currently the SEPSIS team are working with several Ward areas themselves and have started to make significant improvement, however, are limited by resource. Resident doctors are also being supported with SEPSIS QIPS. In terms of specific aims for the Sepsis Team as part of their daily jobs they are aiming for: SMART aim: Significant improvement in the following areas by December 2025: • compliance with sepsis guidelines for investigation and management • sepsis recognition using a structured assessment. • documentation of sepsis for coding purposes The Sepsis Team are keen to expand the Sepsis Service to meet demands within the next 6 months as they are currently such a small team and are struggling to meet the demands on the service and respond in a timely manner. Part of this workstream will be understanding reasons for the low compliance rate (see data below in supporting metrics) and working closely with our education workstream to ensure all staff at the appropriate level are adequately trained and compliant with processes.
Timeline: To be develop	ed	

#### **Risks/Issues**

Risks/Issues	Description	Mitigations	
Risk	Resources across all areas are currently at capacity and there is the potential risk that these projects may incur delays as a result.	Where possible, meetings have been made Monthly, and the QI Support Team are linking in to provide support wherever possible.	
Risk	Some elements of this Programme are awaiting approval of Business cases and in current financial climate there is a risk that these may not be approved, again potentially causing delays to the delivery/outcomes of these projects.	Teams are exploring all other options in terms of using appropriate staff from other areas, where possible, to keep this work progressing.	
Issues/Concerns for Escalation	Full Risk assessments to be undertaken for each of the T&F Group workstreams within the next Quarter.		

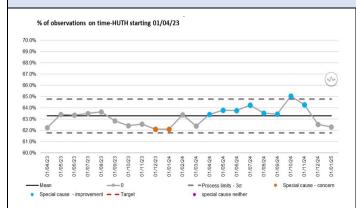
#### **DP and Sepsis Supporting Metrics**



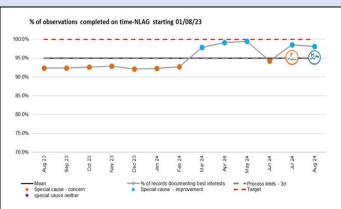
#### HUTH

#### NLAG

#### 2. Observations and Escalations – Martha's Rule



The average for the percentage of adult observations recorded on time is around 63%. There were signs of improvement between Apr 24 and Nov 24 with 8 data points above the average, the data will continue to be monitored to understand if the recent downward trend is an indication of change in the process.



The average for the percentage of adult observations recorded on time is around 95% indicating the process is in control. There are signs of further improvement with five out of six data points above the mean.

**NB:** access to the observation data on the NLAG BI dashboard is no longer available following the implementation of Lorenzo PAS.

#### 3. Patient Engagement

Currently being developed.

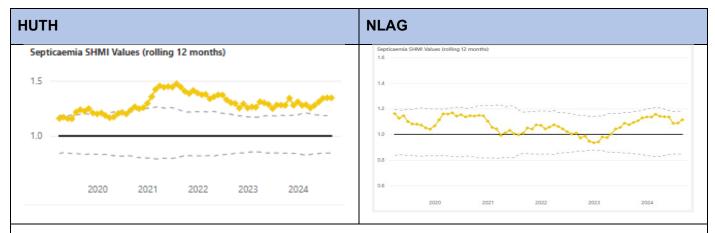
#### 4. ReSPECT Discussions

New project – currently being developed.

#### 5. Infection Reduction

This is the latest data available taken from the HUTH <u>Mortality Dashboard - Power BI Report</u> <u>Server</u>. **NB:** First graph includes all causes in and out of hospital. The second graph shows the SHMI data for septicaemia: This is the latest data available taken from the NLAG <u>Mortality Dashboard - Power BI</u>. **NB:** First graph includes all causes in and out of hospital. The second graph shows the SHMI data for septicaemia:





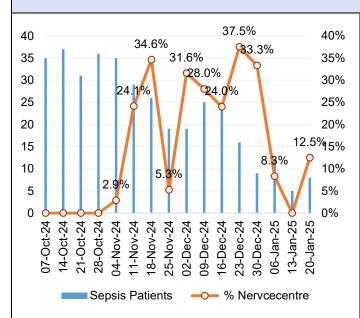
Both Trusts SHMI are over 1.0, so are higher than the mean nationally. HUTH is in the higher-thanexpected range, and outside the upper control limits on the SPC charts.

Further metrics are still to be agreed in support of the workstream, specifically in relation to urinary catheter related infections for the next report.

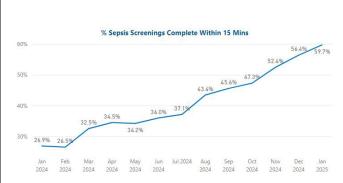
#### 6. Delirium Screening

Not yet commenced.

#### 7. SEPSIS – Screening & Management



The sepsis screening tool went live in October 2024. The above chart demonstrates the number of patients diagnosed with Sepsis and the % of those patients where the Sepsis screening tool was used. Several resident doctors are undertaking QIPs with support from the Sepsis Specialist Nurses to help increase the % of staff using the sepsis screening tool. Development of a BI dashboard to monitor compliance is underway. Estimated timeframe for data to be made available will be from February 2025 onwards.



There is a noticeable improvement in the percentage of sepsis screenings completed within 15 minutes over the observed period. The percentage increased from 26.9% in January 2024 to 59.7% in January 2025.

The chart indicates that the process is becoming more stable and predictable over time, with fewer outliers and more consistent performance.

## End of Life Care

## Summary

Quality Priority:	End of Life Care	Status:	
To improve personalised palliative and end of life care, to ensure patien supported to have a good death.			
Overarching	Currently working on the following three options, SMART aims to be developed		
Aim:	Roll out of comfort observations		
	Pilot identification of EOL tool to use on ward 2		
	Rollout of an EOL forum for NLAG		
Timeline:	To be developed		

#### Workstreams

SMART Aims:	Progress to date:	Next steps:
These are still to be decided and advised by the Exec Sponsor & Lead.	There have been several workshops, brainstorming and timeout sessions, however, the group have not been able to identify any specific areas in which they require support from the QI Team. Data support has previously been provided but not related to specific SMART aims. Time out session held, unfortunately due to staff resources at HUTH unable to agree a priority as they cannot dedicate specific time to the delivery of the QP. Discussion around potentially using Comfort Obs as part of the QP, awaiting senior level agreement outside of the timeout meeting.	A meeting has been scheduled for Jenny Hinchliffe, Rachel Greenbeck, Claire Hebdon, Alexandra Wray and Julia Elstob to discuss this further on 24/02/25 with a view to identifying what the SMART aims need to be and where the QI Team are able to provide further support.
<b>Timeline</b> Currently not available		

#### **Risks/Issues**

Risks/Issues	Description	Mitigations
Risk	Resources across the Group are currently at capacity and as a result there would appear to be some engagement issues which is causing delays to progress this work.	Regular conversations are taking place with Jenny Hinchliffe and a meeting has been arranged to try to agree a way forward and confirm how the QI Support Team are able to provide

Risks/Issues	Description	Mitigations
		support with this project, once clear objectives have been agreed.
Issues/Concerns for Escalation	Resources across the Group are currently at capacity and as a result there would appear to be some engagement issues which is causing delays to progress this work.	

## End of Life Supporting Metrics

нитн	NLAG			
% Care in the Last Days of Life Compliance (CLDL)				
Data for HUTH is currently unavailable	Care in the Last Days of Life Document Compliance			
% Anticipatory Medication Compliance				
Data for HUTH is currently unavailable	DPAT Compliance         100%         80%         80%         70%         60%         50%         90% <tr< td=""></tr<>			

## **Medication Safety**

## Summary

Quality Priority:	Medication Safety		Statu	s	
Overarching Aim:	Improve the safety of prescribing weight dependent medication to adults and the number of no harm and near miss medication related incidents.				
Timeline					
		Today			
	Half 2, 2024	Half 1, 2025	Half 2, 2025	Half 1, 2026	
Mon 03/06/24	Medication Safety Quality Mon 03/06/24 - Sun 31/08/2				Finish Mon 29/06/26
	Weighing of Patients T&F Mon 03/06/24 - Sun 31/08/2	-			
	Improve the recording of p ePMA within 24/48 hours wards from baseline positi Mon 03/06/24 - Sun 31/08/2	of admission on adm on			

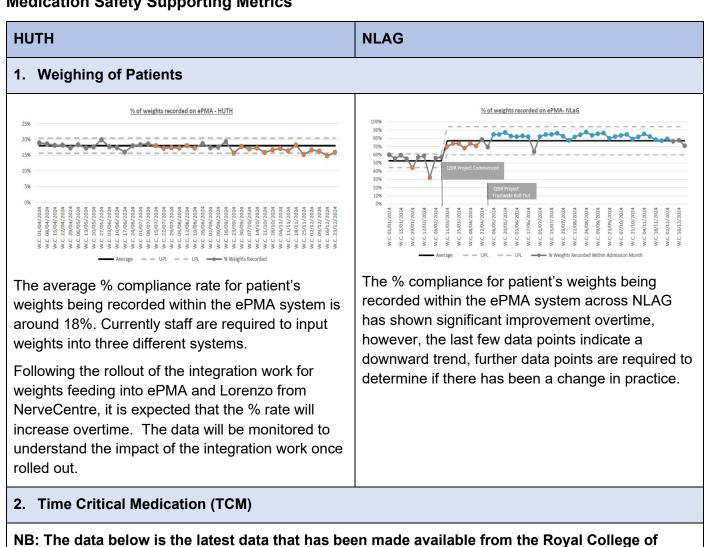
#### Workstreams

#### 1. Weighing of patients

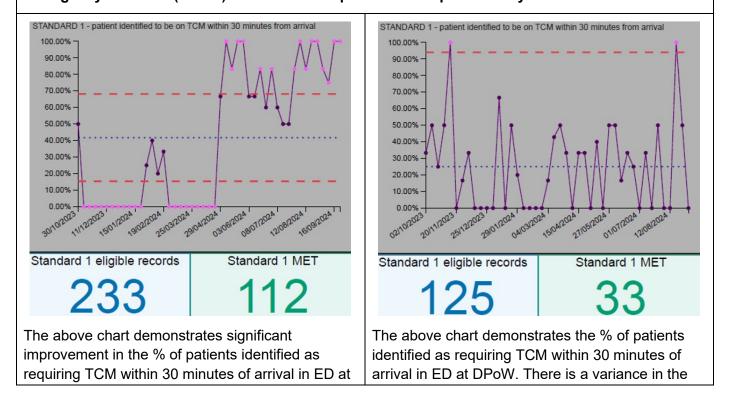
SMART Aims:	Progress to date:	Next steps:	
Improve the recording of patient's actual weight on ePMA within 24/48 hours of admission on admitting wards from baseline position	T&F Group established & running well since 2024. Integration of weights is now developed and ready to go live wef 18/02/25, on the North Bank.	<ul> <li>Development of the RPA which is on track for February delivery in NLAG.</li> <li>Rollout of the integration work between NerveCentre and Lorenzo ePMA system will be going live w/c 17 February 2025 at HUTH.</li> </ul>	
Timeline: Not yet available			

#### 2. Time Critical Medication

SMART Aims:	Progress to date:	Next steps:
To improve the timely administration of time critical medications (specifically Insulin and Levodopa) from baseline.	T&F Group established & running well since 2024.	<ul> <li>Roll-out of green bag scheme to promote patients bringing their own mediations into hospital.</li> <li>Finalise first PDSA cycles with ED team and potential ideas for testing including:         <ul> <li>Safety huddle reminders for all ED staff</li> <li>Add Parkinson's resources to all areas to support prescribing for patients who are NBM.</li> <li>Posters within reception to advise patients to let reception staff know if they have diabetes and Parkinson's on arrival.</li> <li>ED consultants to work with ambulance handover doctor to find out if patient has diabetes or Parkinson's on arrival to ED</li> </ul> </li> </ul>
Timeline: To be develope	ed	

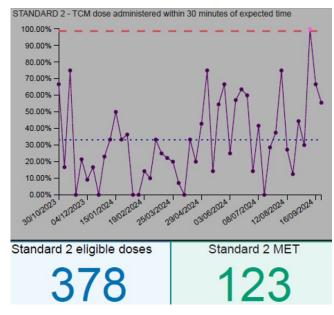


Emergency Medicine (RCEM). This data is expected to be updated early March 25.



#### HUTH

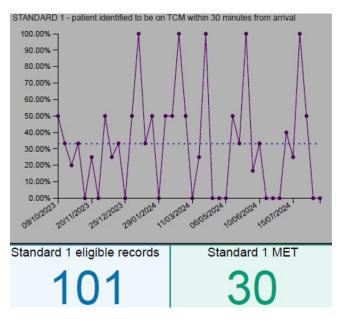
HUTH. The data is held by RCEM, and it is expected that a new step change and average will be calculated following a run of 22 data points above the current average of 40%.



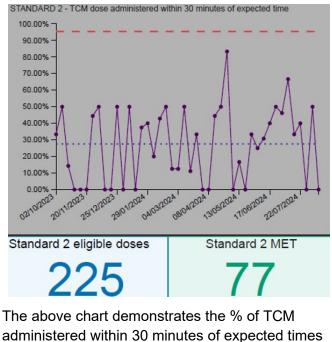
The above chart demonstrates the % of TCM administered within 30 minutes of expected times in ED at HUTH. There is a lot of variances in the data indicating the process is not in control.

#### NLAG

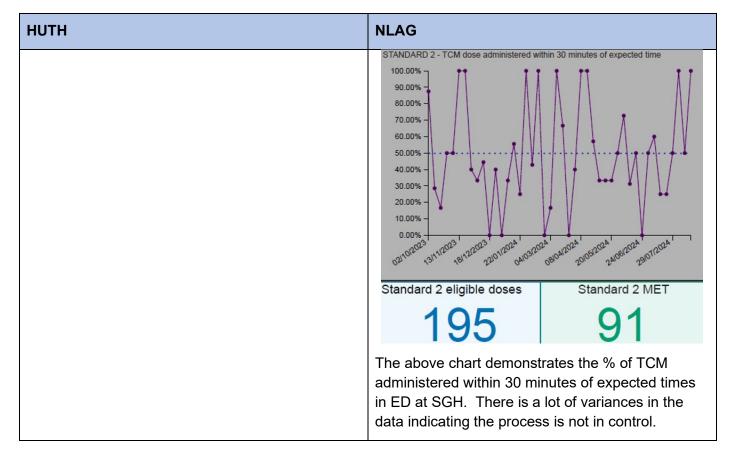
data indicating the process is not in control currently.



The above chart demonstrates the % of patients identified as requiring TCM within 30 minutes of arrival in ED at SGH. There is a lot of variances in the data indicating the process is not in control.



administered within 30 minutes of expected times in ED at DPoW. There is a lot of variances in the data indicating the process is not in control.



#### **Risks/Issues**

Risks/Issues	Description	Mitigations
Risk	Potential risks relating to systems and two-way integration between NerveCentre and Lorenzo.	BI dashboard to be used to help monitor data and Digital Nursing Team to support with any issues.
Issues/Concerns for Escalation	None at present.	

## **Mental Capacity**

## Summary

Quality Priority:	Mental Capacity		Status		
Overarching Aim:	Increase the compliance and quality of Mental Capacity Act (MCA) assessments and best interest recording				
Timeline	Timeline				
	То	day			
	Half 2, 2024 Half	1, 2025 Half 2, 20	)25 Half 1	1, 2026	
Start Mon 03/06/24	Montal Canacity Quality Priority			Finish Mon 29/06/26	
	Develop a roll out plan to digitis assessments, Best Interest forms on the North Bank. Mon 03/06/24 - Sat 28/06/25				
	<b>To have developed a unified MC</b> Mon 03/06/24 - Tue 30/12/25	A Training Programme acr	oss the Group.		
	To have developed a dosing mo our legal MCA /Best Interest do Mon 03/06/24 - Tue 31/03/26		to improve the qual	lity of	

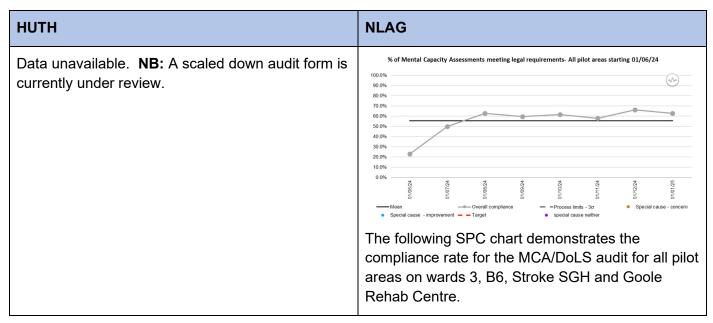
#### Workstreams

SMART Aims:	Progress to date:	Next steps:
By end of Q1 2025/26 to have a roll out plan to digitise all; MCA assessments, Best Interest forms and DoLS on the North Bank. (Already in place on South Bank)	Good progress being made with the developers and MCA/Best Interest forms currently being developed on North Bank system.	<ul> <li>Forms to be completed and tested and then rolled out for use across the North Bank – expected to be complete within next 3 months.</li> <li>Work with Digital Educators to ensure clinicians are involved with subsequent training &amp; education.</li> </ul>
By end of Q3 2025/26 to have developed a unified MCA Training Programme across the Group.		<ul> <li>New T&amp;F Group to be established and SMART aims/measures to be agreed with Leads.</li> </ul>
By end of Q3 2025/26 to have developed a dosing model of training and support to improve the quality of our legal MCA /Best Interest documentation.		<ul> <li>Group to explore use of other staff members due to limited resources and linking in with Dementia/Learning Disability colleagues.</li> <li>Group to identify pilot areas across the Group to focus on and understand some of the key issues and barriers.</li> </ul>

#### **Risks/Issues**

Risks/Issues	Description	Mitigations
Risk	Team is currently extremely small and on the North Bank consists of only Rachel Hoggarth and David Welburn on the South Bank. This impacts significantly of the speed at which this project can progress.	Group looking to explore use of Champions and using other staff across the Group to support this work.
Issues/Concerns for Escalation	None at present	

#### Mental Capacity Supporting Metrics



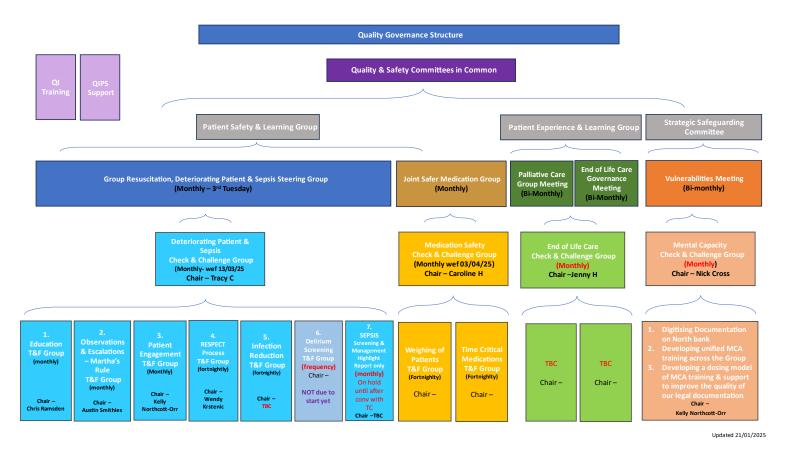
## **Overall Quality Priority Programme Summary**

Risks/Issues	Description	Mitigations
Risk	Whilst we are aware of the pressures on all areas across the Group, there is a risk that if the Care Groups do not fully engage with the priorities and take ownership of them, that the delivery of the Quality Priorities will be significantly impacted, and any changes/improvements may not be sustainable.	The QI Team is working as closely as possible with all teams involved to support and engage wherever possible and linking in with Exec Sponsors and Project Leads.
Issues/Concerns for Escalation	The QI Team supporting the Key Quality priorities and the Quality Improvement Training for the Group is a limited resource consisting of 4.8 WTE. Currently we have one member of the team on long term absence, and we are currently unsure of their return date. With no dedicated Admin function, this is impacting on our ability to write up and progress some of the more administrative tasks as quickly as we would like.	

## Appendix 1: 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.	

### **Appendix 2: Governance Structure for Quality Priorities**



Overall page 120 of 773

3.2 - PERFORMANCE, ESTATES & FINANCE COMMITTEES-IN-COMMON

HIGHLIGHT / ESCALATION REPORT & BOARD CHALLENGE

💄 Gill Ponder and Helen Wright, Non-Executive Director Committee Chairs

#### REFERENCES

Only PDFs are attached

BIC(25)056 - Performance, Estates & Finance Committees-in-Common Highlight Report.pdf





#### Trust Boards-in-Common Front Sheet

#### Agenda Item No: BIC(25)056

Name of Meeting	Trust Boards-in-Common	
Date of the Meeting	10 April 2025	
Director Lead	Gill Ponder and Helen Wright – Chair of CIC	
Contact Officer / Author	Gill Ponder and Helen Wright – Chair of CIC	
Title of Report	Performance, Estates and Finar	
Executive Summary	<ul> <li>This report sets out the items of business considered by the Performance, Estates and Finance Committees-in-Common at their meeting(s) held on Tuesday 4 March and Tuesday 1 April 2025 including those matters which the committees specifically wish to escalate to either or both Trust Boards.</li> <li>The Board in Common are asked to         <ul> <li>Note the issues highlighted in item 3 and their assurance ratings.</li> </ul> </li> </ul>	
	<ul> <li>Note the items listed for further assurance and their assurance ratings.</li> </ul>	
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)	🗆 Approval	✓ Information
required	□ Discussion	✓ Review
	✓ Assurance below:	☐ Other – please detail



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

Report for meeting of the Trust Boards to be held on:	10 April 2025
Report from:	Performance, Estates and Finance
Report from meeting(s) held on:	4 March 2025 and 1 April 2025
Quoracy requirements met:	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

#### 1 April 2025

- Financial Plan 2025/26
- Group Finance Report Month
   11
- Integrated Performance Report
- Deep Dive Elective Care
- Contract Volumetric pumps

- 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
- Contract SMILE to run the Health Tree Foundation Charity
- Estates, Facilities and Development Update

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  $\pounds$ 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 27<sup>th</sup> 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

Al validation of the waiting lists would be taking place and the progress and benefits of this would be presented to a future meeting. Whilst Al 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 nonobstetric 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

3.3 - WORKFORCE, EDUCATION & CULTURE COMMITTEES-IN-COMMON

HIGHLIGHT / ESCALATION REPORT & BOARD CHALLENGE

Lony Curry & Julie Beilby, Non-Executive Director Committee Chairs

#### REFERENCES

Only PDFs are attached

BIC(25)057 - Workforce, Education & Cultures Committees-in-Common Highlight Report.pdf





#### Trust Boards-in-Common Front Sheet

#### Agenda Item No: BIC(25)057

Name of Meeting	Trust Boards-in-Common		
Date of the Meeting	10 April 2025		
Director Lead	Julie Beilby and Tony Curry – Chairs of CIC		
Contact Officer / Author	Julie Beilby and Tony Curry – Chairs of CIC		
Title of Report	Workforce, Education and Culture CIC Escalation Report		
Executive Summary	<ul> <li>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 26</li> <li>February 2025 and Wednesday 26 March 2025 including those matters which the committees specifically wish to escalate to either or both Trust Boards.</li> <li>The Board in Common are asked to         <ul> <li>Note the issues highlighted in item 3 and their assurance ratings.</li> <li>Note the items listed for further assurance and their assurance ratings.</li> </ul> </li> </ul>		
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)	□ Approval ✓ Information		
required	□ Discussion ✓ Review		
	✓ Assurance □ Other – please detail below:		
	I		

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

Report for meeting of the Trust Boards to be held on:	April 2025
Report from:	Workforce, Education and Culture Committees in Common
Report from meeting(s) held on:	26 February 2025 and 26 March 2025
Quoracy requirements met:	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 26 February 2025 and 26 March 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:

#### 26 February 2025

- Board Assurance Framework/Risk Register Report
- NLAG Freedom to Speak Up Internal Audit Report
- Group Overview Gender Pay
   Gap Report
- Quarterly Guardian of Safe Working Reports HUTH/NLAG

#### 26 March 2025

- Registered Nursing and Midwifery Staffing Report
- Workforce Integrated
   Performance Report
- National Staff Survey Results

- Learning and OD Progress Report
- Staff Assaults Response Plan Report
- Freedom to Speak Up Annual Progress report for FTSU Strategy 2020 - 24
- Health and Wellbeing progress Report
- Apprenticeship Levy Annual Report
- Band 2/3 HCA Support Workers 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:

#### 26 February 2027

- The CIC discussed the NHS England national review of statutory and mandatory training. Lucy Vere was leading the teams internally regarding the new Governance Framework and the 8 point plan coming out of the review. It was noted that Dr Wood sat on the national group. And updated position paper to be received at the end of April 2025.
- Further discussions had taken place regarding the Health Care Support Workers back pay and the latest offer was back dated to April 2021 and had been submitted to the Unions.
- Group harmonised additional pay rates for Consultants across the Group. The NLaG LNC have not agreed and have raised concerns. The LNC have recommended that staff do not work additional hours. It has an impact upon services. The Group CMO and CPO are in further discussions with the LNC. The CIC requested that this risk be added to the risk register.

#### 26 March 2025

- Concerns have been raised from the internationally educated midwives at NLAG
  regarding the lack of career progression as well as alleged racism issues. Amanda
  Stanford and Sue Liburd were investigating to understand the issues further. The CIC
  were clear that racism and discriminatory behavior was not acceptable and that urgent
  action was needed to further understand these concerns. The committee also wanted to
  understand whether racist and discriminatory behaviour was evident and had been
  reported elsewhere in the Group.
- The Group Band 2/3 job descriptions were now completed. A response from the Unions was required regarding the back pay for staff.
- The Consultant extra-contractual pay rates' discussions were ongoing and a formal response from the South Bank LNC regarding potential ACAS mediation was awaited.
- The Staff Survey results were presented to the CIC and both Trusts were in the lower quartile. One theme from the Staff Survey will be tackled each quarter in 2025/26. The themes will include communications and engagement, health and wellbeing, reward and recognition and essentials and will form a 5 year improvement plan. The staff survey action plan will be implemented together with the newly approved Group People Strategy 2025-28. Reasonable assurance was given regarding the approach to improve staff engagement and morale.

#### 4.0 Matters on which the committees have requested additional assurance:

4.1 The committees requested additional assurance on the following items of business:

#### Oh 26 February 2025

 The Freedom to Speak up Guardian (FTSUG) presented the NLAG Freedom to Speak Up Internal Audit report and advised that a number of triangulation actions are being carried out such as: meeting with the Care Group Triumvirates and HR Business Partners, working with power BI regarding a cultural dashboard and being sited on any workforce issues through HR and Workforce Committees. The CIC agreed that any significant risks or trends relating to FTSU would be escalated to the Board and another review of the triangulation of data through a Cultural Dashboard would be carried out in six month's time. The Internal Audit Report received significant assurance and the CIC commended the Guardians for their hard work.

- The Risk Register was discussed and there is now risk check and challenge through the Risk and Compliance Group but there are still cultural issues with how risks and issues are managed. The Performance Accountability Care Group meetings are also being used to discuss risks and how they are rated and mitigated.
- The Gender Pay Gap was getting larger across the Group. The clinical excellence awards for consultants was being removed in the next 12 months and it was thought that this could impact the gap further. Reasonable assurance was given due to the actions ongoing to address the issues.
- The Guardian of Safe working reports were received for HUTH and NLAG and the issues raised in oncology and some on-call vacancy rates were being worked through. Reasonable assurance was given due to the grip shown by the Guardians of Safe Working.
- Lucy Vere commended the Care Groups for their engagement regarding the development programme which supported cultural transformation and bespoke work in various departments. The OD Team were also using restorative practice to support teams and individuals, ensuring they become resilient and live the Group Values. The CIC discussed the challenges faced by senior clinical staff in reconciling current care levels with their values and staff perceptions.
- The Staff Assaults Response Plan was presented and expansion of the Oliver McGowen training was being proposed to demonstrate how to de-escalate an incident effectively. A working group was being set up to review incidents and understand staff experiences.

#### 26 March 2025

- More assurance was required regarding Pharmacy staffing shortages at NLAG and across the Group. Information was requested regarding medication incidents and the impact of staffing issues on discharge.
- Data quality issues were raised in relation to the Nursing and Midwifery paper specifically and more generally. Further assurance was requested regarding when the data gaps would be addressed to enable the Non-Executive Directors to triangulate information. Limited assurance was given (due to the data quality), but the CIC recognised the hard work being undertaken by the teams.
- The Apprenticeship Levy Annual report was received by the CIC. Significant assurance was given regarding the processes in place and outcomes.

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

5.1 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 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.

*Julie Beilby, Non-Executive Director and Chair of the Workforce, Education and Culture Committees in Common* 

*Tony Curry, Non-Executive Director and Chair of the Workforce, Education and Culture Committees in Common* 

26 February 2025 and 26 March 2025

#### 3.3.1 - NATIONAL STAFF SURVEY RESPONSE - NLAG & HUTH

Simon Nearney, Group Chief People Officer

#### REFERENCES

Only PDFs are attached

BIC(25)058 - National Staff Survey Response - NLaG & HUTH (please note large document).pdf





#### **Trust Boards-in-Common Front Sheet**

#### Agenda Item No: BIC(25)058

Name of Meeting	Trust Boards-in-Common	
Date of the Meeting		
Director Lead	Chief People Officer, Simon Nearney	
Contact Officer / Author	Group Director of Communications, Myles Howell	
Title of Report	National Staff Survey summary and proposed actions	
Executive Summary	<ul> <li>National Stall Survey summary and proposed actions</li> <li>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.</li> <li>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.</li> </ul>	
Background Information and/or Supporting Document(s) (if applicable)	Staff survey management reports are attached.	
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	<ul> <li>□ Approval</li> <li>□ Information</li> <li>✓ Discussion</li> <li>□ Review</li> <li>✓ Assurance</li> <li>□ Other – please detail below:</li> </ul>	



# NATIONAL STAFF SURVEY 2024

## Summary and Proposed Actions

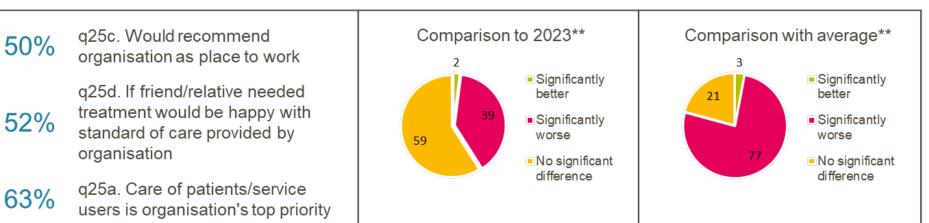
Overall page 136 of 773

## 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



## NLaG

47%	q25c. Would recommend organisation as place to work	Comparison to 2023**	Comparison with average**
49%	q25d. If friend/relative needed treatment would be happy with standard of care provided by organisation	<ul> <li>Significantly better</li> <li>Significantly worse</li> <li>No significant</li> </ul>	<ul> <li>Significantly better</li> <li>Significantly worse</li> <li>No significant</li> </ul>
61%	q25a. Care of patients/service users is organisation's top priority	difference	difference

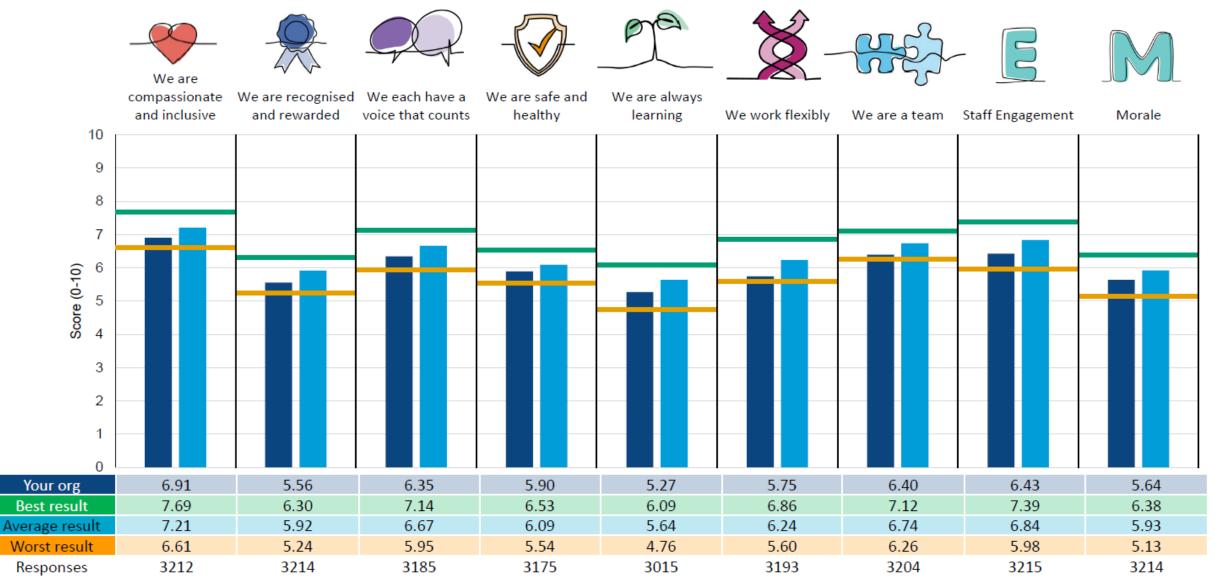
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Hull University Teaching Hospitals NHS Trust Benchmark report

Overall page 139 of 773

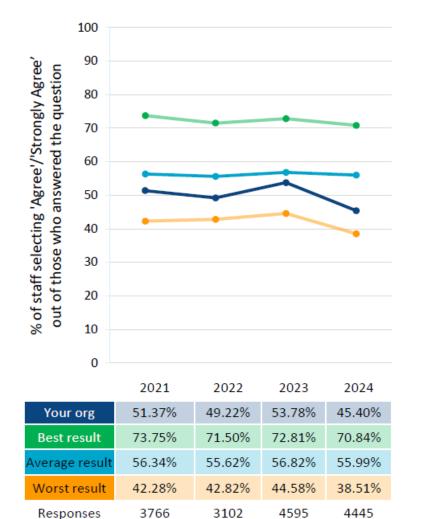
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

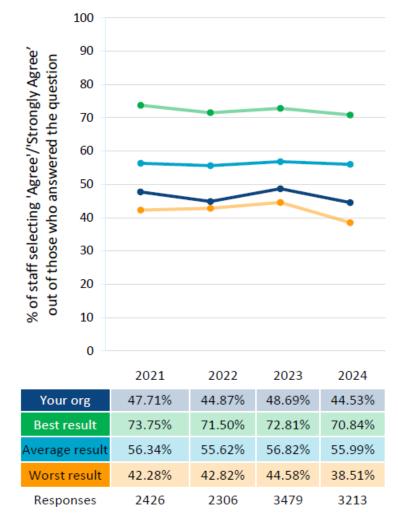


# Health and well-being

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

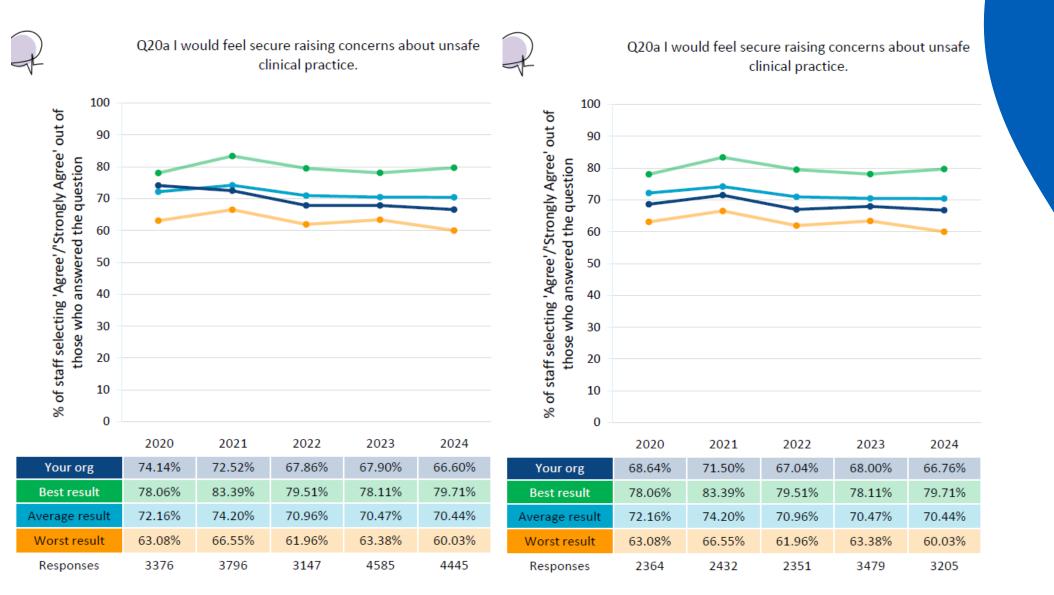
Q11a My organisation takes positive action on health and well-being.





NLaG

# Support and culture

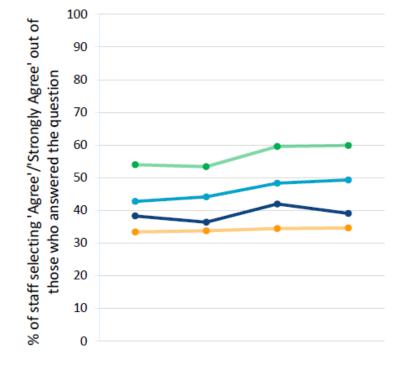


## Work/life balance and flexible working

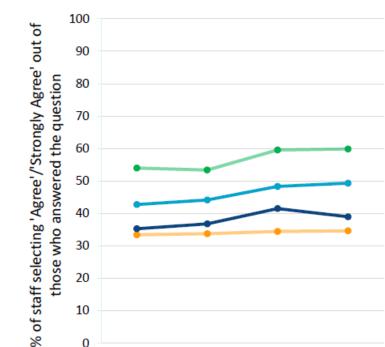
Q6b My organisation is committed to helping me balance my work and home life.



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



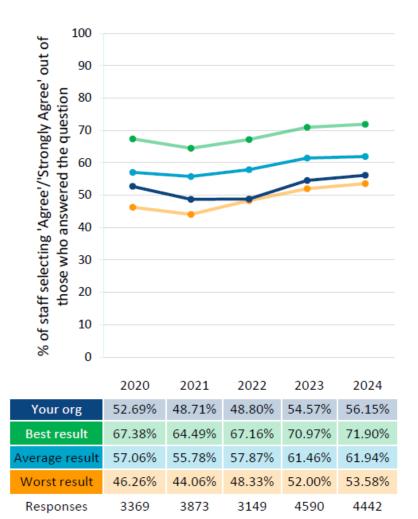
	2021	2022	2023	2024
Your org	35.28%	36.82%	41.51%	38.98%
Best result	53.99%	53.39%	59.57%	59.88%
Average result	42.75%	44.14%	48.33%	49.34%
Worst result	33.43%	33.74%	34.44%	34.64%
Responses	2458	2356	3484	3200

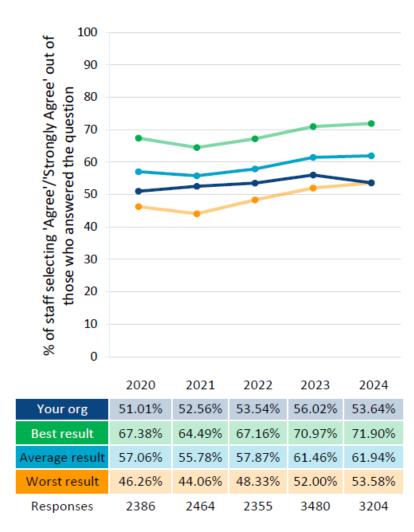


## **Communication and teamworking**

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

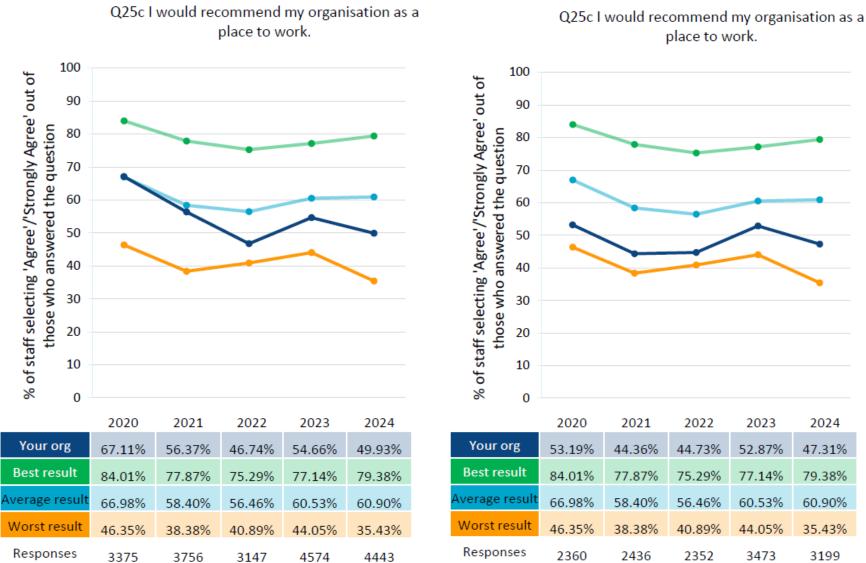
Q7b The team I work in often meets to discuss the team's effectiveness.



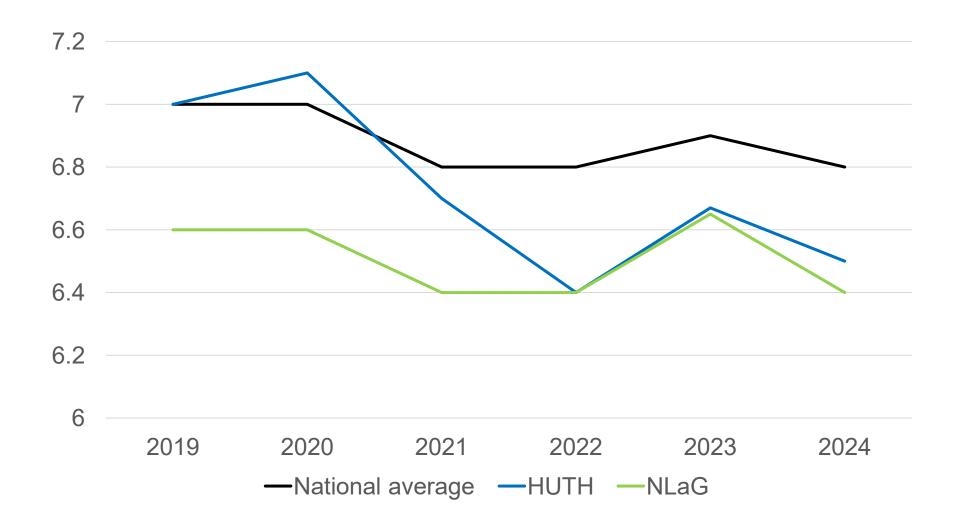


Overall page 144 of 773

## Staff engagement



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



## OUR PEOPLE STRATEGY 2025-28 PUTTING PEOPLE FIRST





Overall page 151 of 773

### **Strategic Framework Drivers.**

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

#### **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

**"THE HOW"** 

#### **MEANINGFUL AND WELL LED** TRANSFORMATION

LEADERSHIP LEARNING &

TALENT DEVELOPMENT

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 colleuges with us on the journey whilst recognising the impacts of uncertainty that change can bring.

#### **STAFF ENGAGEMENT**

<u>8 8</u>

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

## **Culture & Engagement**

CUITURE & NENT

#### **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

#### **REWARD AND** RECOGNITION We will recognise the contribution that

our staff make each and every day. We will ensure that staff are rewarded for their efforts. Whether that is a simple thank you, improved and enabled employee experiences and staff benefits or being recognised on a local and national stage

#### 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

UNITED BY COMPASSION **DRIVING FOR EXCELLENCE** 

**PEOPLE AND** 

PARTNERSHIPS

Overall page 152 of 773

## 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.

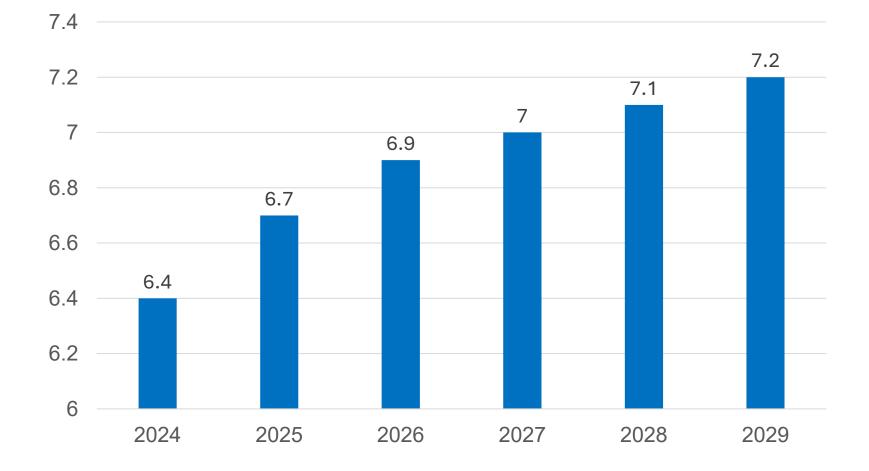
Evidence demonstrates that meeting thee core needs of staff – supporting them to have a sense of autonomy, belonging and contribution – transforms working lives, facilitating better productivity and effectiveness and improved patient safety and care."

## 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 both at corporate level and Care Group 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**



## Focus on one theme per quarter

Apr - JuneCommunication and engagementJuly - SeptAid - health and wellbeingOct - DecReward and recognitionJan - MarchEssentials

# **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

# Local 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



# Manager/team leader actions

- Develop 'ward/dept' scorecards
- Each team leader to hold specific and regular staff survey meetings with their colleagues
- Identify 3 actions per quarter based on key themes
- 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: Ask the Chief Executive, staff bulletins, Bridget, social media, core brief etc







### Northern Lincolnshire and Goole NHS Foundation Trust

### NHS Staff Survey Benchmark report 2024









Introduction		
Organisation details		

### People Promise element, theme and sub-score results

Overview	11
Sub-score overview	13
Trends	17
We are compassionate and inclusive	18
We are recognised and rewarded	21
We each have a voice that counts	22
We are safe and healthy	24
We are always learning	26
We work flexibly	28
We are a team	30
Staff Engagement	32
Morale	34

People Promise element, theme and sub-score results – detailed information

We are compassionate and inclusive	36
We are recognised and rewarded	45
We each have a voice that counts	48
We are safe and healthy	54
We are always learning	66
We work flexibly	71
We are a team	74
Staff Engagement	80
Morale	84

Questions not linked to the People Promise elements or themes	90
Workforce Equality Standards	103
Workforce Race Equality Standards (WRES) Workforce Disability Equality Standards (WDES)	<u>106</u> 111
About your respondents	121

### About your respondents

#### Appendices

8

10

36

A – Response rate	136
B – Significance testing (2023 v 2024) People Promise and theme results	<u>138</u>
C – Tips on using your benchmark report	140
D – Additional reporting outputs	<u>145</u>

135

Survey Coordination Centre



### Introduction

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.





### About this report

This benchmark report for Northern Lincolnshire and Goole NHS Foundation Trust contains results for the 2024 NHS Staff Survey, and historical results back to 2020 where possible. These results are presented in the context of best, average and worst results for similar organisations where appropriate. Data in this report are weighted to allow for fair comparisons between organisations.

Results for Q1, Q10a, Q26d, Q27a-c, Q28, Q29, Q30, Q31a, Q32a-b, Q33, Q34a-b and Q35 are not weighted or benchmarked because these questions ask for demographic or factual information.

### How results are reported

For the 2021 survey onwards the questions in the NHS Staff Survey are aligned to the <u>People Promise</u>. This sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:



In support of this, the results of the NHS Staff Survey are measured against the seven People Promise elements and against two themes (Staff Engagement and Morale). The reporting also includes sub-scores, which feed into the People Promise elements and themes. The next slide shows how the People Promise elements, themes and sub scores are related and mapped to individual survey questions.

### People Promise elements, themes and sub-scores



People Promise elements	Sub-scores	Questions
	Compassionate culture	Q6a, Q25a, Q25b, Q25c, Q25d
	Compassionate leadership	Q9f, Q9g, Q9h, Q9i
We are compassionate and inclusive	Diversity and equality	Q15, Q16a, Q16b, Q21
	Inclusion	Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	No sub-score	Q4a, Q4b, Q4c, Q8d, Q9e
	Autonomy and control	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b
We each have a voice that counts	Raising concerns	Q20a, Q20b, Q25e, Q25f
	Health and safety climate	Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d
	Burnout	Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g
We are safe and healthy	Negative experiences	Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c
	Other questions [Not scored]	Q17a*, Q17b*, Q22* *Q17a, Q17b and Q22 do not contribute to the calculation of any scores or sub-scores.
	Development	Q24a, Q24b, Q24c, Q24d, Q24e
We are always learning	Appraisals	Q23a*, Q23b, Q23c, Q23d *Q23a is a filter question and therefore influences the sub-score without being a directly scored question.
	Support for work-life balance	Q6b, Q6c, Q6d
We work flexibly	Flexible working	Q4d
	Team working	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a
We are a team	Line management	Q9a, Q9b, Q9c, Q9d
Themes	Sub-scores	Questions
	Motivation	Q2a, Q2b, Q2c
Staff Engagement	Involvement	Q3c, Q3d, Q3f
	Advocacy	Q25a, Q25c, Q25d
Morale	Thinking about leaving	Q26a, Q26b, Q26c
	Work pressure	Q3g, Q3h, Q3i
	Stressors	Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a
	Questions not I	inked to the People Promise elements or themes





#### Introduction

This section provides a brief introduction to the report, including how questions map to the People Promise elements, the themes and sub-scores, as well as features of the charts used throughout.

### **Organisation details**

This slide contains **key information** about the NHS organisations participating in this survey and details for your own organisation, such as response rate.

#### People Promise elements, themes and sub-scores: Overview

This section provides a high-level **overview** of the results for the seven elements of the People Promise and the two themes, followed by the results for each of the **sub-scores** that feed into these measures.

### People Promise elements, themes and sub-scores: Trends

This section provides trend results for the seven elements of the People Promise and the two themes, followed by the trend results for each of the sub-scores that feed into these measures.

All the 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. For example, with the Burnout sub-score, a higher score (closer to 10) means a lower proportion of staff are experiencing burnout from their work. These scores are created by scoring questions linked to these areas of experience and grouping these results together. Your organisation results are benchmarked against the benchmarking group average, the best scoring organisation and the worst scoring organisation. These charts are reported as percentages. The meaning of the value is outlined along the y axis. The questions that feed into each sub-score are detailed on slide 5.

0

Note: where there are fewer than 10 responses for a question, this data is not shown to protect the confidentiality of staff and reliability of results.

### People Promise elements, themes and sub-scores: Questions

This section provides trend results for **questions**. The questions are presented in sections for each of the People Promise elements and themes. Not all questions reported within the section for a People Promise element or theme feed into the score and sub-scores for that element or theme. The first slide in the section for each People Promise element or theme lists which of the questions that are included in the section feed into the score and sub-scores, and which do not.

### **Questions not linked to People Promise**

Results for the questions that are not related to any People Promise element or theme and do not contribute to the scores and sub-scores are included in this section.

### **Workforce Equality Standards**

This section shows that data required for the indicators used in the **Workforce Race** Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES).

#### About your respondents

This section provides details of the staff responding to the survey, including their **demographic and other classification questions**.

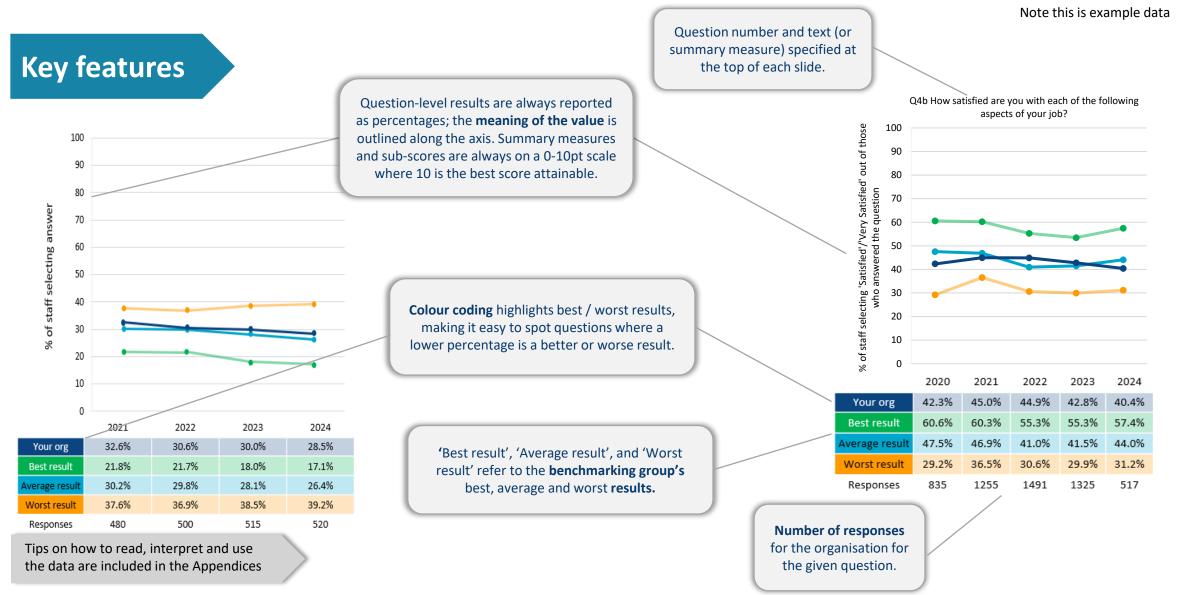
### Appendices

Here you will find:

- Response rate.
- Significance testing of the People Promise element and theme results for 2023 vs 2024.
- Guidance on data in the benchmark reports.
- > Additional reporting outputs.
- > Tips on action planning and interpreting the results.
- Contact information.







Note: Charts will only display data for the years where an organisation has data. For example, an organisation with three years of trend data will see charts such as q4b with data only in the 2022, 2023 and 2024 portions of the chart, and table. Overall page 167 of 773 Survey Coordination Centre



## **Organisation details**

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.





### Northern Lincolnshire and Goole NHS Foundation Trust







This organisation is benchmarked against:

Acute and Acute & Community Trusts



### Survey details

Survey mode Mixed

2024 benchmarking group details

Organisations in group: 122

Median response rate: 49%

No. of completed questionnaires: 532587

For more information on benchmarking group definitions please see the Technical document.



# People Promise elements, themes and sub-score results

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.





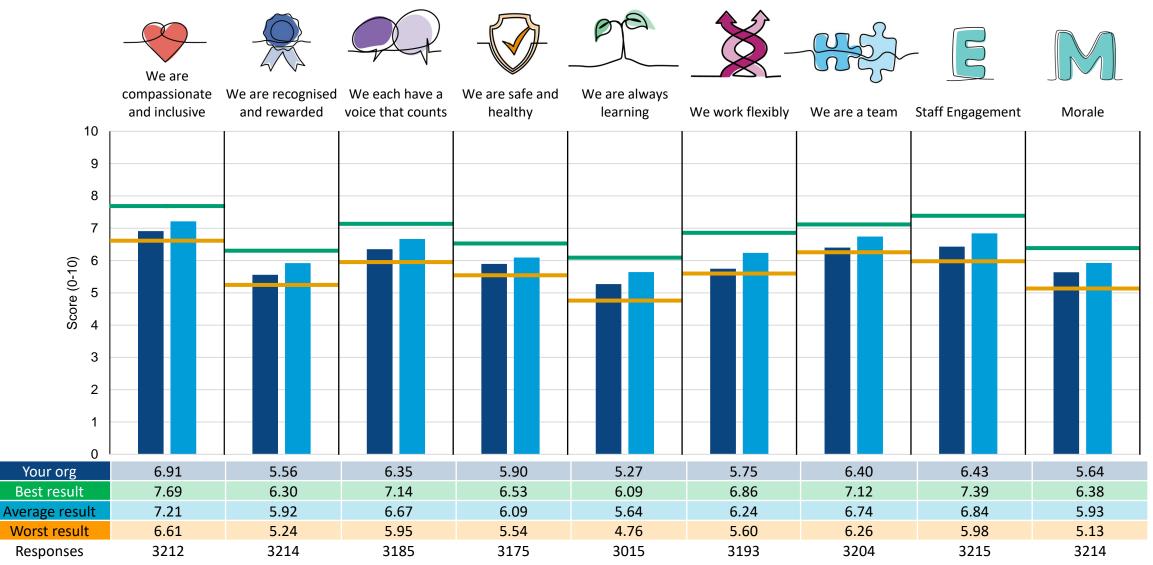
People Promise elements, themes and sub-scores: Overview

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

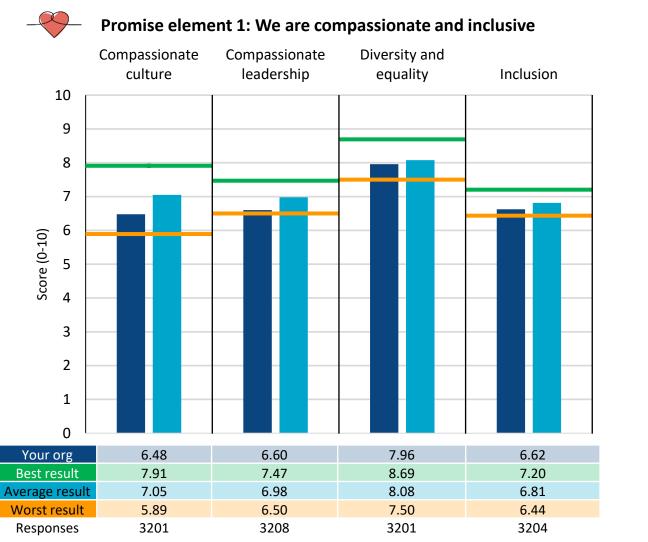
### People Promise elements and themes: Overview



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.

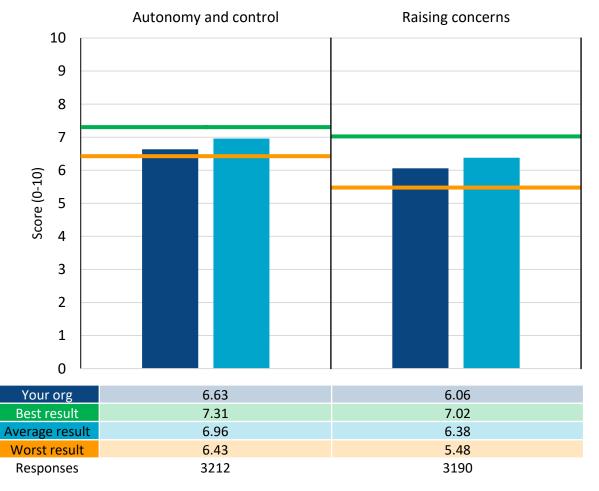


People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.





Promise element 3: We each have a voice that counts

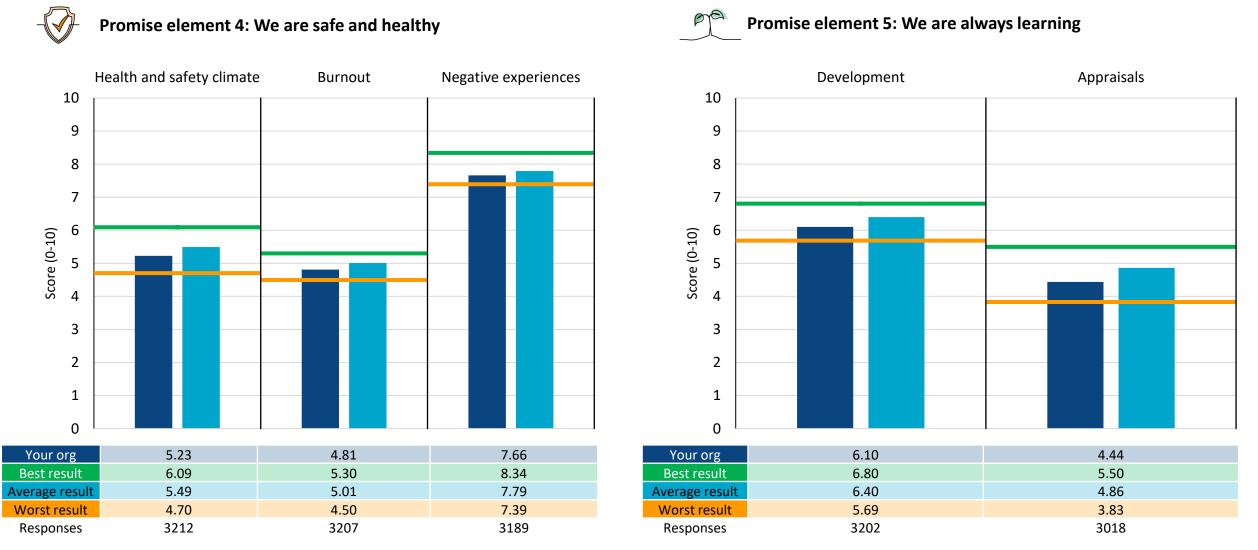


Note: People Promise element 2 'We are recognised and rewarded' does not have any sub-scores. Overall trend score data for this element is reported on slide 21.

Northern Lincolnshire and Goole NHS Foundation Trust Benchmark report



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.



### People Promise elements, themes and sub-scores: Sub-score overview



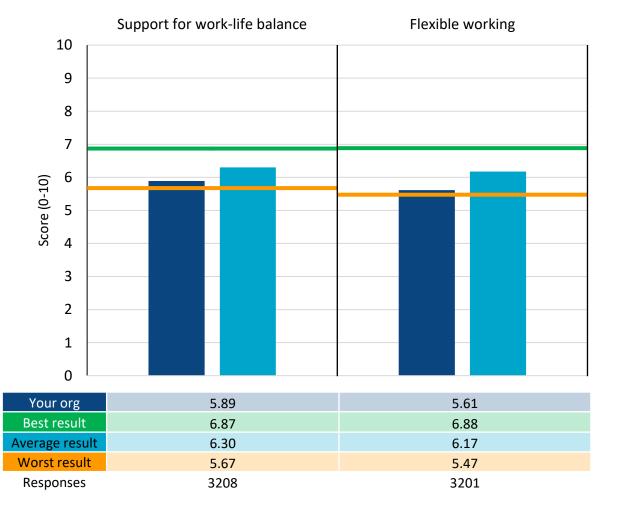
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

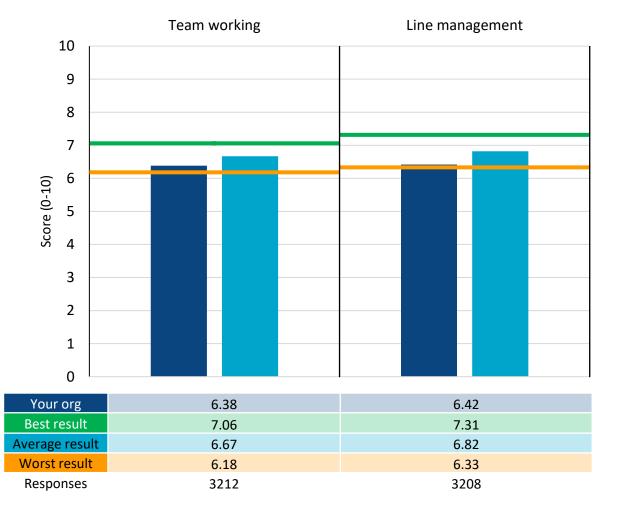


### Promise element 6: We work flexibly

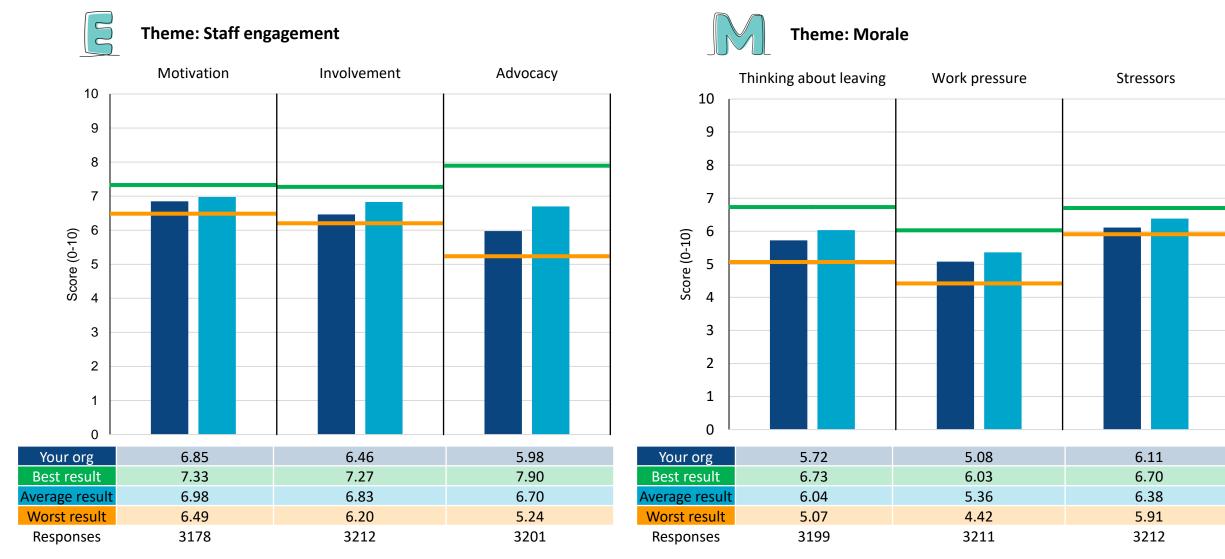


### Promise element 7: We are a team





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.







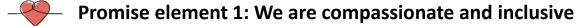
People Promise elements, themes and sub-scores: Trends

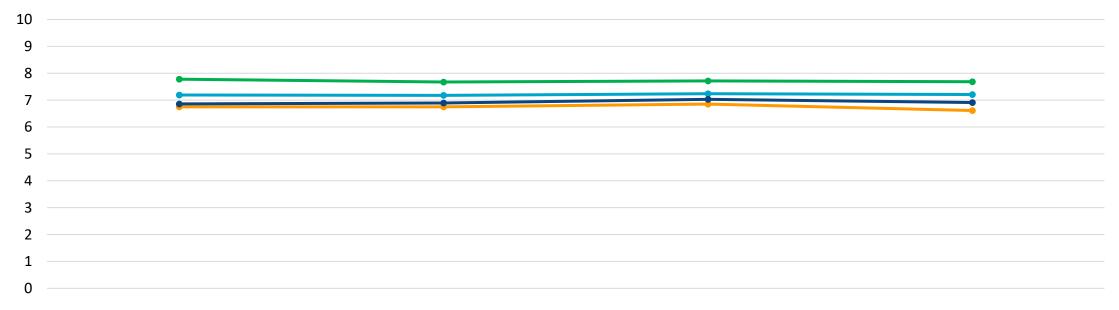
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

## People Promise elements and themes: Trends



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.



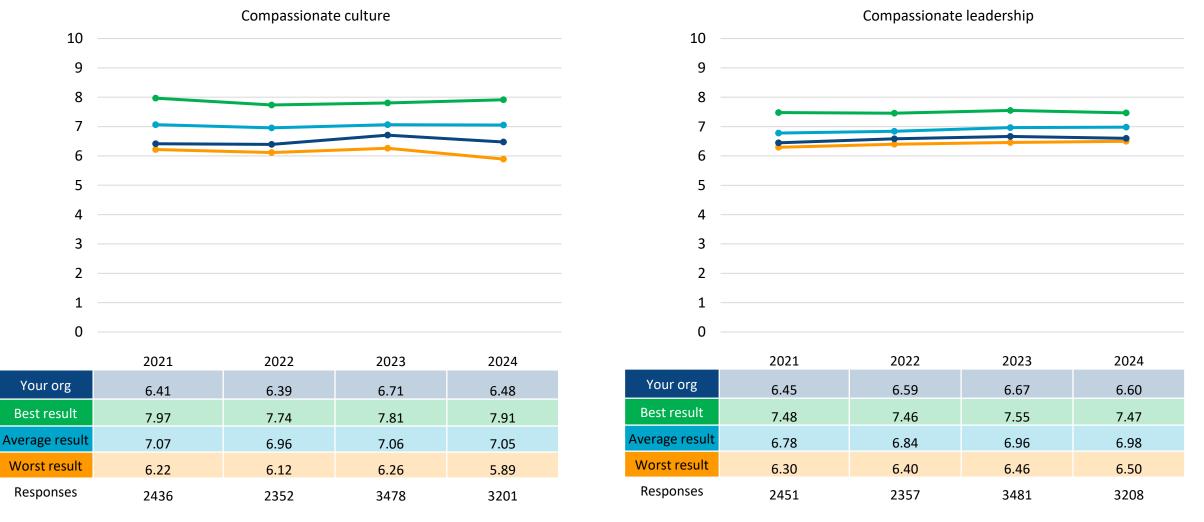


We are compassionate and inclusive

	2021	2022	2023	2024
Your org	6.86	6.89	7.03	6.91
Best result	7.78	7.67	7.72	7.69
Average result	7.19	7.18	7.24	7.21
Worst result	6.75	6.75	6.85	6.61
Responses	2453	2359	3486	3212





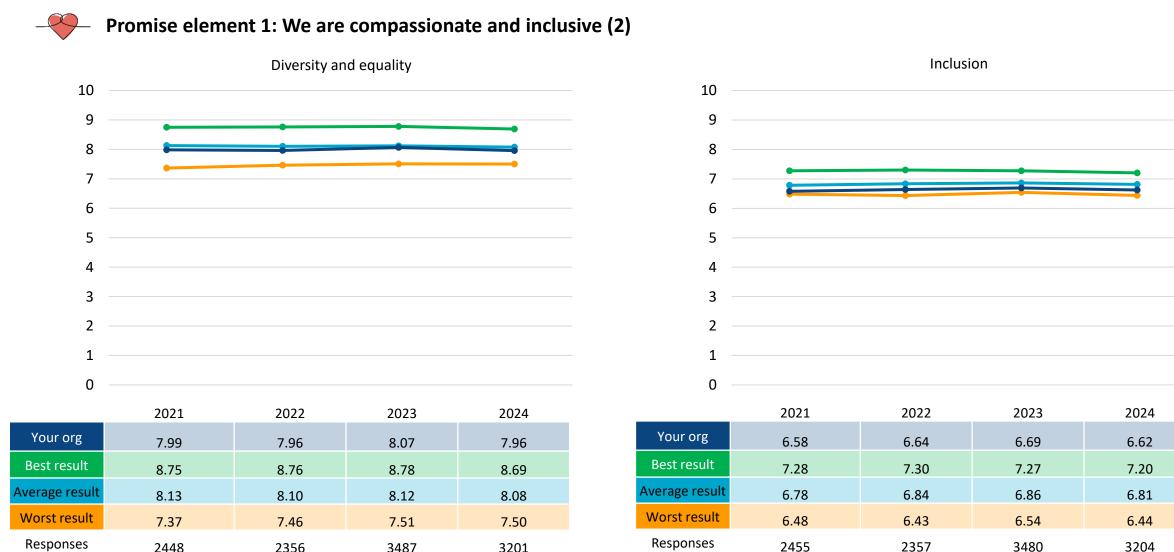




People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

2356

2448



2455

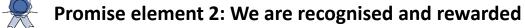
3201

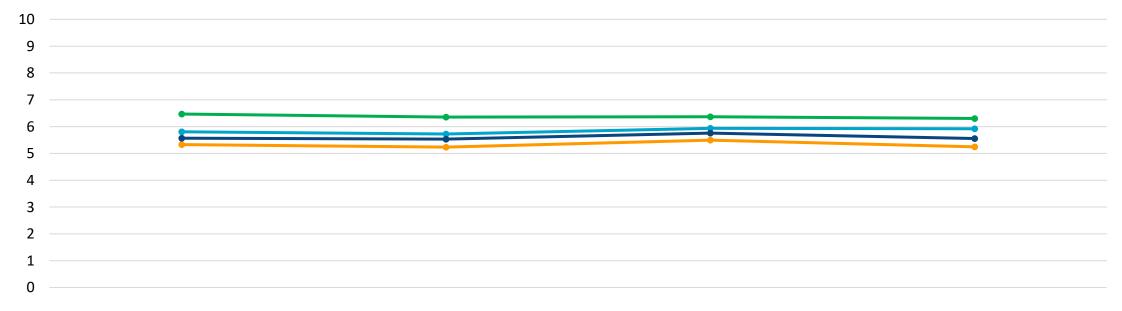
3487

3480



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 recognised and rewarded

	2021	2022	2023	2024
Your org	5.57	5.53	5.76	5.56
Best result	6.47	6.36	6.37	6.30
Average result	5.81	5.72	5.94	5.92
Worst result	5.33	5.24	5.49	5.24
Responses	2480	2359	3489	3214





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.



#### Promise element 3: We each have a voice that counts



We each have a voice that counts

	2021	2022	2023	2024
Your org	6.39	6.36	6.52	6.35
Best result	7.31	7.14	7.16	7.14
Average result	6.67	6.65	6.70	6.67
Worst result	6.16	6.15	6.21	5.95
Responses	2401	2345	3454	3185



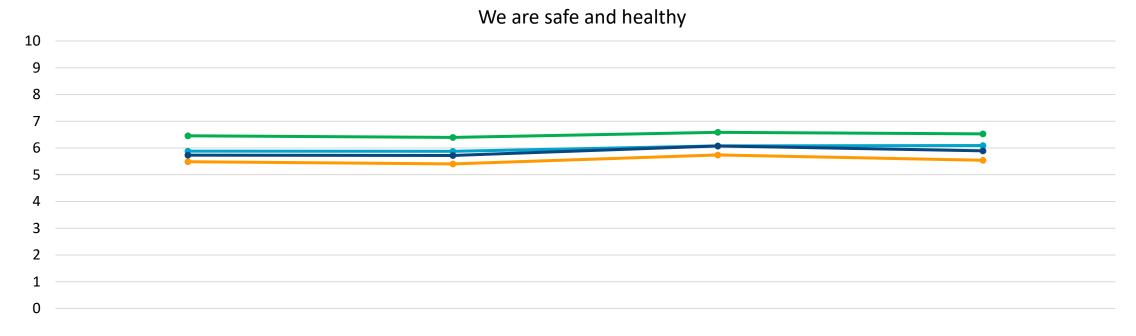






People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

#### Promise element 4: We are safe and healthy



	2021	2022	2023	2024
Your org	5.73	5.72	6.08	5.90
Best result	6.46	6.40	6.59	6.53
Average result	5.88	5.88	6.08	6.09
Worst result	5.49	5.41	5.74	5.54
Responses	2419	2355	3132	3175

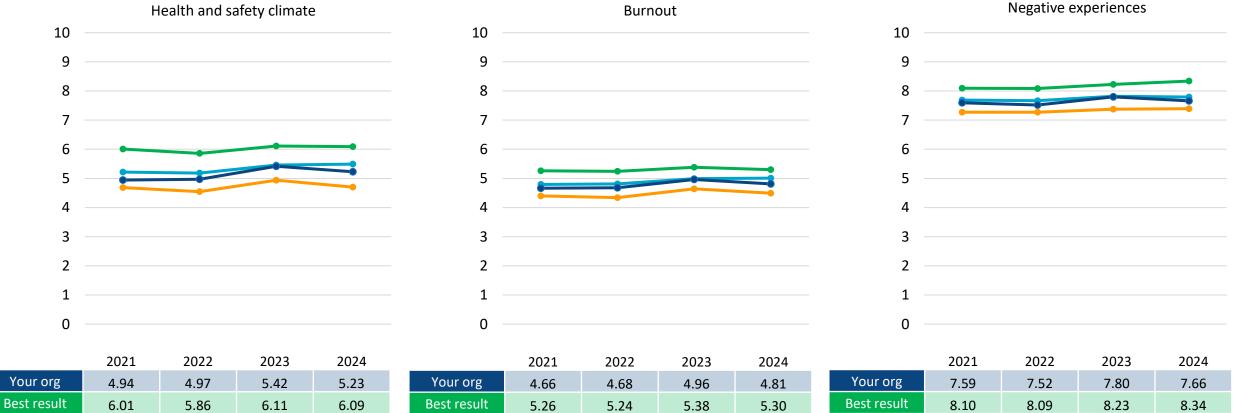
Note: 2023 results for 'We are safe and healthy' are now reported using corrected data. Please see <u>https://www.nhsstaffsurveys.com/survey-documents/</u> for more details.

Northern Lincolnshire and Goole NHS Foundation Trust Benchmark report



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.

Promise element 4: We are safe and healthy

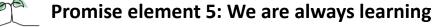


Descresult	0.01	5.80	0.11	0.09	Dest lesuit	5.20	5.24	5.38	5.30	Destresuit	8.10	8.09	8.23	8.34
Average result	5.21	5.18	5.46	5.49	Average result	4.79	4.81	4.99	5.01	Average result	7.69	7.67	7.82	7.79
Worst result	4.68	4.55	4.94	4.70	Worst result	4.40	4.34	4.64	4.50	Worst result	7.27	7.27	7.38	7.39
Responses	2483	2359	3172	3212	Responses	2453	2359	3488	3207	Responses	2435	2357	3145	3189

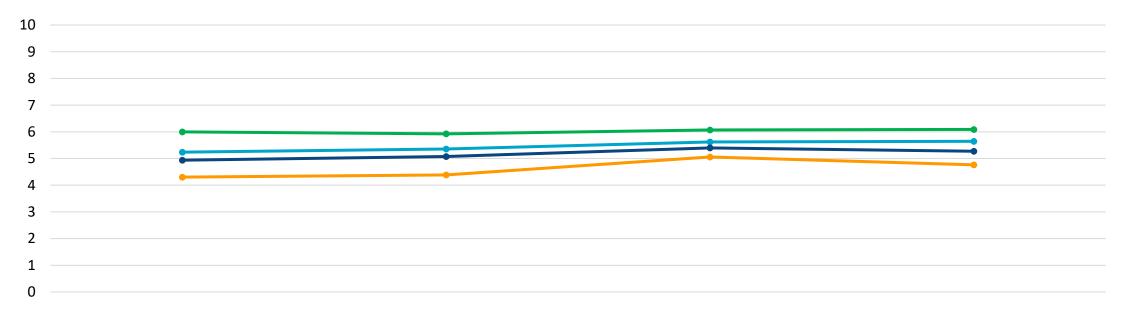
Note: 2023 results for 'Health and safety climate' and 'Negative experiences' are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

Northern Lincolnshire and Goole NHS Foundation Trust Benchmark report



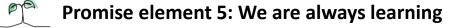


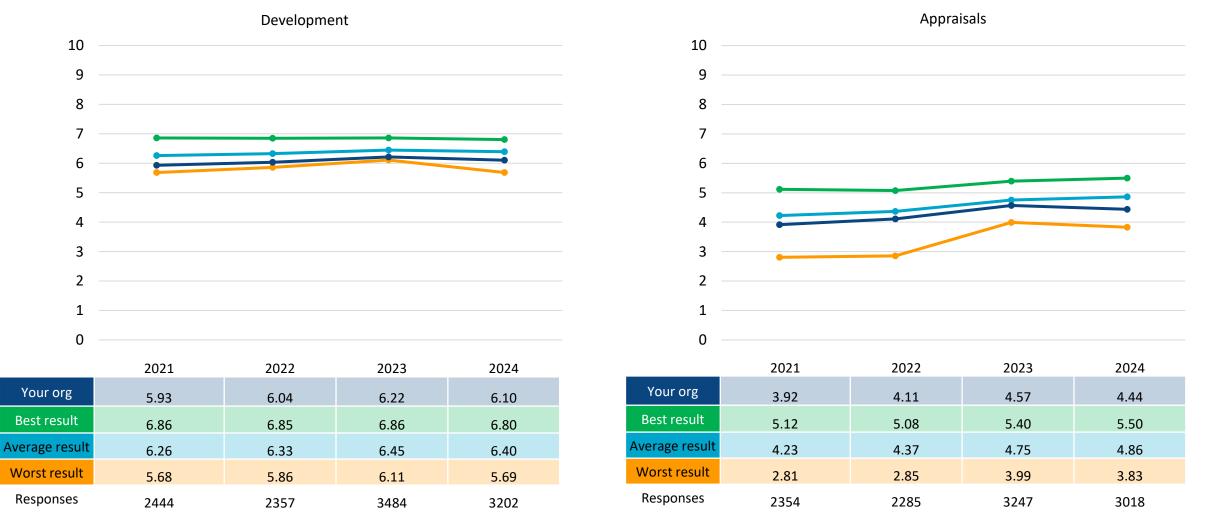




	2021	2022	2023	2024
Your org	4.94	5.08	5.40	5.27
Best result	6.00	5.92	6.07	6.09
Average result	5.24	5.35	5.62	5.64
Worst result	4.30	4.39	5.06	4.76
Responses	2342	2283	3242	3015





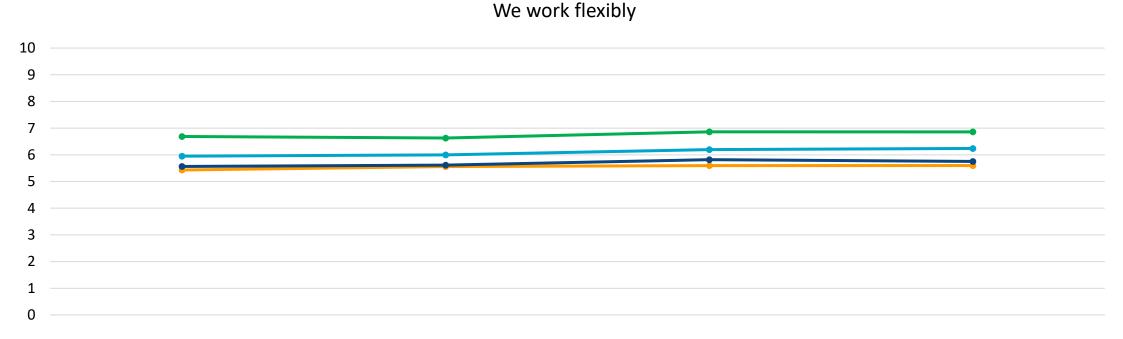


## **People Promise elements and themes: Trends**



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.

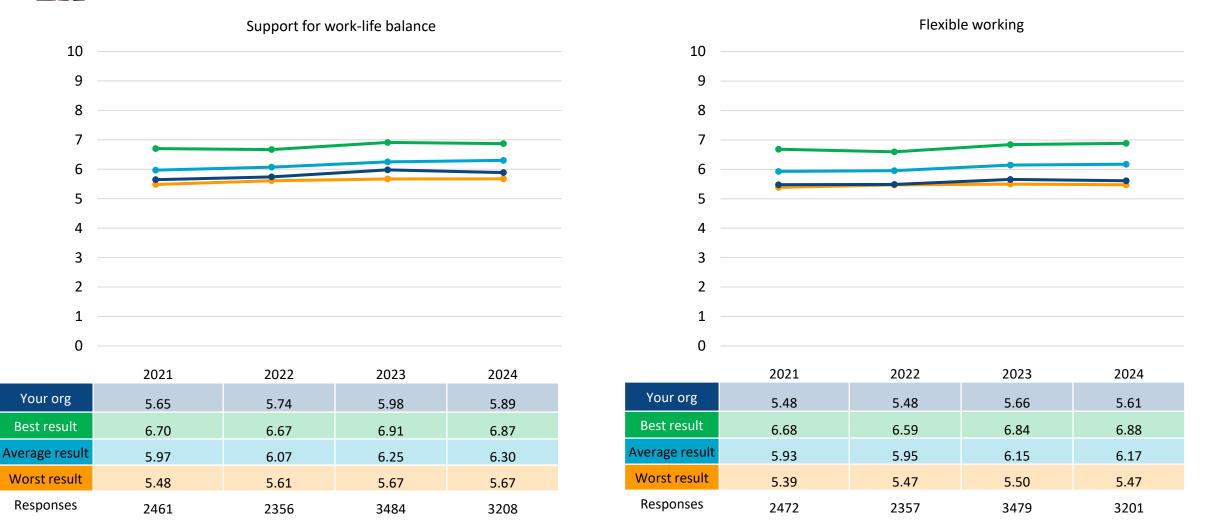
## Promise element 6: We work flexibly



	2021	2022	2023	2024
Your org	5.56	5.61	5.82	5.75
Best result	6.69	6.63	6.86	6.86
Average result	5.95	6.00	6.20	6.24
Worst result	5.43	5.56	5.60	5.60
Responses	2450	2352	3467	3193

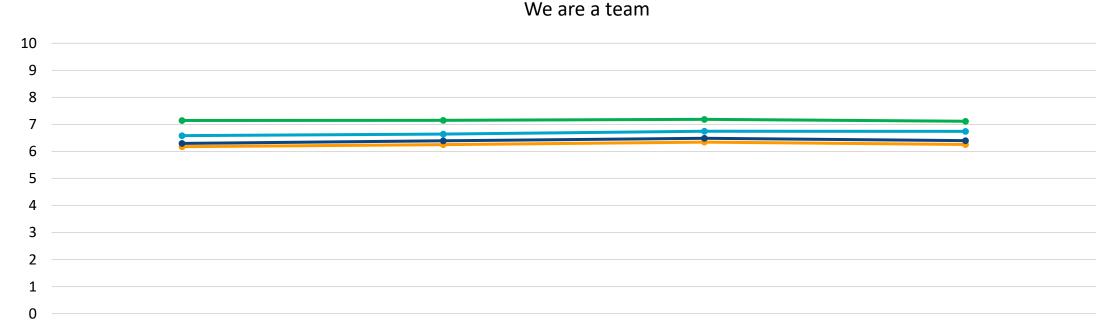












	2021	2022	2023	2024
Your org	6.30	6.39	6.49	6.40
Best result	7.15	7.15	7.19	7.12
Average result	6.58	6.64	6.75	6.74
Worst result	6.18	6.25	6.34	6.26
Responses	2448	2357	3479	3204





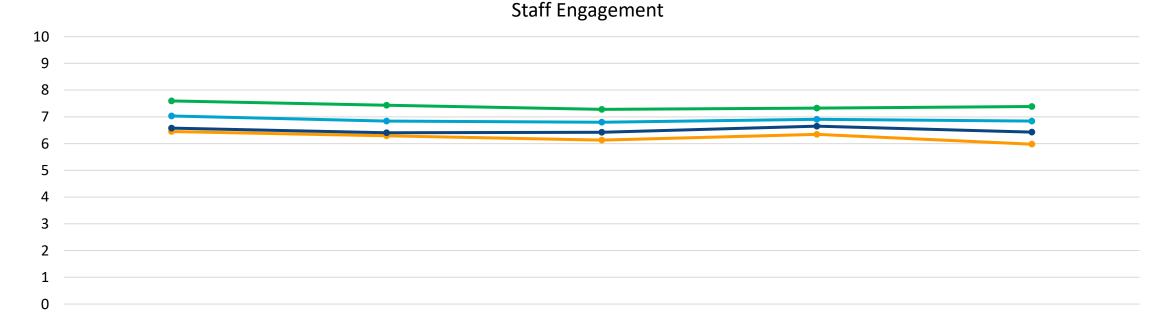




People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



#### Theme: Staff Engagement

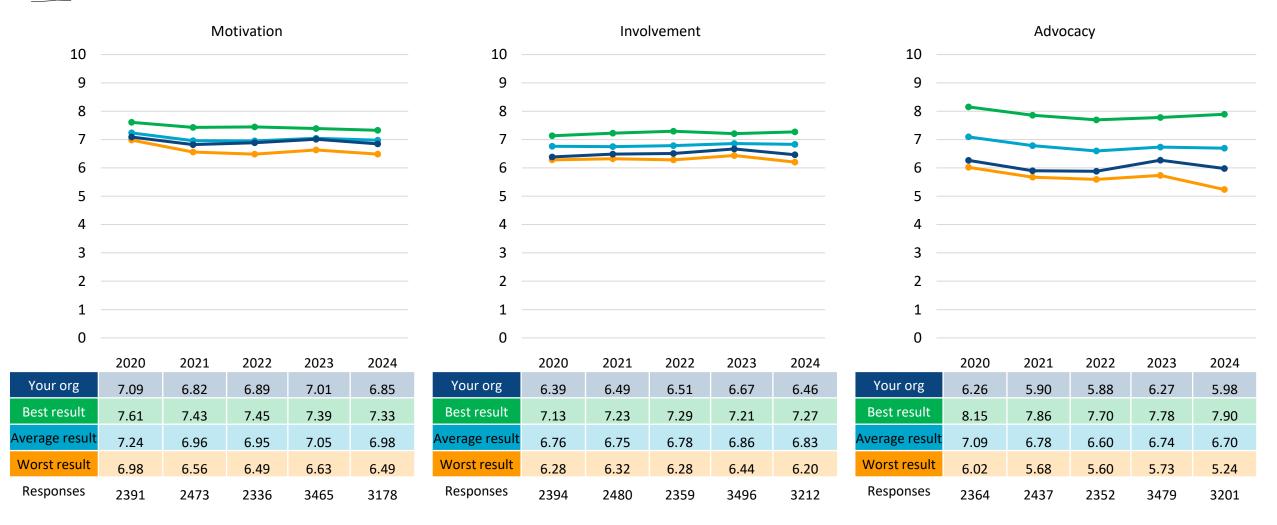


	2020	2021	2022	2023	2024
Your org	6.58	6.41	6.43	6.65	6.43
Best result	7.60	7.44	7.28	7.32	7.39
Average result	7.03	6.84	6.80	6.91	6.84
Worst result	6.45	6.29	6.13	6.34	5.98
Responses	2395	2481	2359	3496	3215



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.

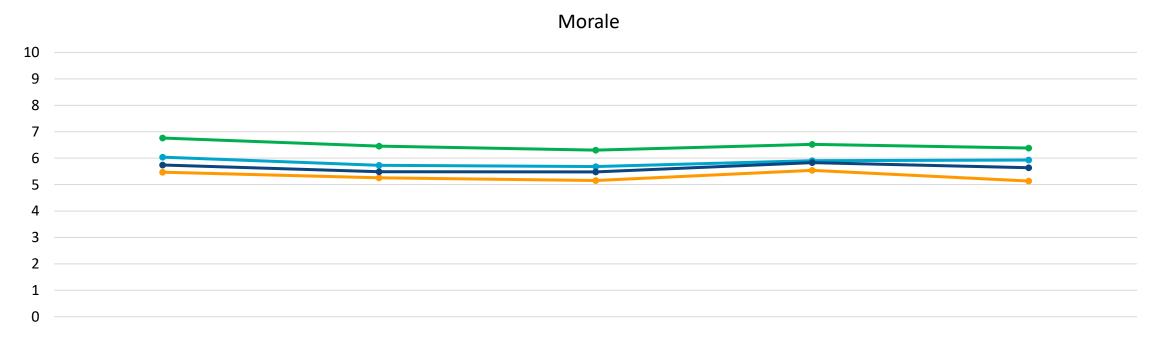
Theme: Staff Engagement



## **People Promise elements and themes: Trends**







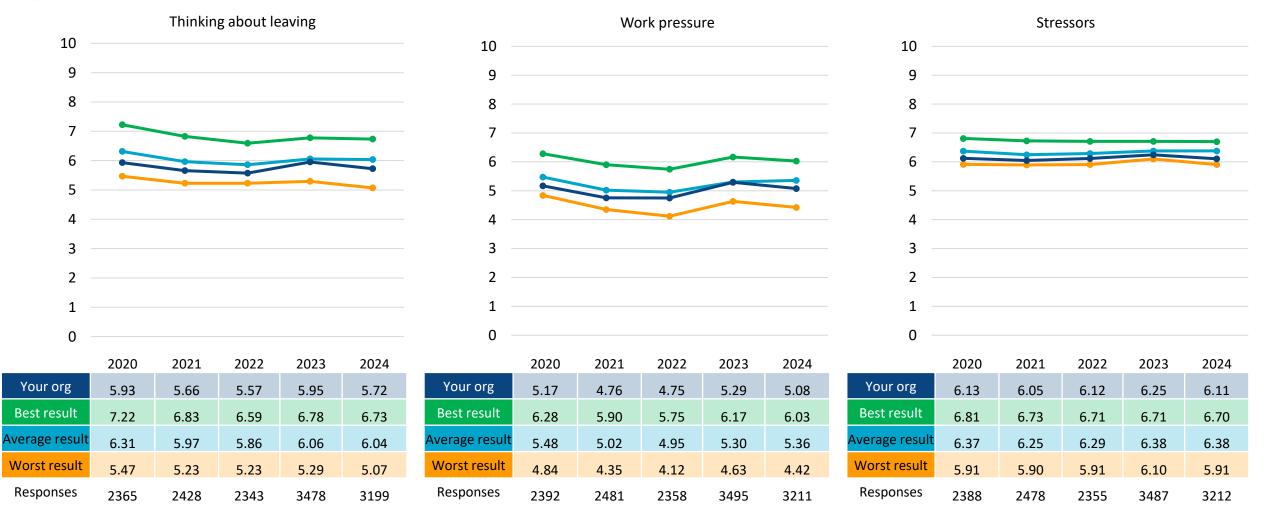
	2020	2021	2022	2023	2024
Your org	5.74	5.49	5.48	5.83	5.64
Best result	6.76	6.45	6.30	6.52	6.38
Average result	6.04	5.73	5.68	5.90	5.93
Worst result	5.47	5.26	5.16	5.54	5.13
Responses	2389	2481	2358	3495	3214



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.



#### **Theme: Morale**







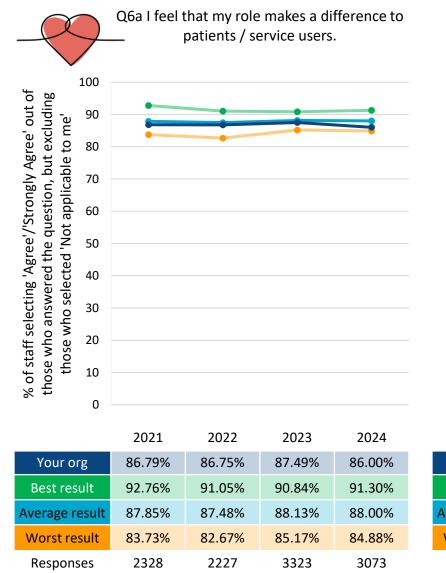
# People Promise element – We are compassionate and inclusive

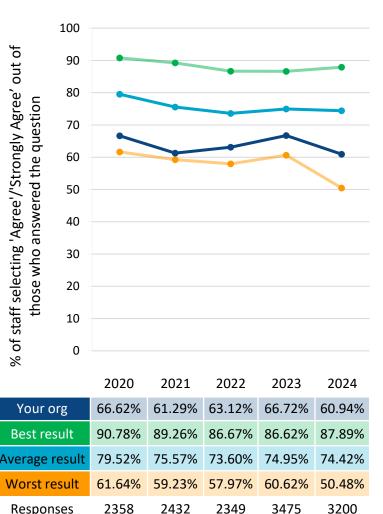


Questions included: Compassionate culture – Q6a, Q25a, Q25b, Q25c, Q25d Compassionate leadership – Q9f, Q9g, Q9h, Q9i Diversity and equality – Q15, Q16a, Q16b, Q21 Inclusion – Q7h, Q7i, Q8b, Q8c Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



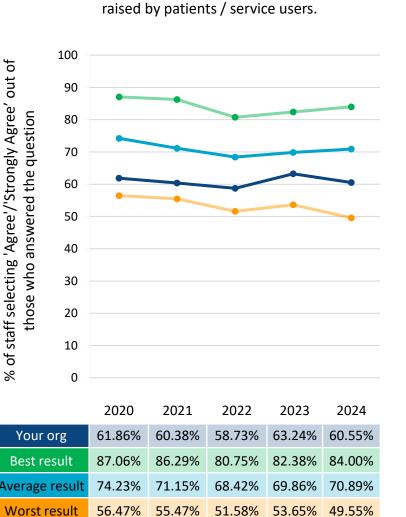
Survey Coordination Centre





Q25a Care of patients / service users is my

organisation's top priority.



2358

Responses

2428

2348

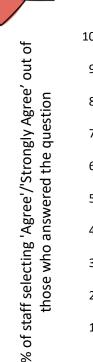
Q25b My organisation acts on concerns

3194

3469







Worst result

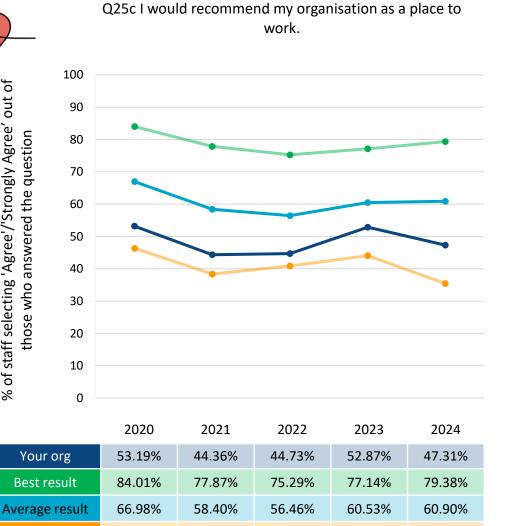
Responses

46.35%

2360

38.38%

2436



40.89%

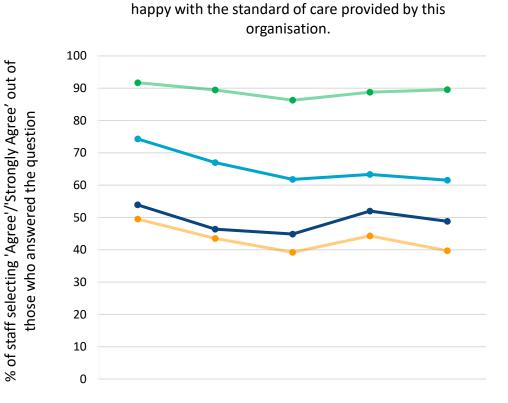
2352

44.05%

3473

35.43%

3199



Q25d If a friend or relative needed treatment I would be

	2020	2021	2022	2023	2024
Your org	53.90%	46.39%	44.88%	51.99%	48.81%
Best result	91.73%	89.48%	86.30%	88.79%	89.59%
Average result	74.30%	67.01%	61.79%	63.34%	61.54%
Worst result	49.51%	43.50%	39.23%	44.30%	39.72%
Responses	2363	2433	2349	3477	3195

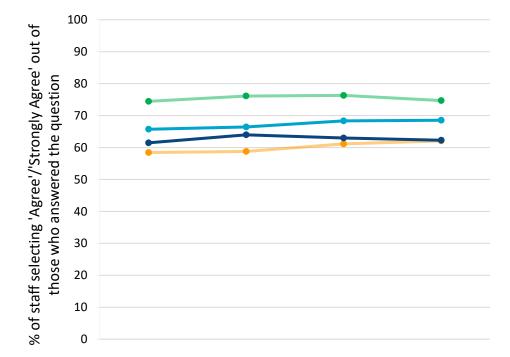




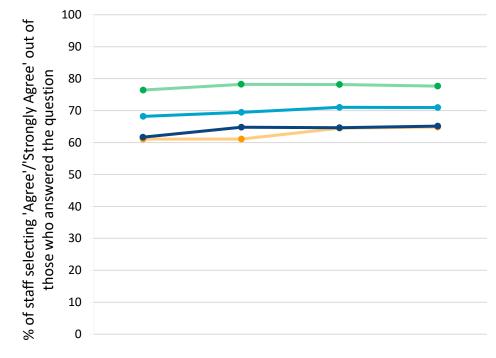


# Q9f My immediate manager works together with me to come to an understanding of problems.

Q9g My immediate manager is interested in listening to me when I describe challenges I face.



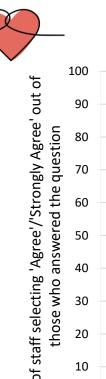
	2021	2022	2023	2024
Your org	61.47%	63.97%	62.98%	62.30%
Best result	74.46%	76.11%	76.33%	74.72%
Average result	65.72%	66.44%	68.34%	68.53%
Worst result	58.44%	58.76%	61.14%	62.08%
Responses	2452	2354	3479	3205



	2021	2022	2023	2024
Your org	61.68%	64.76%	64.65%	65.14%
Best result	76.43%	78.21%	78.15%	77.66%
Average result	68.18%	69.46%	71.02%	70.95%
Worst result	61.07%	61.09%	64.47%	64.83%
Responses	2446	2354	3476	3204







Worst result

Responses

60.55%

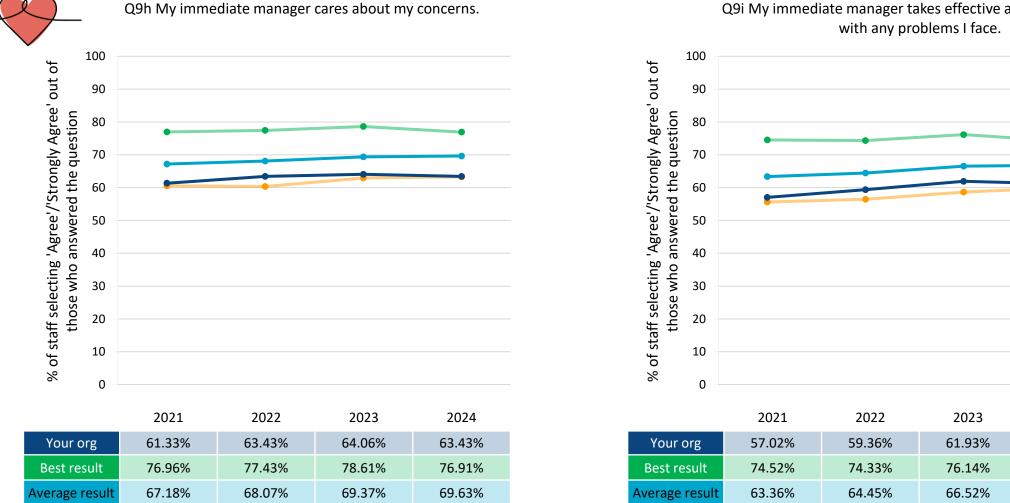
2449

60.33%

2355

62.93%

3476



63.29%

3207

Q9i My immediate manager takes effective action to help me

Worst result

Responses

55.61%

2446

56.43%

2351

58.64%

3478

2024

61.13%

74.21%

66.81%

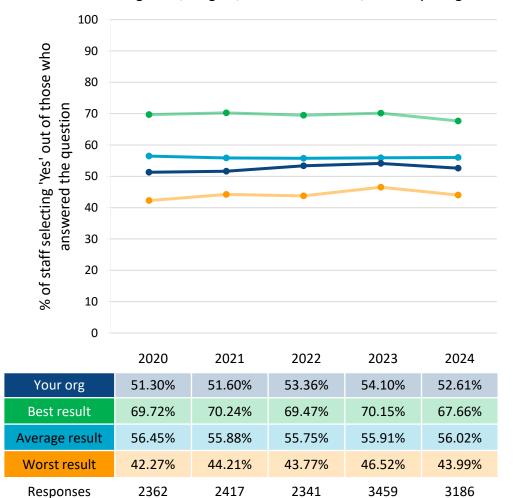
59.94%

3205

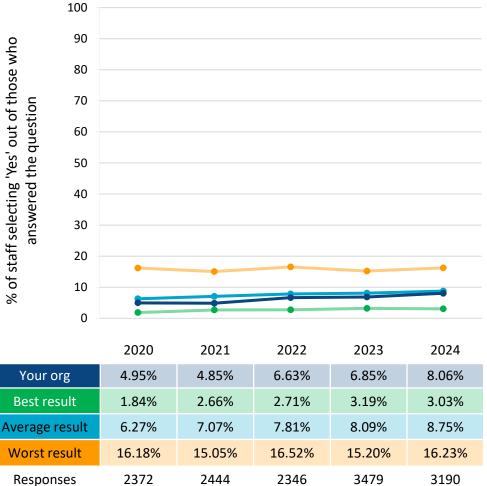




Q15 Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



Q16a In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?

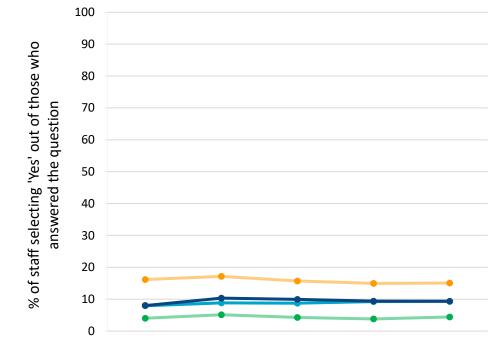






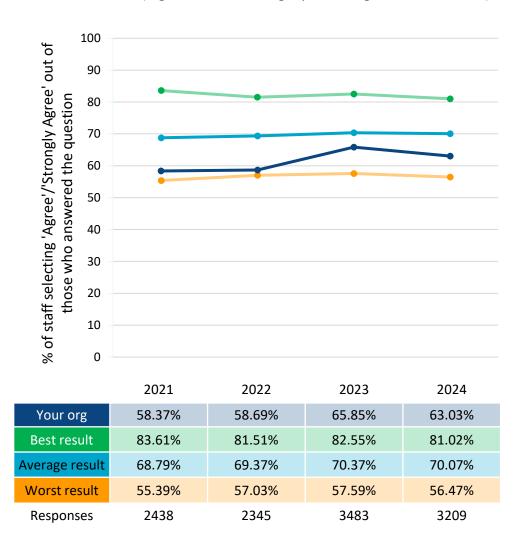


Q16b In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



	2020	2021	2022	2023	2024
Your org	7.99%	10.33%	9.95%	9.37%	9.37%
Best result	4.04%	5.12%	4.25%	3.80%	4.44%
Average result	7.93%	8.82%	8.73%	9.24%	9.35%
Worst result	16.19%	17.16%	15.69%	14.95%	15.08%
Responses	2363	2438	2343	3461	3162

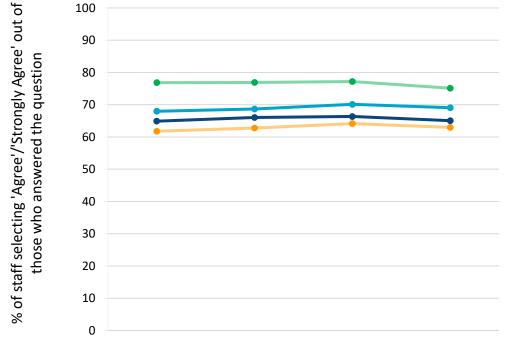
Q21 I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).





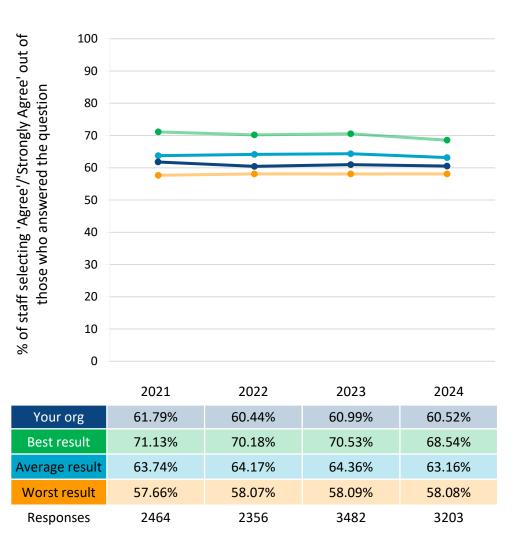


 $\sim$ 



Q7h I feel valued by my team.

	2021	2022	2023	2024
Your org	64.90%	66.03%	66.36%	65.03%
Best result	76.84%	76.89%	77.18%	75.12%
Average result	67.97%	68.69%	70.13%	69.09%
Worst result	61.78%	62.75%	64.15%	62.98%
Responses	2467	2356	3484	3206

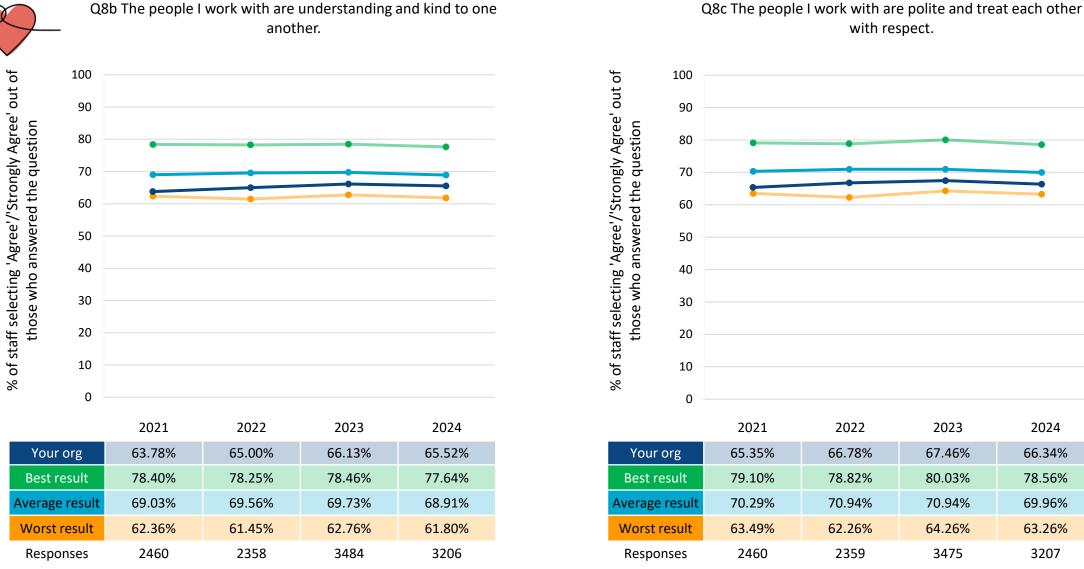


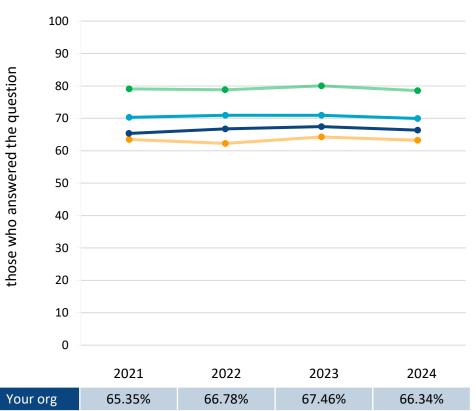
Q7i I feel a strong personal attachment to my team.





answered the question those who





78.82%

70.94%

62.26%

2359

80.03%

70.94%

64.26%

3475

with respect.

78.56%

69.96%

63.26%

3207





# People Promise element – We are recognised and rewarded



Questions included: Q4a, Q4b, Q4c, Q8d, Q9e

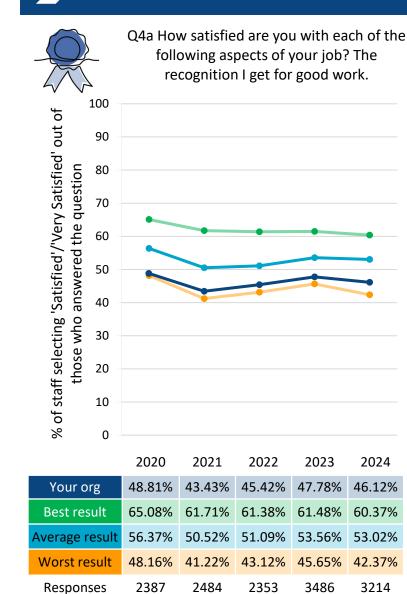
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

#### **People Promise elements and theme results** – We are recognised and rewarded

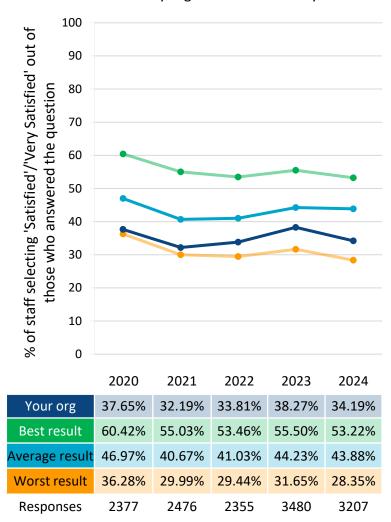
2024

3214

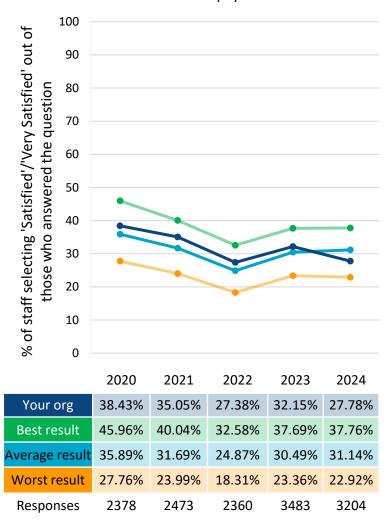




Q4b How satisfied are you with each of the following aspects of your job? The extent to which my organisation values my work.



Q4c How satisfied are you with each of the following aspects of your job? My level of pay.



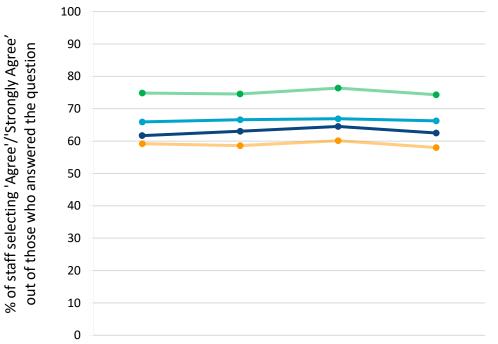




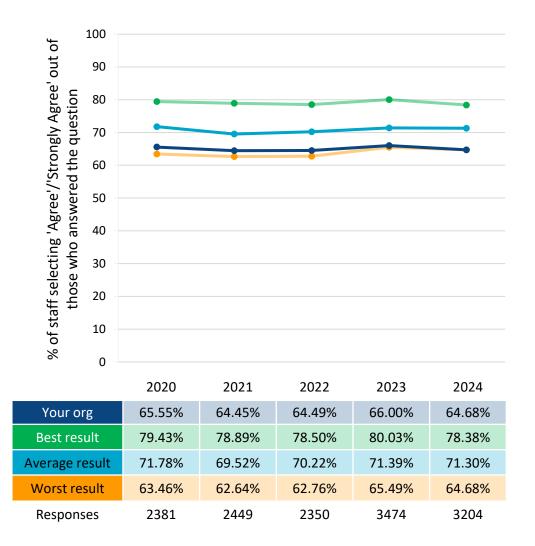


#### Q8d The people I work with show appreciation to one another.

Q9e My immediate manager values my work.



	2021	2022	2023	2024
Your org	61.68%	63.03%	64.52%	62.51%
Best result	74.84%	74.55%	76.37%	74.33%
Average result	65.92%	66.61%	66.91%	66.25%
Worst result	59.18%	58.59%	60.13%	57.98%
Responses	2458	2358	3479	3205







# People Promise element – We each have a voice that counts



Questions included: Autonomy and control – Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b Raising concerns – Q20a, Q20b, Q25e, Q25f

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

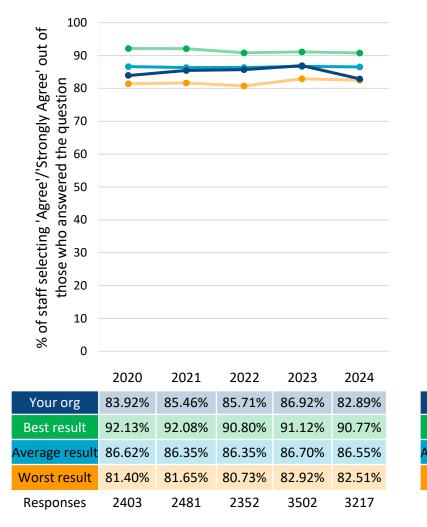


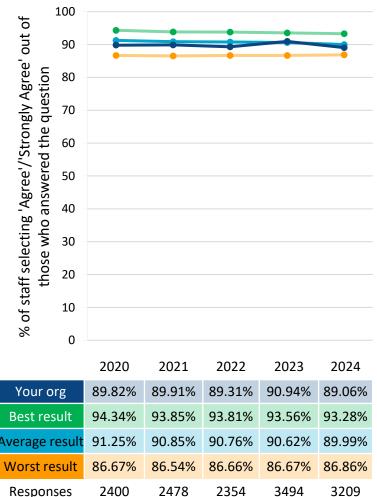


Q3c There are frequent opportunities for me

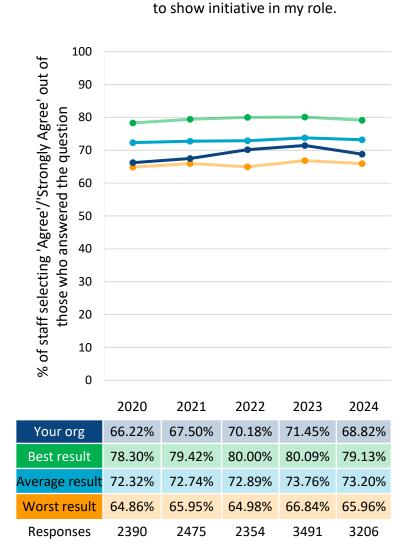


Q3a I always know what my work responsibilities are.





Q3b I am trusted to do my job.



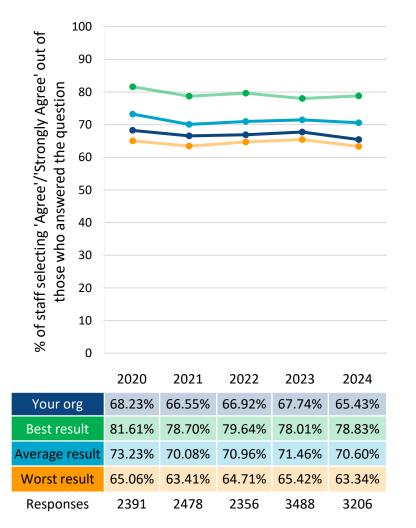


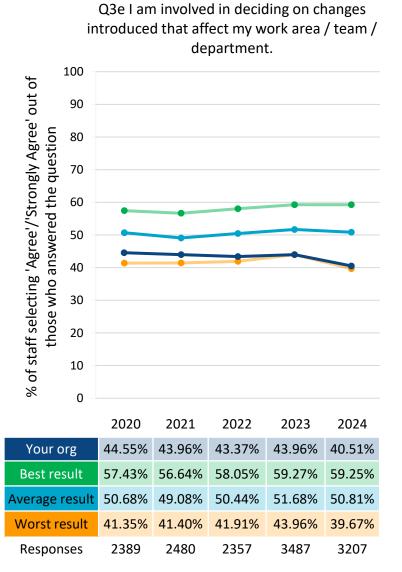
#### People Promise elements and theme results – We each have a voice that counts: Autonomy and control

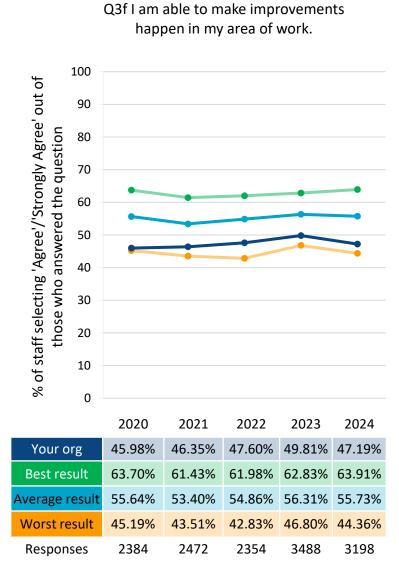




Q3d I am able to make suggestions to improve the work of my team / department.



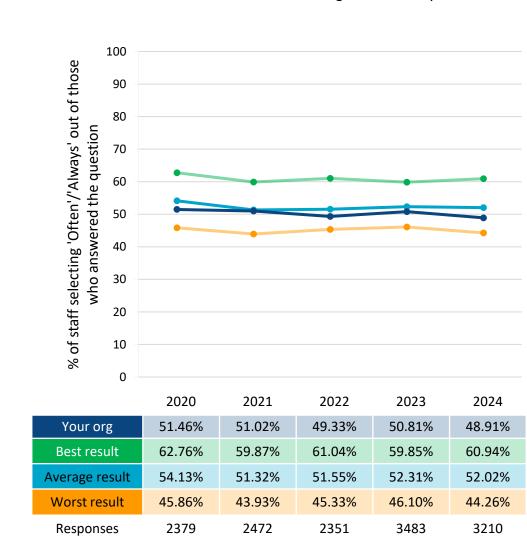












Q5b I have a choice in deciding how to do my work.

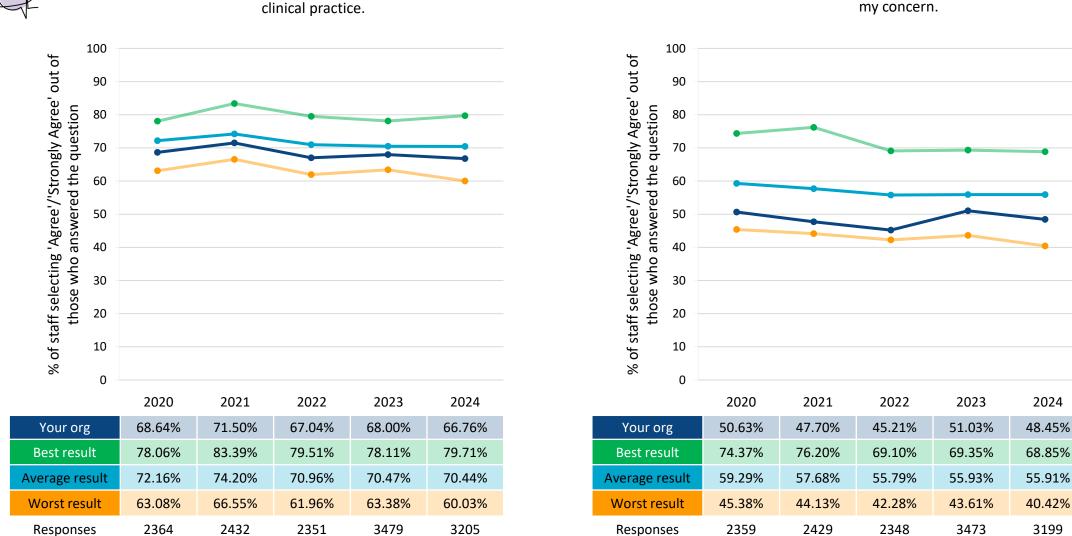


Q20a I would feel secure raising concerns about unsafe



Q20b I am confident that my organisation would address







3473

2350

3196

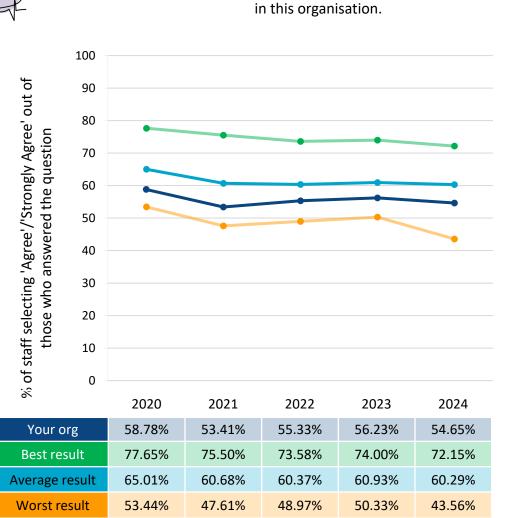
Q25e I feel safe to speak up about anything that concerns me



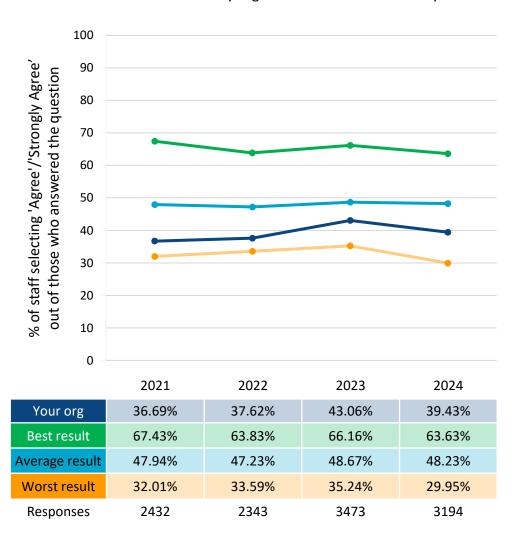
Responses

2359

2427



Q25f If I spoke up about something that concerned me I am confident my organisation would address my concern.







# People Promise element – We are safe and healthy

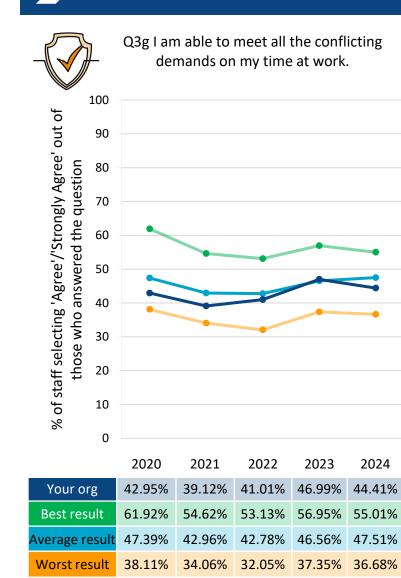


Questions included: Health and safety climate: Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d Burnout: Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g Negative experiences: Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c Other questions:\* Q17a, Q17b, Q22 \*Q17a, Q17b and Q22 do not contribute to the calculation of any scores or sub-scores. Note: where there are fewer than 10 responses for a guestion this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

## People Promise elements and theme results – We are safe and healthy: Health and safety climate



Q3i There are enough staff at this



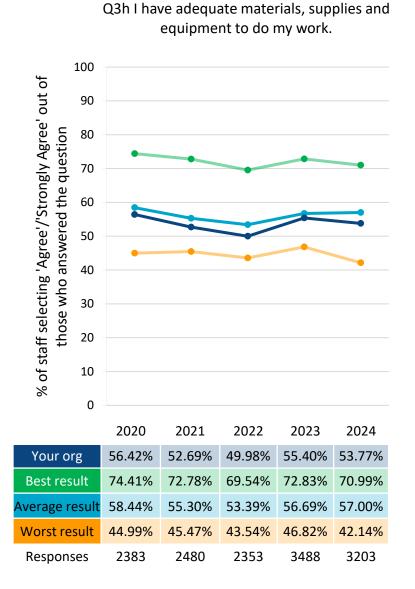
2379

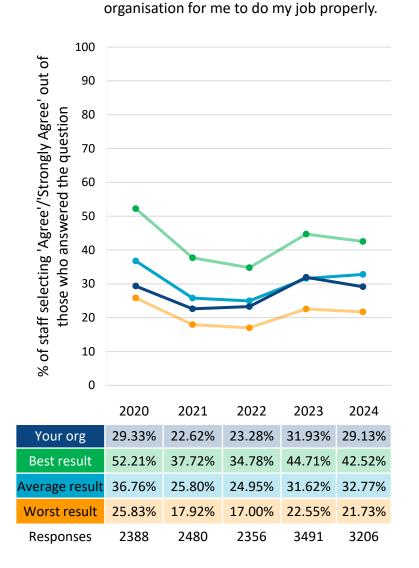
Responses

2461

2355

3480





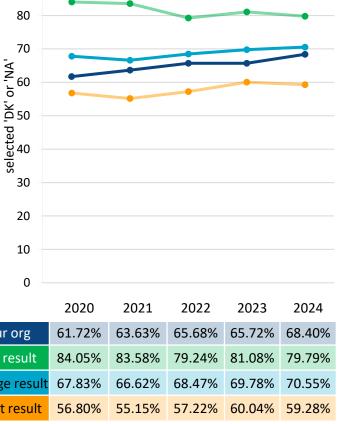


### **People Promise elements and theme results** – We are safe and healthy: Health and safety climate



Q13d The last time you experienced physical Q11a My organisation takes positive action on Q5a I have unrealistic time pressures. violence at work, did you or a colleague health and well-being. report it? 100 100 100 staff selecting 'Never'/'Rarely' out of those who out of answered the question excluding those who 90 90 90 % of staff selecting 'Agree'/'Strongly Agree' answered the question a colleague, reported it, 80 80 80 70 70 70 answered the question 'AN' 60 60 60 P 50 50 selected <sup>-</sup> 0 out of those who of staff saying they, or 40 40 30 30 30 20 20 20 those who 10 10 10 of % 0 0 0 % 2020 2021 2022 2023 2024 2021 2022 2023 2024 2020 2021 Your org 22.57% 20.66% 21.15% 25.47% 24.60% Your org 47.71% 44.87% 48.69% 44.53% 61.72% 63.63% Your org Best result 33.24% 29.31% 29.61% 33.04% 31.37% **Best result** 73.75% 71.50% 72.81% 70.84% **Best result** 84.05% 83.58% 23.97% 22.27% 22.18% 24.95% 25.71% 56.34% 55.62% 56.82% 55.99% 67.83% 66.62% Average result Average resul Average resu 18.24% Worst result 42.28% 42.82% 44.58% 38.51% Worst result 18.00% 17.94% 20.72% 21.01% Worst result 56.80% 55.15% Responses 2383 2478 2348 3483 3208 Responses 2426 2306 3479 3213 216 202 Responses

Note: 2023 results for Q13d are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.



267

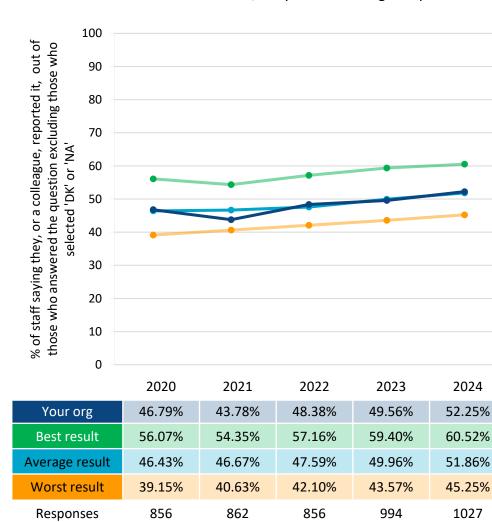
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389







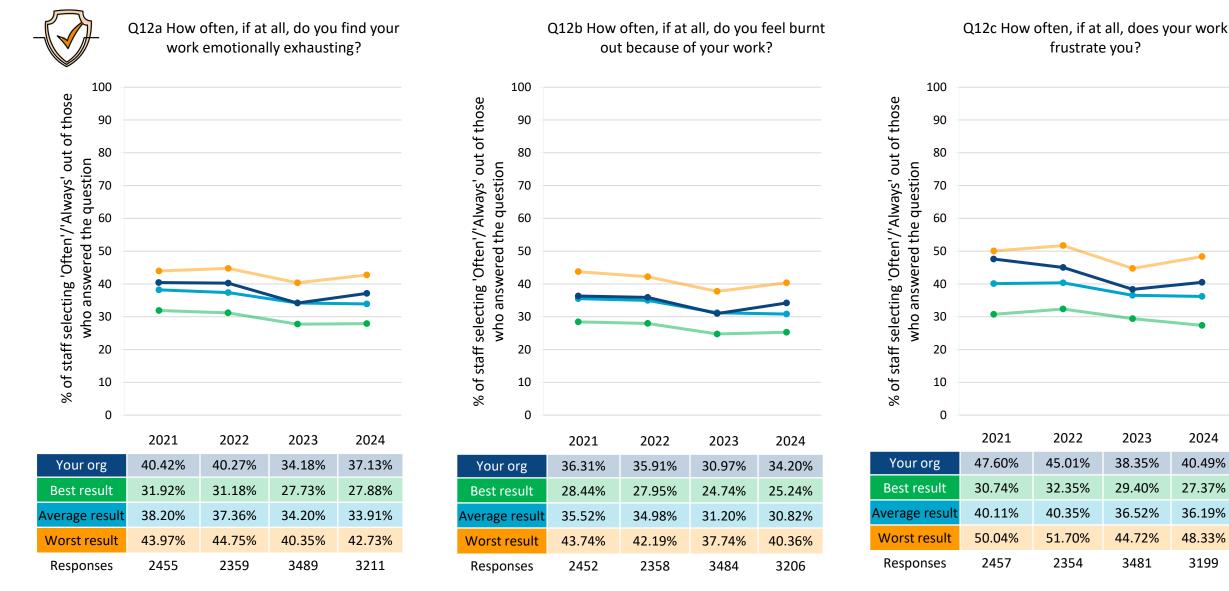


Q14d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?

Note: 2023 results for Q14d are now reported using corrected data. Please see <u>https://www.nhsstaffsurveys.com/survey-documents/</u> for more details.

## **People Promise elements and theme results** – We are safe and healthy: Burnout





2024

40.49%

27.37%

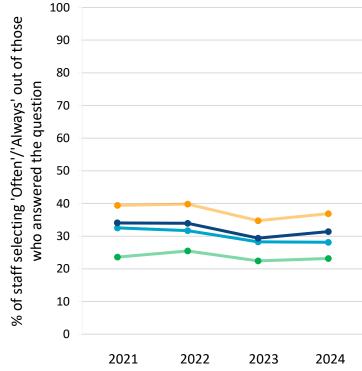
36.19%

48.33%

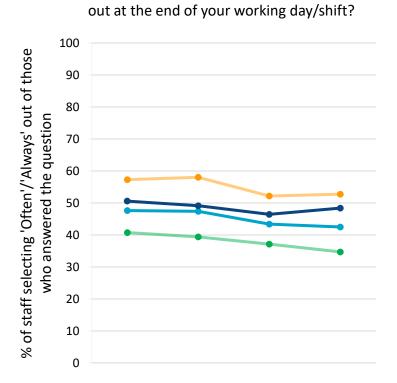




Q12d How often, if at all, are you exhausted at the thought of another day/shift at work?



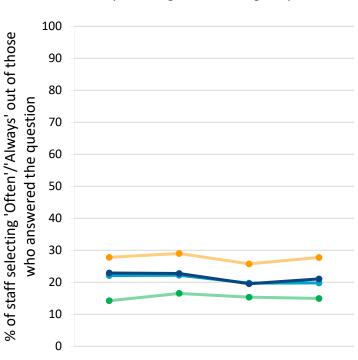
	2021	2022	2023	2024
Your org	34.04%	33.95%	29.39%	31.39%
Best result	23.59%	25.47%	22.44%	23.17%
Average result	32.54%	31.71%	28.26%	28.13%
Worst result	39.44%	39.81%	34.74%	36.90%
Responses	2447	2357	3483	3191



Q12e How often, if at all, do you feel worn

	2021	2022	2023	2024
Your org	50.57%	49.12%	46.45%	48.41%
Best result	40.75%	39.38%	37.14%	34.71%
Average result	47.62%	47.37%	43.37%	42.50%
Worst result	57.28%	58.02%	52.18%	52.73%
Responses	2448	2352	3484	3204

Q12f How often, if at all, do you feel that every working hour is tiring for you?

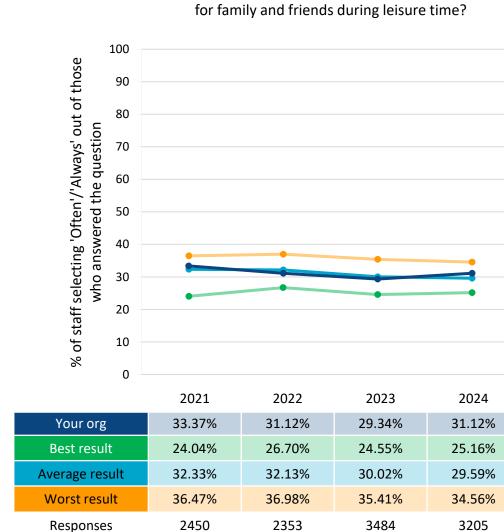


	2021	2022	2023	2024
Your org	22.90%	22.74%	19.55%	21.06%
Best result	14.24%	16.50%	15.36%	14.94%
Average result	22.12%	22.19%	19.73%	19.80%
Worst result	27.81%	29.01%	25.76%	27.74%
Responses	2448	2353	3478	3208



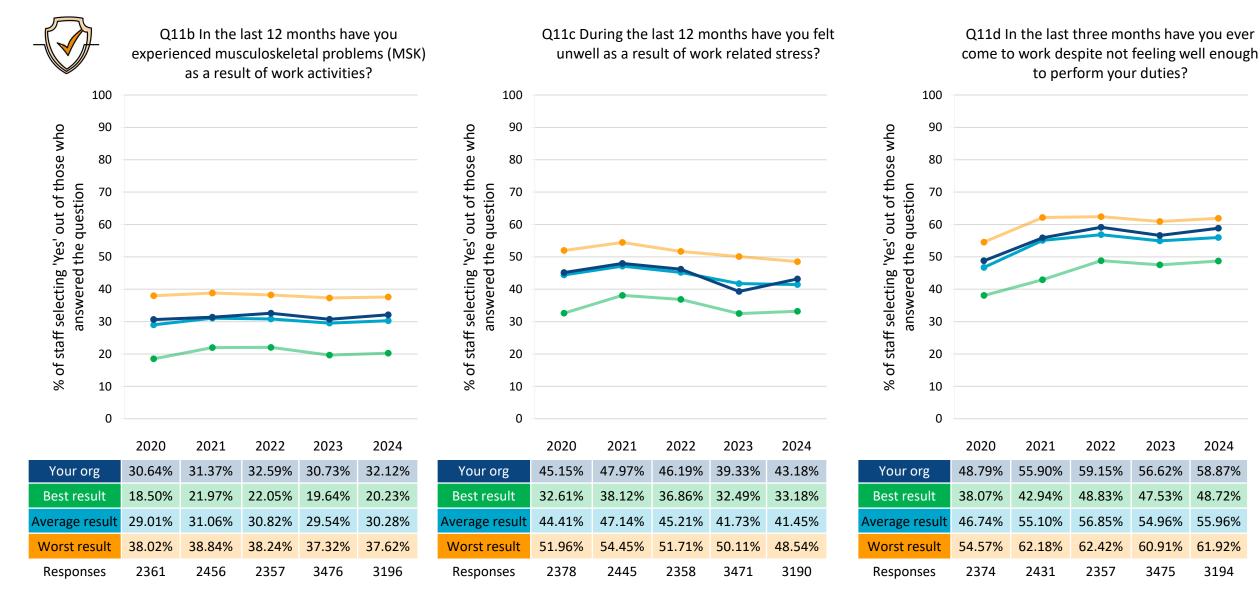






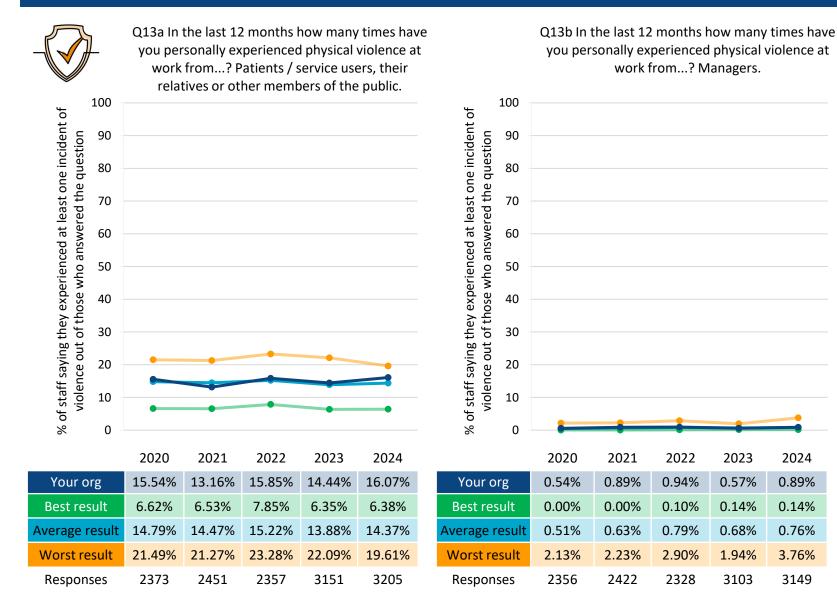
## People Promise elements and theme results – We are safe and healthy: Negative experiences

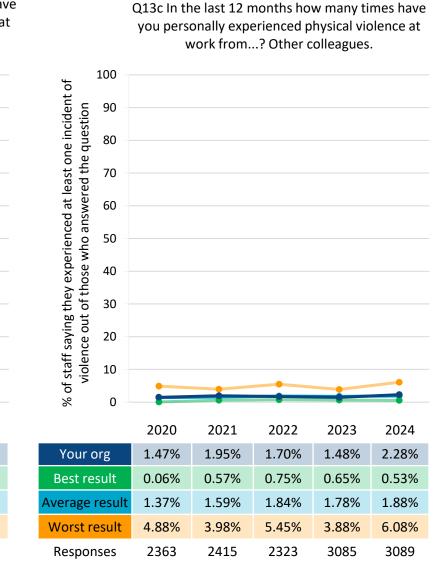




## **People Promise elements and theme results** – We are safe and healthy: Negative experiences







Note: 2023 results for Q13a-c are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

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2024

0.89%

0.14%

0.76%

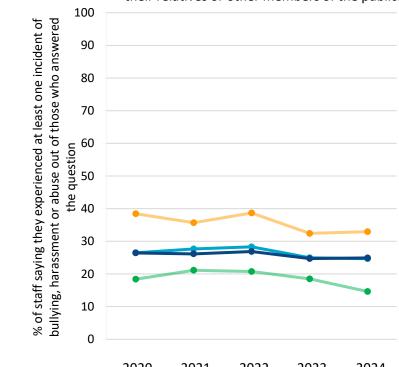
3.76%

## **People Promise elements and theme results** – We are safe and healthy: Negative experiences



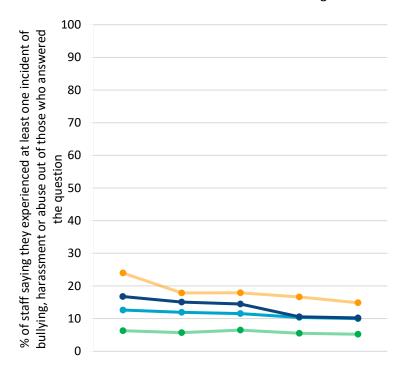


Q14a In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Patients / service users, their relatives or other members of the public.



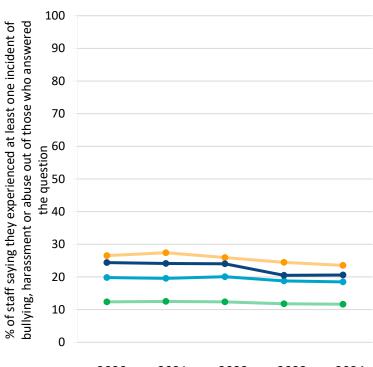
	2020	2021	2022	2023	2024	
Your org	26.44%	26.14%	26.87%	24.71%	24.90%	
Best result	18.42%	21.13%	20.77%	18.48%	14.63%	В
Average result	26.49%	27.65%	28.31%	24.99%	24.68%	Ave
Worst result	38.45%	35.69%	38.68%	32.43%	32.94%	W
Responses	2323	2393	2352	3148	3200	R

Q14b In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Managers.



		2020	2021	2022	2023	2024
	Your org	16.77%	15.07%	14.47%	10.54%	10.22%
	Best result	6.32%	5.72%	6.48%	5.52%	5.22%
	Average result	12.64%	11.95%	11.55%	10.35%	10.00%
	Worst result	23.98%	17.86%	17.89%	16.64%	14.86%
	Responses	2322	2373	2331	3115	3159

Q14c In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Other colleagues.



	2020	2021	2022	2023	2024
Your org	24.40%	24.12%	24.04%	20.50%	20.60%
Best result	12.40%	12.51%	12.37%	11.80%	11.66%
Average result	19.80%	19.56%	20.08%	18.78%	18.49%
Worst result	26.52%	27.43%	25.97%	24.45%	23.55%
Responses	2327	2368	2325	3106	3148

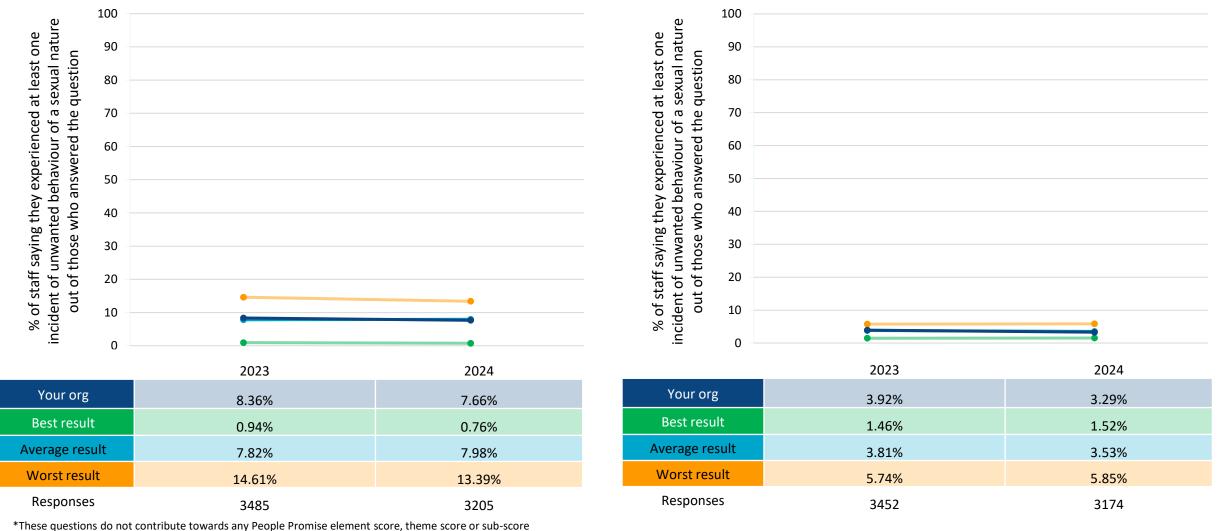
Note: 2023 results for Q14a-c are now reported using corrected data. Please see <a href="https://www.nhsstaffsurveys.com/survey-documents/">https://www.nhsstaffsurveys.com/survey-documents/</a> for more details.





Q17a In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From patients / service users, their relatives or other members of the public

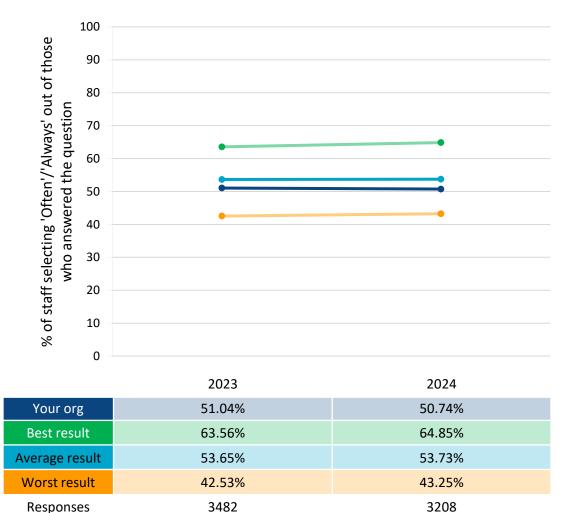
Q17b In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From staff / colleagues



ons to not contribute towards any reopie rromise cientent score, theme score of sub-score

Northern Lincolnshire and Goole NHS Foundation Trust Benchmark report





Q22 I can eat nutritious and affordable food while I am working

\*These questions do not contribute towards any People Promise element score, theme score or sub-score





## People Promise element – We are always learning



Questions included: Development – Q24a, Q24b, Q24c, Q24d, Q24e Appraisals – Q23a\*, Q23b, Q23c, Q23d Other questions\*\* - Q24f

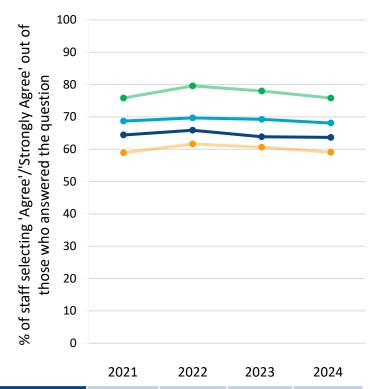
\*Q23a is a filter question and therefore influences the sub-score without being a directly scored question. \*\*Q24f does not contribute to the calculation of any scores or sub-scores.

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.





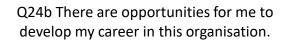
<u>\_\_\_\_</u>

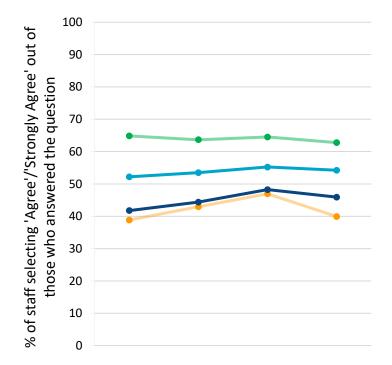


Q24a This organisation offers me challenging

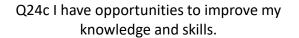
work.

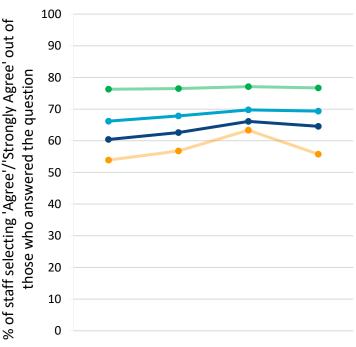
	2021	2022	2023	2024
Your org	64.40%	65.86%	63.85%	63.66%
Best result	75.83%	79.59%	78.00%	75.84%
Average result	68.68%	69.68%	69.23%	68.08%
Worst result	58.89%	61.62%	60.63%	59.05%
Responses	2444	2354	3475	3198





	2021	2022	2023	2024
Your org	41.75%	44.38%	48.24%	45.91%
Best result	64.85%	63.63%	64.50%	62.77%
Average result	52.19%	53.47%	55.24%	54.25%
Worst result	38.85%	42.97%	46.95%	39.91%
Responses	2442	2356	3480	3198





	2021	2022	2023	2024
Your org	60.41%	62.61%	66.12%	64.55%
Best result	76.28%	76.49%	77.10%	76.67%
Average result	66.20%	67.87%	69.76%	69.39%
Worst result	53.90%	56.77%	63.34%	55.79%
Responses	2442	2356	3480	3201

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## **People Promise elements and theme results** – We are always learning: Development

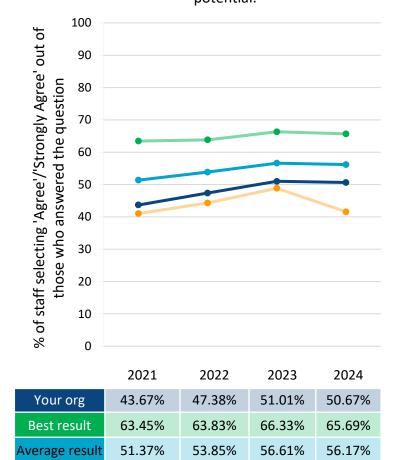


\_ Q24d I feel supported to develop my potential.

ppa

Worst result

Responses



44.31%

2354

41.03%

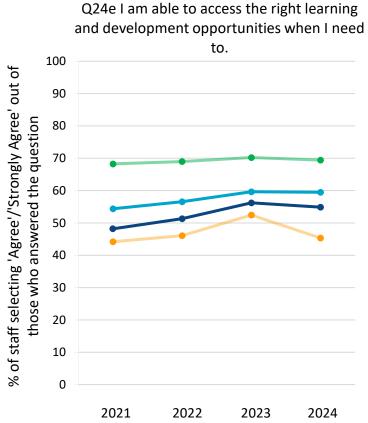
2444

48.84%

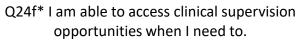
3479

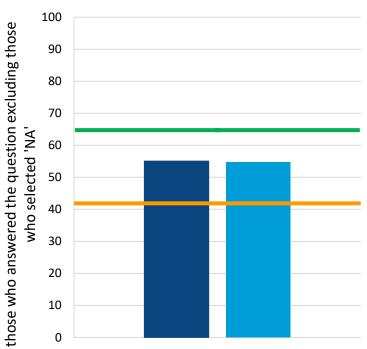
41.60%

3200



	2021	2022	2023	2024
Your org	48.17%	51.33%	56.22%	54.89%
Best result	68.26%	68.98%	70.23%	69.44%
Average result	54.38%	56.55%	59.64%	59.45%
Worst result	44.17%	46.06%	52.43%	45.31%
Responses	2440	2353	3480	3199





% of staff selecting 'Agree'/'Strongly Agree' out of

	2024
Your org	55.04%
Best result	64.73%
Average result	54.75%
Worst result	41.87%
Responses	2536

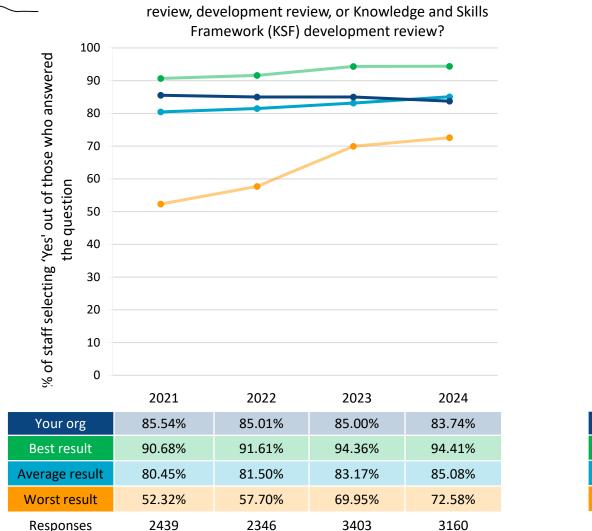
\*Q24f was introduced in 2024 and does not currently contribute towards any People Promise element score, theme score or sub-score to protect trend data over five years.

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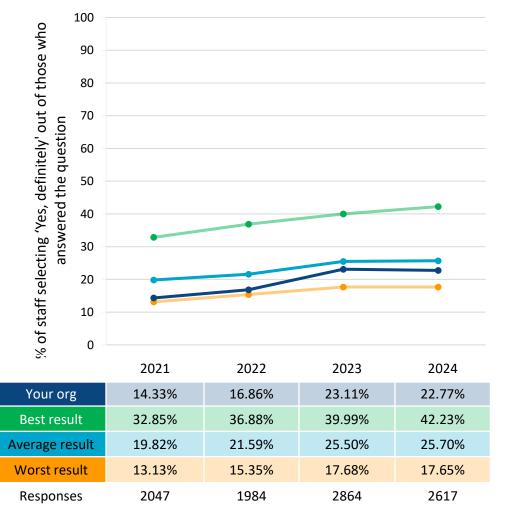
Q23a\* In the last 12 months, have you had an appraisal, annual



pa



Q23b It helped me to improve how I do my job.



\*Q23a is a filter question and therefore influences the sub-score without being a directly scored question.



29.43%

2871

25.28%

1983





Worst result

Responses

21.81%

2049

#### Q23d It left me feeling that my work is valued by my Q23c It helped me agree clear objectives for my work. organisation. 100 of staff selecting 'Yes, definitely' out of those who 100 % of staff selecting 'Yes, definitely' out of those 90 90 80 80 who answered the question answered the question 70 70 60 60 50 50 40 40 30 30 20 20 10 10 % 0 0 2021 2022 2023 2024 2021 2022 2023 Your org 24.43% 28.55% 32.55% 31.53% Your org 23.18% 26.15% 30.50% Best result 42.92% 43.18% 46.31% 46.95% Best result 38.93% 40.59% 40.69% 30.19% 31.93% 36.06% 36.01% Average result 29.27% 31.30% 33.99% Average result

27.28%

2614

Worst result

Responses

21.48%

2049

25.03%

1983

27.61%

2870

2024

29.31%

40.97%

33.79%

24.42%





## People Promise element – We work flexibly



Questions included: Support for work-life balance – Q6b, Q6c, Q6d Flexible working – Q4d

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

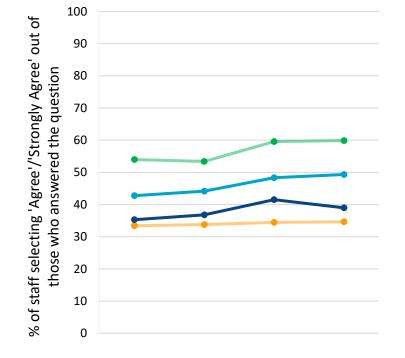


## People Promise elements and theme results – We work flexibly: Support for work-life balance

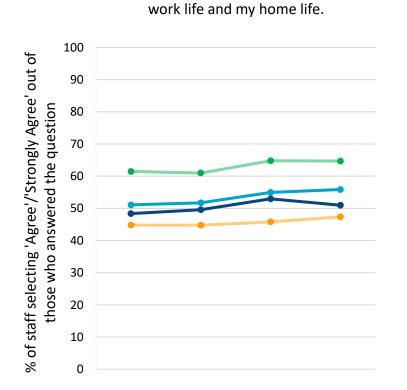




Q6b My organisation is committed to helping me balance my work and home life.



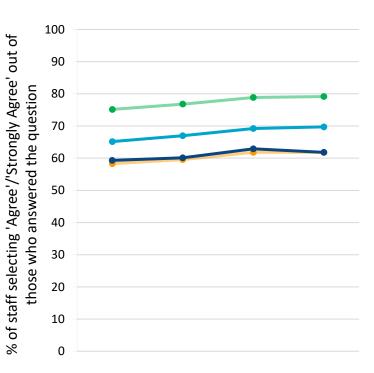
		2021	2022	2023	2024
	Your org	35.28%	36.82%	41.51%	38.98%
	Best result	53.99%	53.39%	59.57%	59.88%
	Average result	42.75%	44.14%	48.33%	49.34%
	Worst result	33.43%	33.74%	34.44%	34.64%
	Responses	2458	2356	3484	3200



Q6c I achieve a good balance between my

	2021	2022	2023	2024
Your org	48.37%	49.56%	52.96%	50.95%
Best result	61.48%	60.97%	64.79%	64.71%
Average result	51.09%	51.73%	54.93%	55.86%
Worst result	44.80%	44.75%	45.81%	47.36%
Responses	2460	2355	3482	3207

Q6d I can approach my immediate manager to talk openly about flexible working.



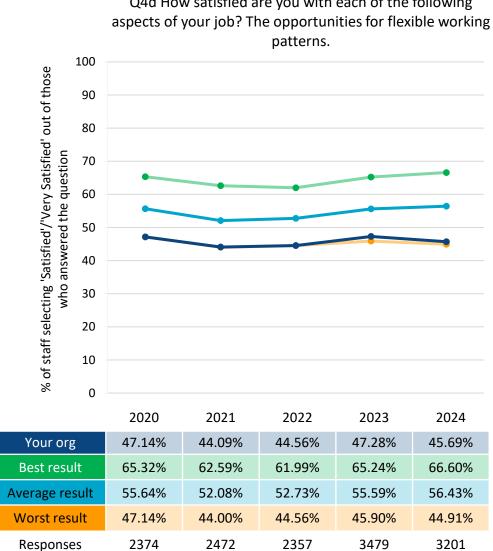
	2021	2022	2023	2024
Your org	59.32%	60.13%	62.91%	61.80%
Best result	75.16%	76.80%	78.85%	79.16%
Average result	65.17%	66.99%	69.24%	69.74%
Worst result	58.30%	59.57%	61.83%	61.80%
Responses	2460	2356	3483	3206

Northern Lincolnshire and Goole NHS Foundation Trust Benchmark report







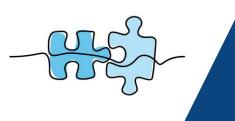


Q4d How satisfied are you with each of the following





## People Promise element – We are a team

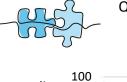


Questions included: Team working – Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a Line management – Q9a, Q9b, Q9c, Q9d

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



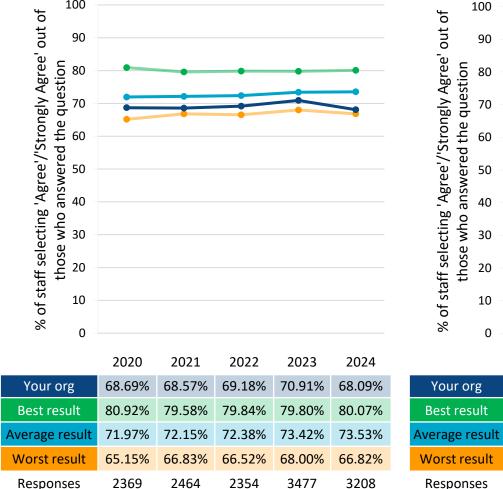


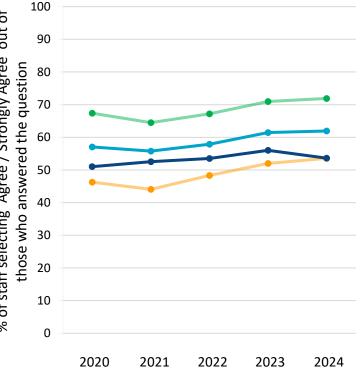


Q7a The team I work in has a set of shared objectives.

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

Q7c I receive the respect I deserve from my colleagues at work.





% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question 0 0 0 0 0 0 0 0 0 0 0 0					
	2020	2021	2022	2023	2024
Your org	67.27%	65.92%	65.25%	67.00%	65.76%
Best result	82.02%	78.45%	78.29%	77.84%	76.21%
Average result	70.63%	69.79%	70.36%	70.99%	70.44%
Worst result	62.98%	62.27%	63.14%	63.16%	65.37%
Responses	2388	2467	2357	3487	3211

100

...

52.56%

64.49%

55.78%

44.06%

2464

53.54%

57.87%

48.33%

2355

56.02%

61.46%

52.00%

3480

67.16% 70.97%

53.64%

71.90%

61.94%

53.58%

3204

51.01%

67.38%

57.06%

46.26%

## **People Promise elements and theme results** – We are a team: Team working



Q7d Team members understand each other's Q7e I enjoy working with the colleagues in my Q7f My team has enough freedom in how to do its work. roles. team. 100 100 100 of staff selecting 'Agree'/'Strongly Agree' out of % of staff selecting 'Agree'/'Strongly Agree' out of of staff selecting 'Agree'/'Strongly Agree' out of 90 90 90 answered the question answered the question those who answered the question 80 80 80 70 70 70 60 60 60 50 50 50 40 40 40 those who those who 30 30 30 20 20 20 10 10 10 % % 0 0 0 2021 2022 2021 2022 2023 2024 2021 2022 2023 2024 51.02% 51.56% Your org 71.60% 68.92% 70.61% 69.64% 78.91% 79.79% Your org Your org 78.69% 78.27% 67.97% 65.01% **Best result Best result** 80.65% 76.75% 77.80% 76.36% Best result 87.56% 86.32% 86.45% 85.22% 56.55% 57.13% Average result 71.41% 70.75% 71.71% 71.27% 80.88% 81.11% 81.18% 80.32% Average resul Average result 48.31% 48.90% Worst result 66.14% 66.15% 65.89% Worst result 65.74% Worst result 74.76% 75.06% 75.76% 75.15% 2462 2358 Responses Responses 2466 2357 3485 3210 Responses 2467 2354 3483 3208

2024

53.16%

66.16%

59.47%

46.83%

3207

2023

56.65%

66.20%

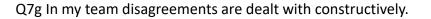
59.95%

51.97%

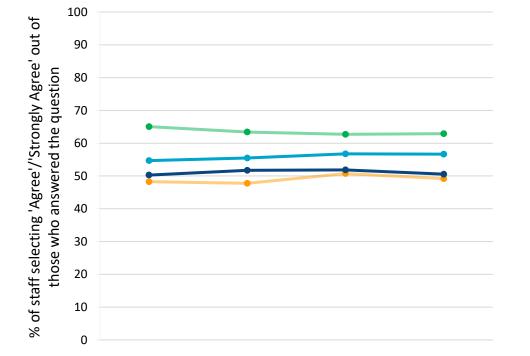




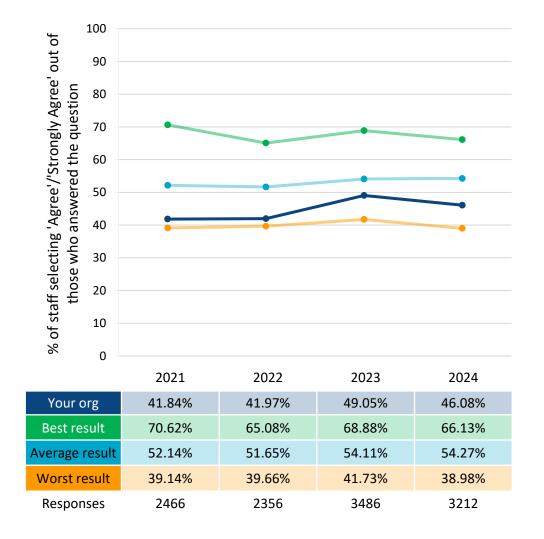


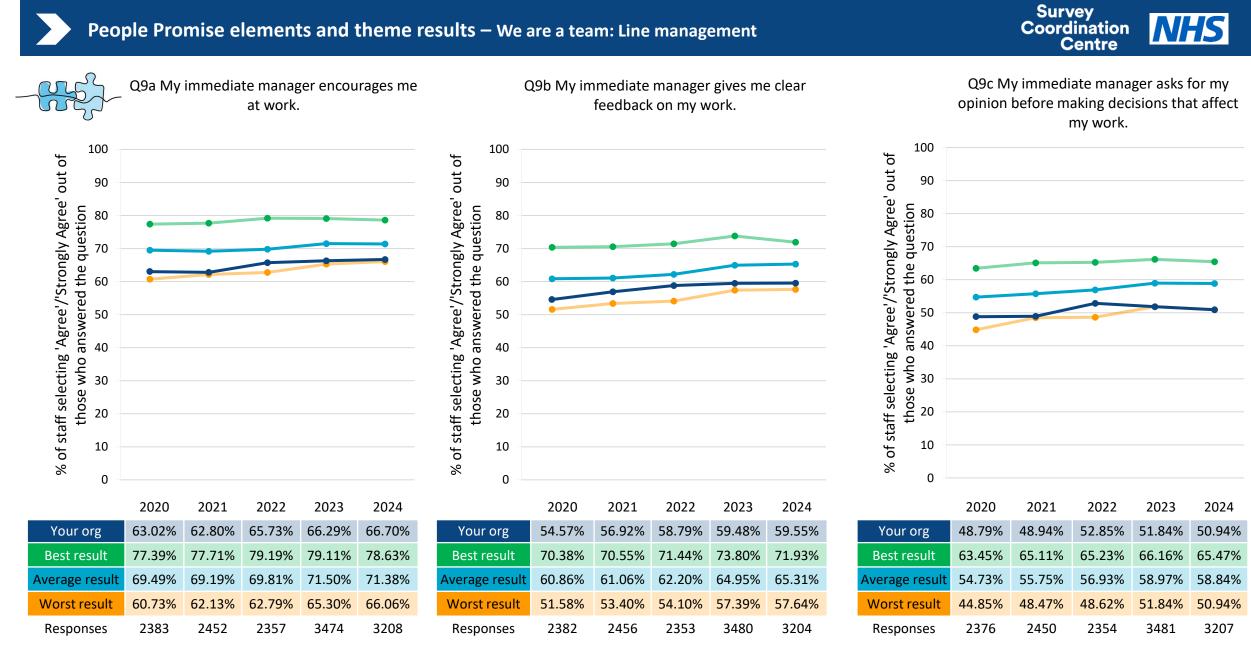


Q8a Teams within this organisation work well together to achieve their objectives.



	2021	2022	2023	2024
Your org	50.27%	51.75%	51.85%	50.58%
Best result	65.06%	63.41%	62.71%	62.90%
Average result	54.69%	55.50%	56.75%	56.65%
Worst result	48.27%	47.77%	50.73%	49.19%
Responses	2463	2356	3478	3199

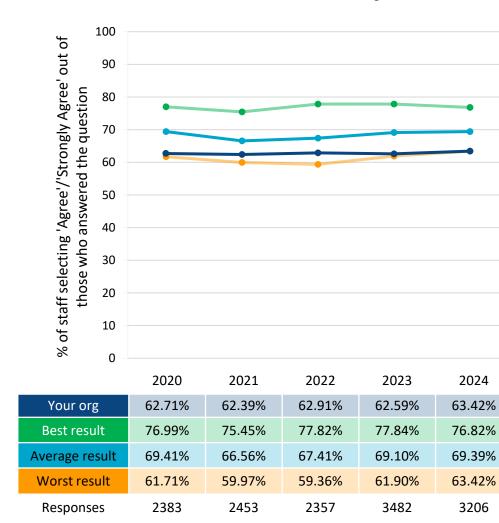












Q9d My immediate manager takes a positive interest in my health and well-being.



**Theme – Staff engagement** 



Questions included: Motivation – Q2a, Q2b, Q2c Involvement – Q3c, Q3d, Q3f Advocacy – Q25a, Q25c, Q25d

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



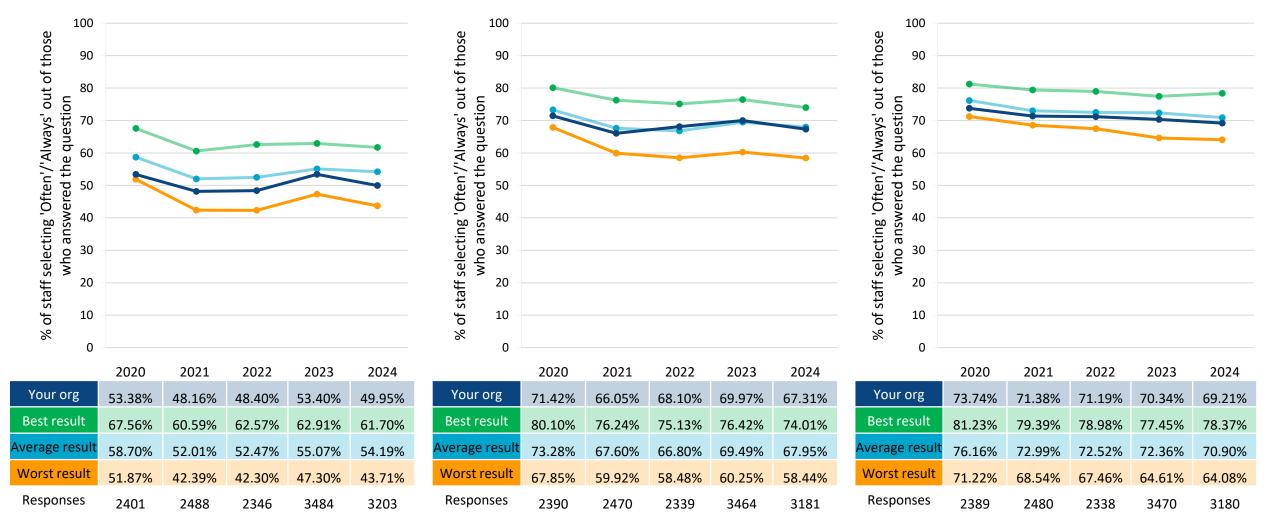


5

Q2a I look forward to going to work.

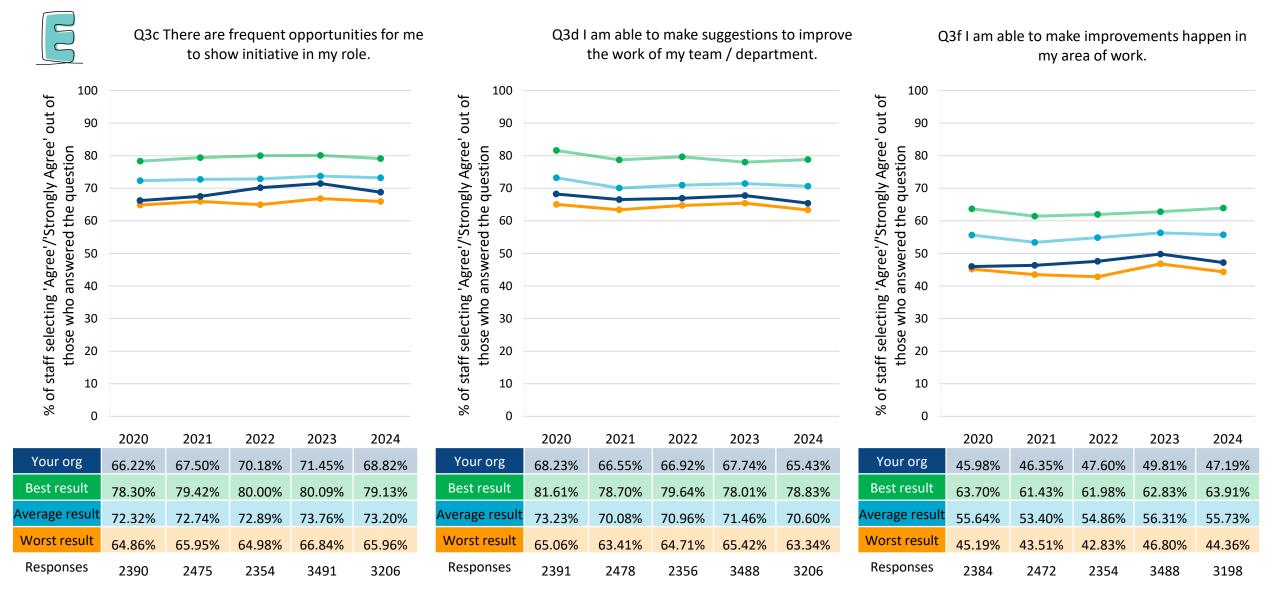
Q2b I am enthusiastic about my job.

Q2c Time passes quickly when I am working.



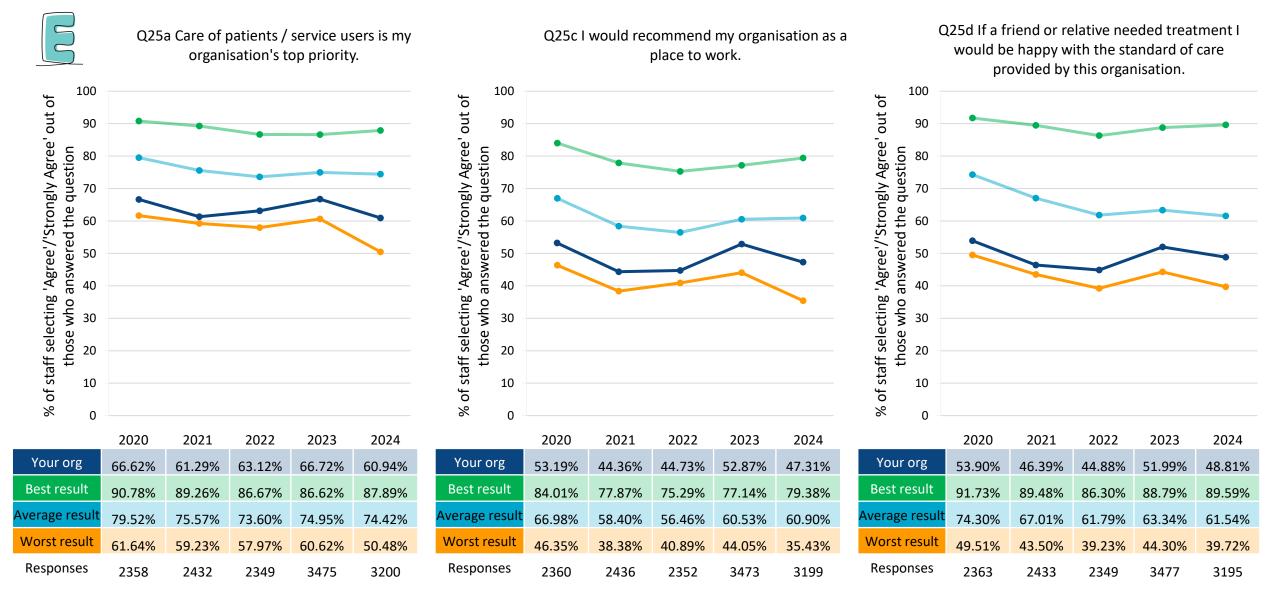






## **People Promise elements and theme results** – Staff engagement: Advocacy







## **Theme - Morale**



Questions included: Thinking about leaving – Q26a, Q26b, Q26c Work pressure – Q3g, Q3h, Q3i Stressors – Q3a, Q3e, Q5a, Q5b, Q5<u>c, Q7c, Q9a</u>

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



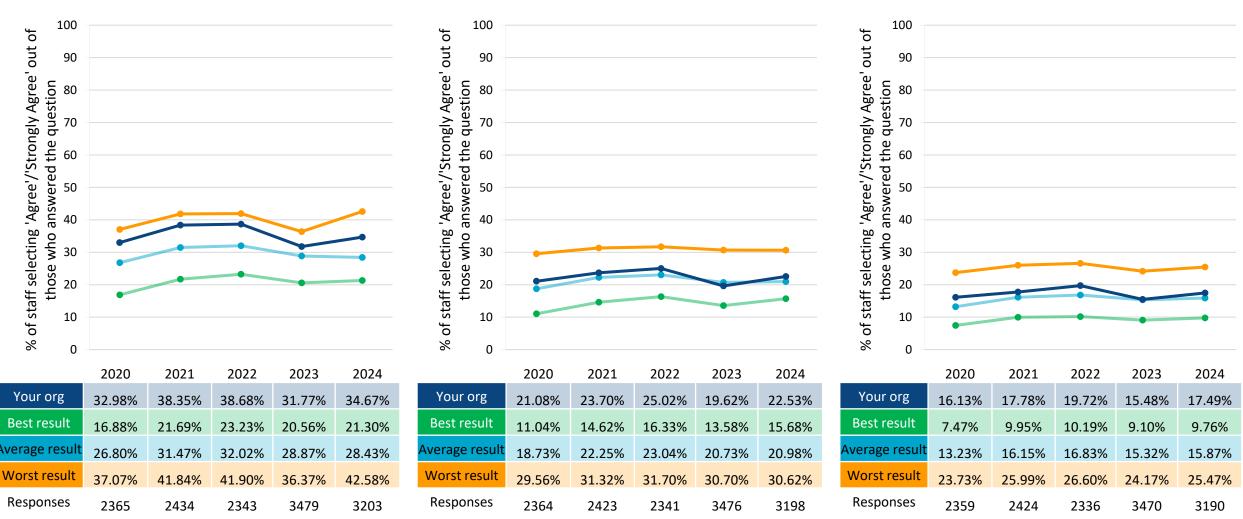


Q26c As soon as I can find another job, I will

leave this organisation.

M

Q26a I often think about leaving this organisation.



Q26b I will probably look for a job at a new

organisation in the next 12 months.



Average resu

Worst result

Responses

47.39%

38.11%

2379

42.96%

34.06%

2461



demands on my time at work. 100 100 of staff selecting 'Agree'/'Strongly Agree' out of of staff selecting 'Agree'/'Strongly Agree' out of 90 90 answered the question answered the question 80 80 70 70 60 60 50 50 40 40 those who who 30 30 those 20 20 10 10 % % 0 C 2020 2021 2022 2023 2024 Your org Your org 41.01% 42.95% 39.12% 46.99% 44.41% Best result **Best result** 61.92% 56.95% 55.01% 54.62% 53.13%

42.78%

32.05%

2355

46.56%

37.35%

3480

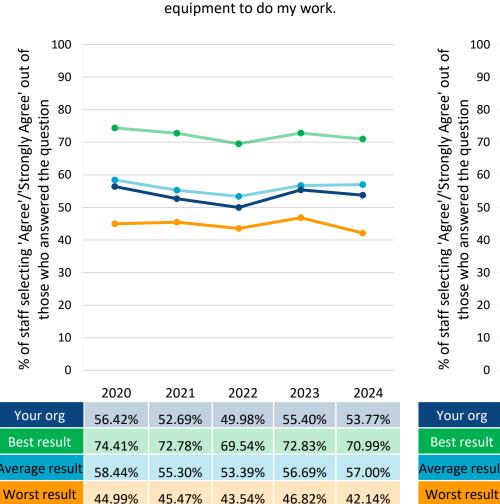
47.51%

36.68%

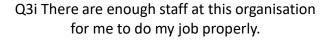
3201

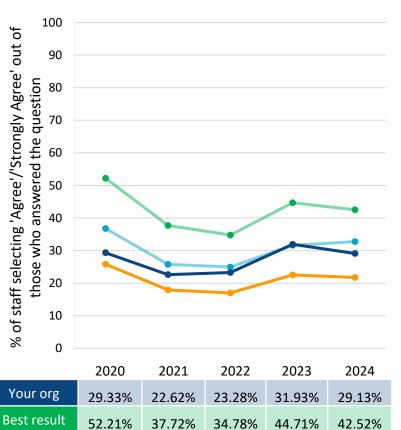
Responses

Q3g I am able to meet all the conflicting



Q3h I have adequate materials, supplies and





36.76%

25.83%

2388

Responses

25.80%

17.92%

2480

24.95%

17.00%

2356

2480

2353

3488

3203

2383

31.62%

22.55%

3491

32.77%

21.73%

## **People Promise elements and theme results** – Morale: Stressors



Q3a

Responses

2403

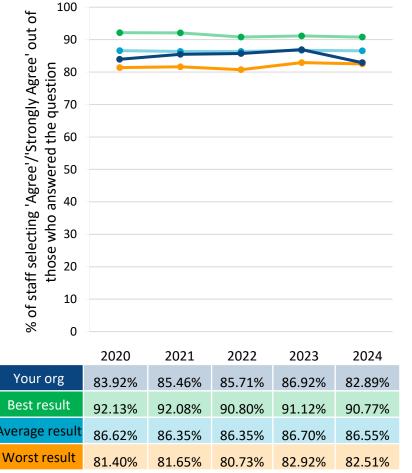
2481

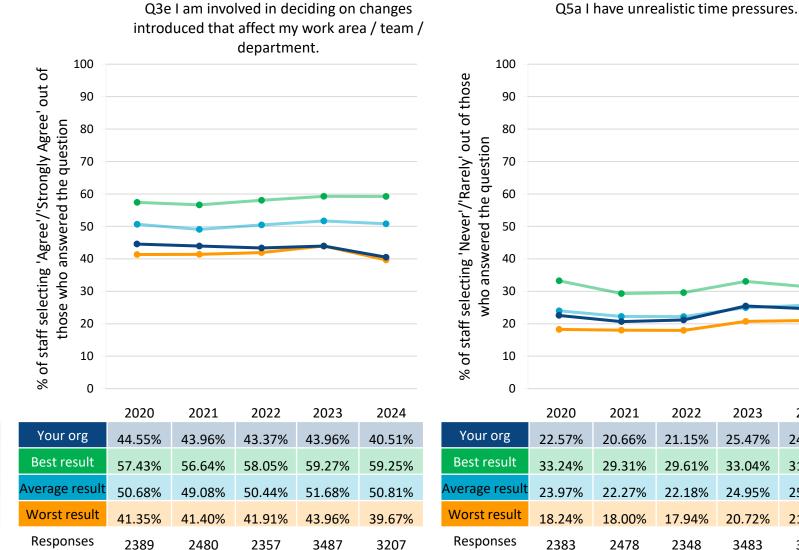
2352

3502

3217

Q3a I always know what my work responsibilities are.





2024

24.60%

31.37%

25.71%

21.01%



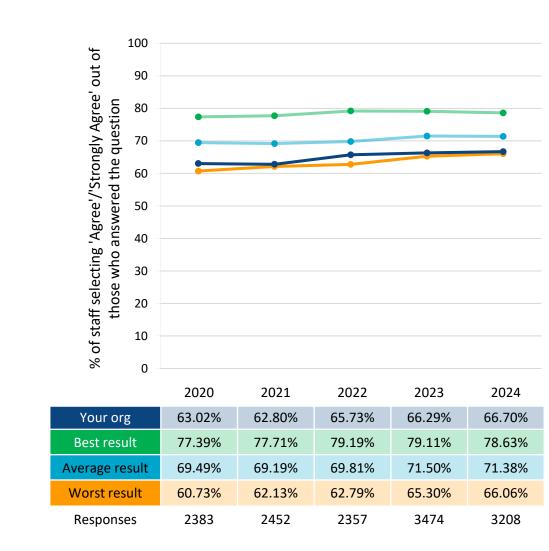


Q5b I have a choice in deciding how to do my Q5c Relationships at work are strained. Q7c I receive the respect I deserve from my work. colleagues at work. 100 100 100 out of of staff selecting 'Often'/'Always' out of those of staff selecting 'Never'/'Rarely' out of those who 90 90 90 of staff selecting 'Agree'/'Strongly Agree' answered the question 80 80 80 question 70 70 70 answered the question 60 60 60 who answered the 50 50 50 40 40 40 those who 30 30 30 20 20 20 10 10 10 % % 0 0 0 2020 2021 2022 2023 2024 2020 2021 2022 2023 2024 2020 2021 2022 2023 2024 Your org Your org Your org 39.10% 51.46% 51.02% 49.33% 50.81% 48.91% 38.57% 40.40% 43.33% 42.09% 67.27% 65.92% 65.25% 67.00% 65.76% **Best result** Best result Best result 62.76% 59.85% 60.94% 55.23% 52.22% 53.46% 53.48% 82.02% 77.84% 76.21% 59.87% 61.04% 54.56% 78.45% 78.29% Average resu Average resul Average resul 54.13% 51.32% 51.55% 52.31% 52.02% 45.35% 42.67% 43.89% 45.94% 45.91% 70.63% 69.79% 70.36% 70.99% 70.44% Worst result Worst result Worst result 45.86% 46.10% 44.26% 36.93% 34.28% 35.52% 36.80% 36.48% 62.98% 62.27% 63.16% 65.37% 63.14% 43.93% 45.33% Responses Responses Responses 2379 2472 2351 3483 3210 2379 2475 2352 3478 3206 2388 2467 2357 3487 3211





M



Q9a My immediate manager encourages me at work.



#### Questions not linked to People Promise elements or themes

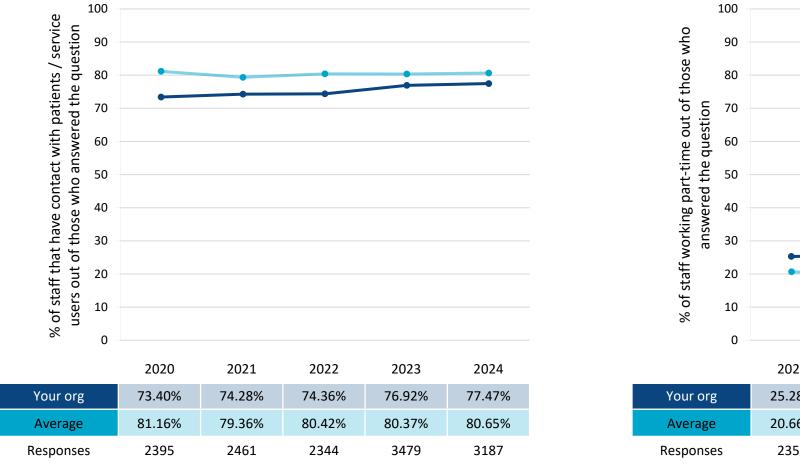
Questions included:\* Q1, Q10a, Q10b, Q10c, Q11e, Q16c, Q18, Q19a, Q19b, Q19c, Q19d, Q31b, Q26d

\*The results for Q17a, Q17b and Q22 are reported in the section for People Promise element 4: We are safe and healthy. The results for Q24f are reported in the section for People Promise element 5: We are always learning. These questions do not contribute to any score or sub-score calculations.

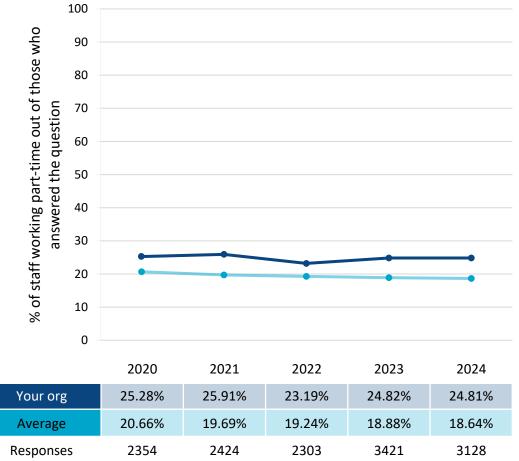
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



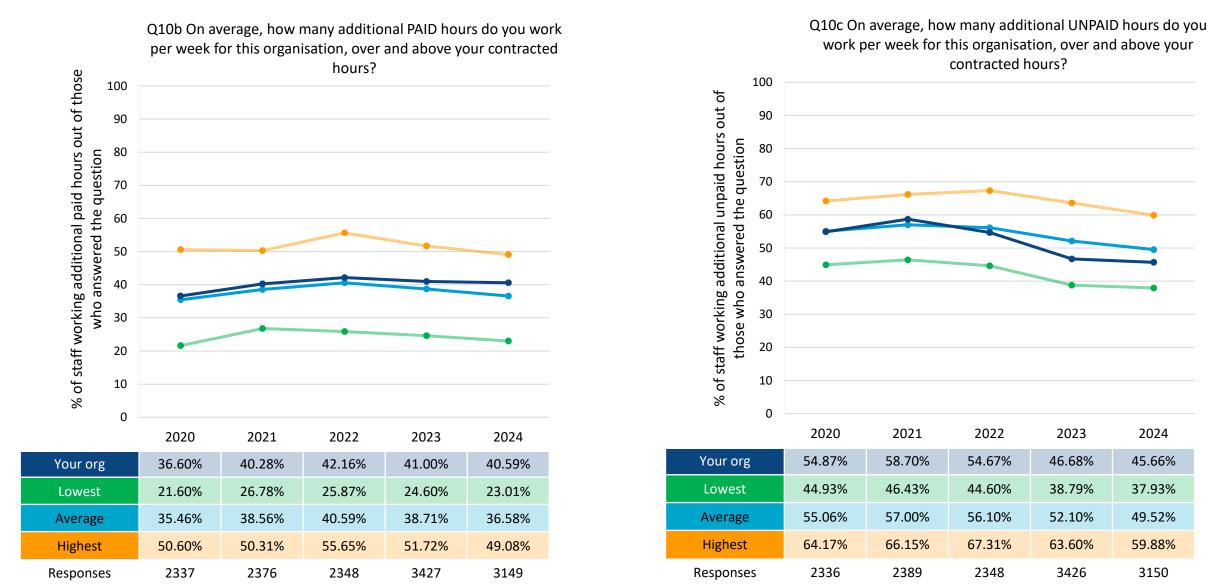
Q1 Do you have face-to-face, video or telephone contact with patients / service users as part of your job?



Q10a How many hours a week are you contracted to work?







45.66%

37.93%

49.52%

59.88%

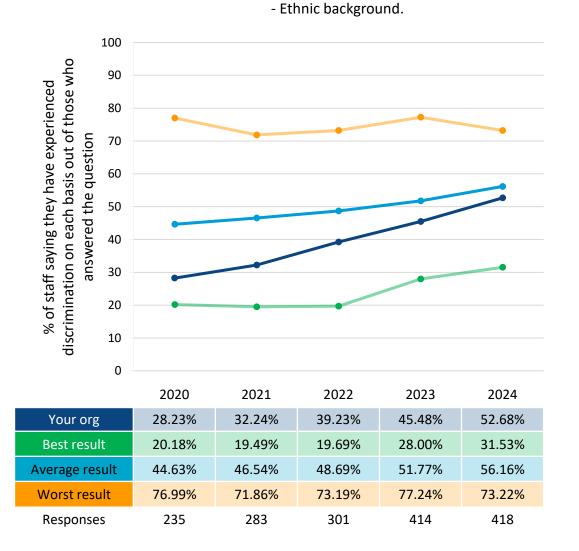
3150





work? 100 % of staff selecting 'Yes' out of those who answered 90 80 70 60 the question 50 40 30 20 10 0 2020 2021 2022 2023 2024 29.28% 24.83% 20.58% Your org 27.05% 23.31% 18.25% 18.78% 16.95% 14.70% 14.77% Best result Average result 26.22% 26.06% 23.71% 22.59% 21.34% Worst result 34.69% 34.82% 31.07% 27.49% 27.13% 1103 1231 1368 1906 1821 Responses

Q11e\* Have you felt pressure from your manager to come to



Q16c.1 On what grounds have you experienced discrimination?

\*Q11e is only answered by staff who responded 'Yes' to Q11d.





– Gender. 100 discrimination on each basis out of those who 90 % of staff saying they have experienced 80 answered the question 70 60 50 40 30 20 10 0 Your org

Best result

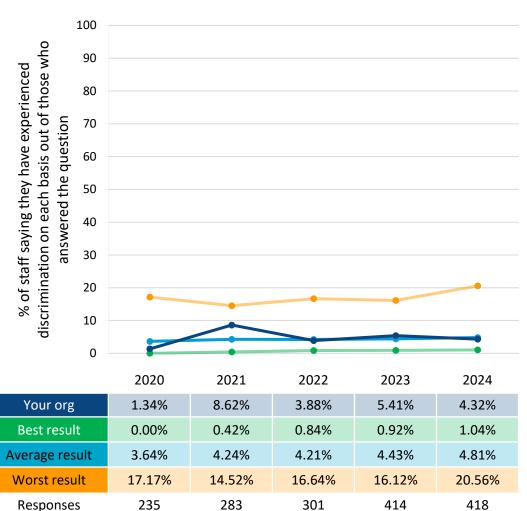
Average result

Worst result

Responses

Q16c.2 On what grounds have you experienced discrimination?

2020	2021	2022	2023	2024
19.14%	16.32%	20.26%	21.14%	16.64%
9.30%	5.97%	10.82%	9.86%	13.16%
19.96%	20.35%	20.00%	19.07%	18.49%
28.50%	30.58%	29.96%	28.11%	25.50%
235	283	301	414	418



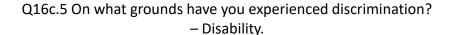
Q16c.3 On what grounds have you experienced discrimination?

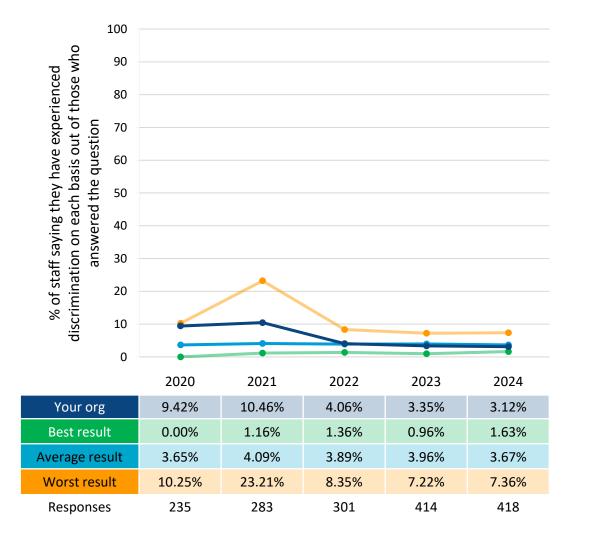
- Religion.

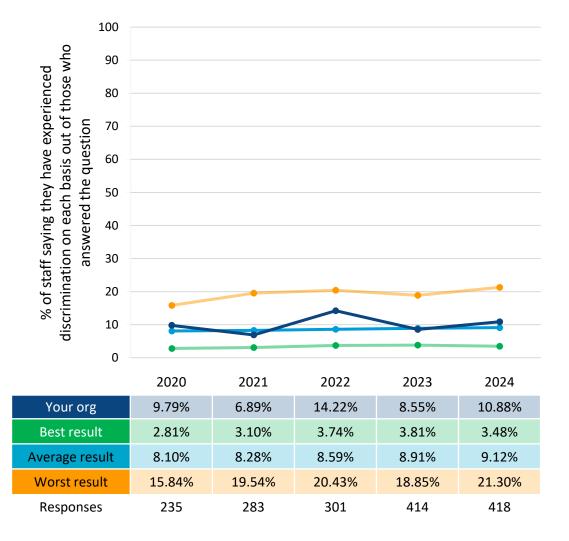




Q16c.4 On what grounds have you experienced discrimination? – Sexual orientation.

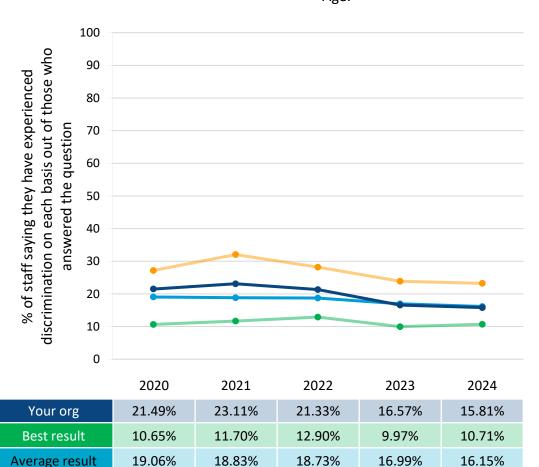












Worst result

Responses

27.17%

235

32.05%

283

28.20%

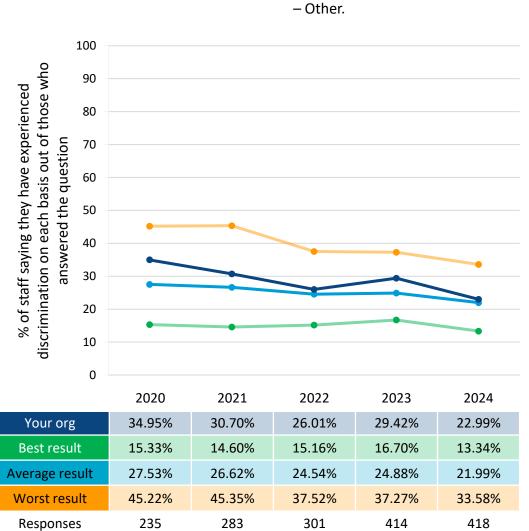
301

23.87%

414

23.22%

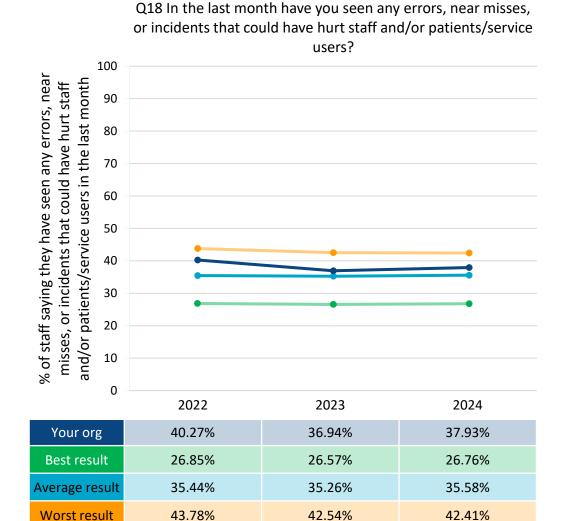
418



Q16c.7 On what grounds have you experienced discrimination?

Q16c.6 On what grounds have you experienced discrimination? — Age.



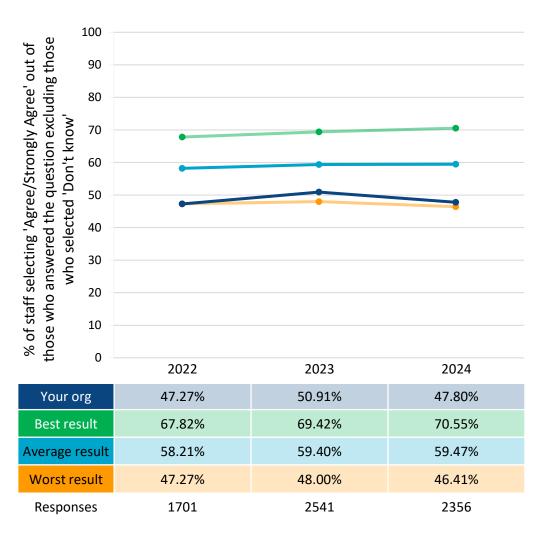


Worst result

Responses

2325

Q19a My organisation treats staff who are involved in an error, near miss or incident fairly.



42.41%

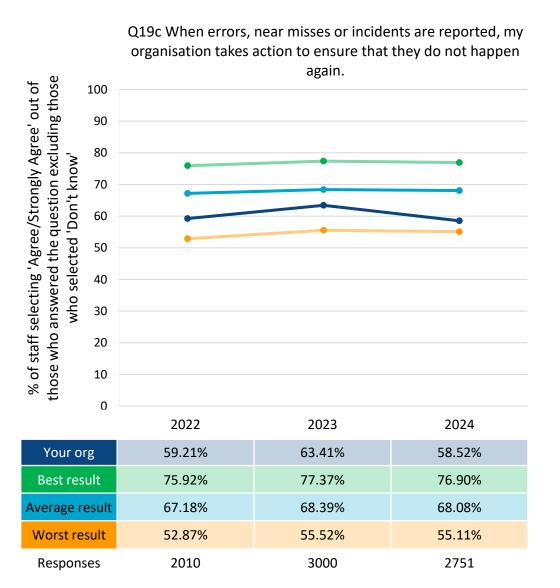
3153



Q19b My organisation encourages us to report errors, near

misses or incidents.

	2022	2023	2024
Your org	82.94%	84.92%	82.26%
Best result	90.90%	92.28%	91.52%
Average result	85.59%	85.95%	85.95%
Worst result	80.84%	80.77%	80.79%
Responses	2230	3338	3040



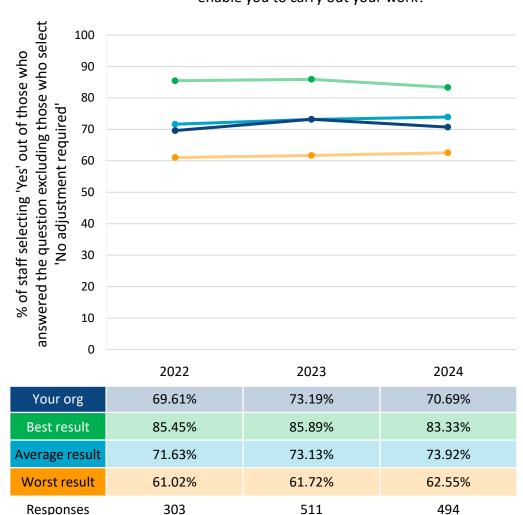




Q19d We are given feedback about changes made in

response to reported errors, near misses and incidents.

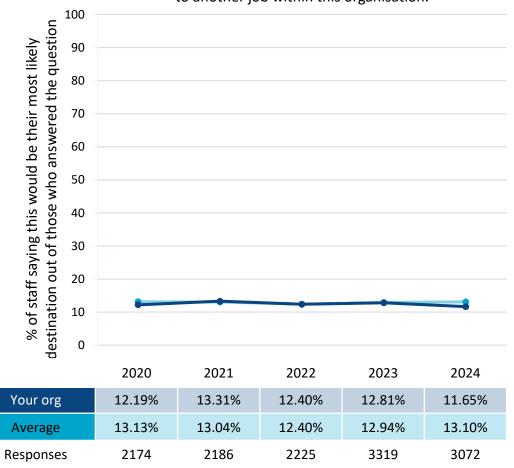
	2022	2023	2024
Your org	52.52%	57.67%	51.95%
Best result	69.36%	71.25%	71.84%
Average result	58.95%	60.66%	60.70%
Worst result	45.61%	47.47%	47.26%
Responses	2041	3004	2769



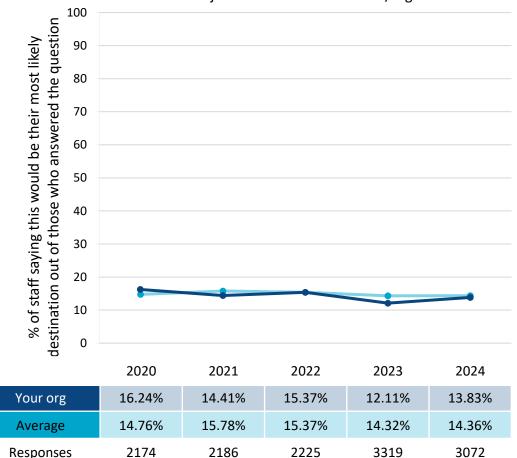
Q31b Has your employer made reasonable adjustment(s) to enable you to carry out your work?



Q26d.1 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job within this organisation.

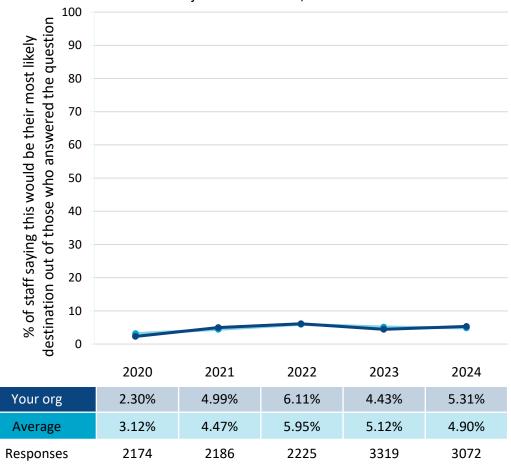


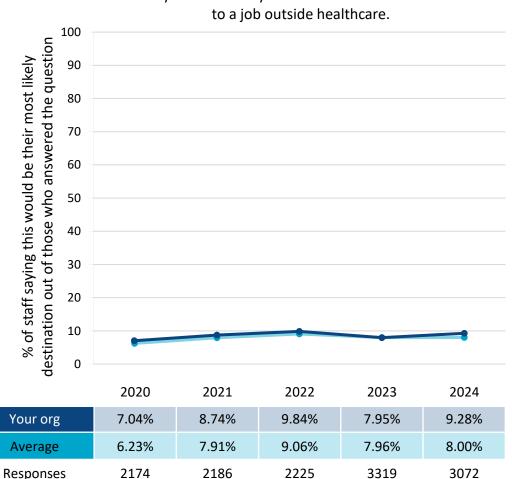
Q26d.2 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job in a different NHS Trust/organisation.





Q26d.3 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job in healthcare, but outside the NHS.



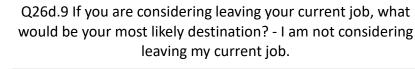


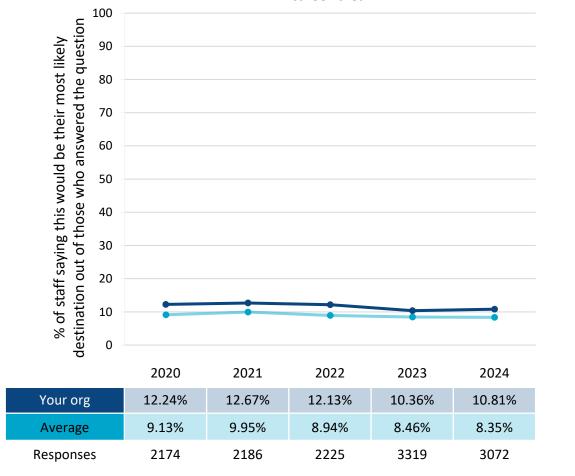
Q26d.4 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job outside healthcare.

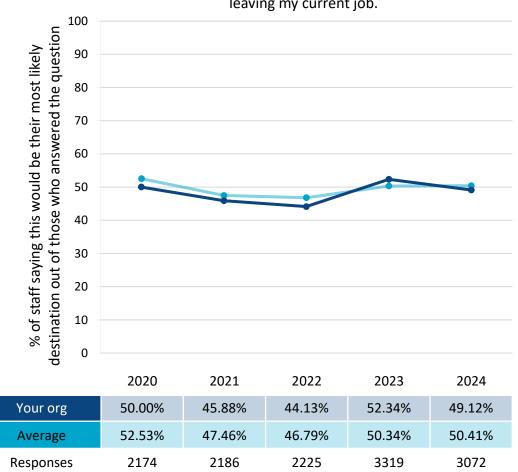




Q26d.5 If you are considering leaving your current job, what would be your most likely destination? - I would retire or take a career break.











# **Workforce Equality Standards**

Note where there are fewer than 10 responses for a question, results are suppressed to protect staff confidentiality and reliability of data.



#### Workforce Race Equality Standards (WRES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2020-2024 organisation and benchmarking group median results for q13a, q13b&c combined, q15, and q16b split by ethnicity (by white staff / staff from all other ethnic groups combined).

#### Workforce Disability Equality Standards (WDES)

This section contains data for the organisation required for the NHS Staff Survey metrics used in the Workforce Disability Equality Standard (WDES). It includes the 2020-2024 organisation and benchmarking group median results for q4b, q11e, q14a-d, and q15 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. It also shows results for q31b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness and the overall engagement score for the organisation.

In 2022, the text for q31b was updated and the word 'adequate' was changed to 'reasonable'.

The WDES breakdowns are based on the responses to q31a Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?



This section contains data required for the staff survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

#### Workforce Race Equality Standards (WRES) Indicator Qu No Workforce Race Equality Standard For each of the following indicators, compare the outcomes of the responses for white staff and staff from all other ethnic groups combined 5 Q14a Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months 6 Q14b & Q14c Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months Q15 Percentage believing that their organisation provides equal opportunities for career progression or promotion 7 8 Q16b In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

#### Workforce Disability Equality Standards (WDES)

Metric	Qu No	Workforce Disability Equality Standard						
	For each of the following metrics, compare the responses for staff with a LTC* or illness vs staff without a LTC or illness							
4a	Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public						
4b	Q14b	Percentage of staff experiencing harassment, bullying or abuse from managers						
4c	Q14c	Percentage of staff experiencing harassment, bullying or abuse from other colleagues						
4d	Q14d	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it						
5	Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion						
6	Q11e	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties						
7	Q4b	Percentage staff saying that they are satisfied with the extent to which their organisation values their work						
8	Q31b	Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work						
9a	theme_engagement	The staff engagement score for staff with LTC or illness vs staff without a LTC or illness						





# Workforce Race Equality Standards (WRES)

Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted.

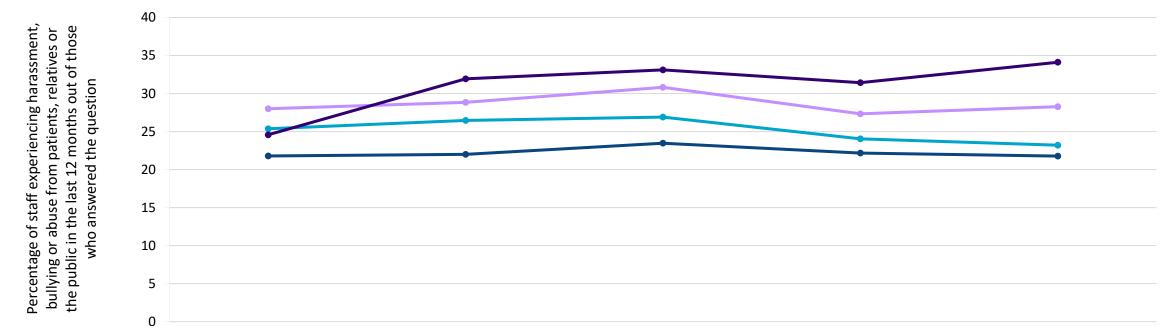
Data shown in the WRES charts are unweighted.

Averages are calculated as the median for the benchmark group.

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

## Workforce Race Equality Standard (WRES)





Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

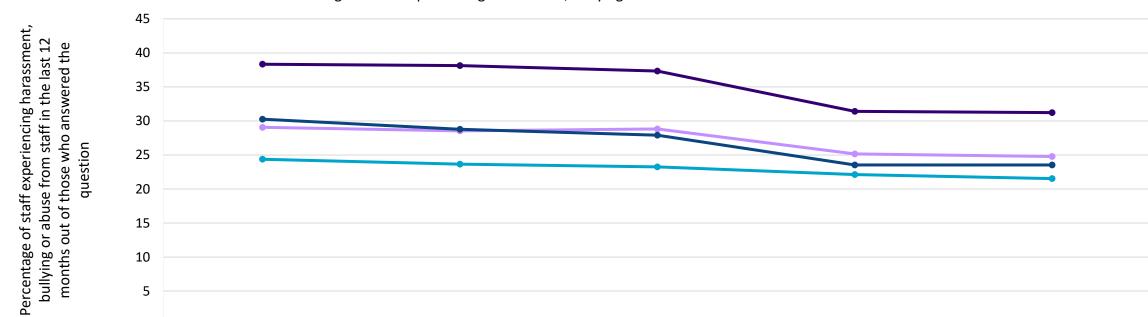
	2020	2021	2022	2023	2024
White staff: Your org	21.79%	22.01%	23.47%	22.18%	21.78%
All other ethnic groups*: Your org	24.58%	31.94%	33.12%	31.43%	34.12%
White staff: Average	25.36%	26.47%	26.91%	24.05%	23.21%
All other ethnic groups*: Average	28.01%	28.84%	30.82%	27.34%	28.27%
White staff: Responses	2065	2131	2024	2718	2668
All other ethnic groups*: Responses	179	216	311	400	510

\*Staff from all other ethnic groups combined

Note: 2023 results for WRES indicator 5 (Q14a) are now reported using corrected data. Please see <a href="https://www.nhsstaffsurveys.com/survey-documents/">https://www.nhsstaffsurveys.com/survey-documents/</a> for more details.

## > Workforce Race Equality Standard (WRES)





Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

	2020	2021	2022	2023	2024
White staff: Your org	30.26%	28.77%	27.92%	23.54%	23.53%
All other ethnic groups*: Your org	38.33%	38.14%	37.34%	31.40%	31.23%
White staff: Average	24.37%	23.65%	23.25%	22.12%	21.53%
All other ethnic groups*: Average	29.07%	28.53%	28.81%	25.16%	24.78%
White staff: Responses	2072	2127	2024	2709	2652
All other ethnic groups*: Responses	180	215	308	394	506

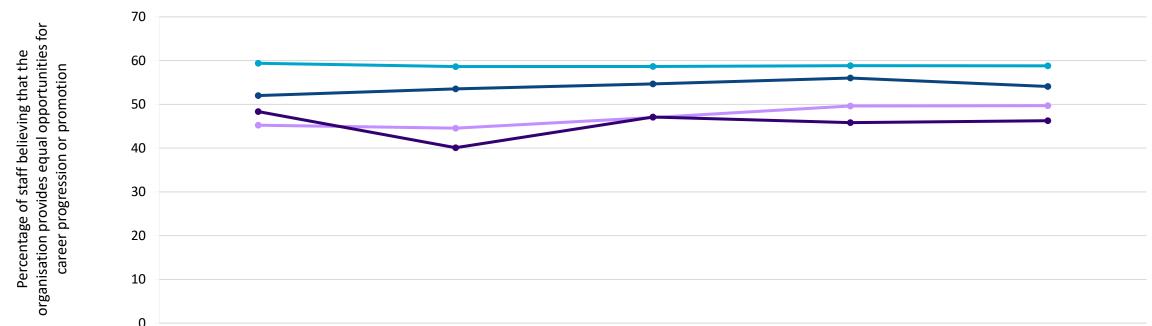
\*Staff from all other ethnic groups combined

0

Note: 2023 results for WRES indicator 6 (Q14b & Q14c) are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

## > Workforce Race Equality Standard (WRES)





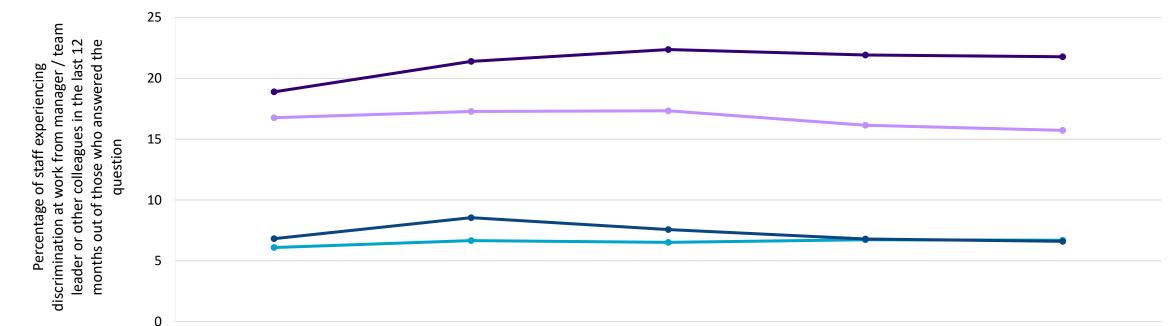
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.

	2020	2021	2022	2023	2024
White staff: Your org	52.01%	53.54%	54.67%	56.02%	54.10%
All other ethnic groups*: Your org	48.35%	40.09%	47.10%	45.81%	46.26%
White staff: Average	59.39%	58.64%	58.65%	58.84%	58.82%
All other ethnic groups*: Average	45.24%	44.56%	47.00%	49.64%	49.70%
White staff: Responses	2094	2161	2014	2940	2656
All other ethnic groups*: Responses	182	212	310	489	508

\*Staff from all other ethnic groups combined

## Workforce Race Equality Standard (WRES)





Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.

	2020	2021	2022	2023	2024
White staff: Your org	6.82%	8.55%	7.57%	6.79%	6.60%
All other ethnic groups*: Your org	18.89%	21.40%	22.37%	21.93%	21.78%
White staff: Average	6.09%	6.67%	6.52%	6.73%	6.69%
All other ethnic groups*: Average	16.77%	17.28%	17.33%	16.14%	15.72%
White staff: Responses	2098	2176	2022	2944	2635
All other ethnic groups*: Responses	180	215	304	488	505

\*Staff from all other ethnic groups combined

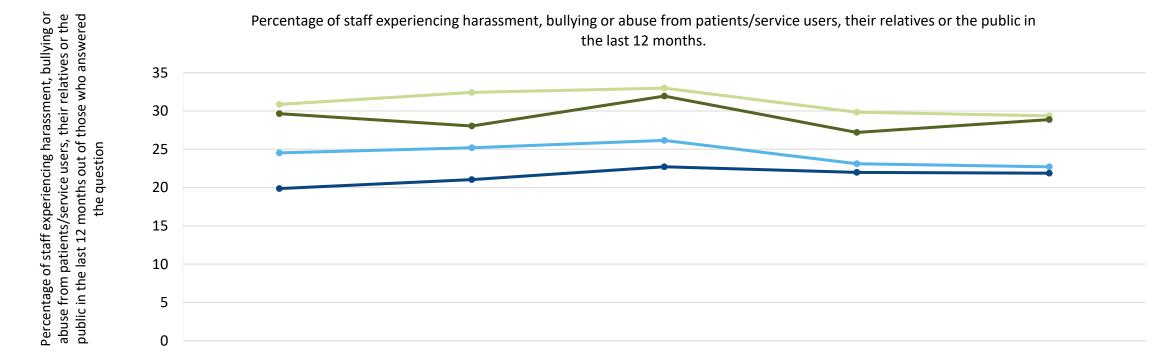




Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted. Data shown in the WDES charts are unweighted.

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

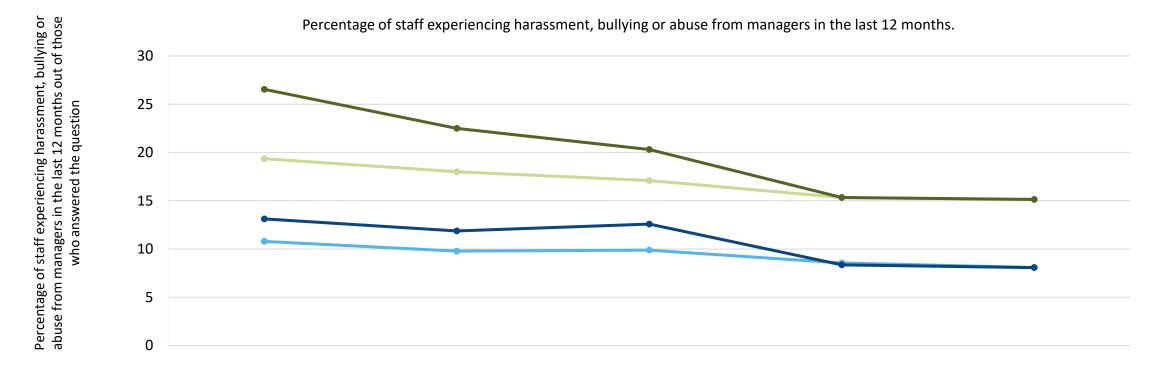




	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	29.64%	28.04%	31.94%	27.20%	28.88%
Staff without a LTC or illness: Your org	19.86%	21.04%	22.71%	21.97%	21.87%
Staff with a LTC or illness: Average	30.86%	32.43%	32.98%	29.83%	29.37%
Staff without a LTC or illness: Average	24.53%	25.19%	26.16%	23.11%	22.71%
Staff with a LTC or illness: Responses	506	560	526	818	800
Staff without a LTC or illness: Responses	1767	1792	1814	2259	2350

Note: 2023 results for WDES metric 4a (Q14a) are now reported using corrected data. Please see <u>https://www.nhsstaffsurveys.com/survey-documents/</u> for more details.

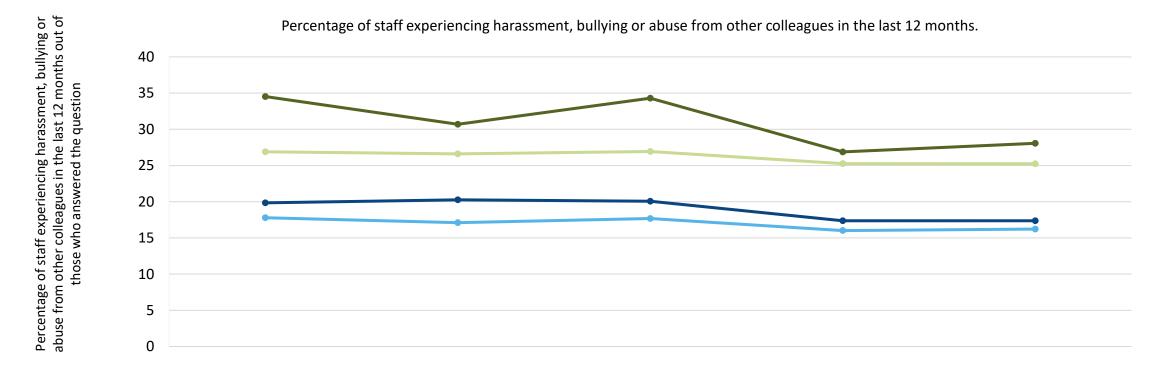




	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	26.53%	22.48%	20.31%	15.33%	15.13%
Staff without a LTC or illness: Your org	13.11%	11.86%	12.58%	8.35%	8.07%
Staff with a LTC or illness: Average	19.35%	18.00%	17.09%	15.33%	15.10%
Staff without a LTC or illness: Average	10.78%	9.77%	9.88%	8.56%	8.08%
Staff with a LTC or illness: Responses	505	556	522	811	793
Staff without a LTC or illness: Responses	1769	1779	1797	2234	2318

Note: 2023 results for WDES metric 4b (Q14b) are now reported using corrected data. Please see <u>https://www.nhsstaffsurveys.com/survey-documents/</u> for more details.

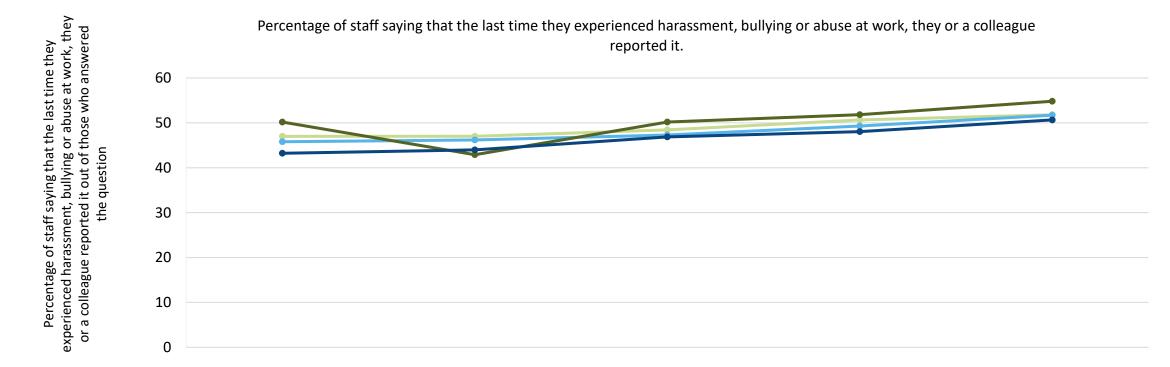




	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	34.52%	30.69%	34.30%	26.88%	28.07%
Staff without a LTC or illness: Your org	19.85%	20.26%	20.07%	17.37%	17.37%
Staff with a LTC or illness: Average	26.89%	26.60%	26.93%	25.26%	25.24%
Staff without a LTC or illness: Average	17.79%	17.11%	17.67%	16.01%	16.22%
Staff with a LTC or illness: Responses	504	554	519	809	791
Staff without a LTC or illness: Responses	1773	1777	1794	2229	2309

Note: 2023 results for WDES metric 4c (Q14c) are now reported using corrected data. Please see <u>https://www.nhsstaffsurveys.com/survey-documents/</u> for more details.

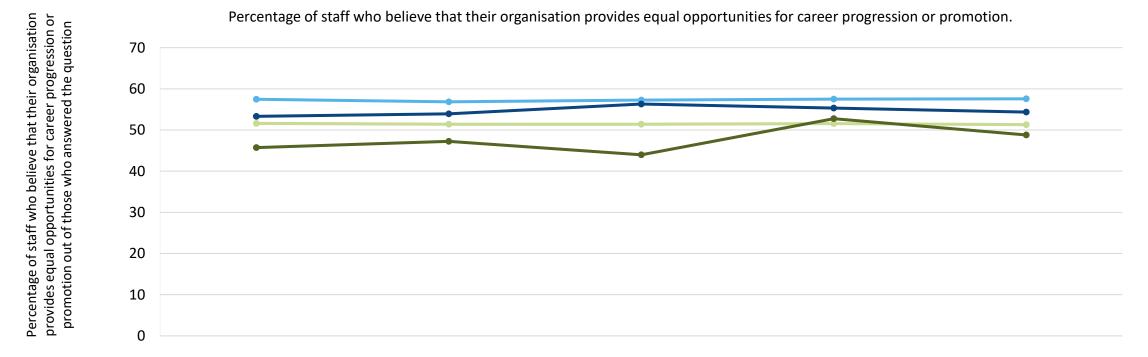




	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	50.19%	42.91%	50.19%	51.84%	54.82%
Staff without a LTC or illness: Your org	43.23%	43.98%	46.89%	48.05%	50.67%
Staff with a LTC or illness: Average	47.01%	47.03%	48.43%	50.64%	51.82%
Staff without a LTC or illness: Average	45.80%	46.20%	47.30%	49.31%	51.71%
Staff with a LTC or illness: Responses	259	268	257	328	332
Staff without a LTC or illness: Responses	576	573	595	639	675

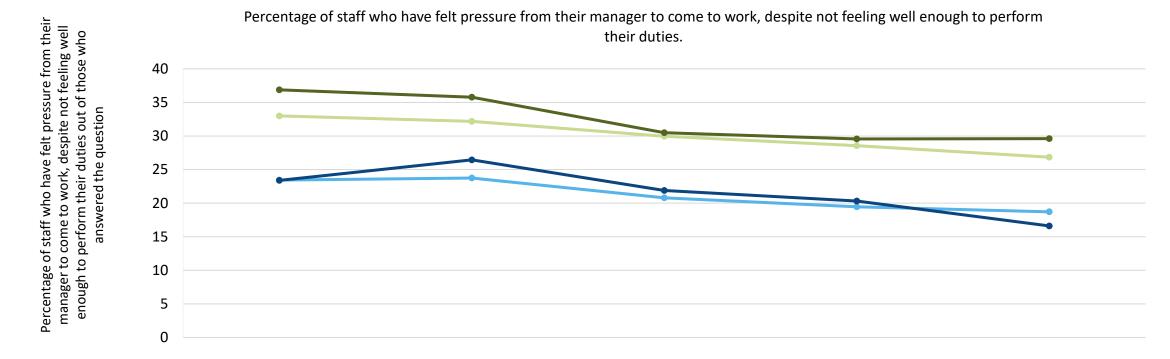
Note: 2023 results for WDES metric 4d (Q14d) are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.





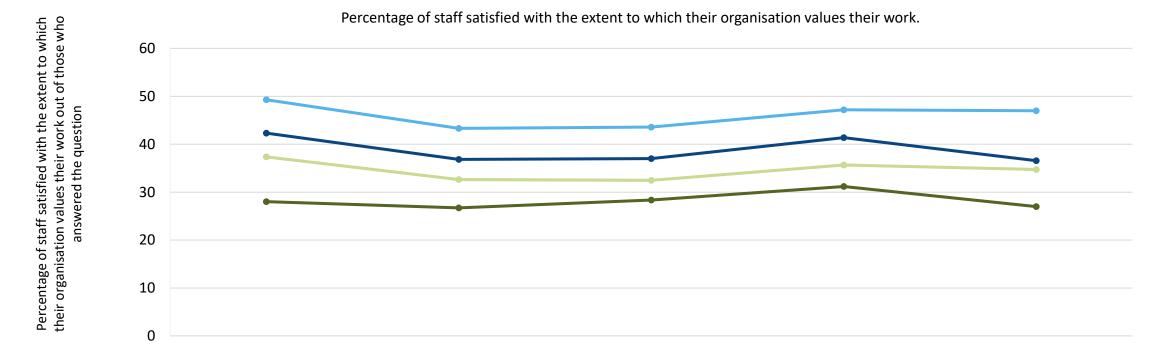
	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	45.74%	47.25%	43.98%	52.75%	48.81%
Staff without a LTC or illness: Your org	53.32%	53.91%	56.31%	55.33%	54.34%
Staff with a LTC or illness: Average	51.61%	51.41%	51.39%	51.54%	51.30%
Staff without a LTC or illness: Average	57.45%	56.84%	57.25%	57.52%	57.57%
Staff with a LTC or illness: Responses	505	563	523	874	799
Staff without a LTC or illness: Responses	1806	1816	1806	2514	2337





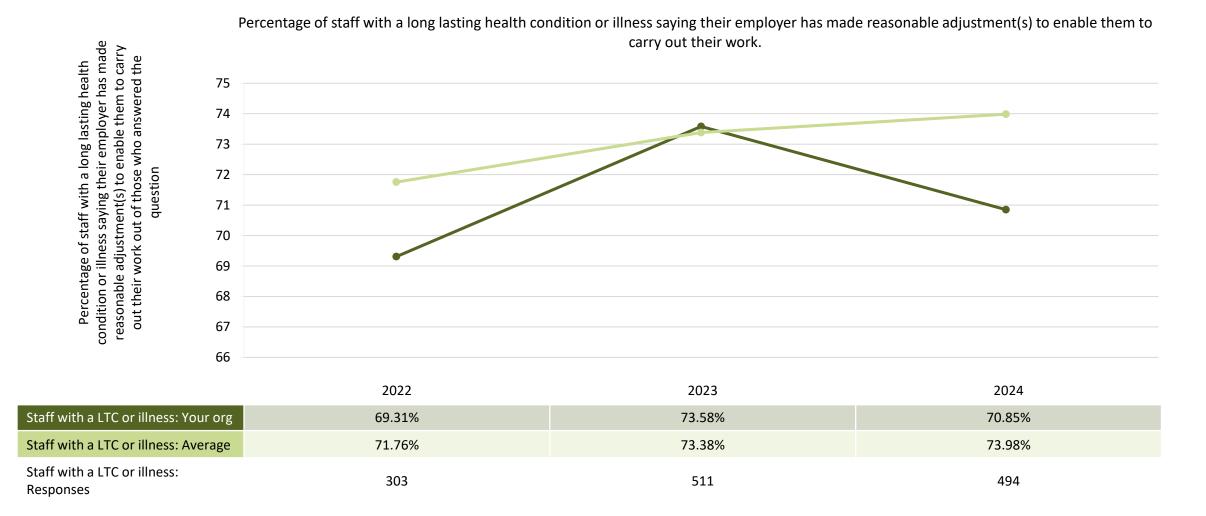
	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	36.87%	35.79%	30.48%	29.56%	29.61%
Staff without a LTC or illness: Your org	23.40%	26.45%	21.89%	20.31%	16.61%
Staff with a LTC or illness: Average	33.00%	32.18%	29.97%	28.55%	26.85%
Staff without a LTC or illness: Average	23.44%	23.74%	20.80%	19.46%	18.71%
Staff with a LTC or illness: Responses	339	380	397	636	591
Staff without a LTC or illness: Responses	735	828	964	1221	1204



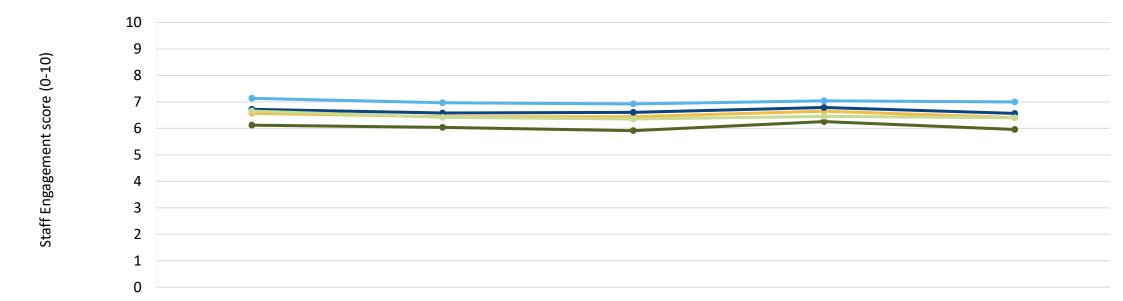


	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	28.01%	26.71%	28.36%	31.17%	26.99%
Staff without a LTC or illness: Your org	42.31%	36.84%	36.99%	41.36%	36.56%
Staff with a LTC or illness: Average	37.36%	32.62%	32.46%	35.66%	34.73%
Staff without a LTC or illness: Average	49.27%	43.30%	43.56%	47.19%	46.98%
Staff with a LTC or illness: Responses	507	569	529	879	804
Staff without a LTC or illness: Responses	1808	1846	1814	2522	2352









Staff engagement score (0-10)

	2020	2021	2022	2023	2024
Organisation average	6.57	6.44	6.44	6.65	6.41
Staff with a LTC or illness: Your org	6.12	6.04	5.91	6.26	5.96
Staff without a LTC or illness: Your org	6.72	6.58	6.60	6.79	6.57
Staff with a LTC or illness: Average	6.65	6.42	6.35	6.46	6.40
Staff without a LTC or illness: Average	7.14	6.97	6.92	7.04	7.00
Staff with a LTC or illness: Responses	510	573	529	883	805
Staff without a LTC or illness: Responses	1817	1847	1818	2536	2360

Note: Data shown in this chart are unweighted therefore will not match weighted staff engagement scores in other outputs.





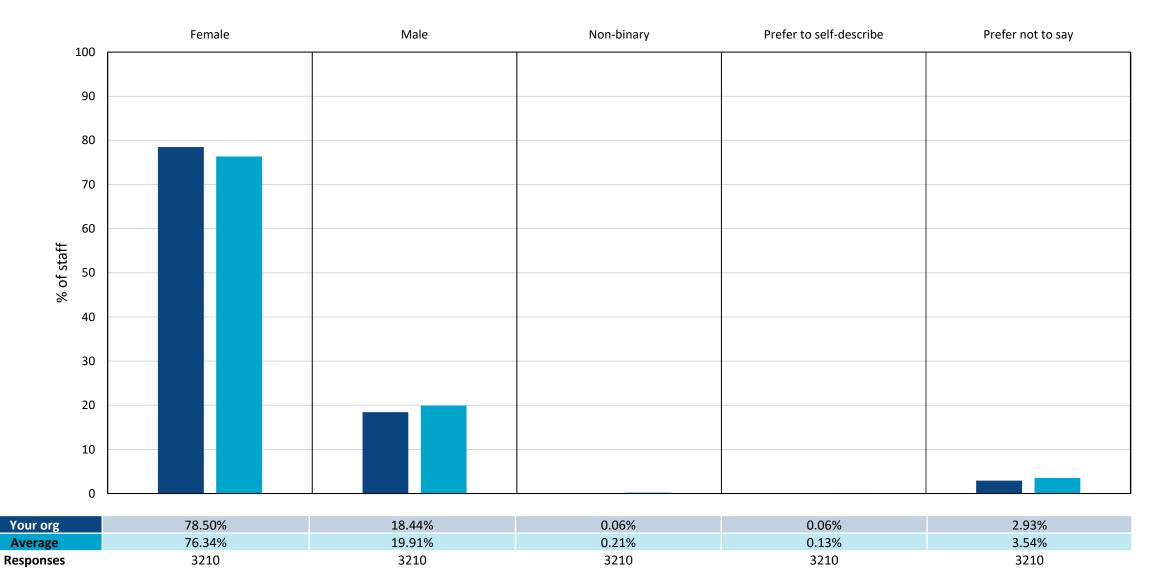
# **About your respondents**

This section shows demographic and other background information for 2024.

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

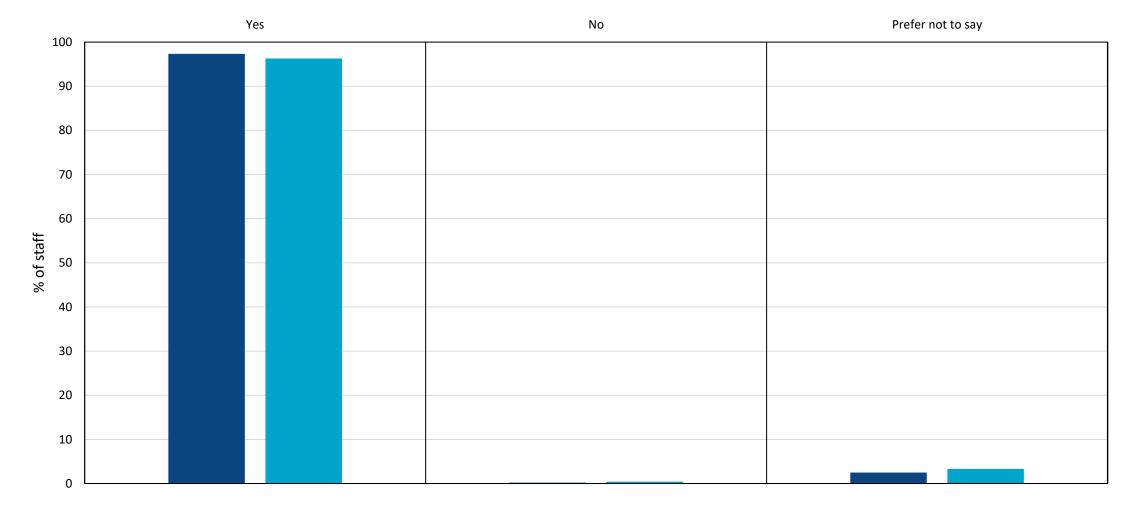
#### **Background details - Gender**





#### Background details — Is your gender identity the same as the sex you were registered at birth?

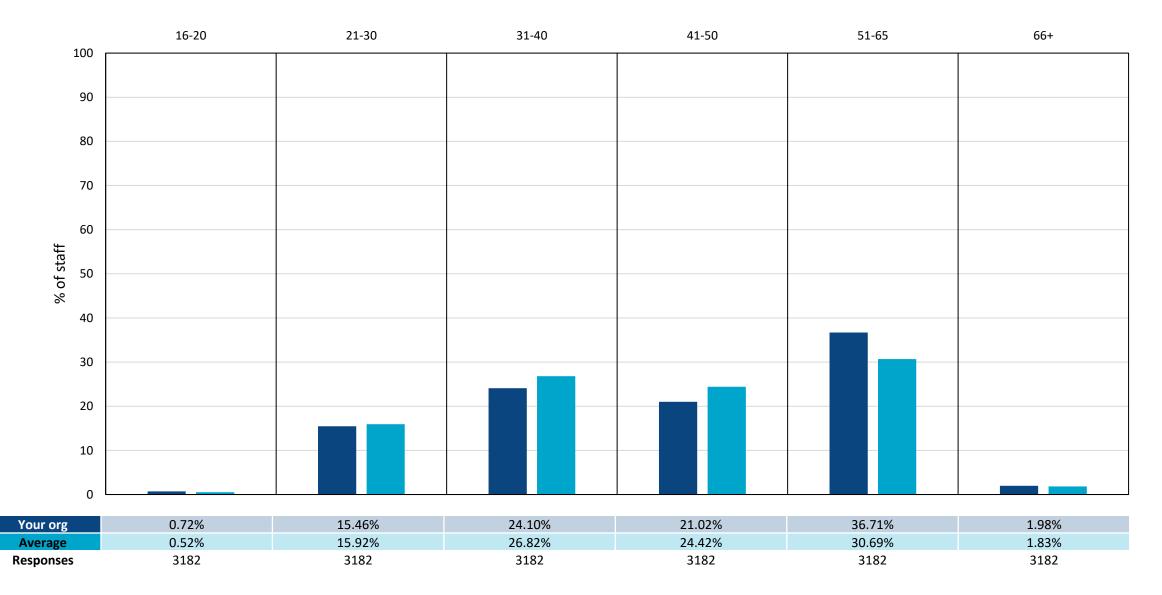




Your org	97.33%	0.19%	2.48%
Average	96.28%	0.41%	3.34%
Responses	3105	3105	3105

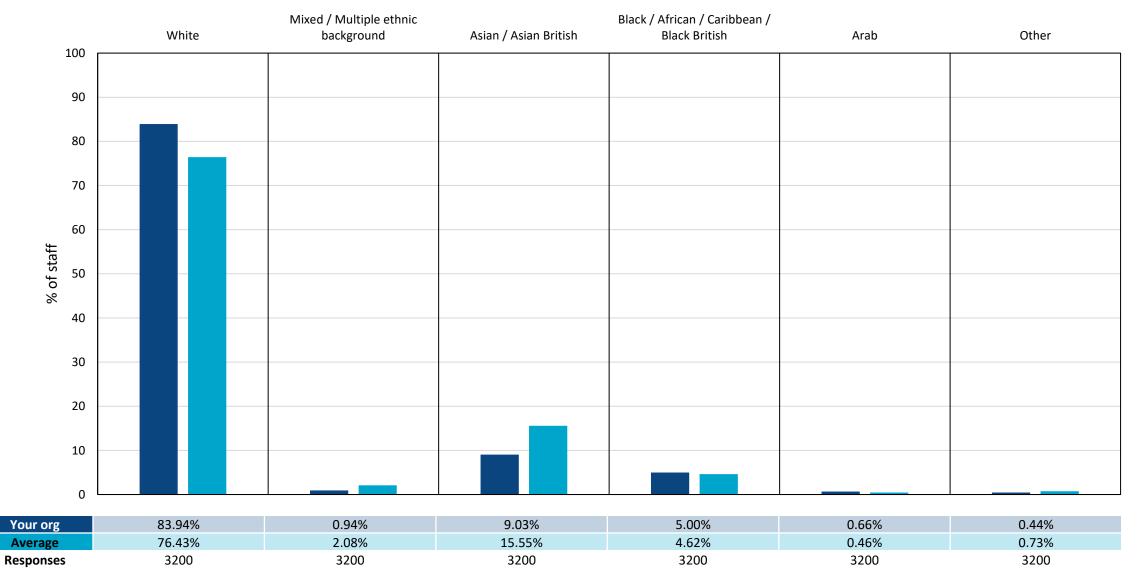
#### **Background details - Age**





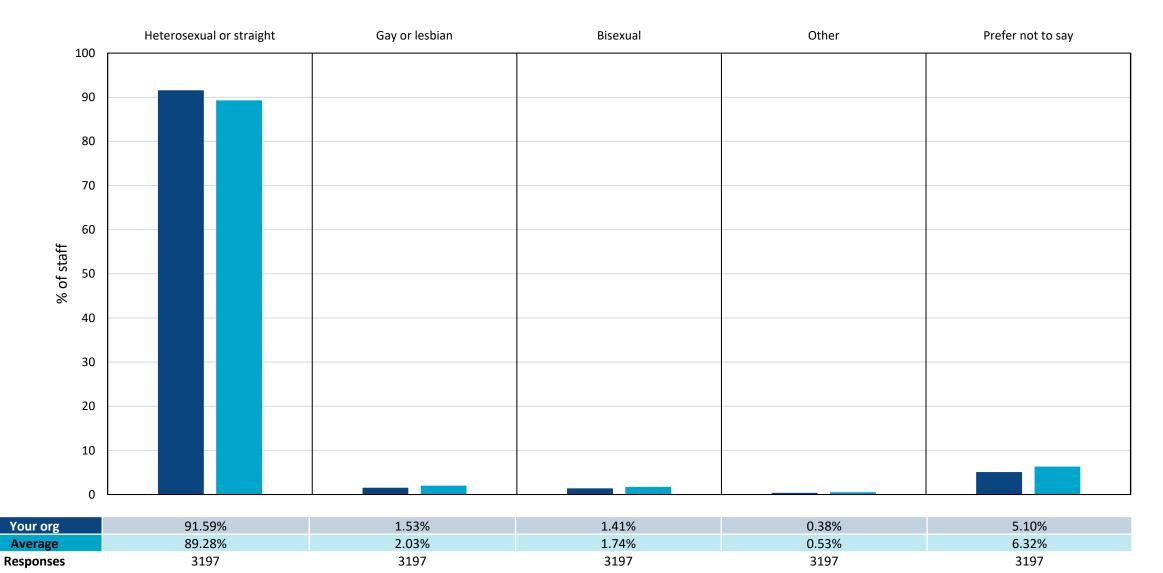
## Background details - Ethnicity





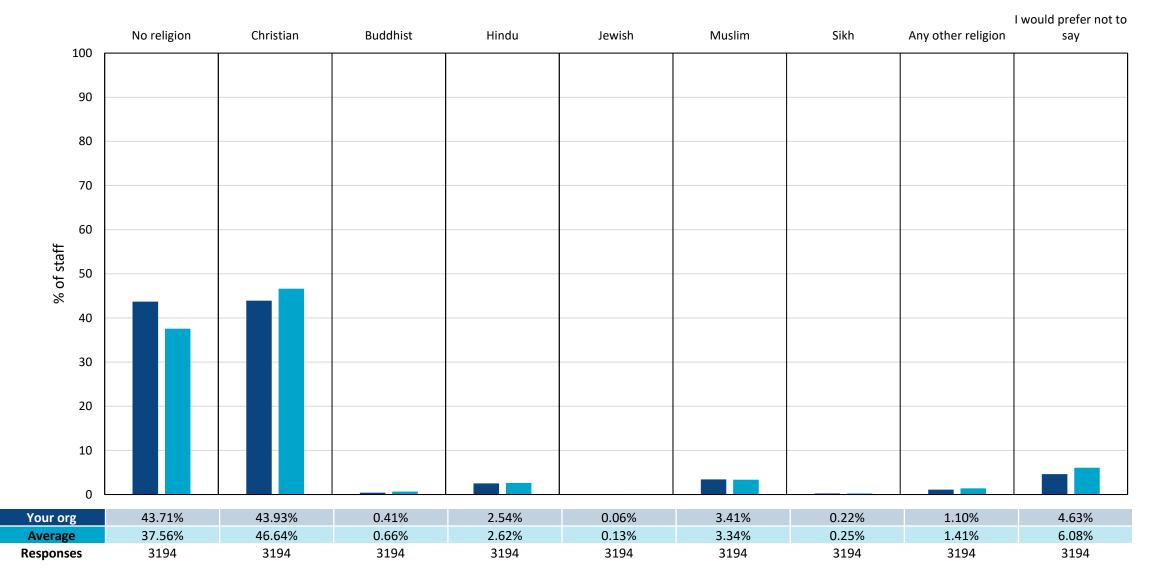
## Background details – Sexual orientation



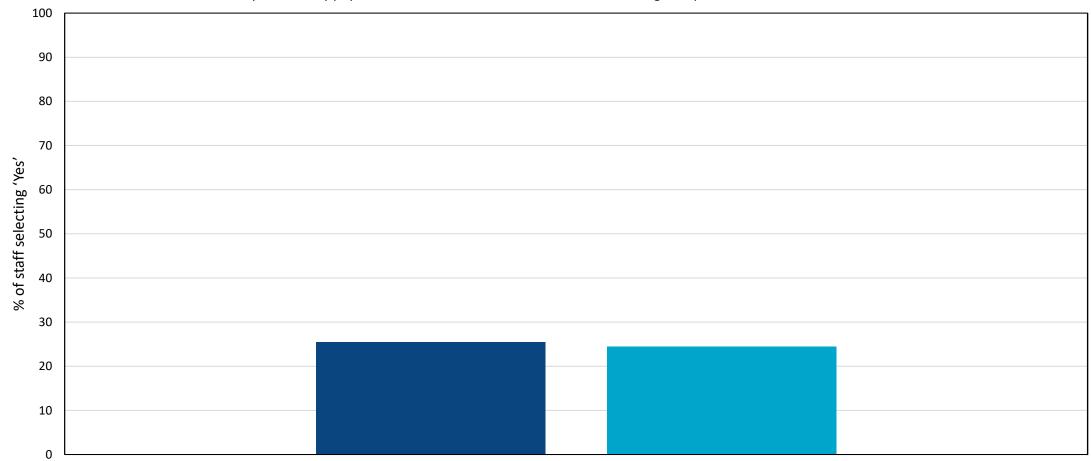


## **Background details - Religion**





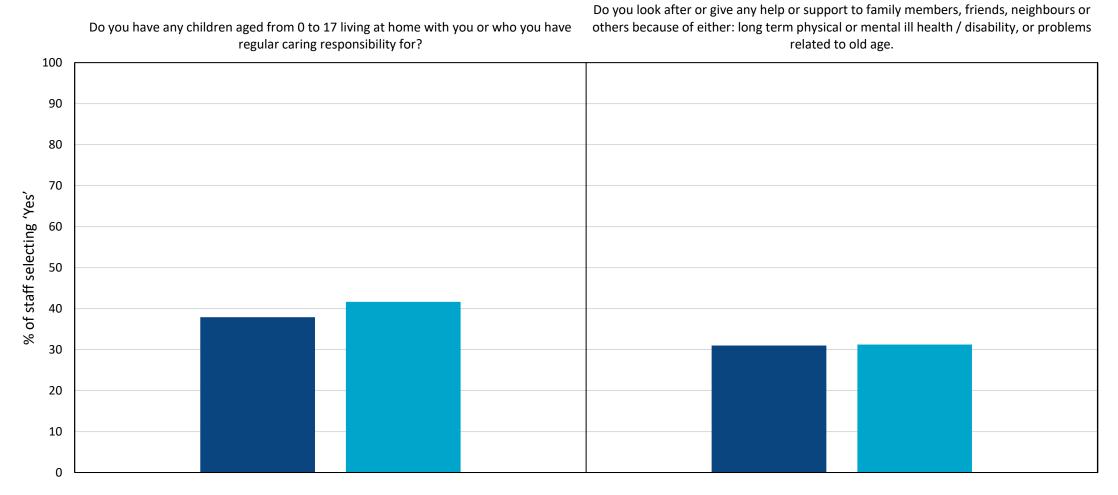




Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

Your org	25.43%
Average	24.45%
Responses	3170

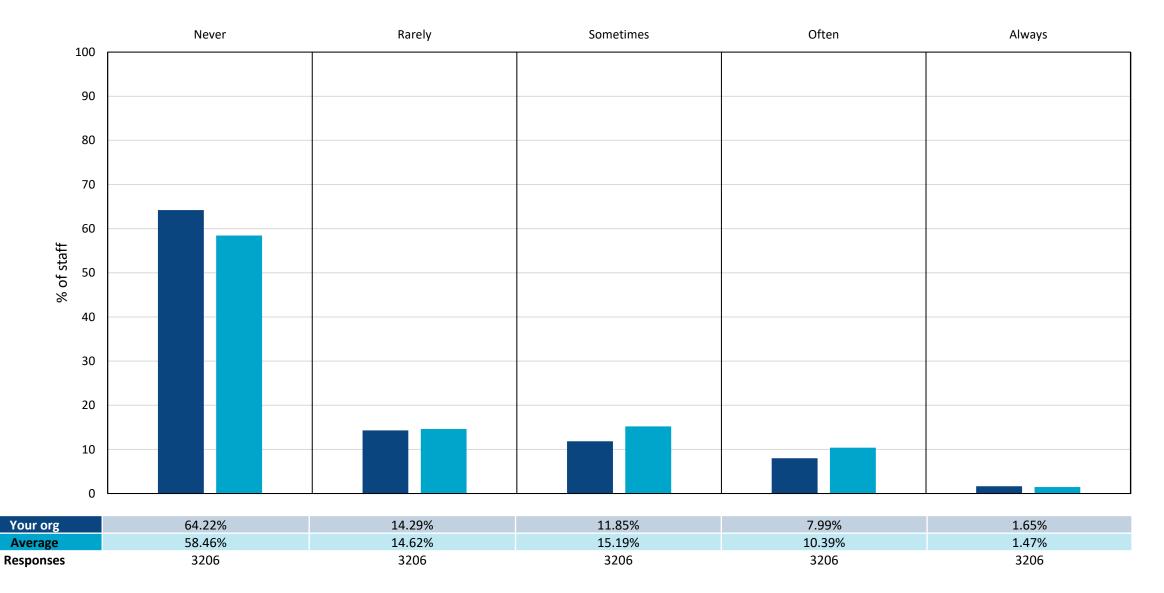




Your org	37.91%	30.99%
Average	41.64%	31.24%
Responses	3189	3178

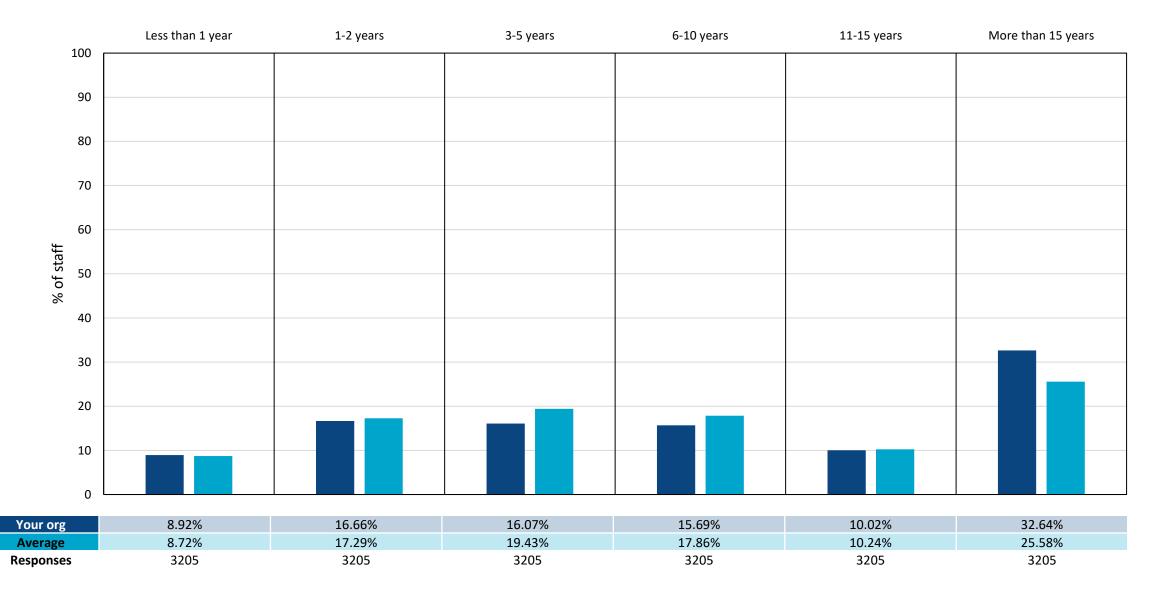
## Background details – How often do you work at/from home?





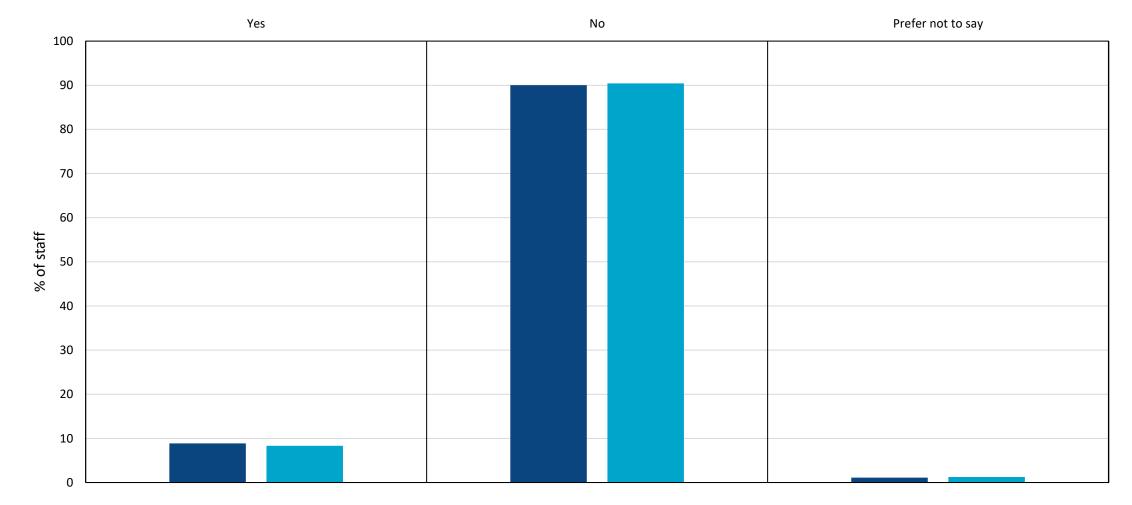
## Background details – Length of service





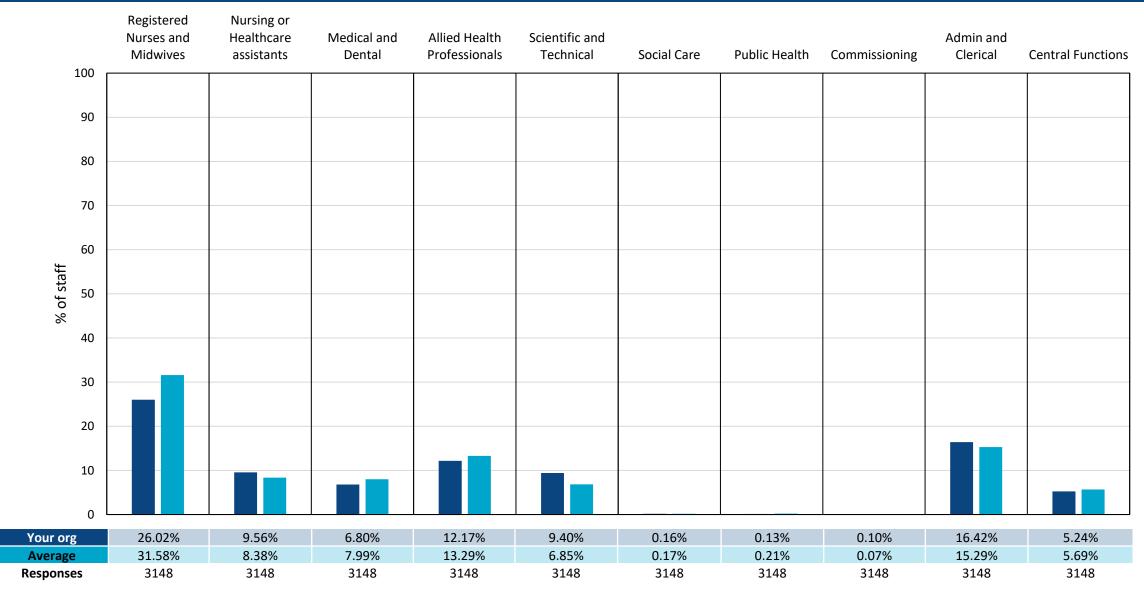
## Background details — When you joined this organisation, were you recruited from outside of the UK?





Your org	8.88%	90.02%	1.10%
Average	8.30%	90.40%	1.24%
Responses	3097	3097	3097

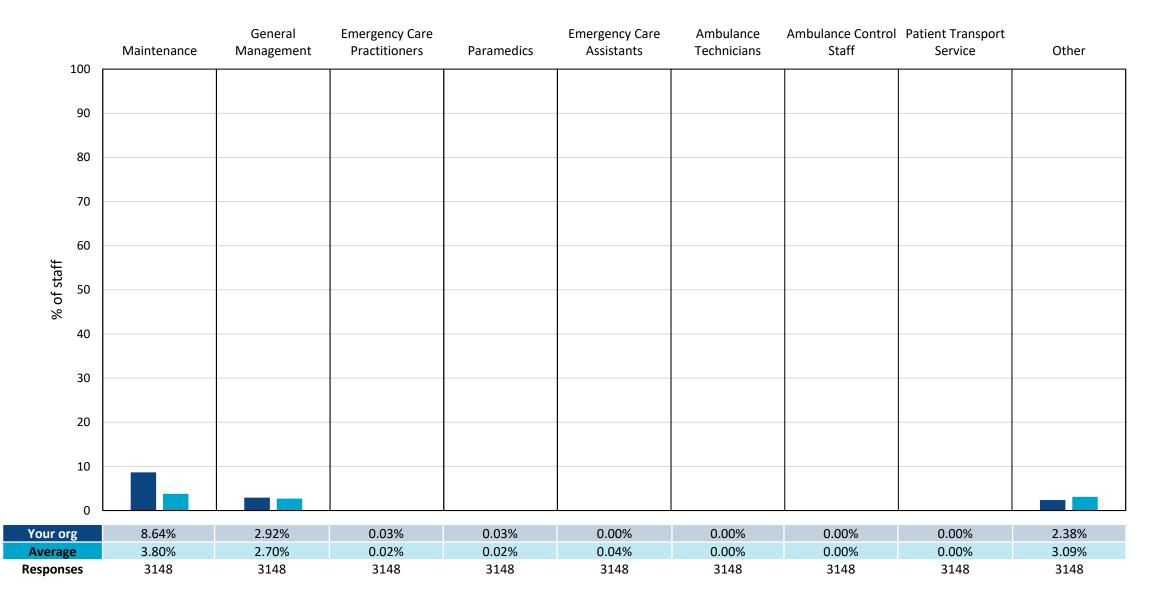
## Background details – Occupational group





## Background details – Occupational group





Northern Lincolnshire and Goole NHS Foundation Trust Benchmark report

Survey Coordination Centre



# Appendices

Overall page 295 of 773

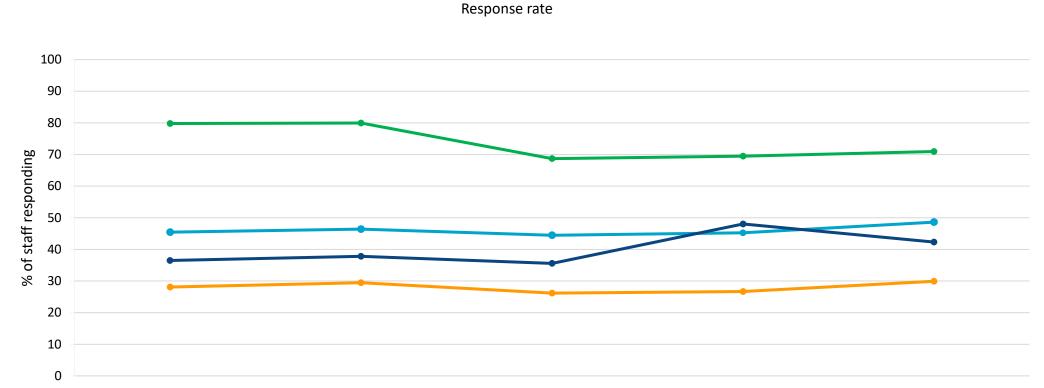




# **Appendix A: Response rate**

Overall page 296 of 773





	2020	2021	2022	2023	2024
Your org	36.47%	37.78%	35.56%	48.03%	42.33%
Highest	79.77%	79.95%	68.69%	69.45%	70.92%
Average	45.43%	46.38%	44.46%	45.23%	48.61%
Lowest	28.09%	29.47%	26.17%	26.65%	29.91%
Responses	2420	2542	2361	3512	3224

Northern Lincolnshire and Goole NHS Foundation Trust Benchmark report





# Appendix B: Significance testing 2023 vs 2024

## Appendix B: Significance testing – 2023 vs 2024



Statistical significance helps quantify whether a result is likely due to chance or to some factor of interest. The table below presents the results of significance testing conducted on the theme scores calculated in both 2023 and 2024<sup>\*</sup>. For more details, please see the <u>technical document</u>.

People Promise elements	2023 score	2023 respondents	2024 score	2024 respondents	Statistically significant change?
We are compassionate and inclusive	7.03	3486	6.91	3212	Significantly lower
We are recognised and rewarded	5.76	3489	5.56	3214	Significantly lower
We each have a voice that counts	6.52	3454	6.35	3185	Significantly lower
We are safe and healthy	6.08	3132	5.90	3175	Significantly lower
We are always learning	5.40	3242	5.27	3015	Significantly lower
We work flexibly	5.82	3467	5.75	3193	Not significant
We are a team	6.49	3479	6.40	3204	Not significant
Themes					
Staff Engagement	6.65	3496	6.43	3215	Significantly lower
Morale	5.83	3495	5.64	3214	Significantly lower

\* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

Note: 2023 results for 'We are safe and healthy' are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

Northern Lincolnshire and Goole NHS Foundation Trust Benchmark report



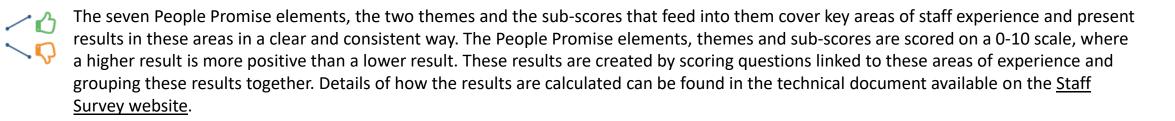


Appendix C: Tips on using your benchmark report



The following pages include tips on how to read, interpret and use the data in this report. The suggestions are aimed at users who would like some guidance on how to understand the data in this report. These suggestions are by no means the only way to analyse or use the data but have been included to aid users.

#### Key points to note





A key feature of the reports is that they **provide organisations with up to five years of trend data**. Trend data provides a much more reliable indication of whether the most recent results represent a change from the norm for an organisation than comparing the most recent results only to those from the previous year. Taking a longer-term view will help organisations to identify trends over several years that may have been missed when comparisons are drawn solely between the current and previous year.



People Promise elements, themes and sub-scores are benchmarked so that organisations can make comparisons to their peers on specific areas of staff experience. Question results provide organisations with more granular data that will help them to identify particular areas of concern. The trend data are benchmarked so that organisations can identify how results on each question have changed for themselves and their peers over time by looking at a single chart.

## Appendix C: 1. Reviewing People Promise and theme results



When analysing People Promise element and theme results, it is easiest to start with the **overview** page to quickly identify areas of interest which can then be compared to the best, average, and worst result in the benchmarking group.

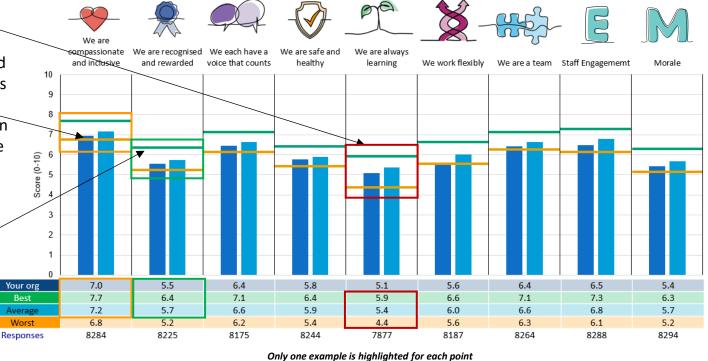
It is important to **consider each result within the range of its benchmarking group 'Best result' and 'Worst result'**, rather than comparing People Promise element and theme results to one another. Comparing organisation results to the benchmarking group average is another point of reference.

#### Areas to improve

- By checking where, the 'Your org' column/value is lower than the benchmarking group 'Average result' you can quickly identify areas for improvement.
- It is worth looking at the difference between the 'Your org' result and the benchmarking group 'Worst result'. The closer your organisation's result is to the worst result, the more concerning the result.
- Results where your organisation's result is only marginally better than the 'Average result', but still lags behind the 'Best result' by a notable margin, could also be considered as areas for further improvement.

#### **Positive outcomes**

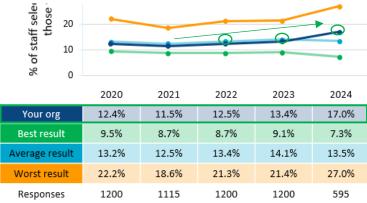
- Similarly, using the overview page it is easy to identify People Promise elements and themes which show a positive outcome for your organisation, where 'Your org' results are distinctly higher than the benchmarking group 'Average result'.
- Positive stories to report could be ones where your organisation approaches or matches the benchmarking group's 'Best result'.





#### **Review trend data**

Trend data can be used to identify measures which have been consistently improving for your organisation (i.e. showing an upward trend) over the past years and ones which have been declining over time. These charts can **help establish if there is genuine change in the results** (if the results are consistently improving or declining over time), or whether a change between years is just a minor **year-on-year** fluctuation.

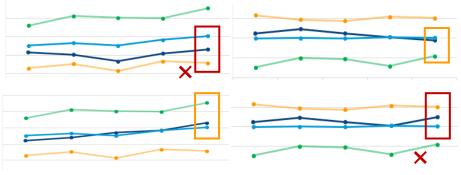


Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

#### Review the sub-scores and questions feeding into the People Promise elements and themes

In order to understand exactly which factors are driving your organisation's People Promise element and theme results, you should review the sub-scores and questions feeding into these results. The **sub-score results** and the 'Question results' section contain the sub-scores and questions contributing to each People Promise element and theme, grouped together. By comparing 'Your org' results to the benchmarking group 'Average', 'Best' and 'Worst' results for each question, the questions which are driving your organisation's People Promise element and theme results can be identified.

For areas of experience where results need improvement, action plans can be formulated to **focus on the questions where the organisation's results fall between the benchmarking group average and worst results.** Remember to keep an eye out for questions where a lower percentage is a better outcome – such as questions on violence or harassment, bullying and abuse.



= Negative driver, org result falls between average and worst benchmarking group result for question

## Appendix C: 3. Reviewing question results



This benchmark report displays results for all questions in the questionnaire, including benchmarked trend data wherever available. While this a key feature of the report, at first glance the amount of information contained on more than 140 pages might appear daunting. The below suggestions aim to provide some guidance on how to get started with navigating through this set of data.

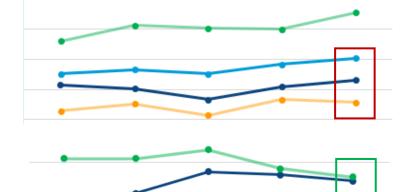
#### Identifying questions of interest

#### > Pre-defined questions of interest – key questions for your organisation

Most organisations will have questions which have traditionally been a focus for them - questions which have been targeted with internal policies or programmes, or whose results are of heightened importance due to organisation values or because they are considered a proxy for key issues. Outcomes for these questions can be assessed on the backdrop of benchmark and historical trend data.

#### > Identifying questions of interest based on the results in this report

The methods recommended to review your People Promise and theme results can also be applied to pick out question level results of interest. However, **unlike People Promise elements, themes and sub-scores where a higher result always indicates a better result, it is important to keep an eye out for questions where a lower percentage relates to a better outcome** (see details on the 'Using the report' page in the 'Introduction' section).



- To identify areas of concern: look for questions where the organisation value falls between the benchmarking group average and the worst result, particularly questions where your organisation result is very close to the worst result. Review changes in the trend data to establish if there has been a decline or stagnation in results across multiple years but consider the context of how the organisation has performed in comparison to its benchmarking group over this period. A positive trend for a question that is still below the average result can be seen as good progress to build on further in the future.
- When looking for positive outcomes: search for results where your organisation is closest to the benchmarking group best result (but remember to consider results for previous years), or ones where there is a clear trend of continued improvement over multiple years.

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Appendix D: Additional reporting outputs

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



Below are links to other key reporting outputs that complement this report. A full list and more detailed explanation of the reporting outputs is included in the Technical Document.

#### Supporting documents



**Basic Guide:** Provides a brief overview of the NHS Staff Survey data and details on what is contained in each of the reporting outputs.

Technical Guide: Contains technical details about the NHS Staff Survey data, including data cleaning, weighting, benchmarking, People Promise, historical comparability of organisations and questions in the survey.

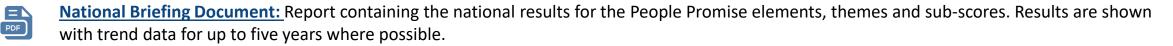
#### Other reporting outputs



Online Dashboards: Interactive dashboards containing results for all trusts nationally, each participating organisation (local), and for each region and ICS. Results are shown with trend data for up to five years where possible and show the full breakdown of response options for each question.

EV.
PDF

**Breakdown reports:** Reports containing People Promise and theme results split by breakdown (locality) for Northern Lincolnshire and Goole NHS Foundation Trust.



**Detailed spreadsheets** Contain detailed weighted results for all participating organisations, all trusts nationally, and for each region and ICS.

Survey Coordination Centre



## Hull University Teaching Hospitals NHS Trust

## NHS Staff Survey Benchmark report 2024



Overall page <b>307</b> of <b>773</b>





Introduction	
Organisation details	

#### People Promise element, theme and sub-score results

Overview	11
Sub-score overview	13
Trends	17
We are compassionate and inclusive	18
We are recognised and rewarded	21
We each have a voice that counts	22
We are safe and healthy	24
We are always learning	26
We work flexibly	28
We are a team	30
Staff Engagement	32
Morale	34

People Promise element, theme and sub-score results – detailed information

We are compassionate and inclusive	36
We are recognised and rewarded	45
We each have a voice that counts	48
We are safe and healthy	<u>54</u>
We are always learning	66
We work flexibly	71
We are a team	74
Staff Engagement	80
Morale	84

Questions not linked to the People Promise elements or themes	
Workforce Equality Standards	103
Workforce Race Equality Standards (WRES) Workforce Disability Equality Standards (WDES)	<u>106</u> 111
About your respondents	121

#### About your respondents

#### Appendices

8

10

36

A – Response rate	136
B – Significance testing (2023 v 2024) People Promise and theme results	<u>138</u>
C – Tips on using your benchmark report	140
D – Additional reporting outputs	145

135

Survey Coordination Centre



# Introduction

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

# > About this Report



#### About this report

This benchmark report for Hull University Teaching Hospitals NHS Trust contains results for the 2024 NHS Staff Survey, and historical results back to 2020 where possible. These results are presented in the context of best, average and worst results for similar organisations where appropriate. Data in this report are weighted to allow for fair comparisons between organisations.

Results for Q1, Q10a, Q26d, Q27a-c, Q28, Q29, Q30, Q31a, Q32a-b, Q33, Q34a-b and Q35 are not weighted or benchmarked because these questions ask for demographic or factual information.

#### How results are reported

For the 2021 survey onwards the questions in the NHS Staff Survey are aligned to the <u>People Promise</u>. This sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:



In support of this, the results of the NHS Staff Survey are measured against the seven People Promise elements and against two themes (Staff Engagement and Morale). The reporting also includes sub-scores, which feed into the People Promise elements and themes. The next slide shows how the People Promise elements, themes and sub scores are related and mapped to individual survey questions.

## People Promise elements, themes and sub-scores



People Promise elements	Sub-scores	Questions
We are compassionate and inclusive	Compassionate culture	Q6a, Q25a, Q25b, Q25c, Q25d
	Compassionate leadership	Q9f, Q9g, Q9h, Q9i
	Diversity and equality	Q15, Q16a, Q16b, Q21
	Inclusion	Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	No sub-score	Q4a, Q4b, Q4c, Q8d, Q9e
We each have a voice that counts	Autonomy and control	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b
	Raising concerns	Q20a, Q20b, Q25e, Q25f
We are safe and healthy	Health and safety climate	Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d
	Burnout	Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g
	Negative experiences	Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c
	Other questions [Not scored]	Q17a*, Q17b*, Q22* *Q17a, Q17b and Q22 do not contribute to the calculation of any scores or sub-scores.
We are always learning	Development	Q24a, Q24b, Q24c, Q24d, Q24e
	Appraisals	Q23a*, Q23b, Q23c, Q23d *Q23a is a filter question and therefore influences the sub-score without being a directly scored question.
We work flexibly	Support for work-life balance	Q6b, Q6c, Q6d
	Flexible working	Q4d
We are a team	Team working	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a
	Line management	Q9a, Q9b, Q9c, Q9d
Themes	Sub-scores	Questions
Staff Engagement	Motivation	Q2a, Q2b, Q2c
	Involvement	Q3c, Q3d, Q3f
	Advocacy	Q25a, Q25c, Q25d
Morale	Thinking about leaving	Q26a, Q26b, Q26c
	Work pressure	Q3g, Q3h, Q3i
	Stressors	Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a
	Questions not I	inked to the People Promise elements or themes





#### Introduction

This section provides a brief introduction to the report, including how questions map to the People Promise elements, the themes and sub-scores, as well as features of the charts used throughout.

#### **Organisation details**

This slide contains **key information** about the NHS organisations participating in this survey and details for your own organisation, such as response rate.

#### People Promise elements, themes and sub-scores: Overview

This section provides a high-level **overview** of the results for the seven elements of the People Promise and the two themes, followed by the results for each of the **sub-scores** that feed into these measures.

#### People Promise elements, themes and sub-scores: Trends

This section provides trend results for the seven elements of the People Promise and the two themes, followed by the trend results for each of the sub-scores that feed into these measures.

All the 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. For example, with the Burnout sub-score, a higher score (closer to 10) means a lower proportion of staff are experiencing burnout from their work. These scores are created by scoring questions linked to these areas of experience and grouping these results together. Your organisation results are benchmarked against the benchmarking group average, the best scoring organisation and the worst scoring organisation. These charts are reported as percentages. The meaning of the value is outlined along the y axis. The questions that feed into each sub-score are detailed on slide 5.

0

Note: where there are fewer than 10 responses for a question, this data is not shown to protect the confidentiality of staff and reliability of results.

#### People Promise elements, themes and sub-scores: Questions

This section provides trend results for **questions**. The questions are presented in sections for each of the People Promise elements and themes. Not all questions reported within the section for a People Promise element or theme feed into the score and sub-scores for that element or theme. The first slide in the section for each People Promise element or theme lists which of the questions that are included in the section feed into the score and sub-scores, and which do not.

#### **Questions not linked to People Promise**

Results for the questions that are not related to any People Promise element or theme and do not contribute to the scores and sub-scores are included in this section.

#### Workforce Equality Standards

This section shows that data required for the indicators used in the **Workforce Race** Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES).

#### About your respondents

This section provides details of the staff responding to the survey, including their **demographic and other classification questions**.

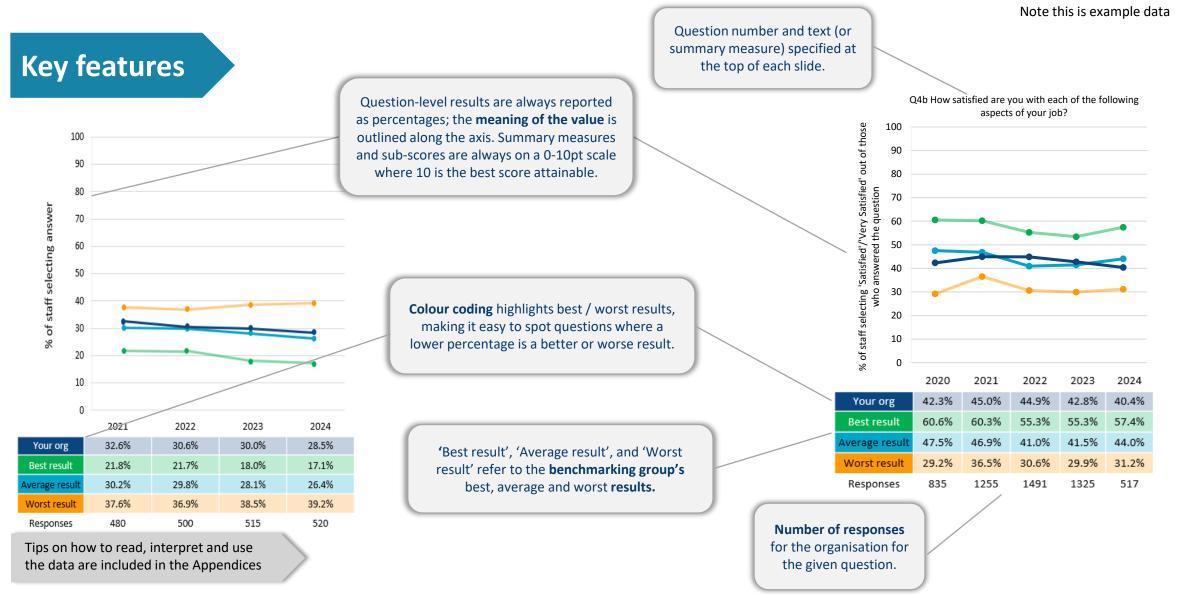
#### Appendices

Here you will find:

- Response rate.
- Significance testing of the People Promise element and theme results for 2023 vs 2024.
- > Guidance on data in the benchmark reports.
- > Additional reporting outputs.
- > Tips on action planning and interpreting the results.
- Contact information.







Note: Charts will only display data for the years where an organisation has data. For example, an organisation with three years of trend data will see charts such as q4b with data only in the 2022, 2023 and 2024 portions of the chart, and table. Overall page 313 of 773 Survey Coordination Centre



# **Organisation details**

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.





#### Hull University Teaching Hospitals NHS Trust







This organisation is benchmarked against:

Acute and Acute & Community Trusts



## Survey details

Survey mode

Mixed

2024 benchmarking group details

Organisations in group: 122

Median response rate: 49%

No. of completed questionnaires: 532587

For more information on benchmarking group definitions please see the Technical document.



# People Promise elements, themes and sub-score results

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.





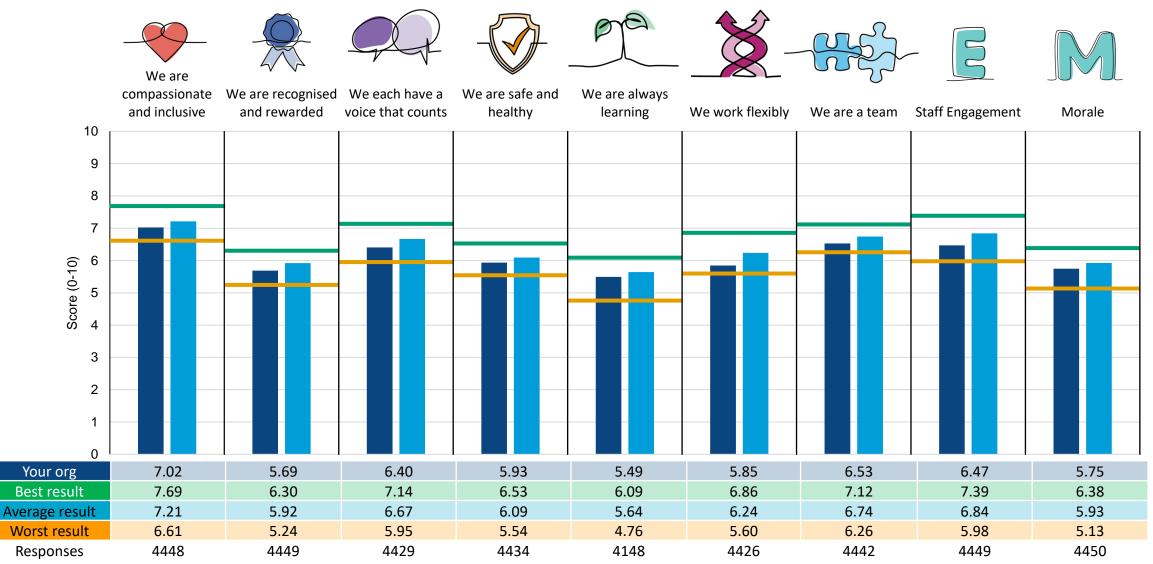
People Promise elements, themes and sub-scores: Overview

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

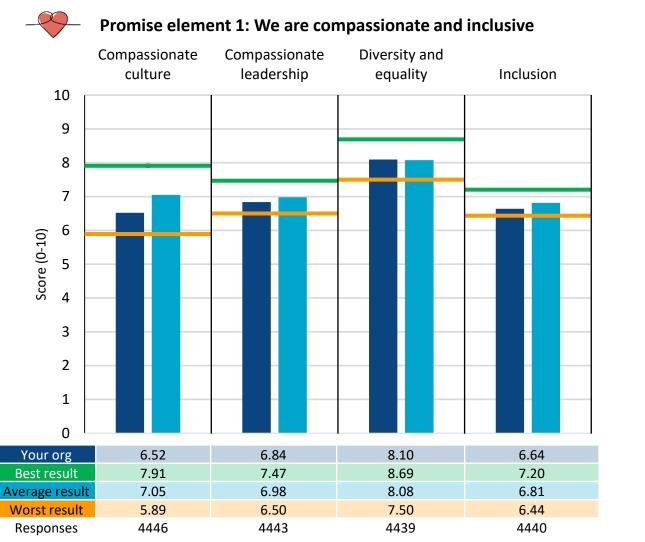
### People Promise elements and themes: Overview



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.

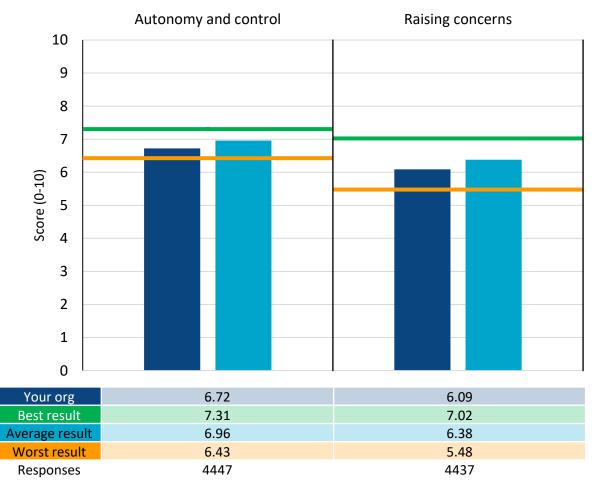


People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.





Promise element 3: We each have a voice that counts

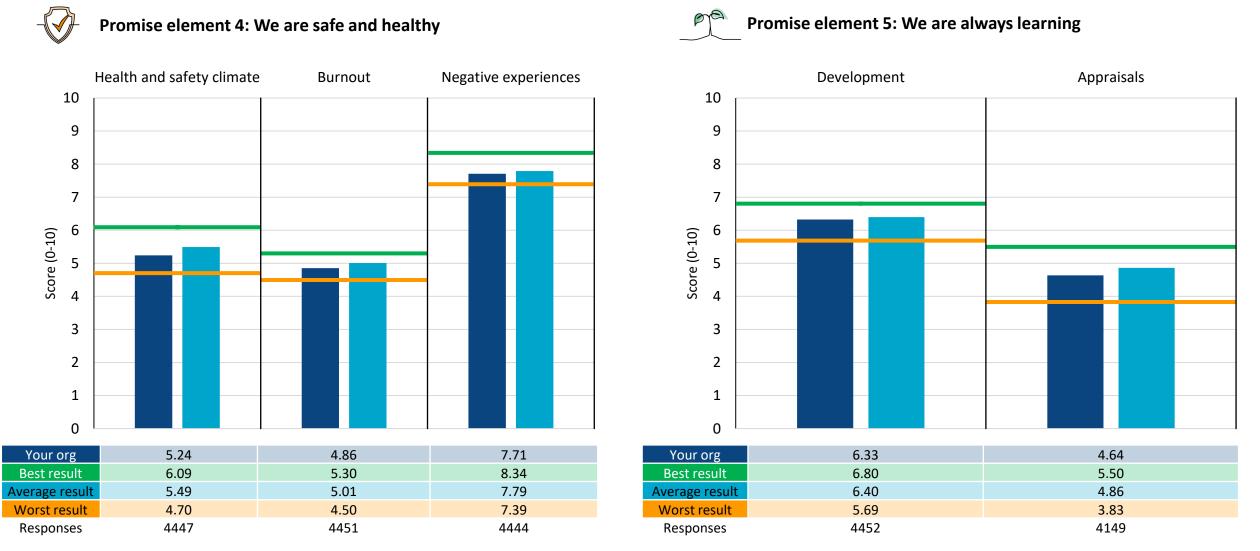


Note: People Promise element 2 'We are recognised and rewarded' does not have any sub-scores. Overall trend score data for this element is reported on slide 21.

Hull University Teaching Hospitals NHS Trust Benchmark report



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.





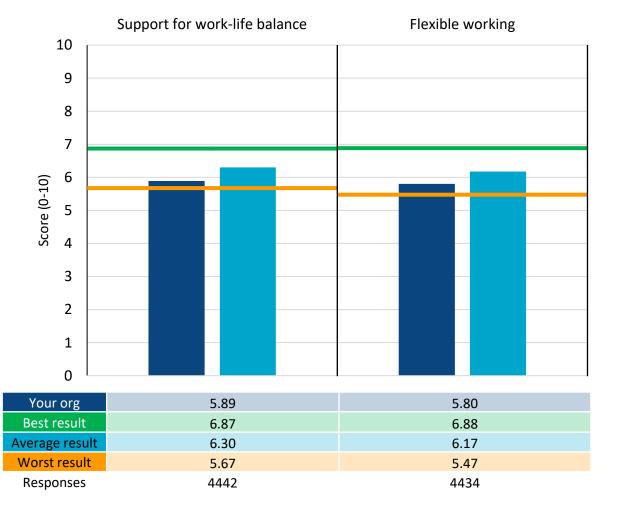
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

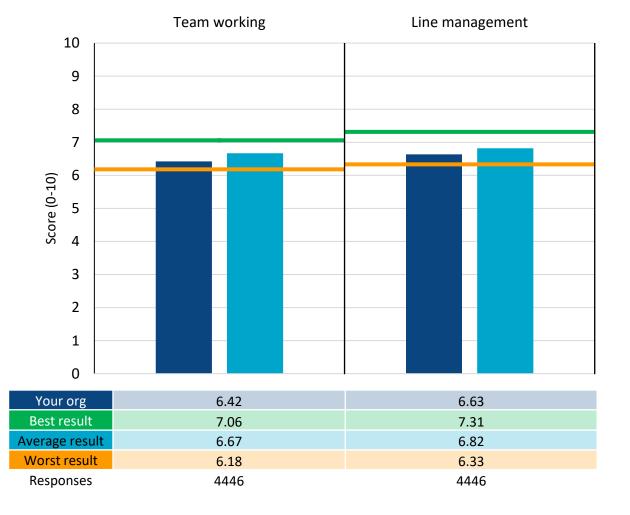


#### Promise element 6: We work flexibly



#### Promise element 7: We are a team











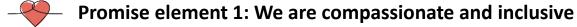
People Promise elements, themes and sub-scores: Trends

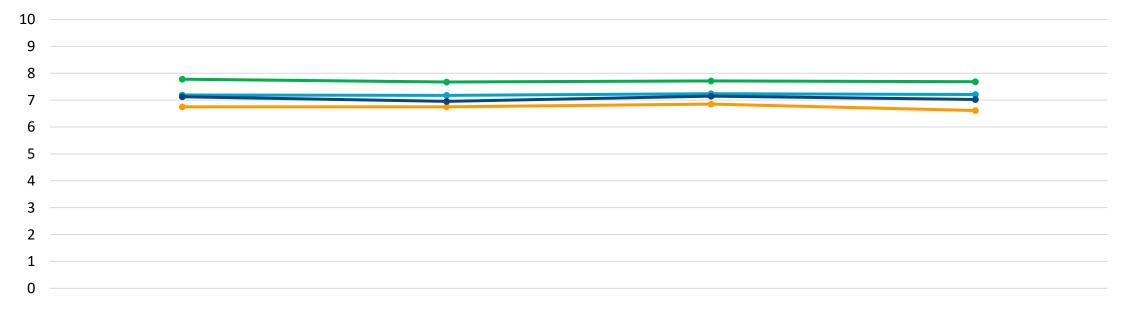
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

## People Promise elements and themes: Trends



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.





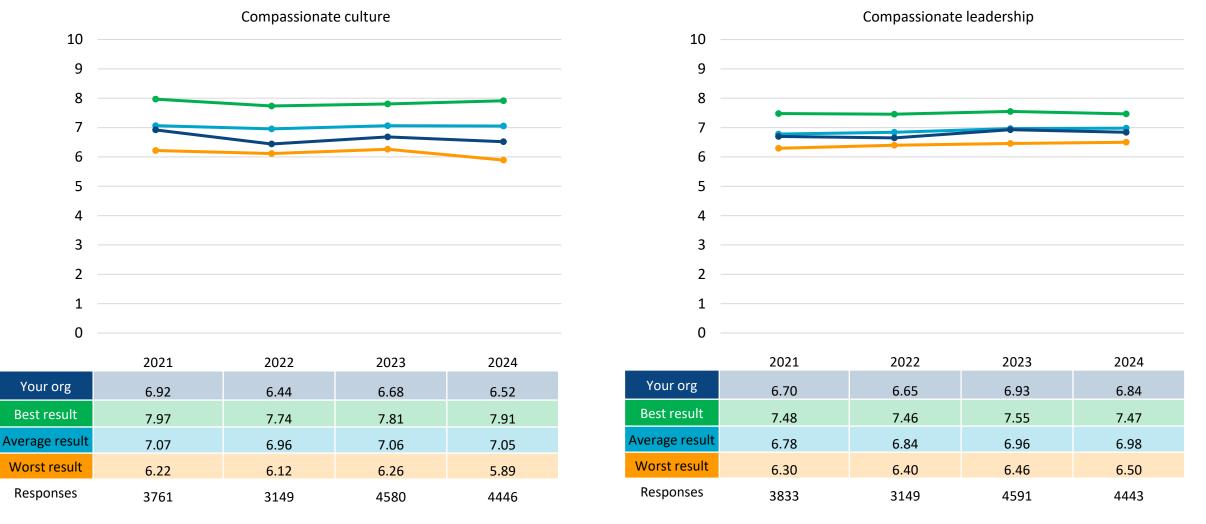
We are compassionate and inclusive

	2021	2022	2023	2024
Your org	7.13	6.95	7.15	7.02
Best result	7.78	7.67	7.72	7.69
Average result	7.19	7.18	7.24	7.21
Worst result	6.75	6.75	6.85	6.61
Responses	3817	3155	4594	4448



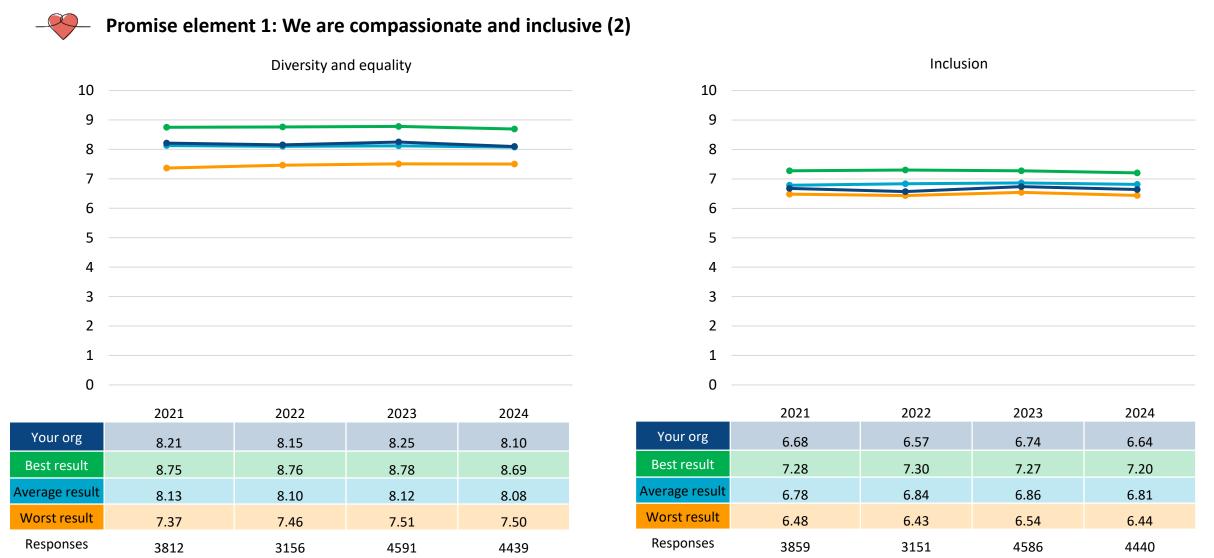
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.





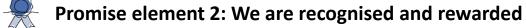
Hull University Teaching Hospitals NHS Trust Benchmark report

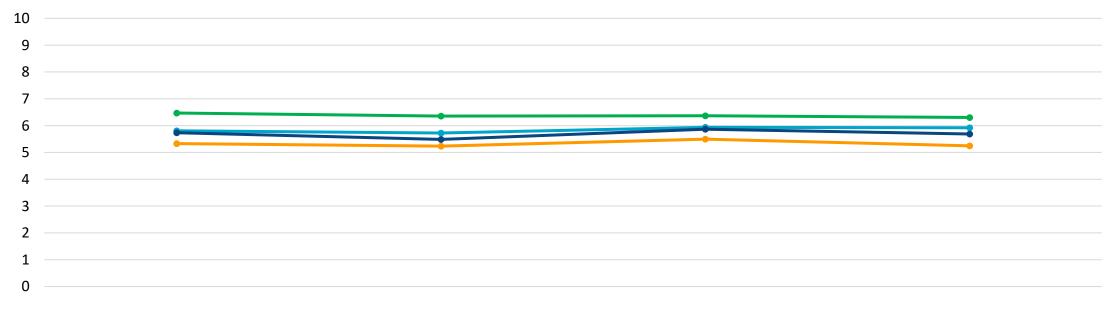






People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.





#### We are recognised and rewarded

	2021	2022	2023	2024
Your org	5.74	5.49	5.87	5.69
Best result	6.47	6.36	6.37	6.30
Average result	5.81	5.72	5.94	5.92
Worst result	5.33	5.24	5.49	5.24
Responses	3920	3157	4588	4449





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.



#### Promise element 3: We each have a voice that counts

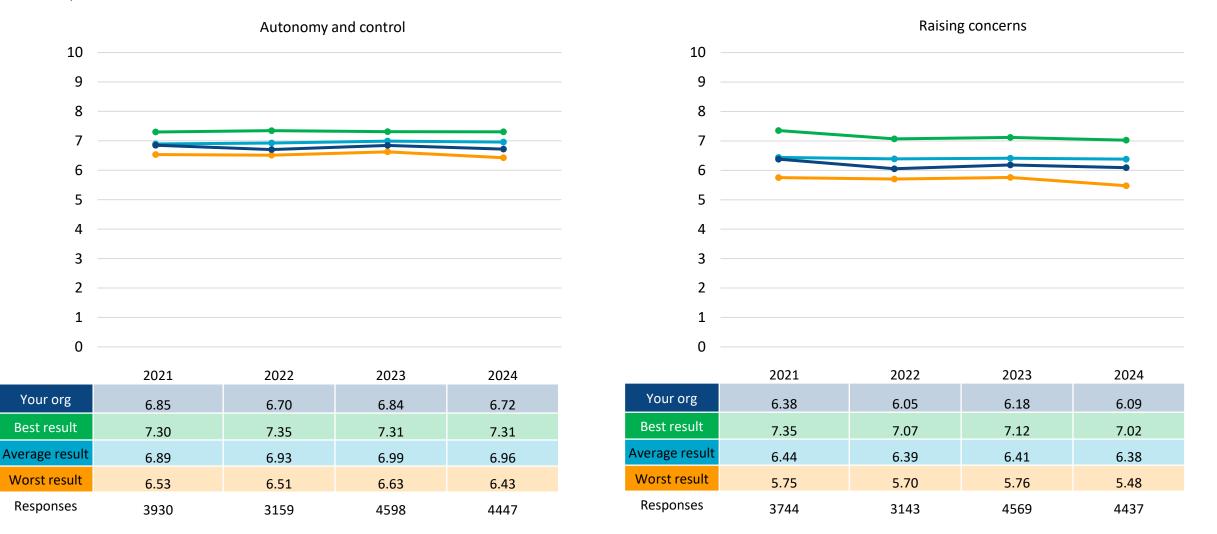


We each have a voice that counts

	2021	2022	2023	2024
Your org	6.63	6.38	6.51	6.40
Best result	7.31	7.14	7.16	7.14
Average result	6.67	6.65	6.70	6.67
Worst result	6.16	6.15	6.21	5.95
Responses	3743	3143	4566	4429



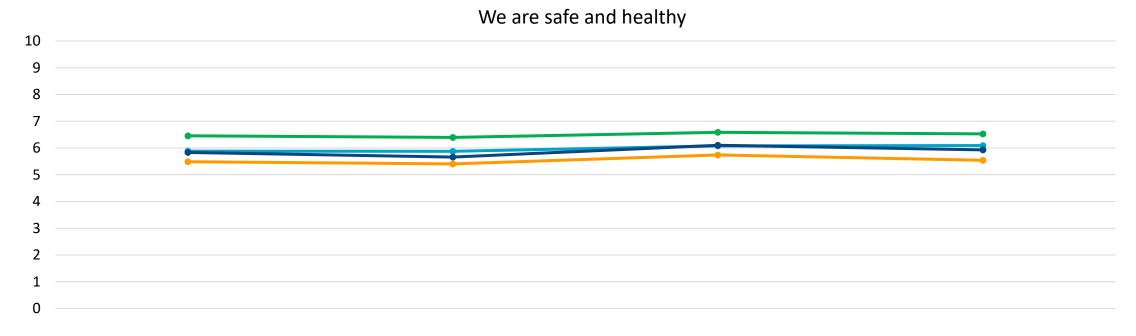






People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

#### Promise element 4: We are safe and healthy



	2021	2022	2023	2024
Your org	5.83	5.66	6.10	5.93
Best result	6.46	6.40	6.59	6.53
Average result	5.88	5.88	6.08	6.09
Worst result	5.49	5.41	5.74	5.54
Responses	3805	3147	4144	4434

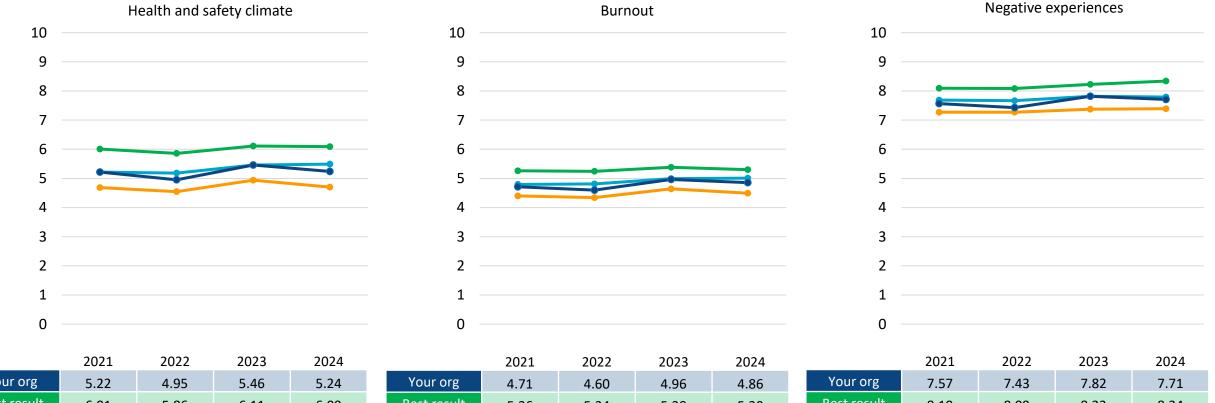
Note: 2023 results for 'We are safe and healthy' are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

Hull University Teaching Hospitals NHS Trust Benchmark report



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.

Promise element 4: We are safe and healthy



	2021	2022	2025	2024		2021	2022	2025	2024		2021	2022	2025	2024	
Your org	5.22	4.95	5.46	5.24	Your org	4.71	4.60	4.96	4.86	Your org	7.57	7.43	7.82	7.71	
Best result	6.01	5.86	6.11	6.09	Best result	5.26	5.24	5.38	5.30	Best result	8.10	8.09	8.23	8.34	
Average result	5.21	5.18	5.46	5.49	Average result	4.79	4.81	4.99	5.01	Average result	7.69	7.67	7.82	7.79	
Worst result	4.68	4.55	4.94	4.70	Worst result	4.40	4.34	4.64	4.50	Worst result	7.27	7.27	7.38	7.39	
Responses	3927	3159	4172	4447	Responses	3822	3152	4593	4451	Responses	3811	3153	4152	4444	

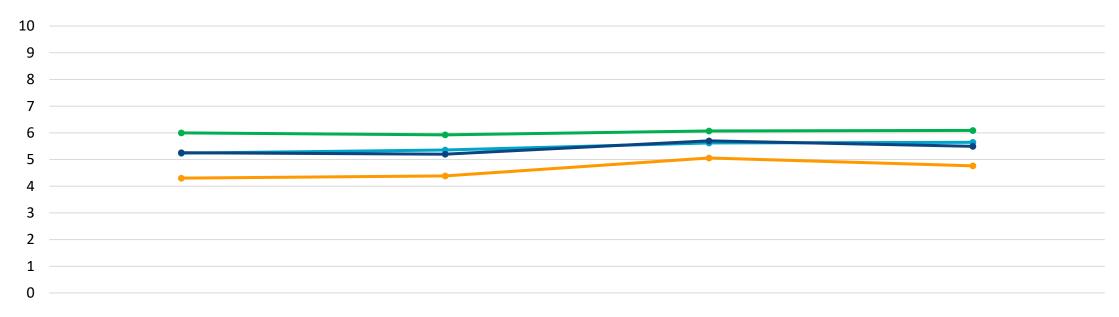
Note: 2023 results for 'Health and safety climate' and 'Negative experiences' are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

Hull University Teaching Hospitals NHS Trust Benchmark report



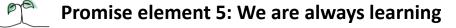


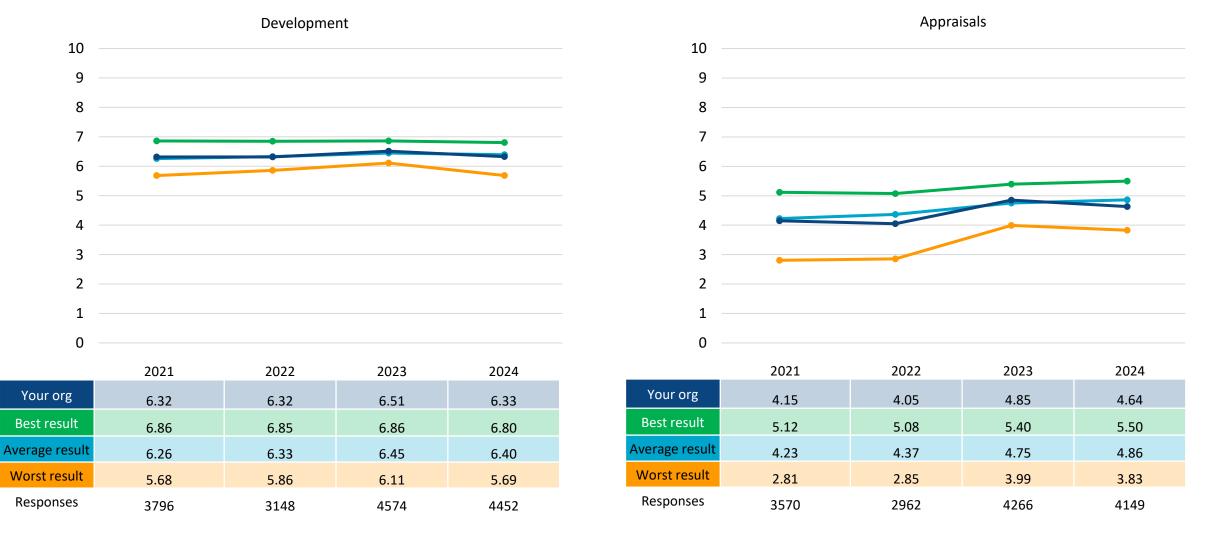




	2021	2022	2023	2024
Your org	5.25	5.20	5.70	5.49
Best result	6.00	5.92	6.07	6.09
Average result	5.24	5.35	5.62	5.64
Worst result	4.30	4.39	5.06	4.76
Responses	3555	2956	4262	4148





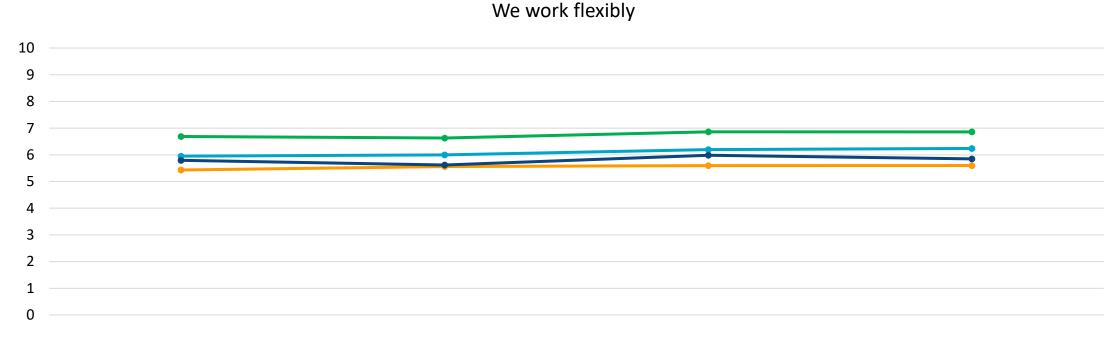


## People Promise elements and themes: Trends



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.

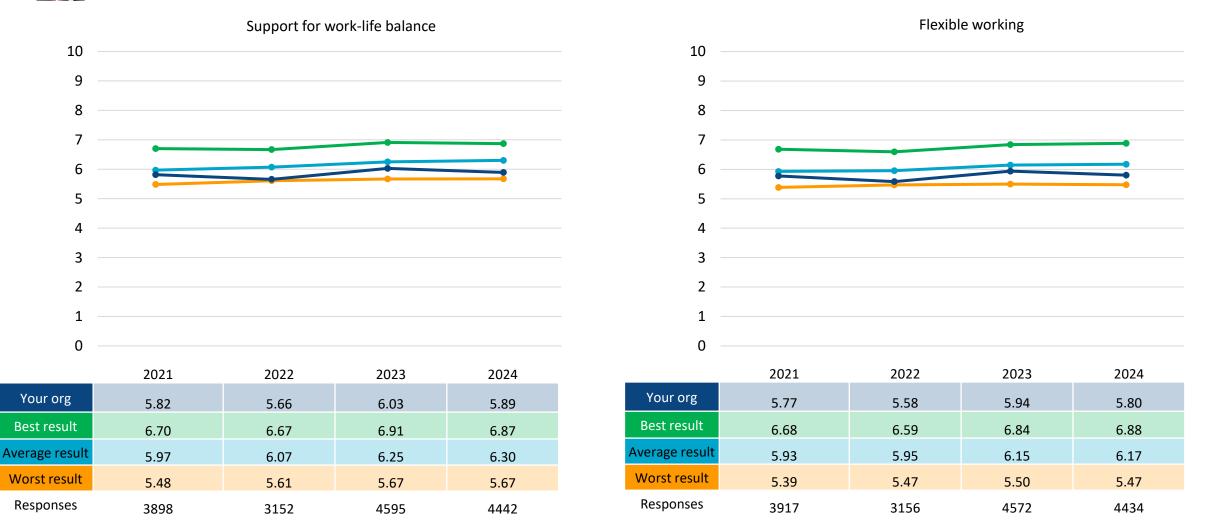
## Promise element 6: We work flexibly



	2021	2022	2023	2024
Your org	5.80	5.62	5.98	5.85
Best result	6.69	6.63	6.86	6.86
Average result	5.95	6.00	6.20	6.24
Worst result	5.43	5.56	5.60	5.60
Responses	3893	3150	4567	4426



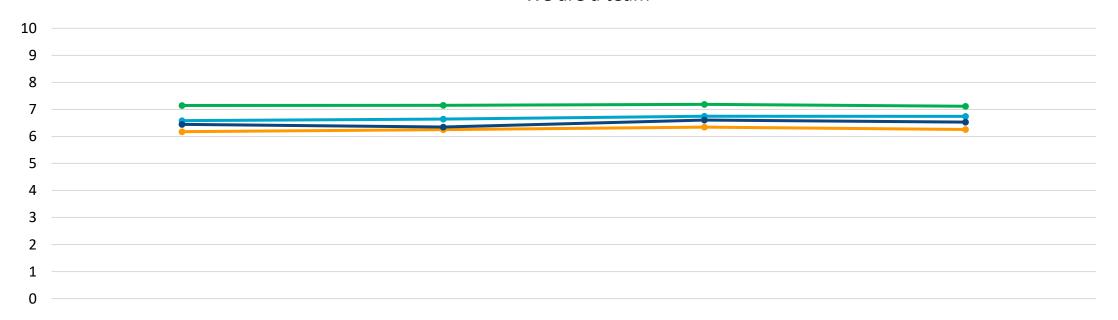






People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.





	2021	2022	2023	2024
Your org	6.45	6.35	6.61	6.53
Best result	7.15	7.15	7.19	7.12
Average result	6.58	6.64	6.75	6.74
Worst result	6.18	6.25	6.34	6.26
Responses	3836	3153	4591	4442

We are a team





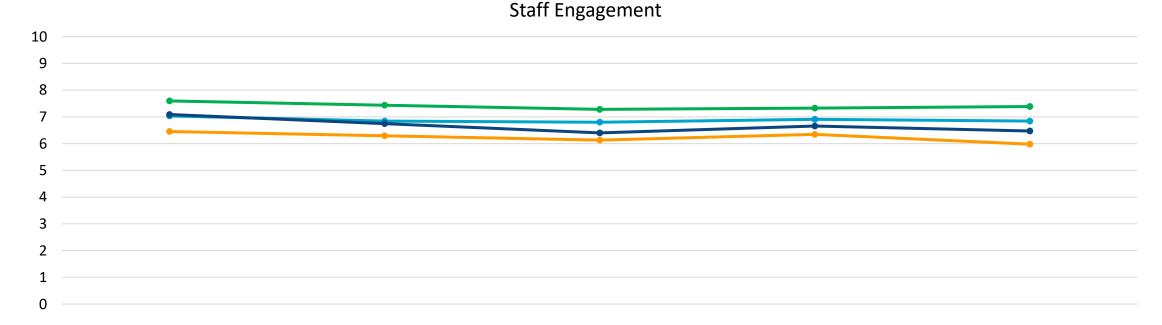




People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

# F

#### Theme: Staff Engagement

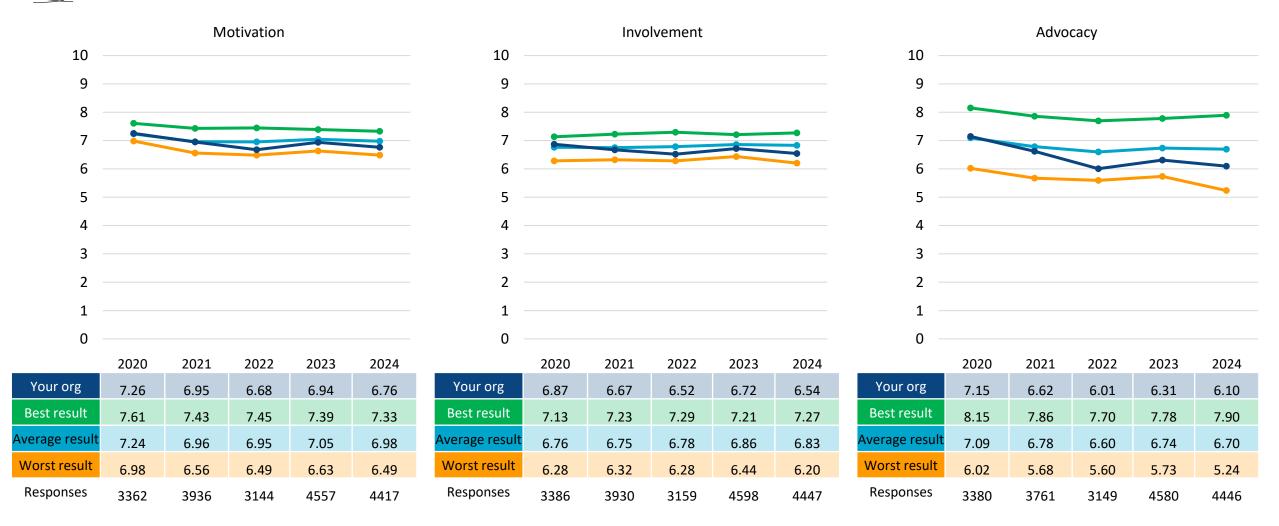


	2020	2021	2022	2023	2024
Your org	7.09	6.75	6.40	6.66	6.47
Best result	7.60	7.44	7.28	7.32	7.39
Average result	7.03	6.84	6.80	6.91	6.84
Worst result	6.45	6.29	6.13	6.34	5.98
Responses	3387	3926	3159	4598	4449



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.

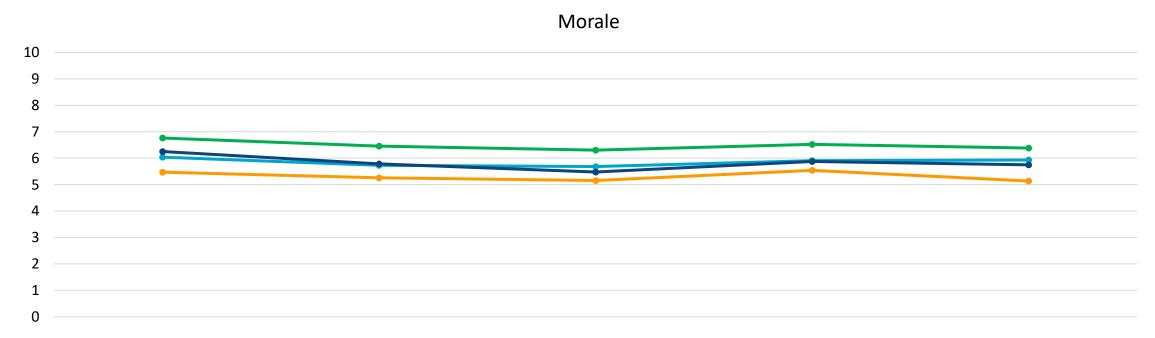
Theme: Staff Engagement



## **People Promise elements and themes: Trends**







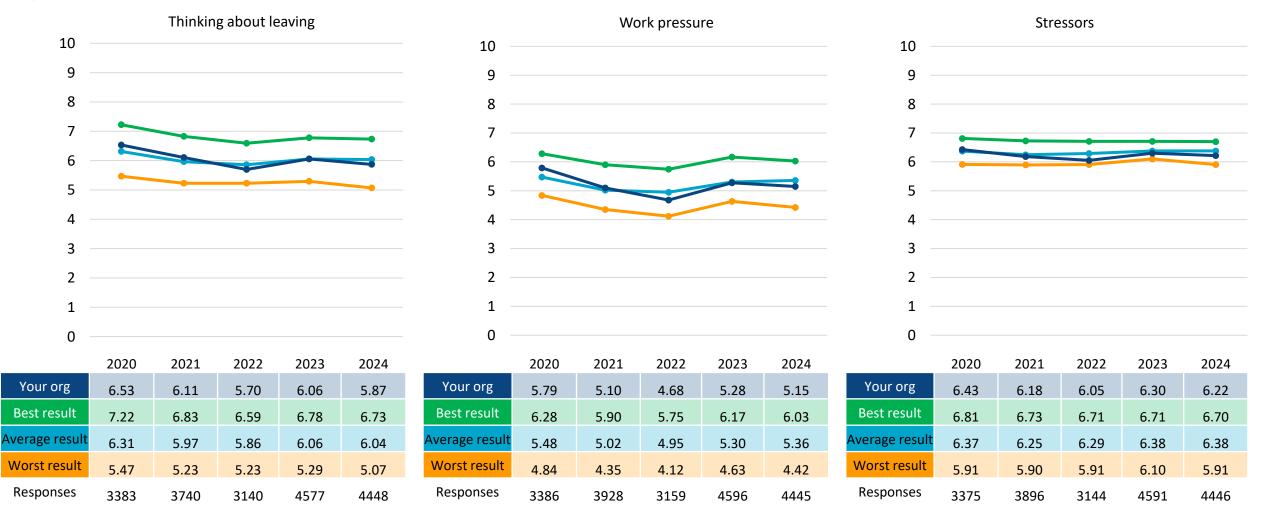
	2020	2021	2022	2023	2024
Your org	6.25	5.79	5.48	5.88	5.75
Best result	6.76	6.45	6.30	6.52	6.38
Average result	6.04	5.73	5.68	5.90	5.93
Worst result	5.47	5.26	5.16	5.54	5.13
Responses	3386	3912	3159	4597	4450



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.



#### **Theme: Morale**







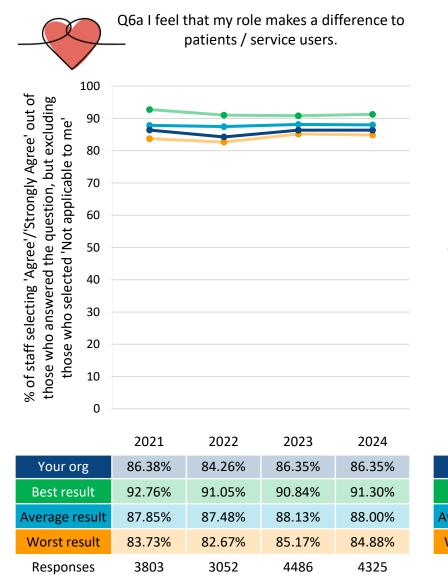
# People Promise element – We are compassionate and inclusive

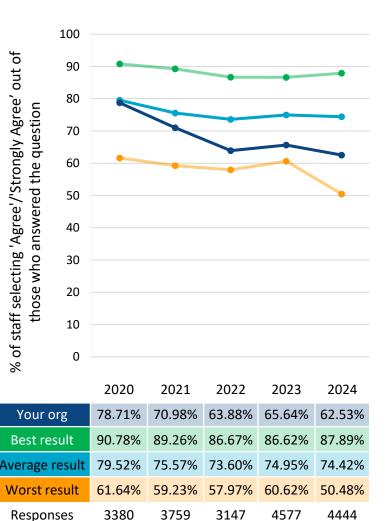


Questions included: Compassionate culture – Q6a, Q25a, Q25b, Q25c, Q25d Compassionate leadership – Q9f, Q9g, Q9h, Q9i Diversity and equality – Q15, Q16a, Q16b, Q21 Inclusion – Q7h, Q7i, Q8b, Q8c Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



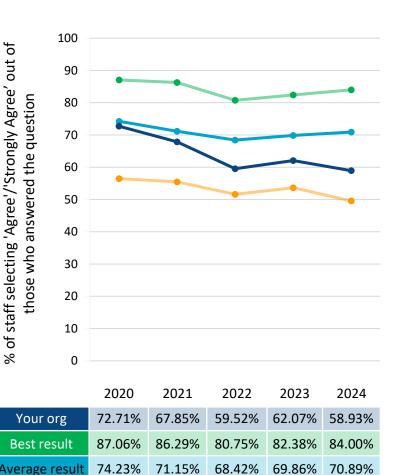
Survey Coordination Centre





Q25a Care of patients / service users is my

organisation's top priority.



51.58%

3141

Worst result

Responses

56.47%

3378

55.47%

3757

Q25b My organisation acts on concerns

raised by patients / service users.

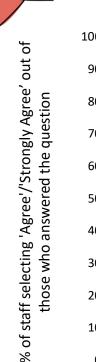
4445

53.65% 49.55%

4573







Worst result

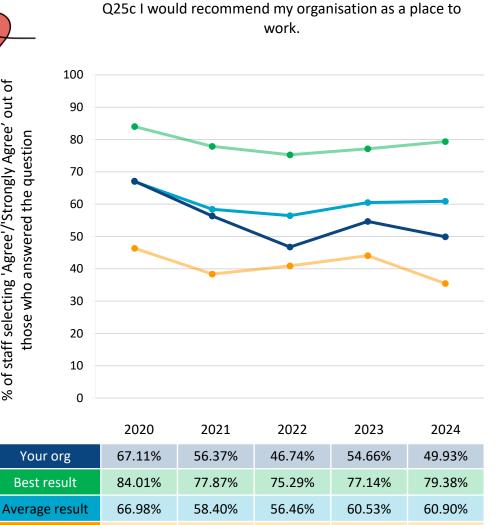
Responses

46.35%

3375

38.38%

3756



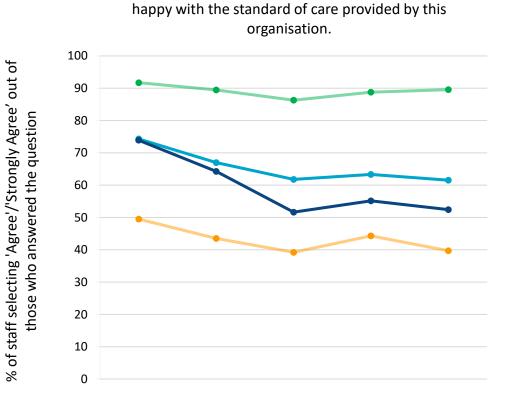
40.89%

3147

44.05%

4574

35.43% 4443



Q25d If a friend or relative needed treatment I would be

	2020	2021	2022	2023	2024
Your org	73.90%	64.26%	51.65%	55.16%	52.41%
Best result	91.73%	89.48%	86.30%	88.79%	89.59%
Average result	74.30%	67.01%	61.79%	63.34%	61.54%
Worst result	49.51%	43.50%	39.23%	44.30%	39.72%
Responses	3372	3757	3147	4574	4443

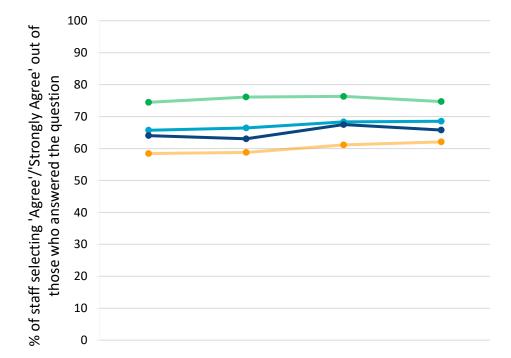




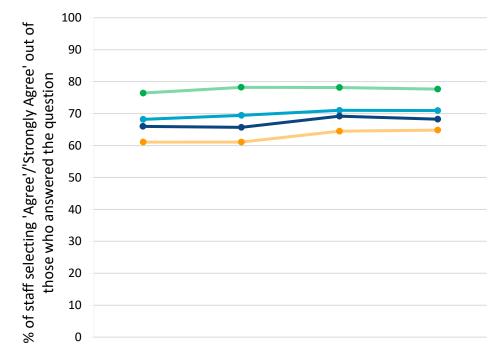


## Q9f My immediate manager works together with me to come to an understanding of problems.

Q9g My immediate manager is interested in listening to me when I describe challenges I face.



	2021	2022	2023	2024
Your org	64.05%	63.05%	67.51%	65.78%
Best result	74.46%	76.11%	76.33%	74.72%
Average result	65.72%	66.44%	68.34%	68.53%
Worst result	58.44%	58.76%	61.14%	62.08%
Responses	3828	3151	4589	4439



	2021	2022	2023	2024
Your org	66.01%	65.69%	69.19%	68.23%
Best result	76.43%	78.21%	78.15%	77.66%
Average result	68.18%	69.46%	71.02%	70.95%
Worst result	61.07%	61.09%	64.47%	64.83%
Responses	3834	3152	4588	4439





2024

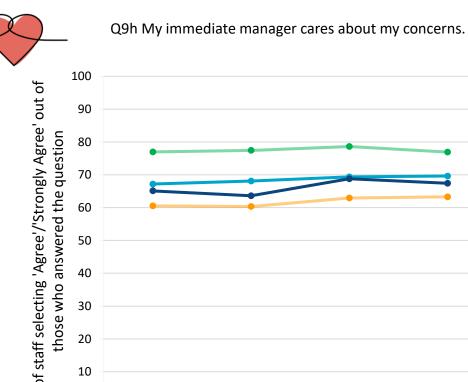
64.06%

74.21%

66.81%

59.94%

4437



Worst result

Responses

60.55%

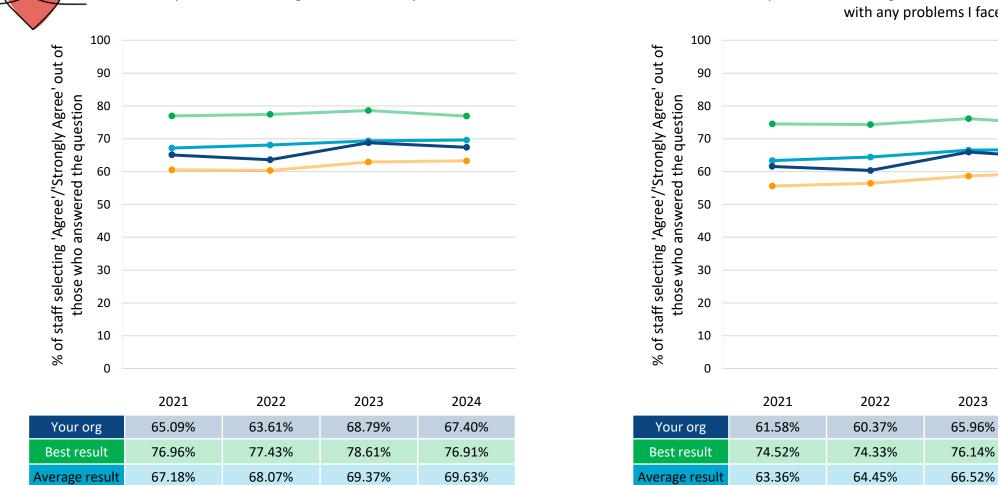
3829

60.33%

3148

62.93%

4585



63.29%

4437

Q9i My immediate manager takes effective action to help me with any problems I face.

Worst result

Responses

55.61%

3827

56.43%

3146

58.64%

4584





Responses

3281

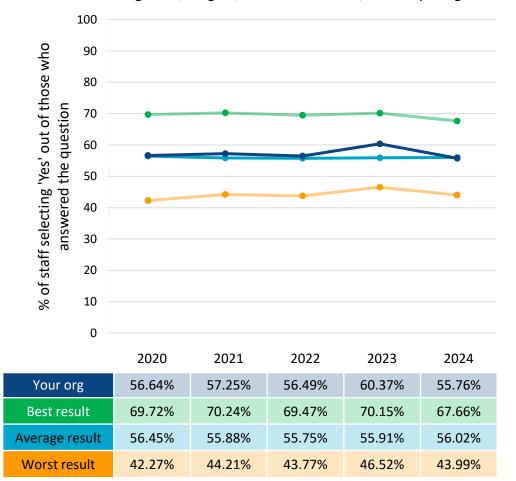
3770

3139

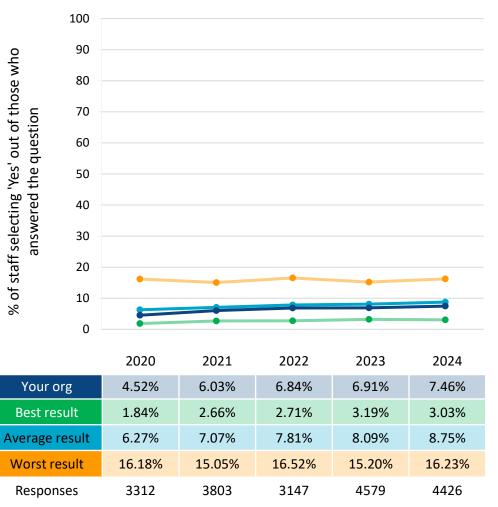
4571

4428

Q15 Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



Q16a In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?

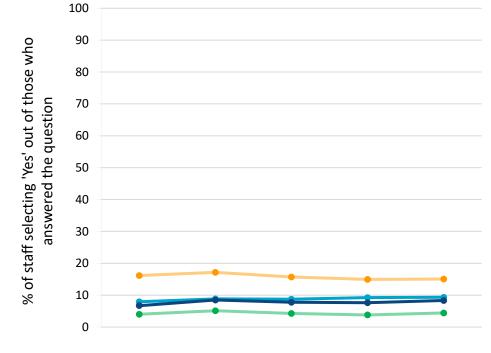






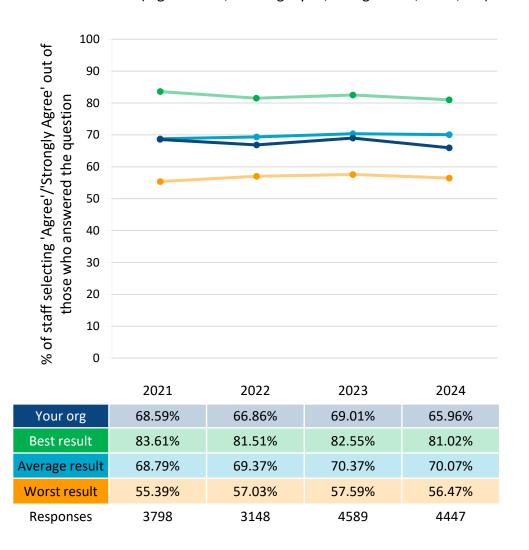


Q16b In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



	2020	2021	2022	2023	2024
Your org	6.70%	8.49%	7.81%	7.64%	8.35%
Best result	4.04%	5.12%	4.25%	3.80%	4.44%
Average result	7.93%	8.82%	8.73%	9.24%	9.35%
Worst result	16.19%	17.16%	15.69%	14.95%	15.08%
Responses	3296	3804	3146	4548	4400

Q21 I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).



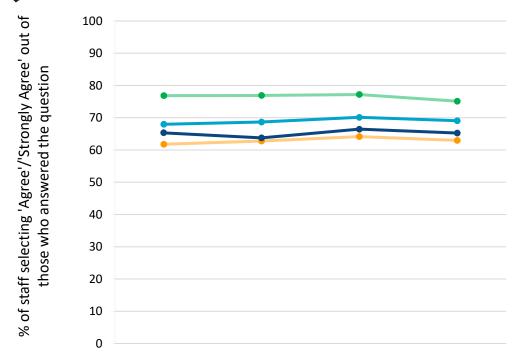




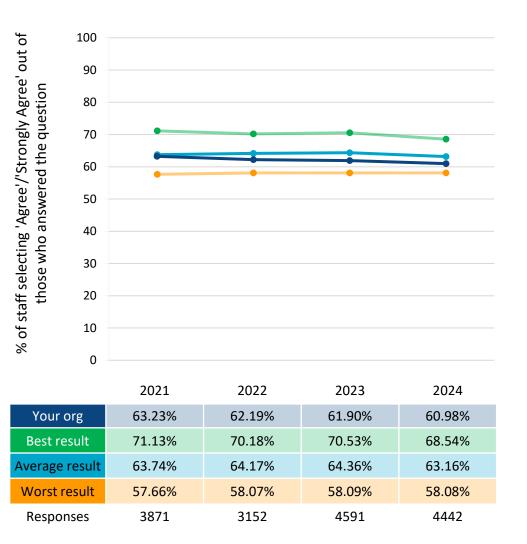
 $\sim$ 

Q7h I feel valued by my team.

Q7i I feel a strong personal attachment to my team.



	2021	2022	2023	2024
Your org	65.31%	63.75%	66.46%	65.26%
Best result	76.84%	76.89%	77.18%	75.12%
Average result	67.97%	68.69%	70.13%	69.09%
Worst result	61.78%	62.75%	64.15%	62.98%
Responses	3876	3150	4587	4438





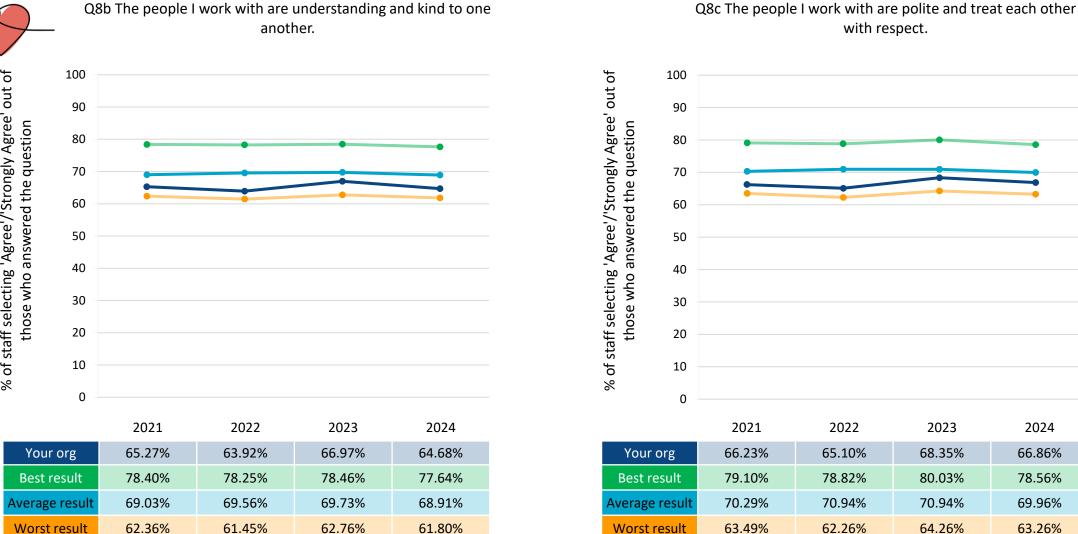


% of staff selecting 'Agree'/'Strongly Agree' out of answered the question those who

Responses

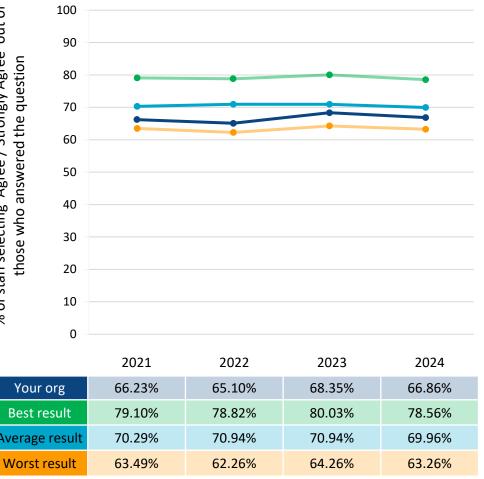
3858

3152



4586

4442



3153

4584

3860

Responses

with respect.

4441





# People Promise element – We are recognised and rewarded



Questions included: Q4a, Q4b, Q4c, Q8d, Q9e

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

#### **People Promise elements and theme results** – We are recognised and rewarded

2024

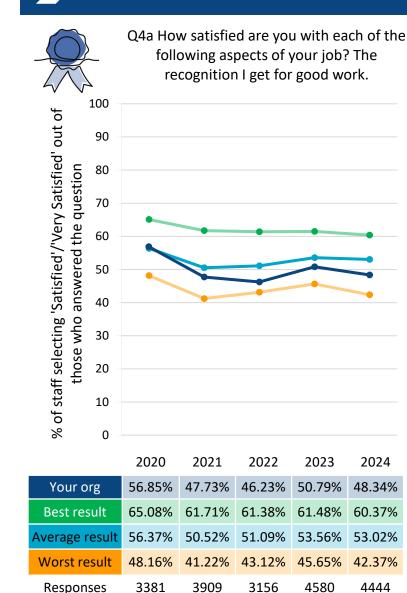
48.34%

60.37%

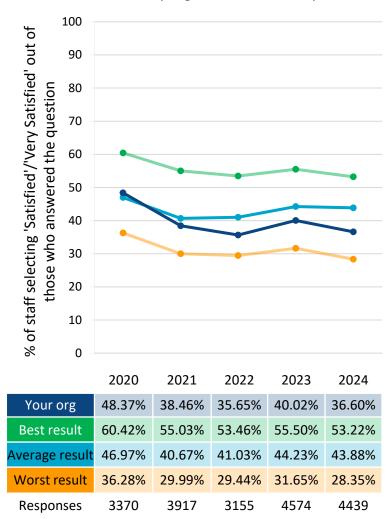
53.02%

4444

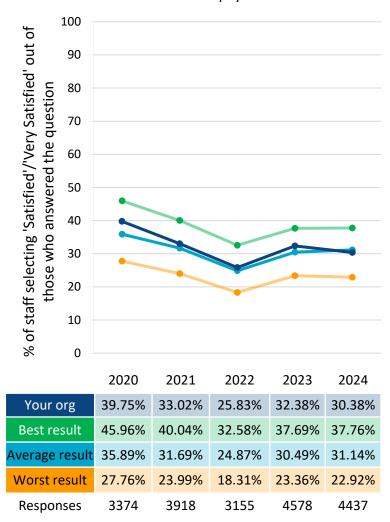




Q4b How satisfied are you with each of the following aspects of your job? The extent to which my organisation values my work.



Q4c How satisfied are you with each of the following aspects of your job? My level of pay.



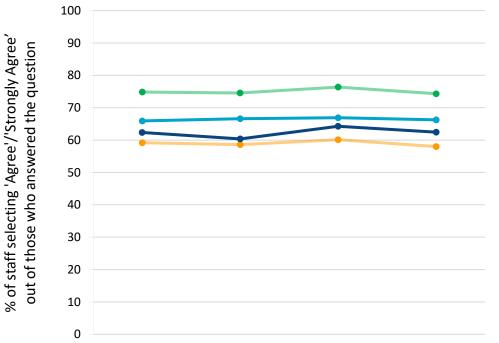




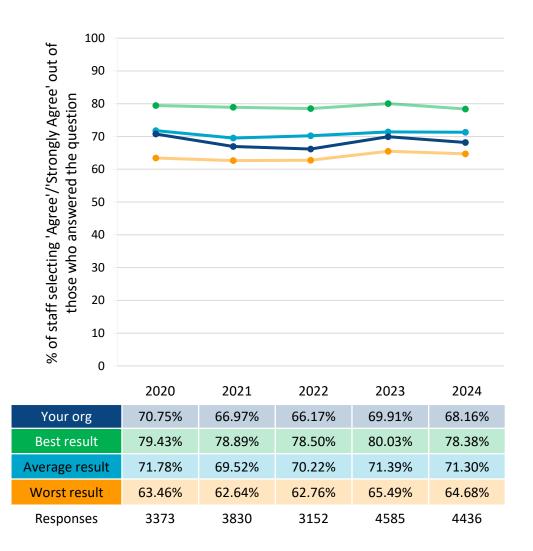


#### Q8d The people I work with show appreciation to one another.

Q9e My immediate manager values my work.



	2021	2022	2023	2024
Your org	62.33%	60.36%	64.27%	62.44%
Best result	74.84%	74.55%	76.37%	74.33%
Average result	65.92%	66.61%	66.91%	66.25%
Worst result	59.18%	58.59%	60.13%	57.98%
Responses	3856	3149	4579	4437







## People Promise element – We each have a voice that counts



Questions included: Autonomy and control – Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b Raising concerns – Q20a, Q20b, Q25e, Q25f

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

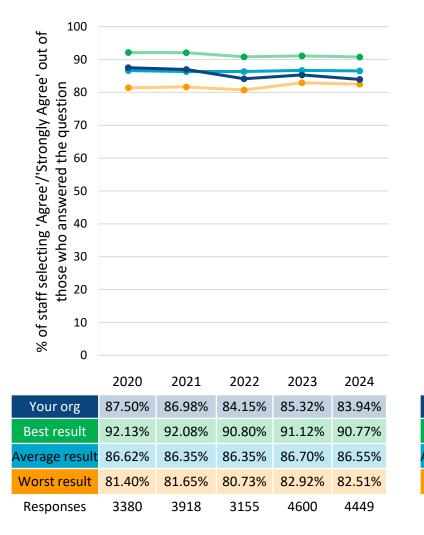


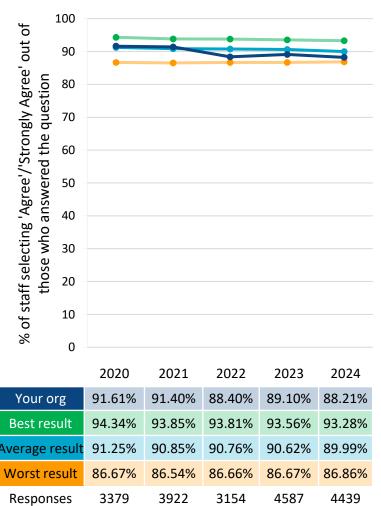


Q3c There are frequent opportunities for me

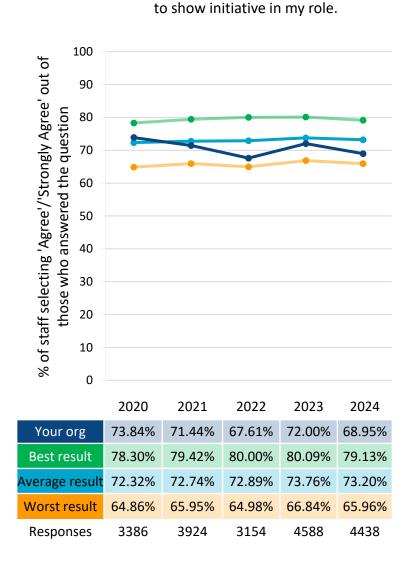


Q3a I always know what my work responsibilities are.





Q3b I am trusted to do my job.



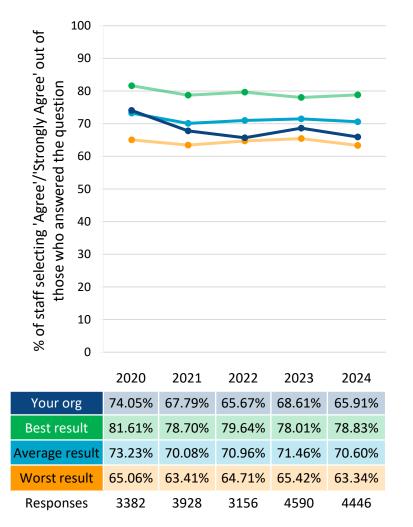


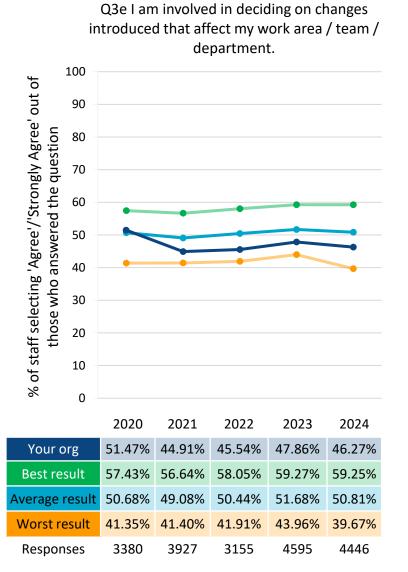
#### People Promise elements and theme results – We each have a voice that counts: Autonomy and control



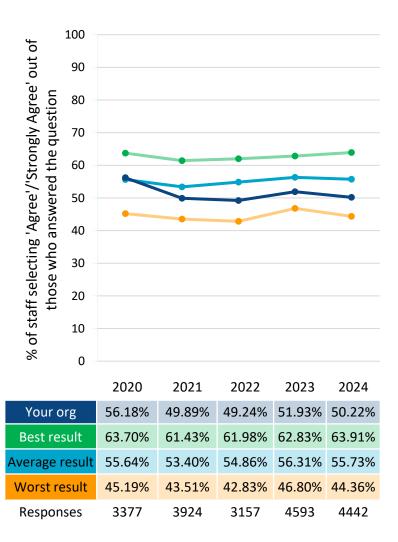


Q3d I am able to make suggestions to improve the work of my team / department.





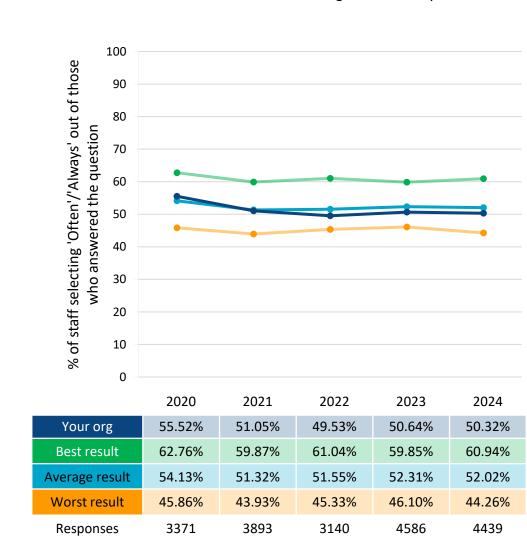
Q3f I am able to make improvements happen in my area of work.











Q5b I have a choice in deciding how to do my work.

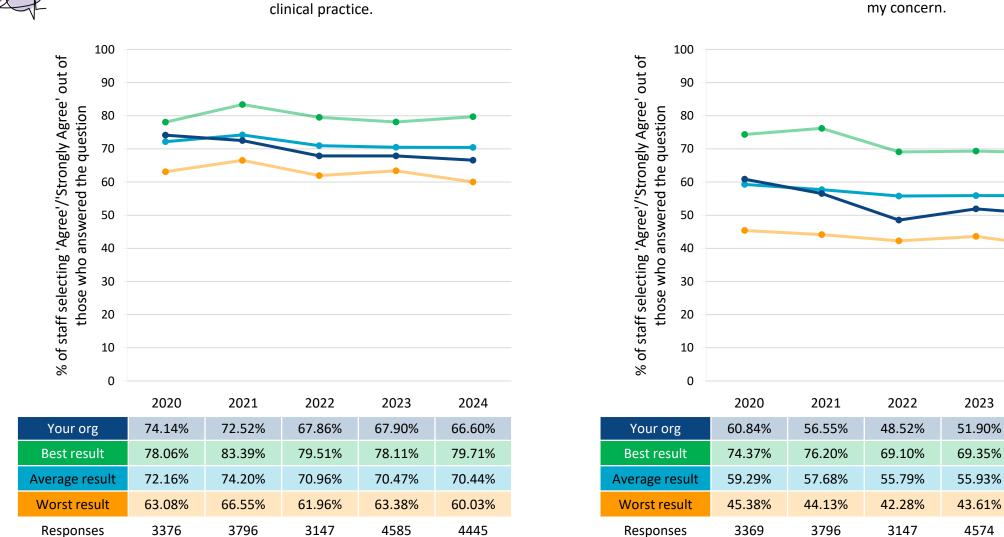


Q20a I would feel secure raising concerns about unsafe



Q20b I am confident that my organisation would address





2024

50.12%

68.85%

55.91%

40.42%

4441

2023



4573

3149

4443

Q25e I feel safe to speak up about anything that concerns me

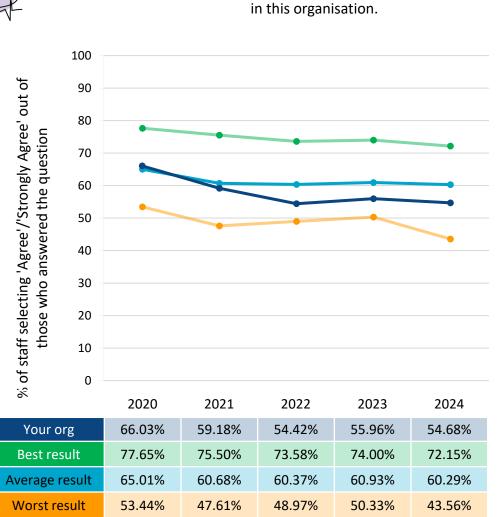




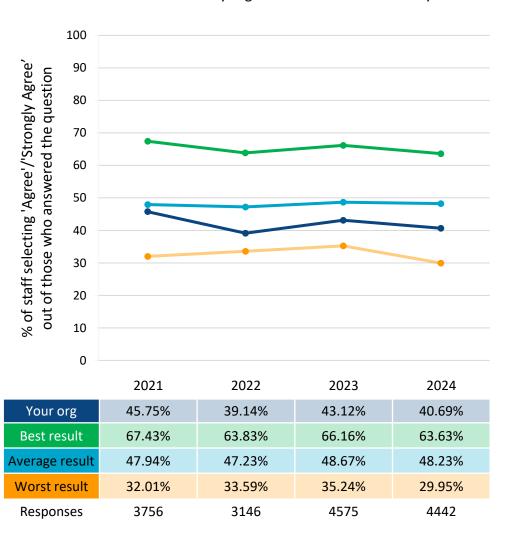
Responses

3371

3756



Q25f If I spoke up about something that concerned me I am confident my organisation would address my concern.







# People Promise element – We are safe and healthy

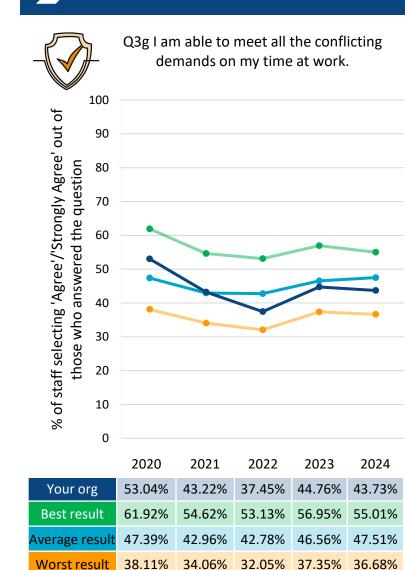


Questions included: Health and safety climate: Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d Burnout: Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g Negative experiences: Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c Other questions:\* Q17a, Q17b, Q22 \*Q17a, Q17b and Q22 do not contribute to the calculation of any scores or sub-scores. Note: where there are fewer than 10 responses for a guestion this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

### People Promise elements and theme results – We are safe and healthy: Health and safety climate



Q3i There are enough staff at this



3367

Responses

3919

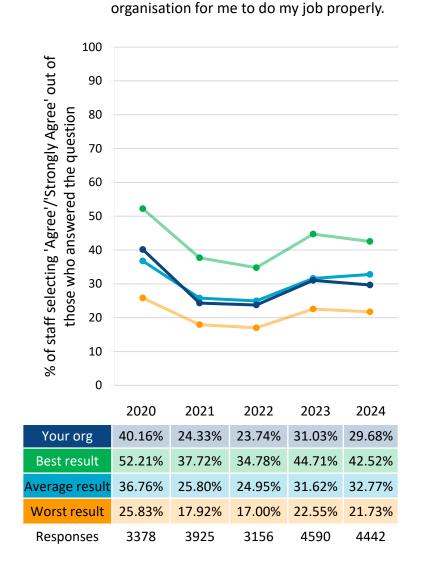
3155

4590

4436

equipment to do my work. 100 out of 90 of staff selecting 'Agree'/'Strongly Agree' answered the question 80 70 60 50 40 those who 30 20 10 % 2020 2021 2022 2023 2024 Your org 64.59% 58.97% 50.79% 59.25% 55.15% Best result 74.41% 72.78% 69.54% 72.83% 70.99% 58.44% 55.30% 53.39% 56.69% 57.00% Average resul 44.99% 46.82% 42.14% Worst result 45.47% 43.54% Responses 3373 3925 3153 4589 4444

Q3h I have adequate materials, supplies and



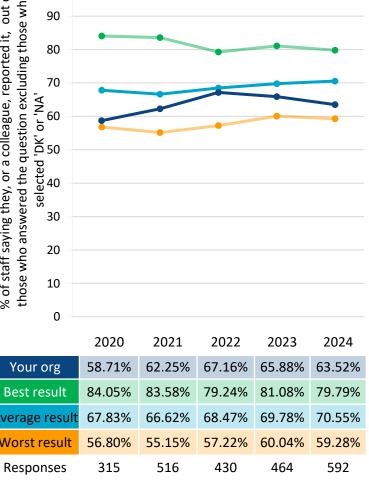


### **People Promise elements and theme results** – We are safe and healthy: Health and safety climate



Q13d The last time you experienced physical Q11a My organisation takes positive action on Q5a I have unrealistic time pressures. violence at work, did you or a colleague health and well-being. report it? 100 100 100 staff selecting 'Never'/'Rarely' out of those who out of answered the question excluding those who 90 90 90 % of staff selecting 'Agree'/'Strongly Agree' answered the question a colleague, reported it, 80 80 80 70 70 70 answered the question 'AA' 60 60 60 P <u>Å</u> 50 50 50 selected <sup>-</sup> 0 out of those who of staff saying they, or 40 40 30 30 30 20 20 20 those who 10 10 10 of % 0 0 0 % 2020 2021 2022 2023 2024 2021 2022 2023 2024 2020 2021 Your org 28.86% 23.23% 22.17% 26.33% 26.44% Your org 51.37% 49.22% 53.78% 45.40% 58.71% 62.25% Your org Best result 33.24% 29.31% 29.61% 33.04% 31.37% **Best result** 73.75% 71.50% 72.81% 70.84% Best result 84.05% 83.58% 23.97% 22.27% 22.18% 24.95% 25.71% 56.34% 55.62% 56.82% 55.99% 67.83% 66.62% Average resu Average result Average resul 18.24% 21.01% Worst result 42.28% 42.82% 44.58% 38.51% Worst result 18.00% 17.94% 20.72% Worst result 56.80% 55.15% Responses 3375 3887 3135 4588 4444 Responses 3766 3102 4595 4445

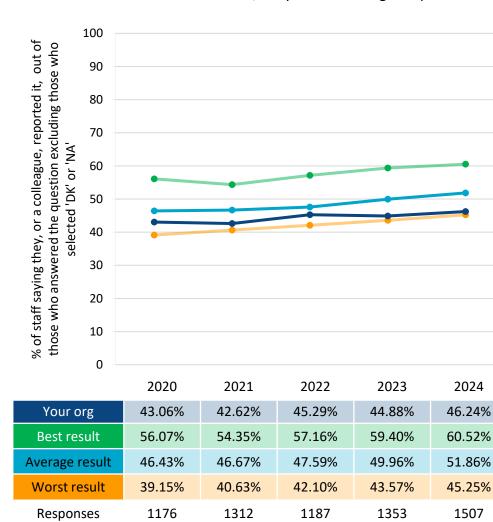
Note: 2023 results for Q13d are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.









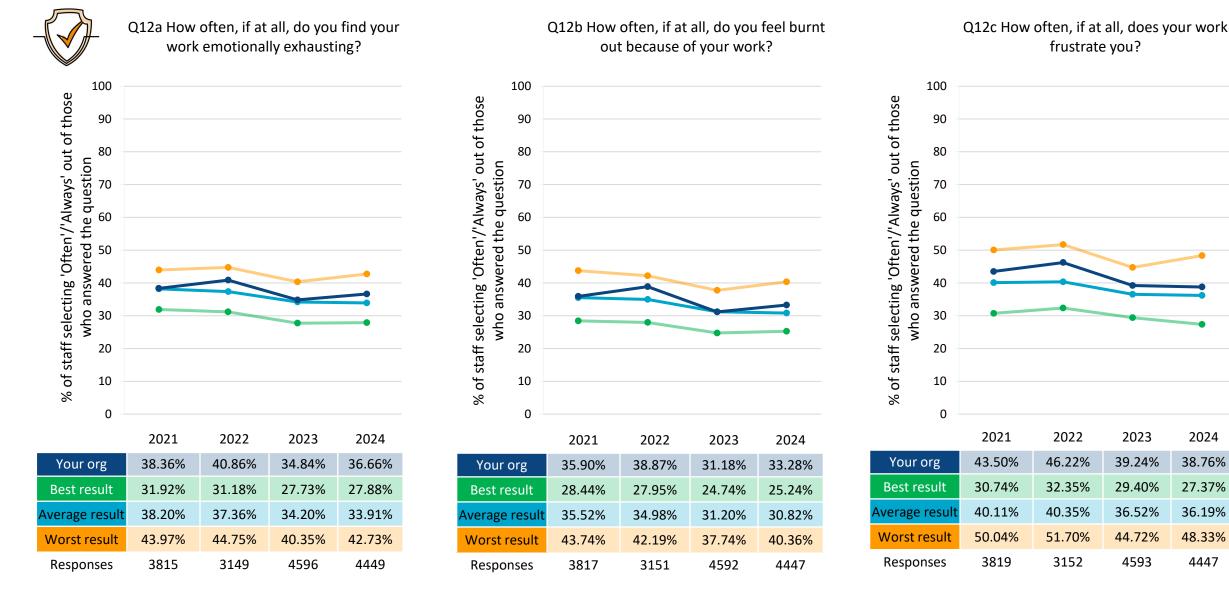


Q14d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?

Note: 2023 results for Q14d are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

## **People Promise elements and theme results** – We are safe and healthy: Burnout





2024

38.76%

27.37%

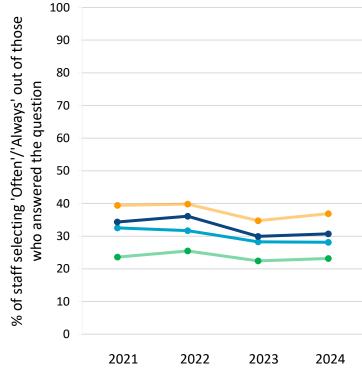
36.19%

48.33%

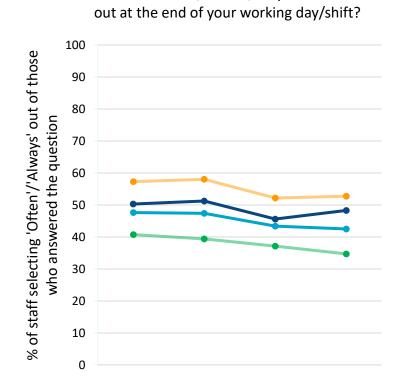




Q12d How often, if at all, are you exhausted at the thought of another day/shift at work?



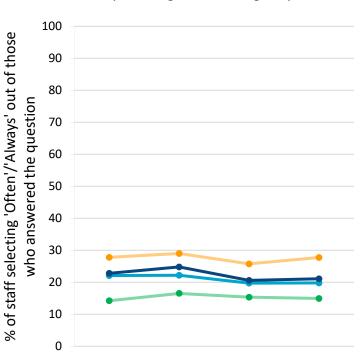
	2021	2022	2023	2024
Your org	34.31%	36.10%	29.94%	30.72%
Best result	23.59%	25.47%	22.44%	23.17%
Average result	32.54%	31.71%	28.26%	28.13%
Worst result	39.44%	39.81%	34.74%	36.90%
Responses	3814	3151	4580	4441



Q12e How often, if at all, do you feel worn

	2021	2022	2023	2024
Your org	50.27%	51.23%	45.60%	48.29%
Best result	40.75%	39.38%	37.14%	34.71%
Average result	47.62%	47.37%	43.37%	42.50%
Worst result	57.28%	58.02%	52.18%	52.73%
Responses	3816	3145	4586	4448

Q12f How often, if at all, do you feel that every working hour is tiring for you?

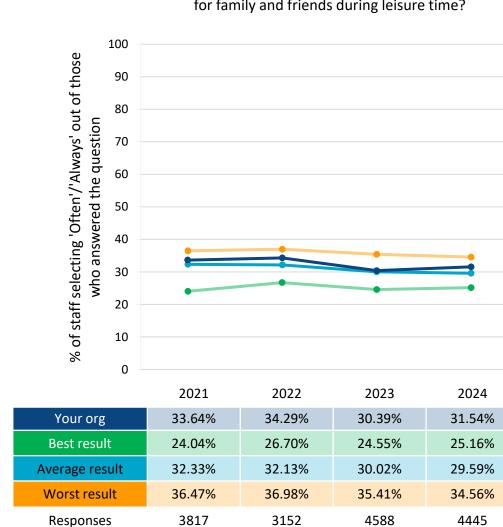


	2021	2022	2023	2024
Your org	22.79%	24.80%	20.59%	21.11%
Best result	14.24%	16.50%	15.36%	14.94%
Average result	22.12%	22.19%	19.73%	19.80%
Worst result	27.81%	29.01%	25.76%	27.74%
Responses	3815	3147	4586	4448





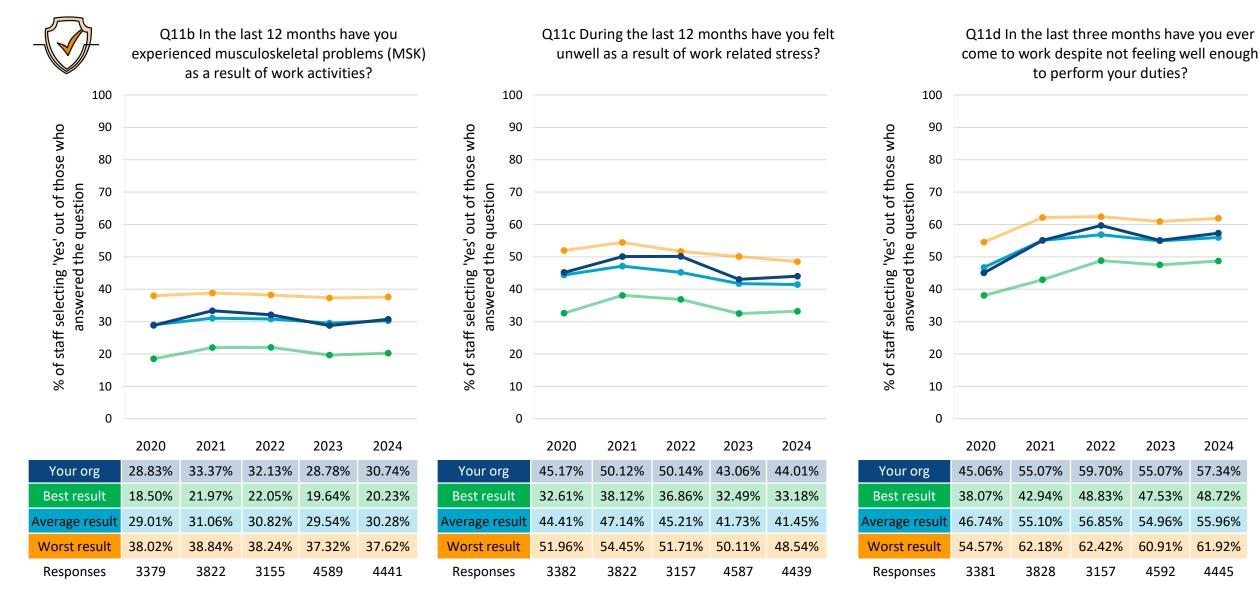




Q12g How often, if at all, do you not have enough energy for family and friends during leisure time?

### **People Promise elements and theme results** – We are safe and healthy: Negative experiences





2024

57.34%

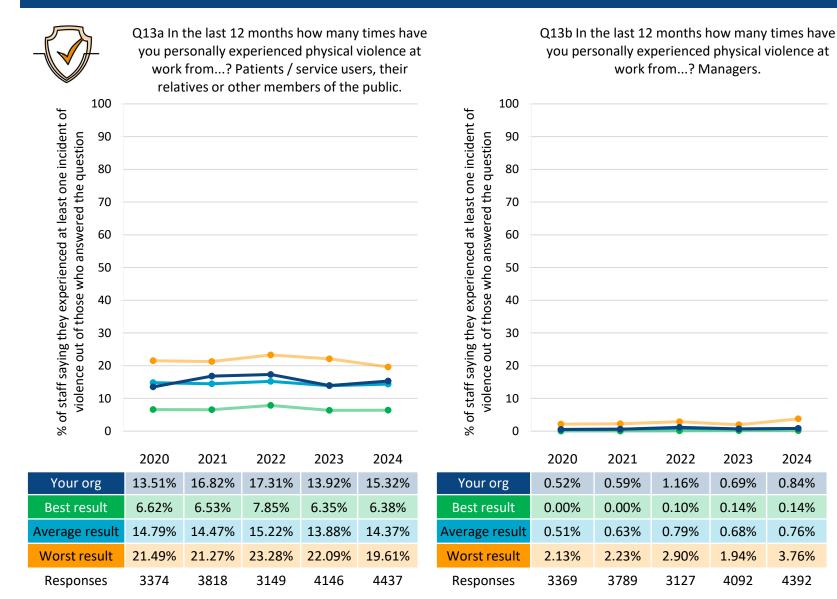
48.72%

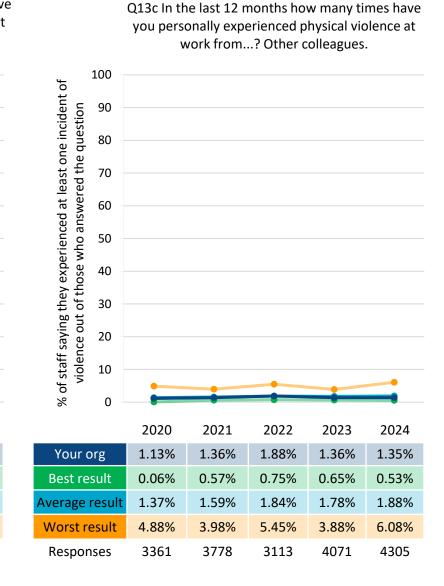
55.96%

61.92%

### **People Promise elements and theme results** – We are safe and healthy: Negative experiences







Note: 2023 results for Q13a-c are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

2024

0.84%

0.14%

0.76%

3.76%

### **People Promise elements and theme results** – We are safe and healthy: Negative experiences



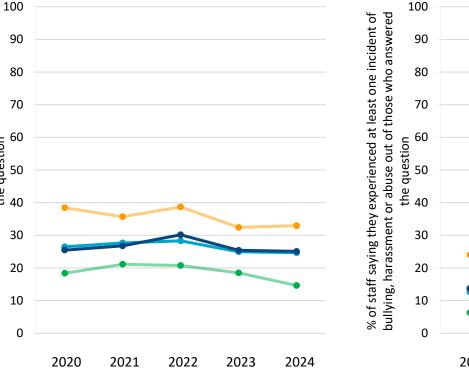


bullying, harassment or abuse out of those who answered

the question

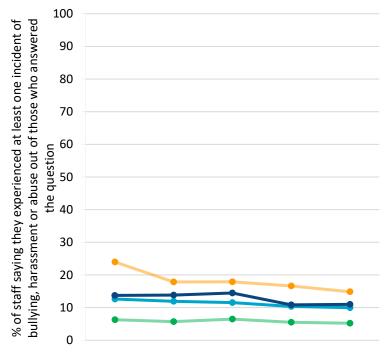
% of staff saying they experienced at least one incident of

Q14a In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from ...? Patients / service users, their relatives or other members of the public.



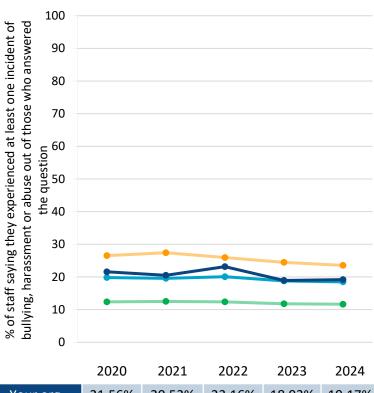
	2020	2021	2022	2023	2024	
Your org	25.46%	26.76%	30.16%	25.39%	25.09%	Your
Best result	18.42%	21.13%	20.77%	18.48%	14.63%	Best
Average result	26.49%	27.65%	28.31%	24.99%	24.68%	Average
Worst result	38.45%	35.69%	38.68%	32.43%	32.94%	Worst
Responses	3367	3682	3147	4152	4440	Respo

Q14b In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from ...? Managers.



	2020	2021	2022	2023	2024
Your org	13.75%	13.83%	14.48%	10.85%	11.01%
Best result	6.32%	5.72%	6.48%	5.52%	5.22%
Average result	12.64%	11.95%	11.55%	10.35%	10.00%
Worst result	23.98%	17.86%	17.89%	16.64%	14.86%
Responses	3359	3659	3121	4110	4404

Q14c In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from ...? Other colleagues.



	2020	2021	2022	2023	2024
Your org	21.56%	20.52%	23.16%	18.93%	19.17%
Best result	12.40%	12.51%	12.37%	11.80%	11.66%
Average result	19.80%	19.56%	20.08%	18.78%	18.49%
Worst result	26.52%	27.43%	25.97%	24.45%	23.55%
Responses	3354	3654	3101	4105	4390

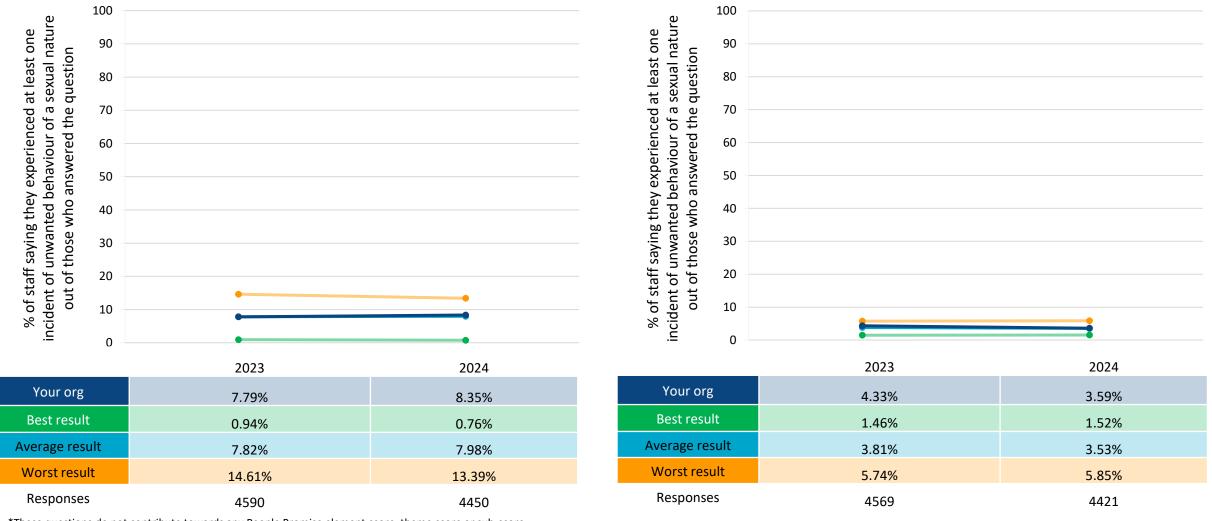
Note: 2023 results for Q14a-c are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.





Q17a In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From patients / service users, their relatives or other members of the public

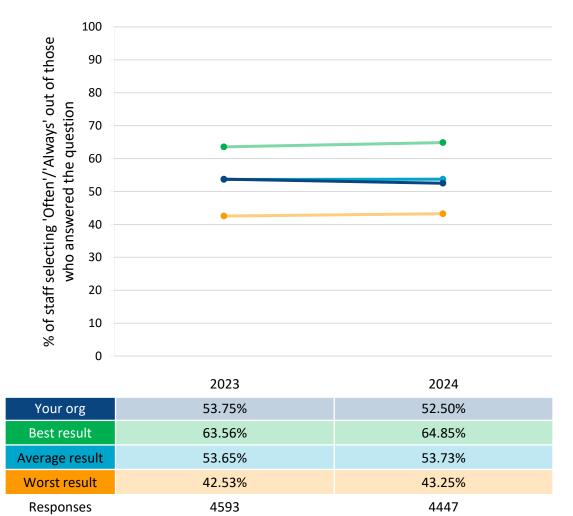
Q17b In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From staff / colleagues



\*These questions do not contribute towards any People Promise element score, theme score or sub-score

Hull University Teaching Hospitals NHS Trust Benchmark report





Q22 I can eat nutritious and affordable food while I am working

\*These questions do not contribute towards any People Promise element score, theme score or sub-score

Hull University Teaching Hospitals NHS Trust Benchmark report





## People Promise element – We are always learning



Questions included: Development – Q24a, Q24b, Q24c, Q24d, Q24e Appraisals – Q23a\*, Q23b, Q23c, Q23d Other questions\*\* - Q24f

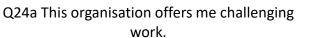
\*Q23a is a filter question and therefore influences the sub-score without being a directly scored question. \*\*Q24f does not contribute to the calculation of any scores or sub-scores.

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.





100



69.23%

60.63%

4576

68.08%

59.05%

4449

out of 90 % of staff selecting 'Agree'/'Strongly Agree' those who answered the question 80 70 60 50 40 30 20 10 0 2021 2022 2023 2024 Your org 70.54% 72.03% 70.49% 68.83% **Best result** 75.83% 79.59% 78.00% 75.84%

69.68%

61.62%

3147

68.68%

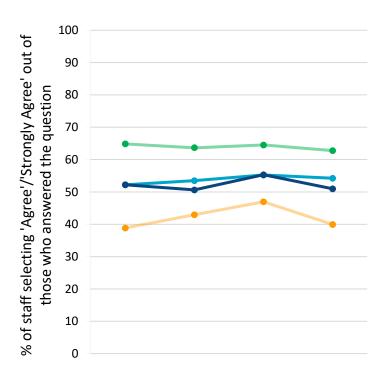
58.89%

3790

Average resul<sup>-</sup>

Worst result

Responses

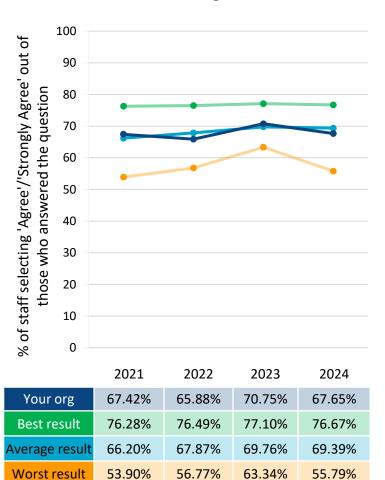


Q24b There are opportunities for me to

develop my career in this organisation.

	2021	2022	2023	2024
Your org	52.20%	50.63%	55.32%	50.95%
Best result	64.85%	63.63%	64.50%	62.77%
Average result	52.19%	53.47%	55.24%	54.25%
Worst result	38.85%	42.97%	46.95%	39.91%
Responses	3794	3147	4572	4445

Q24c I have opportunities to improve my knowledge and skills.



3146

3794

Responses

4449

## **People Promise elements and theme results** – We are always learning: Development



\_ Q24d I feel supported to develop my potential.

ppa

Average resul<sup>-</sup>

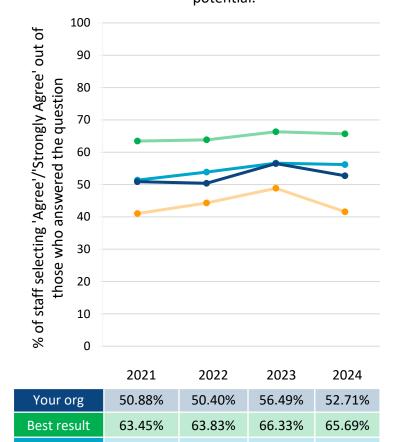
Worst result

Responses

51.37%

41.03%

3790



53.85%

44.31%

3147

56.61%

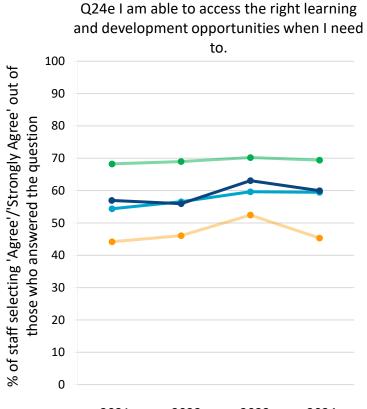
48.84%

4571

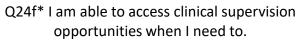
56.17%

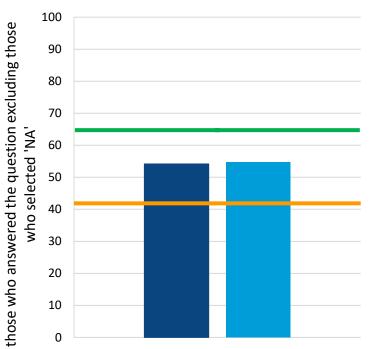
41.60%

4451



	2021	2022	2023	2024
Your org	56.94%	55.95%	63.07%	59.95%
Best result	68.26%	68.98%	70.23%	69.44%
Average result	54.38%	56.55%	59.64%	59.45%
Worst result	44.17%	46.06%	52.43%	45.31%
Responses	3786	3138	4569	4450





% of staff selecting 'Agree'/'Strongly Agree' out of

	2024
Your org	54.16%
Best result	64.73%
Average result	54.75%
Worst result	41.87%
Responses	3721

2024

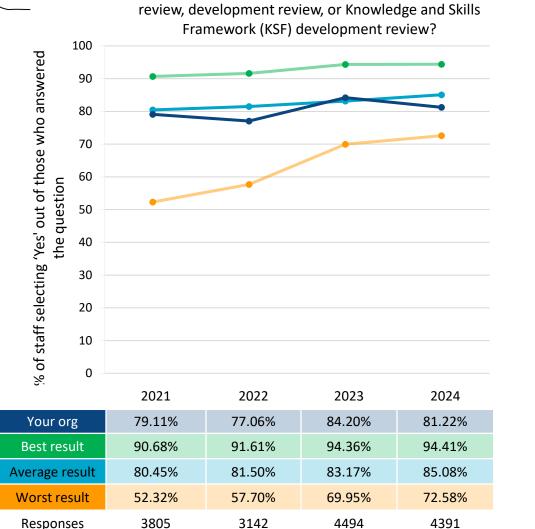
\*Q24f was introduced in 2024 and does not currently contribute towards any People Promise element score, theme score or sub-score to protect trend data over five years.

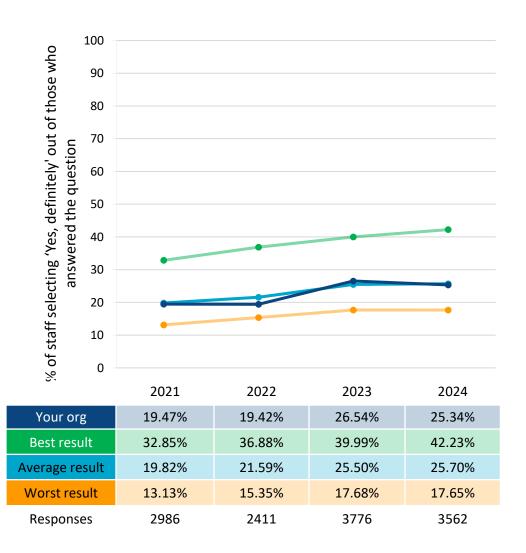
Hull University Teaching Hospitals NHS Trust Benchmark report

Q23a\* In the last 12 months, have you had an appraisal, annual



pa





Q23b It helped me to improve how I do my job.

\*Q23a is a filter question and therefore influences the sub-score without being a directly scored question.







Worst result

Responses

21.81%

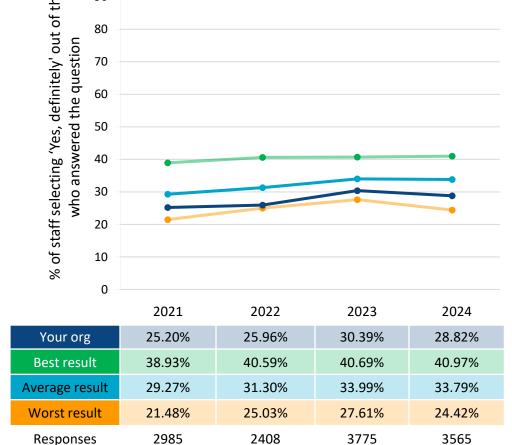
2986

25.28%

2411

#### Q23d It left me feeling that my work is valued by my Q23c It helped me agree clear objectives for my work. organisation. 100 of staff selecting 'Yes, definitely' out of those who 100 % of staff selecting 'Yes, definitely' out of those 90 90 80 80 who answered the question answered the question 70 70 60 60 50 50 40 40 30 30 20 20 10 10 % 0 0 2021 2022 2023 2024 2021 2022 Your org 30.81% 31.18% 37.13% 35.89% Your org 25.20% 25.96% Best result 42.92% 43.18% 46.31% 46.95% Best result 38.93% 40.59% 30.19% 31.93% 36.06% 36.01% Average result 29.27% 31.30% Average result 29.43% 27.28%

3565







## People Promise element – We work flexibly



Questions included: Support for work-life balance – Q6b, Q6c, Q6d Flexible working – Q4d

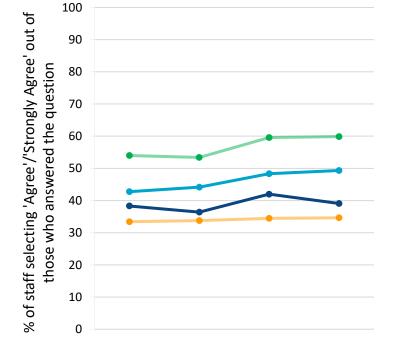
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



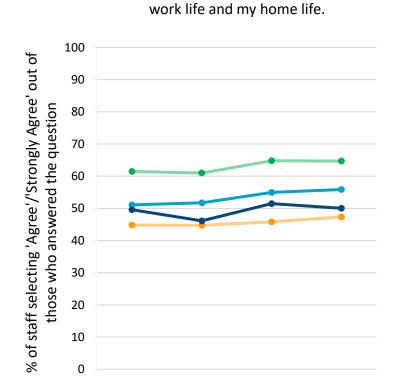
## People Promise elements and theme results – We work flexibly: Support for work-life balance



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



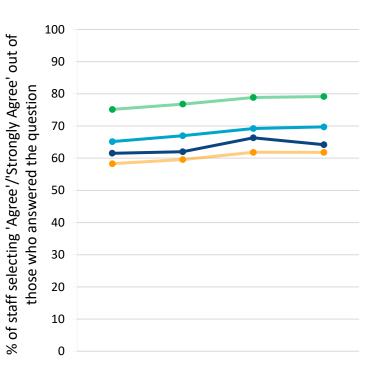
	2021	2022	2023	2024
Your org	38.30%	36.39%	41.99%	39.11%
Best result	53.99%	53.39%	59.57%	59.88%
Average result	42.75%	44.14%	48.33%	49.34%
Worst result	33.43%	33.74%	34.44%	34.64%
Responses	3897	3153	4593	4441



Q6c I achieve a good balance between my

	2021	2022	2023	2024
Your org	49.57%	46.12%	51.47%	50.04%
Best result	61.48%	60.97%	64.79%	64.71%
Average result	51.09%	51.73%	54.93%	55.86%
Worst result	44.80%	44.75%	45.81%	47.36%
Responses	3897	3151	4592	4441

Q6d I can approach my immediate manager to talk openly about flexible working.



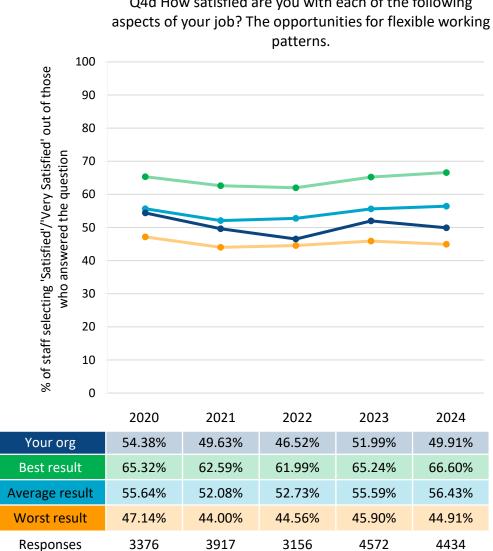
	2021	2022	2023	2024
Your org	61.52%	62.00%	66.33%	64.22%
Best result	75.16%	76.80%	78.85%	79.16%
Average result	65.17%	66.99%	69.24%	69.74%
Worst result	58.30%	59.57%	61.83%	61.80%
Responses	3898	3148	4595	4440

Hull University Teaching Hospitals NHS Trust Benchmark report







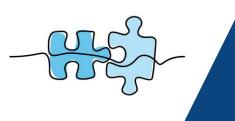


Q4d How satisfied are you with each of the following





## People Promise element – We are a team

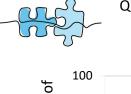


Questions included: Team working – Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a Line management – Q9a, Q9b, Q9c, Q9d

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.





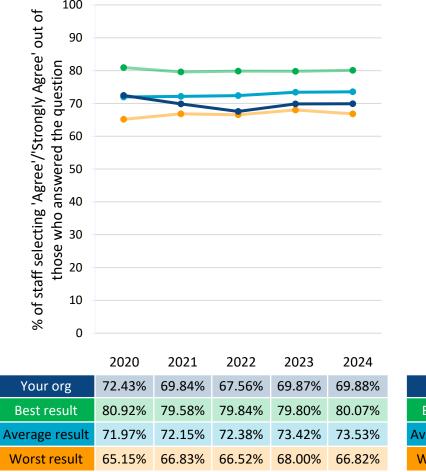


Responses

Q7a The team I work in has a set of shared objectives.

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

Q7c I receive the respect I deserve from my colleagues at work.

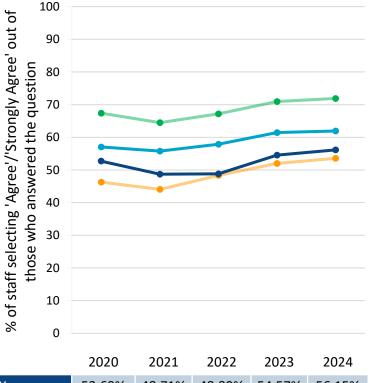


3875

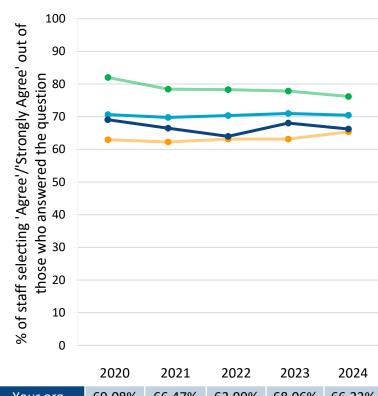
3368

4589

3154



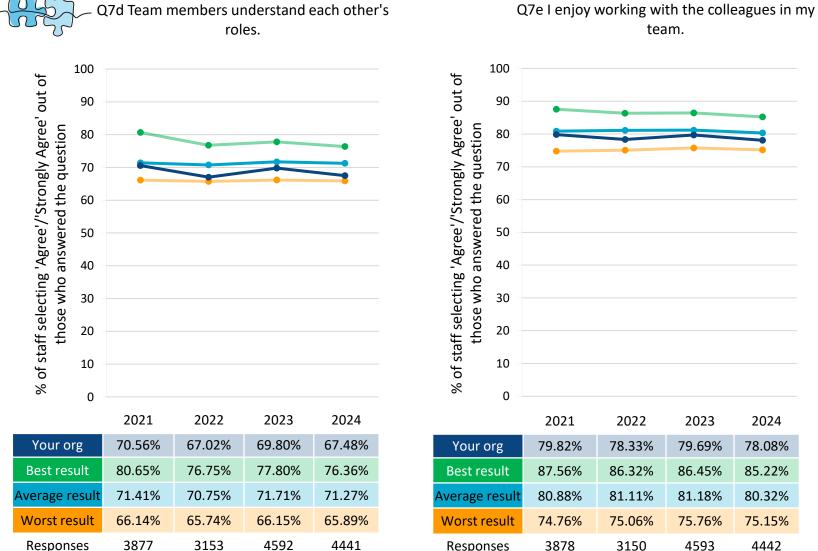
	2020	2021	2022	2023	2024	
Your org	52.69%	48.71%	48.80%	54.57%	56.15%	
Best result	67.38%	64.49%	67.16%	70.97%	71.90%	
Average result	57.06%	55.78%	57.87%	61.46%	61.94%	
Worst result	46.26%	44.06%	48.33%	52.00%	53.58%	
Responses	3369	3873	3149	4590	4442	

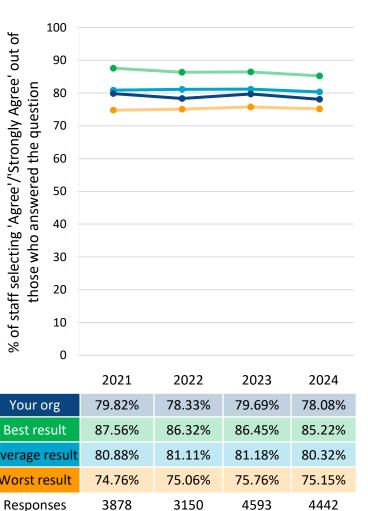


	2020	2021	2022	2023	2024
Your org	69.08%	66.47%	63.99%	68.06%	66.23%
Best result	82.02%	78.45%	78.29%	77.84%	76.21%
Average result	70.63%	69.79%	70.36%	70.99%	70.44%
Worst result	62.98%	62.27%	63.14%	63.16%	65.37%
Responses	3376	3874	3153	4591	4446

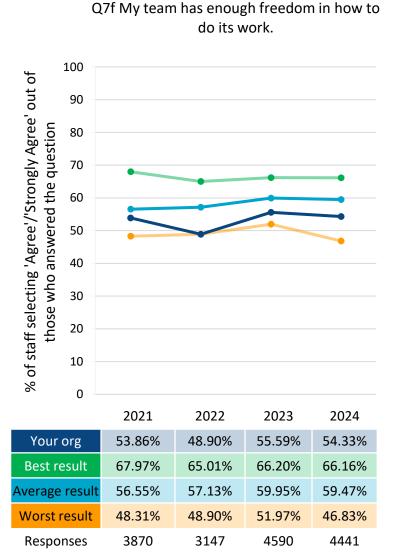
## **People Promise elements and theme results** – We are a team: Team working







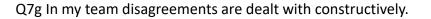
team.



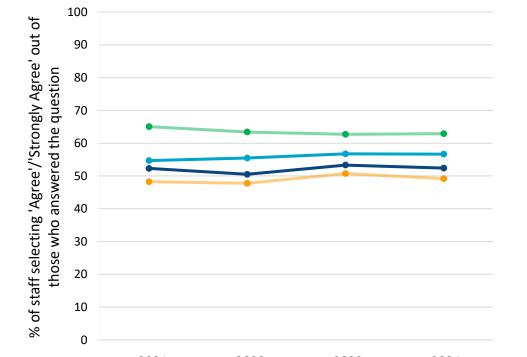




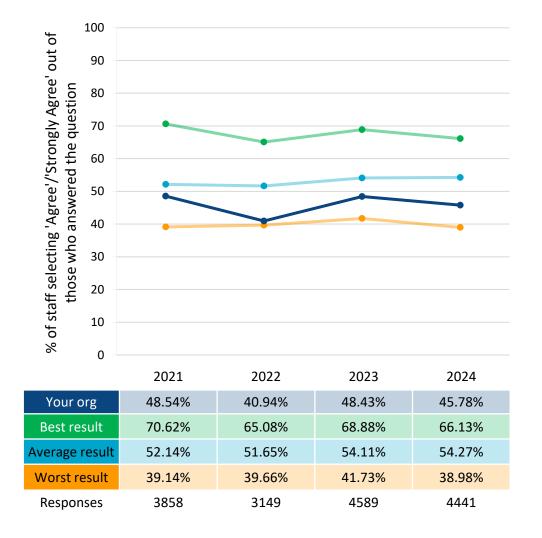


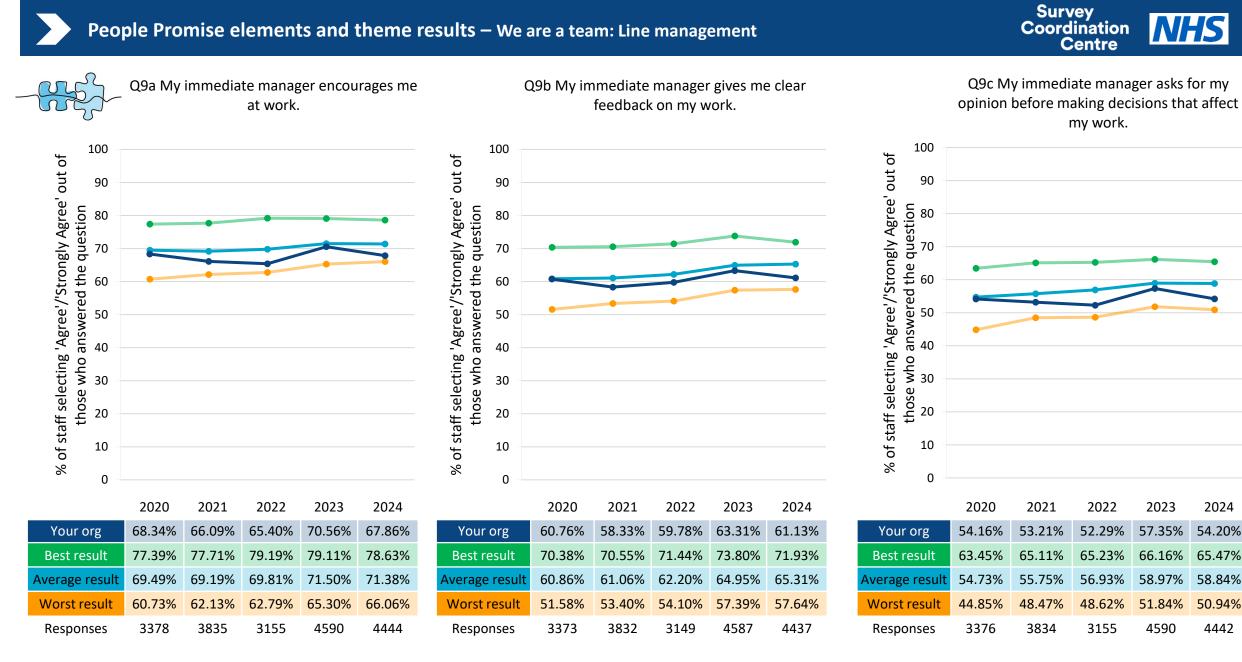


Q8a Teams within this organisation work well together to achieve their objectives.



	2021	2022	2023	2024
Your org	52.29%	50.52%	53.32%	52.40%
Best result	65.06%	63.41%	62.71%	62.90%
Average result	54.69%	55.50%	56.75%	56.65%
Worst result	48.27%	47.77%	50.73%	49.19%
Responses	3878	3149	4584	4444

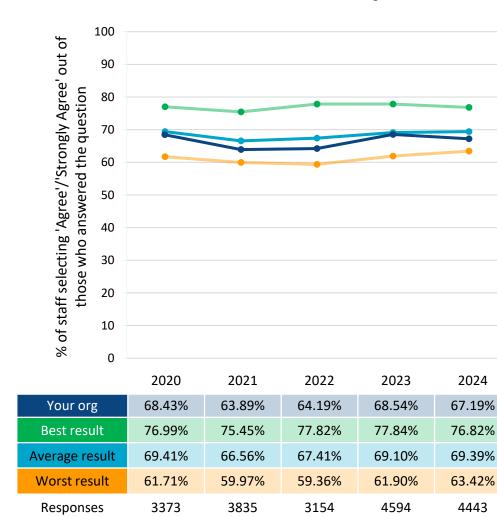












Q9d My immediate manager takes a positive interest in my health and well-being.



## **Theme – Staff engagement**



Questions included: Motivation – Q2a, Q2b, Q2c Involvement – Q3c, Q3d, Q3f Advocacy – Q25a, Q25c, Q25d

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



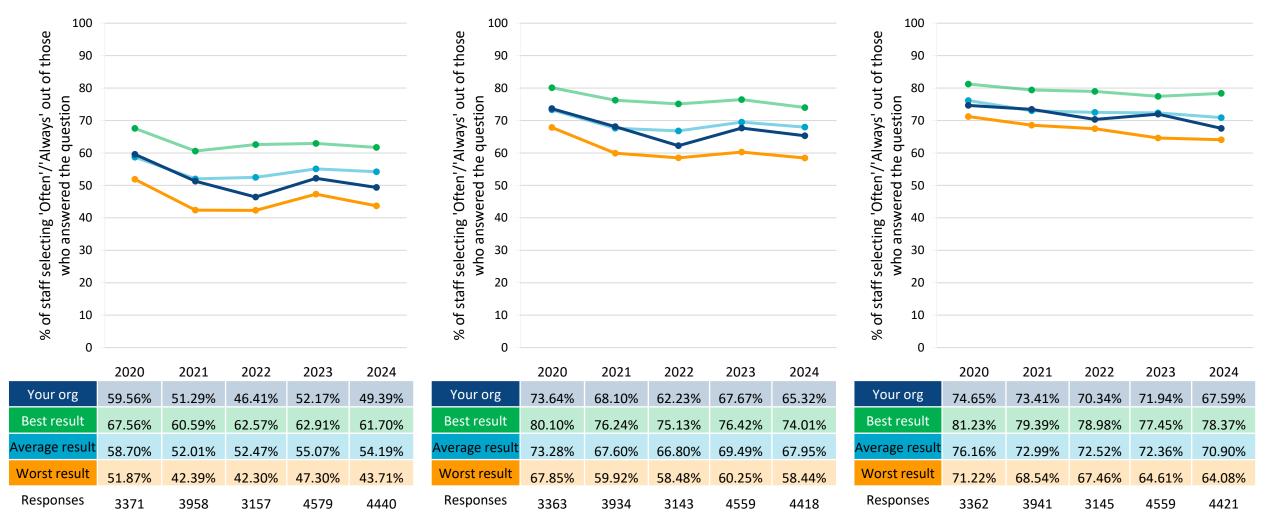


5

Q2a I look forward to going to work.

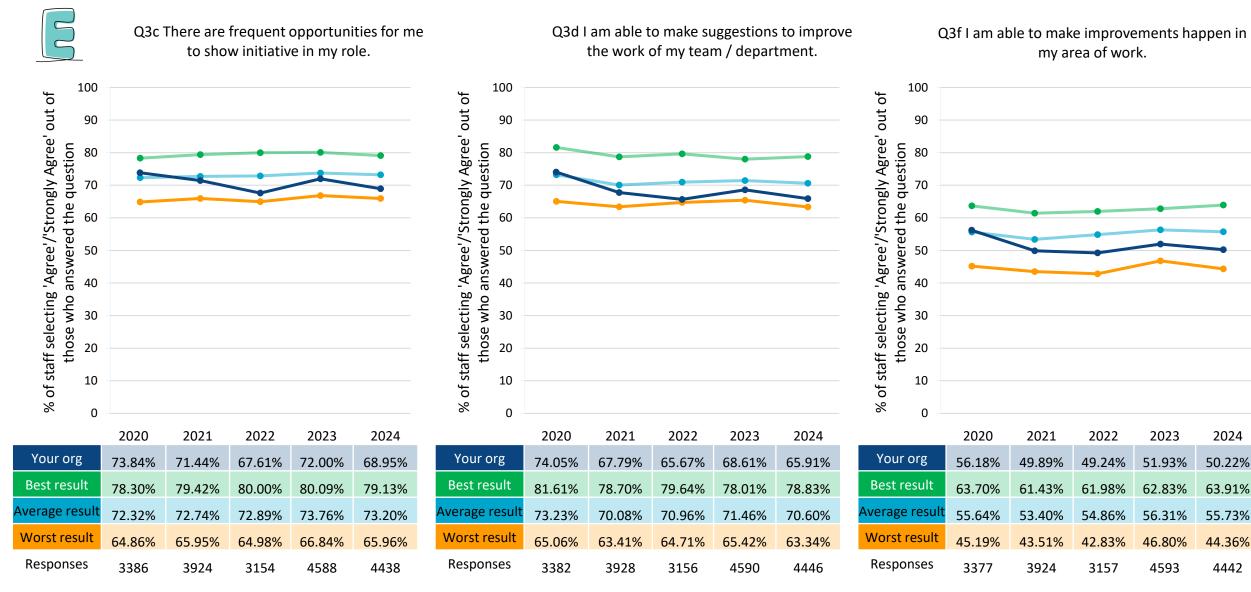
Q2b I am enthusiastic about my job.

Q2c Time passes quickly when I am working.



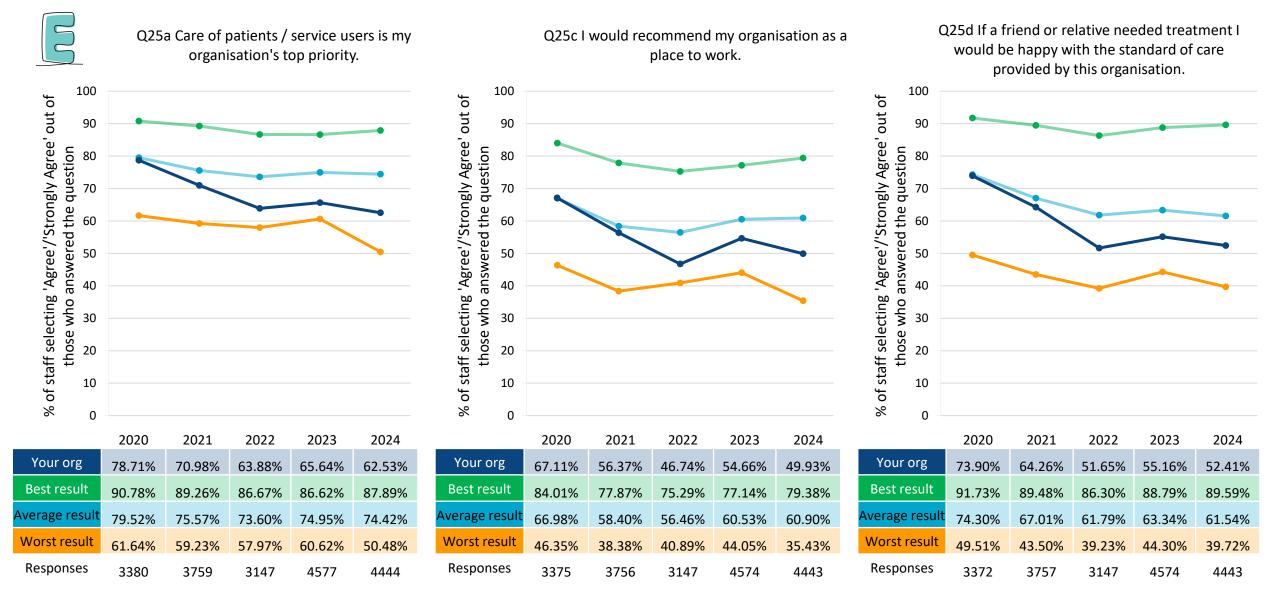






## **People Promise elements and theme results** – Staff engagement: Advocacy







## **Theme - Morale**



Questions included: Thinking about leaving – Q26a, Q26b, Q26c Work pressure – Q3g, Q3h, Q3i Stressors – Q3a, Q3e, Q5a, Q5b, Q5<u>c, Q7c, Q9a</u>

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



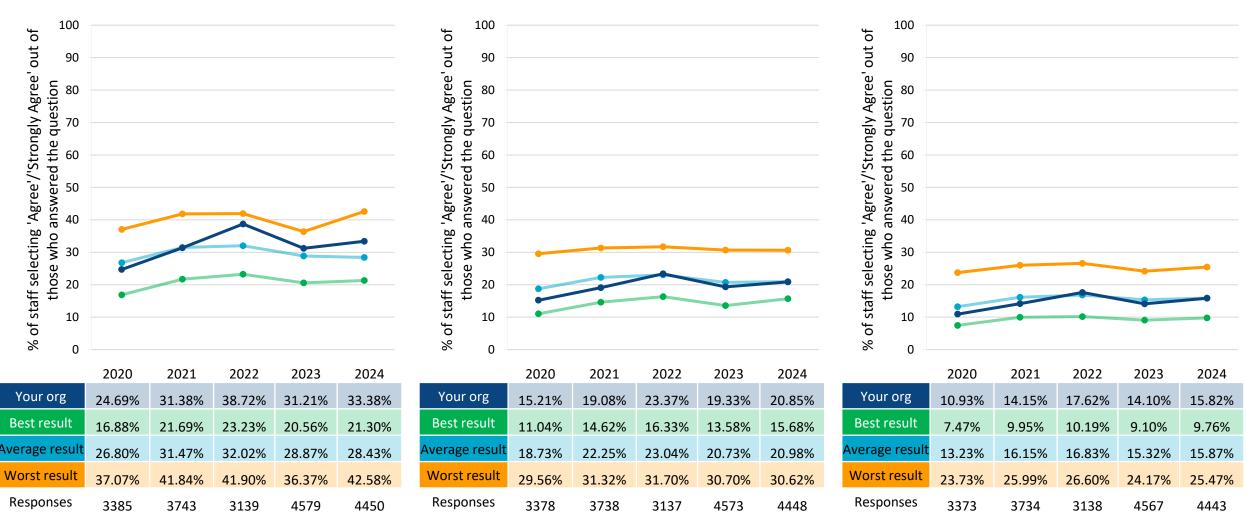


Q26c As soon as I can find another job, I will

leave this organisation.

M

Q26a I often think about leaving this organisation.



Q26b I will probably look for a job at a new

organisation in the next 12 months.



Responses

3367

3919

3155

4590

4436

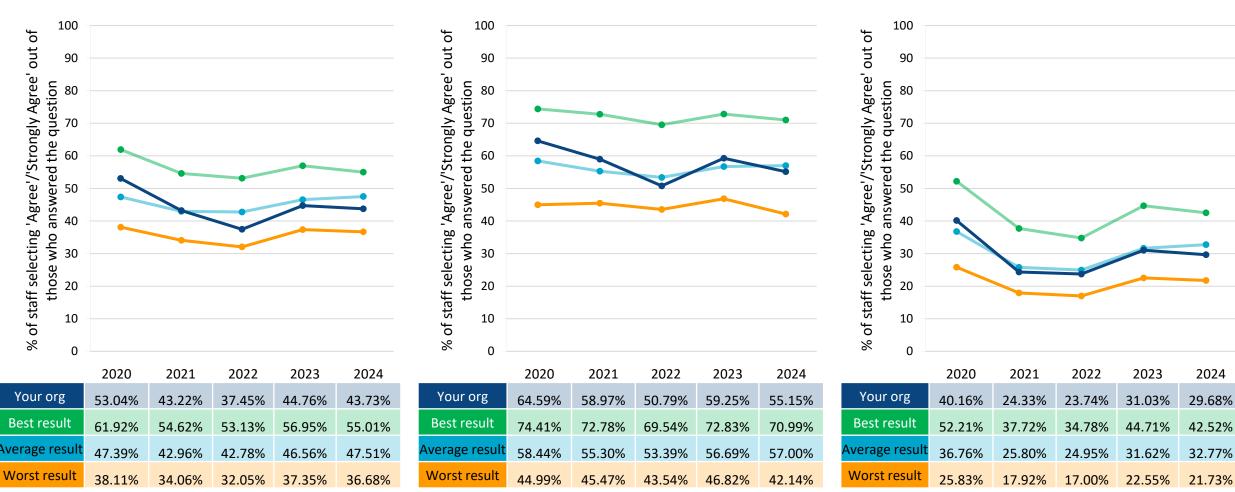


Q3i There are enough staff at this organisation

for me to do my job properly.



Q3g I am able to meet all the conflicting demands on my time at work.



Q3h I have adequate materials, supplies and

equipment to do my work.

3925

3153

4589

4444

3373

Responses

4442

4590

Responses

3378

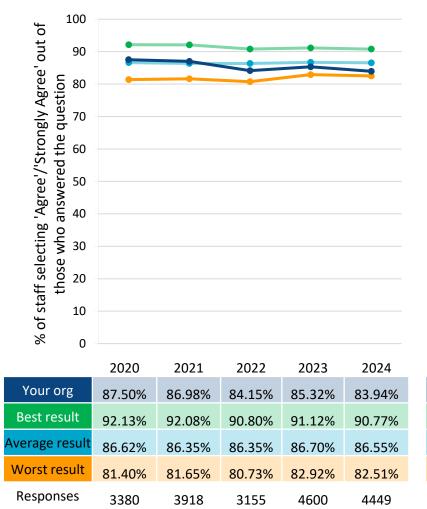
3925

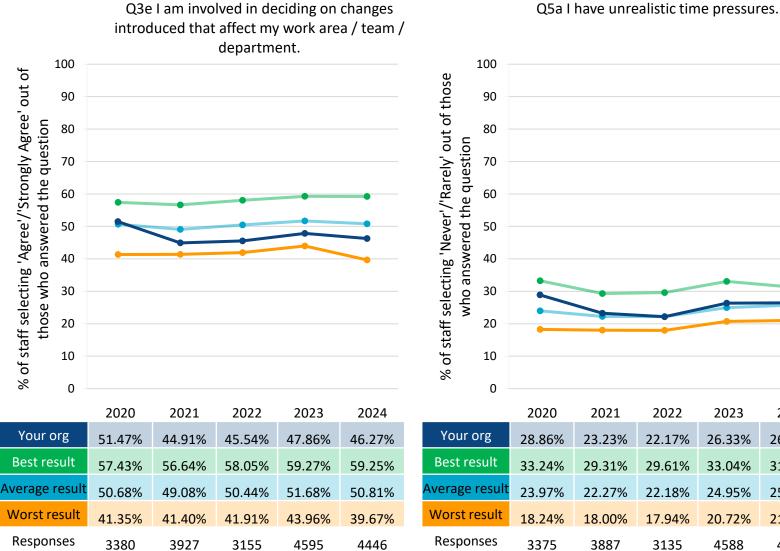
### **People Promise elements and theme results** – Morale: Stressors



Q3

Q3a I always know what my work responsibilities are.





2024

26.44%

31.37%

25.71%

21.01%

4444



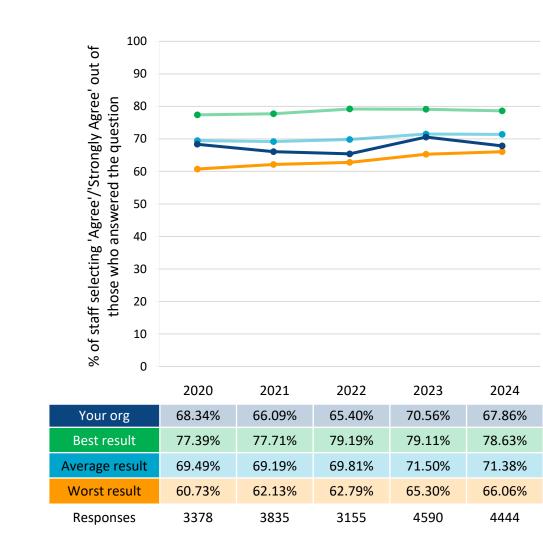


Q5b I have a choice in deciding how to do my Q5c Relationships at work are strained. Q7c I receive the respect I deserve from my work. colleagues at work. 100 100 100 out of of staff selecting 'Often'/'Always' out of those of staff selecting 'Never'/'Rarely' out of those who 90 90 90 of staff selecting 'Agree'/'Strongly Agree' answered the question 80 80 80 question 70 70 70 answered the question 60 60 60 who answered the 50 50 50 40 40 40 those who 30 30 30 20 20 20 10 10 10 % % 0 0 0 2020 2021 2022 2023 2024 2020 2021 2022 2023 2024 2020 2021 2022 2023 2024 Your org Your org Your org 43.68% 55.52% 49.53% 50.64% 50.32% 39.89% 37.98% 43.85% 43.01% 69.08% 66.47% 63.99% 68.06% 66.23% 51.05% **Best result** Best result Best result 62.76% 59.85% 60.94% 55.23% 52.22% 53.46% 53.48% 82.02% 77.84% 76.21% 59.87% 61.04% 54.56% 78.45% 78.29% Average resu Average resul Average resul 54.13% 51.32% 51.55% 52.31% 52.02% 45.35% 42.67% 43.89% 45.94% 45.91% 70.63% 69.79% 70.36% 70.99% 70.44% Worst result Worst result Worst result 45.86% 46.10% 44.26% 36.93% 34.28% 35.52% 36.80% 36.48% 62.98% 62.27% 63.16% 65.37% 45.33% 63.14% 43.93% Responses Responses Responses 3371 3893 4586 4439 3370 3891 3141 4583 4435 3376 3874 3153 4591 3140 4446









Q9a My immediate manager encourages me at work.



## Questions not linked to People Promise elements or themes

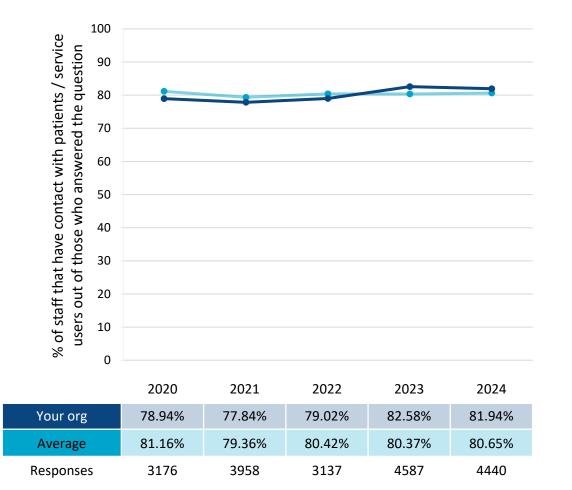
Questions included:\* Q1, Q10a, Q10b, Q10c, Q11e, Q16c, Q18, Q19a, Q19b, Q19c, Q19d, Q31b, Q26d

\*The results for Q17a, Q17b and Q22 are reported in the section for People Promise element 4: We are safe and healthy. The results for Q24f are reported in the section for People Promise element 5: We are always learning. These questions do not contribute to any score or sub-score calculations.

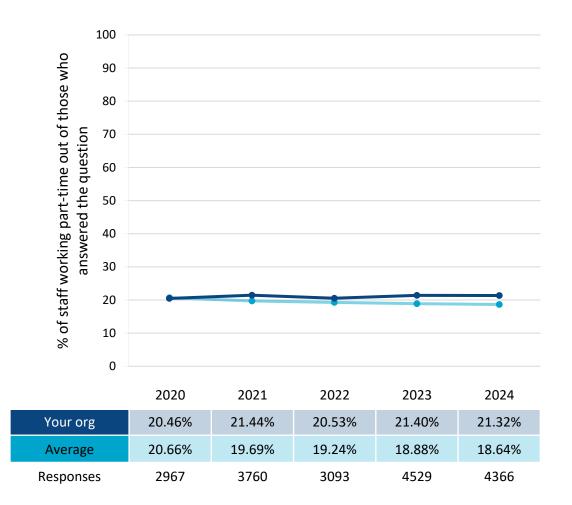
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



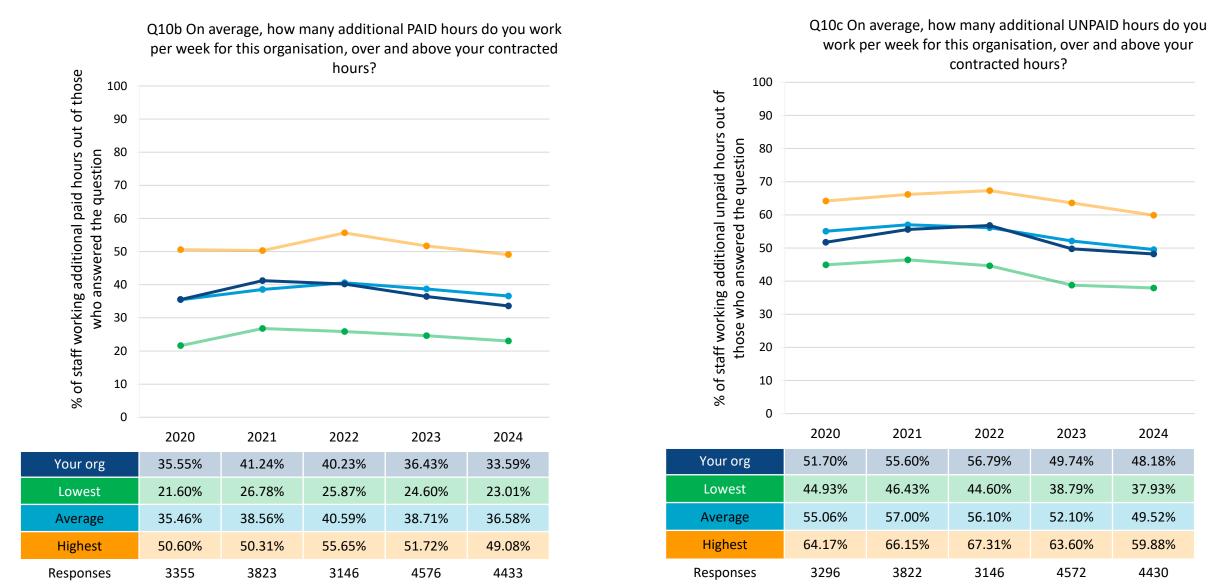
Q1 Do you have face-to-face, video or telephone contact with patients / service users as part of your job?



Q10a How many hours a week are you contracted to work?







2024

48.18%

37.93%

49.52%

59.88%

4430





work? 100 % of staff selecting 'Yes' out of those who answered 90 80 70 60 the question 50 40 30 20 10 0 2020 2021 2022 2023 2024 26.96% 27.98% 27.44% 23.97% 24.15% Your org 18.25% 18.78% 16.95% 14.70% 14.77% Best result Average result 26.22% 26.06% 23.71% 22.59% 21.34% Worst result 34.69% 34.82% 31.07% 27.49% 27.13% 1491 2072 1849 2470 2502 Responses

Q11e\* Have you felt pressure from your manager to come to

100 discrimination on each basis out of those who 90 % of staff saying they have experienced 80 answered the question 70 60 50 40 30 20 10 0 2020 2021 2022 2023 2024 36.46% 38.77% 40.24% 48.02% Your org 46.66% 20.18% 19.49% 28.00% 31.53% Best result 19.69% 56.16% Average result 44.63% 46.54% 48.69% 51.77% 73.22% Worst result 76.99% 71.86% 73.19% 77.24% 310 455 378 551 571 Responses

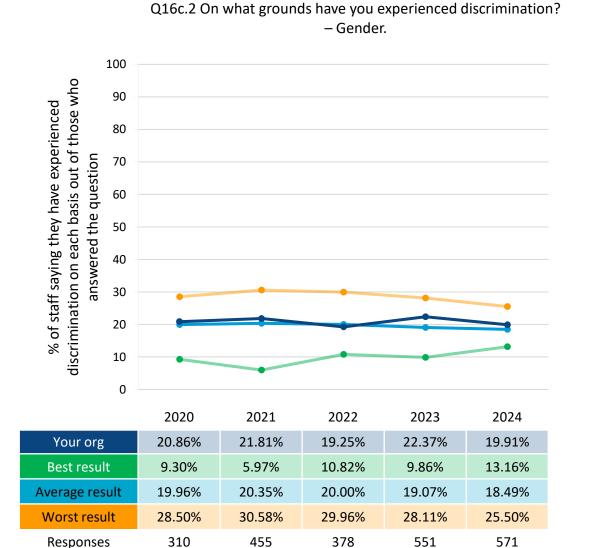
Q16c.1 On what grounds have you experienced discrimination?

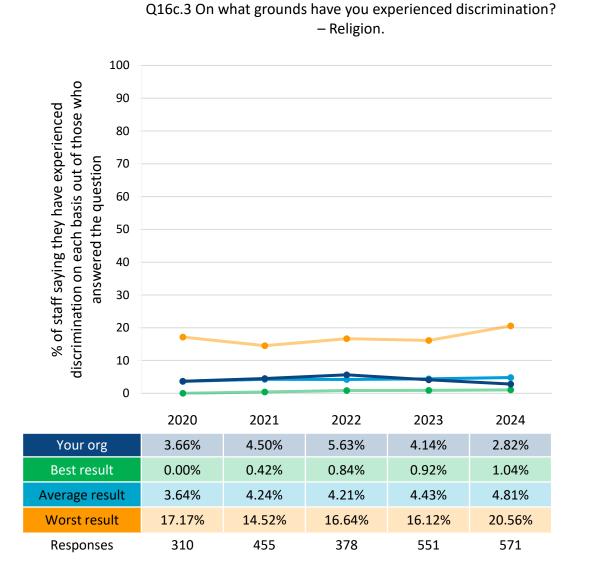
- Ethnic background.

\*Q11e is only answered by staff who responded 'Yes' to Q11d.





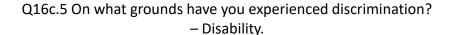


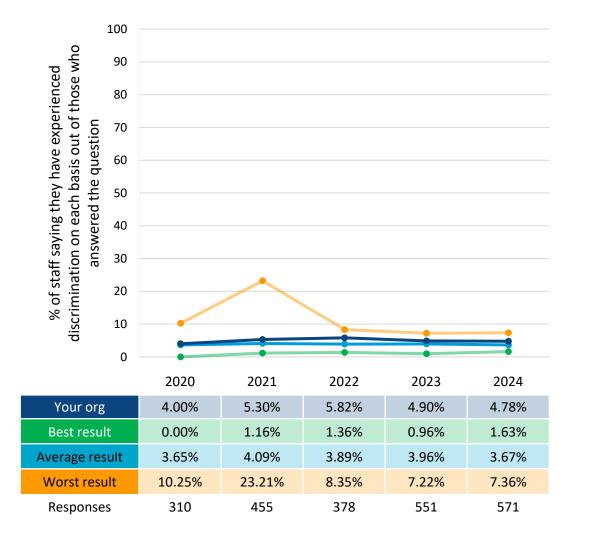


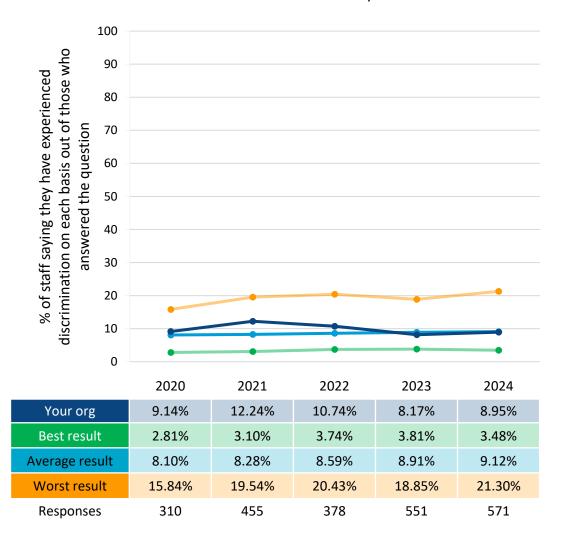




Q16c.4 On what grounds have you experienced discrimination? – Sexual orientation.

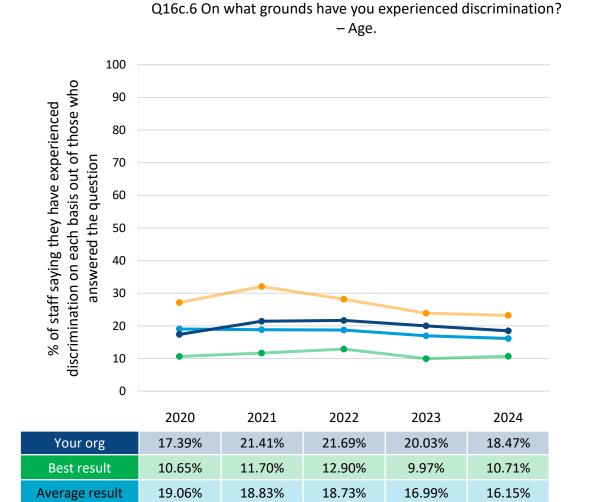












Worst result

Responses

27.17%

310

32.05%

455

28.20%

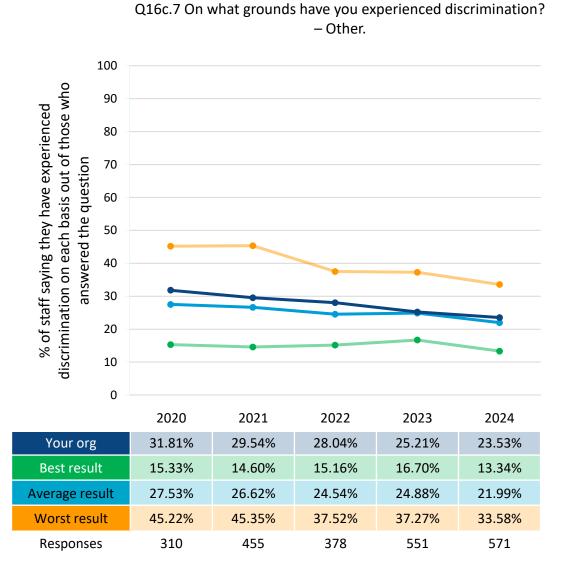
378

23.87%

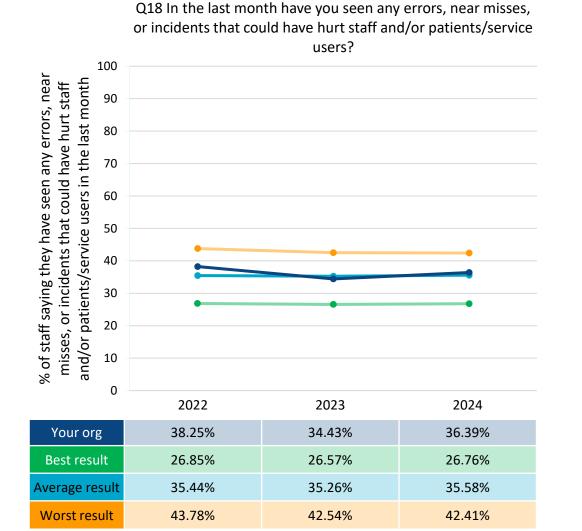
551

23.22%

571





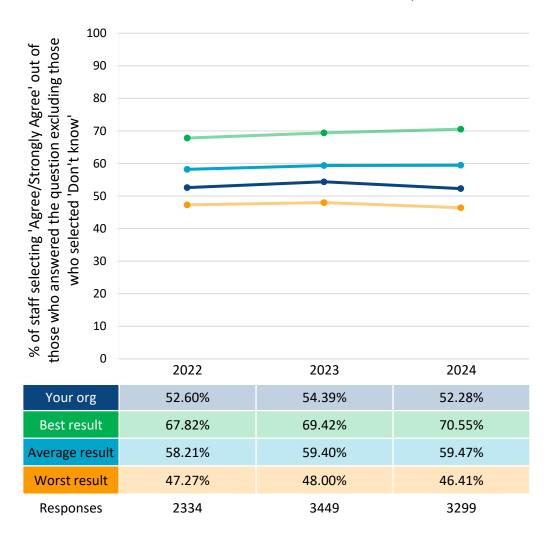


4527

3113

Responses

Q19a My organisation treats staff who are involved in an error, near miss or incident fairly.



4375

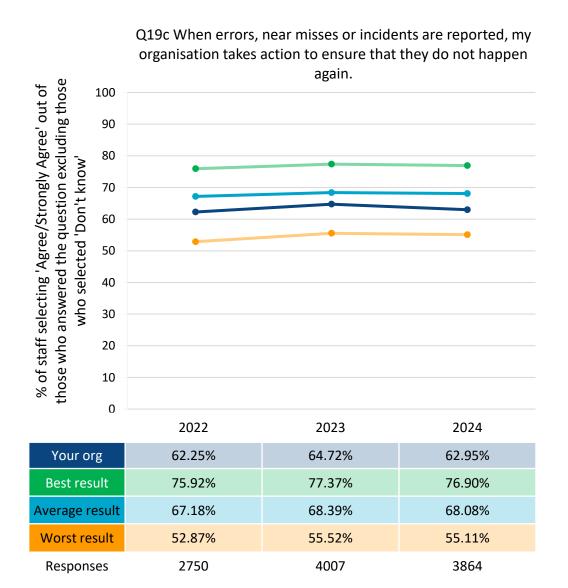


those who answered the question excluding those % of staff selecting 'Agree/Strongly Agree' out of 100 90 80 'Don't know' 70 60 who selected 50 40 30 20 10 0

Q19b My organisation encourages us to report errors, near

misses or incidents.

	2022	2023	2024
Your org	83.79%	84.43%	83.38%
Best result	90.90%	92.28%	91.52%
Average result	85.59%	85.95%	85.95%
Worst result	80.84%	80.77%	80.79%
Responses	3034	4393	4269



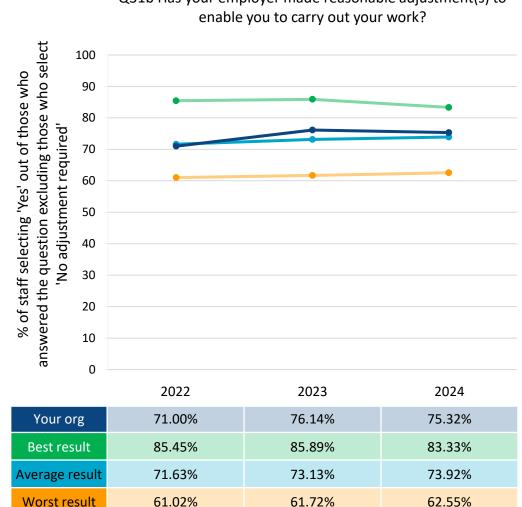




response to reported errors, near misses and incidents. those who answered the question excluding those % of staff selecting 'Agree/Strongly Agree' out of 100 90 80 'Don't know' 70 60 who selected 50 40 30 20 10 0

Q19d We are given feedback about changes made in

	2022	2023	2024
Your org	56.97%	59.98%	57.76%
Best result	69.36%	71.25%	71.84%
Average result	58.95%	60.66%	60.70%
Worst result	45.61%	47.47%	47.26%
Responses	2753	4072	3910



Q31b Has your employer made reasonable adjustment(s) to

642

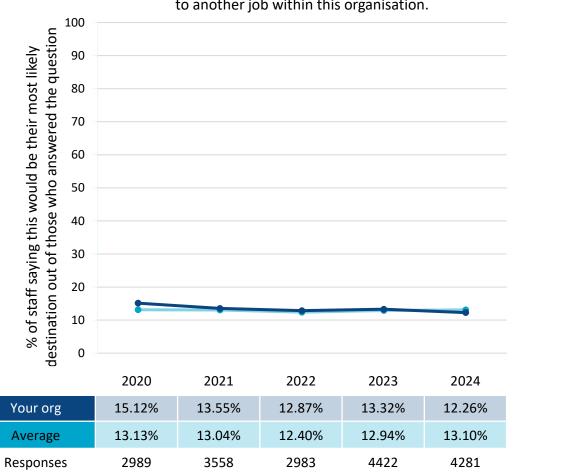
Responses

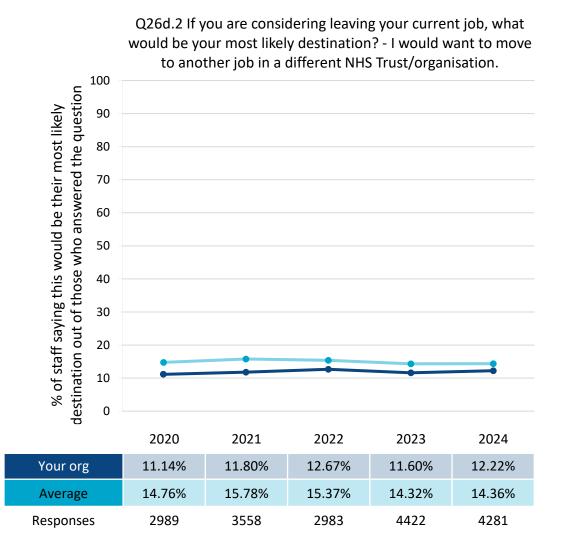
392

606



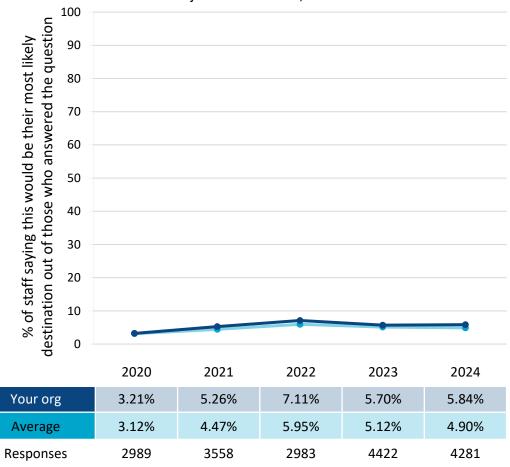
Q26d.1 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job within this organisation.







Q26d.3 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job in healthcare, but outside the NHS.



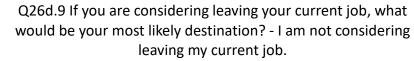
would be your most likely destination? - I would want to move to a job outside healthcare. 100 destination out of those who answered the question % of staff saying this would be their most likely 90 80 70 60 50 40 30 20 10 0 2020 2021 2022 2023 2024 6.93% 8.77% 12.17% 8.82% 10.00% Your org 9.06% 7.96% 8.00% 6.23% 7.91% Average 2989 3558 2983 4422 4281 Responses

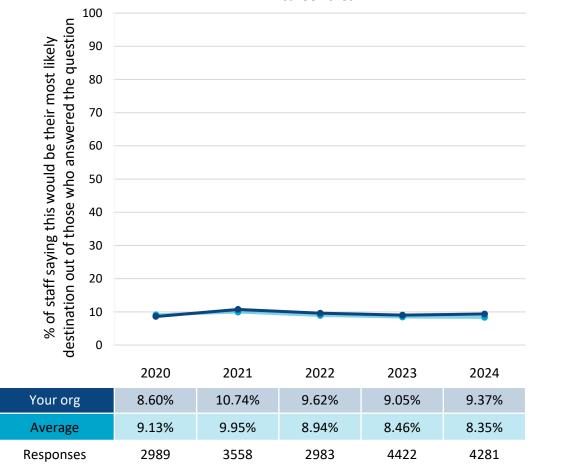
Q26d.4 If you are considering leaving your current job, what

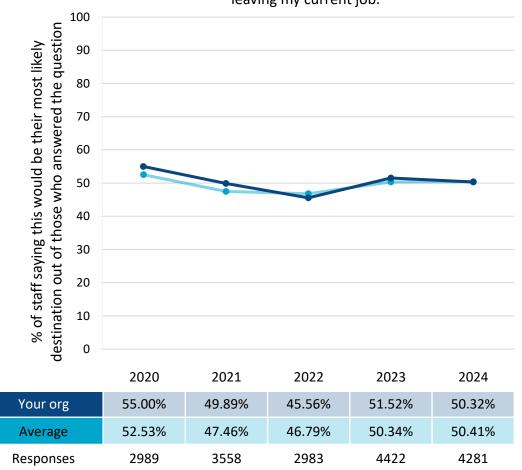




Q26d.5 If you are considering leaving your current job, what would be your most likely destination? - I would retire or take a career break.











# **Workforce Equality Standards**

Note where there are fewer than 10 responses for a question, results are suppressed to protect staff confidentiality and reliability of data.



#### Workforce Race Equality Standards (WRES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2020-2024 organisation and benchmarking group median results for q13a, q13b&c combined, q15, and q16b split by ethnicity (by white staff / staff from all other ethnic groups combined).

### Workforce Disability Equality Standards (WDES)

This section contains data for the organisation required for the NHS Staff Survey metrics used in the Workforce Disability Equality Standard (WDES). It includes the 2020-2024 organisation and benchmarking group median results for q4b, q11e, q14a-d, and q15 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. It also shows results for q31b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness and the overall engagement score for the organisation.

In 2022, the text for q31b was updated and the word 'adequate' was changed to 'reasonable'.

The WDES breakdowns are based on the responses to q31a Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?



This section contains data required for the staff survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

### Workforce Race Equality Standards (WRES)

Indicator	Qu No	Workforce Race Equality Standard				
	For each of the following indicators, compare the outcomes of the responses for white staff and staff from all other ethnic groups combined					
5	Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months				
6	Q14b & Q14c	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months				
7	Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion				
8	Q16b	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues				

### Workforce Disability Equality Standards (WDES)

Metric	Qu No	Workforce Disability Equality Standard					
	For each of the following metrics, compare the responses for staff with a LTC* or illness vs staff without a LTC or illness						
4a	Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public					
4b	Q14b	Percentage of staff experiencing harassment, bullying or abuse from managers					
4c	Q14c	Percentage of staff experiencing harassment, bullying or abuse from other colleagues					
4d	Q14d	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it					
5	Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion					
6	Q11e	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties					
7	Q4b	Percentage staff saying that they are satisfied with the extent to which their organisation values their work					
8	Q31b	Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work					
9a	theme_engagement	The staff engagement score for staff with LTC or illness vs staff without a LTC or illness					





## Workforce Race Equality Standards (WRES)

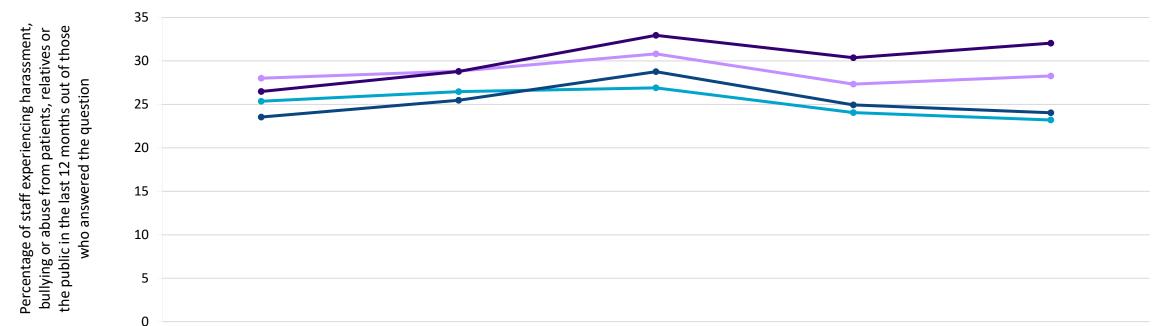
Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted.

Data shown in the WRES charts are unweighted.

Averages are calculated as the median for the benchmark group.

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.





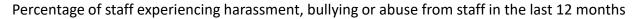
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

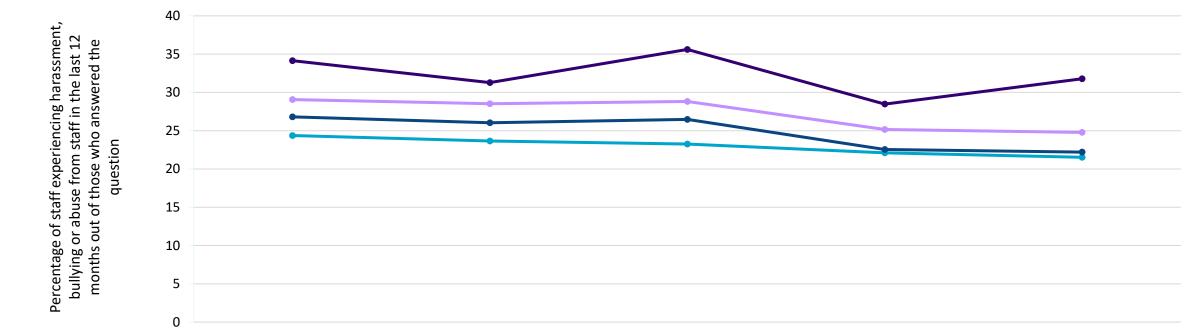
	2020	2021	2022	2023	2024
White staff: Your org	23.55%	25.47%	28.77%	24.93%	24.04%
All other ethnic groups*: Your org	26.49%	28.79%	32.95%	30.37%	32.06%
White staff: Average	25.36%	26.47%	26.91%	24.05%	23.21%
All other ethnic groups*: Average	28.01%	28.84%	30.82%	27.34%	28.27%
White staff: Responses	2964	3117	2767	3547	3669
All other ethnic groups*: Responses	370	455	349	577	733

\*Staff from all other ethnic groups combined

Note: 2023 results for WRES indicator 5 (Q14a) are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.







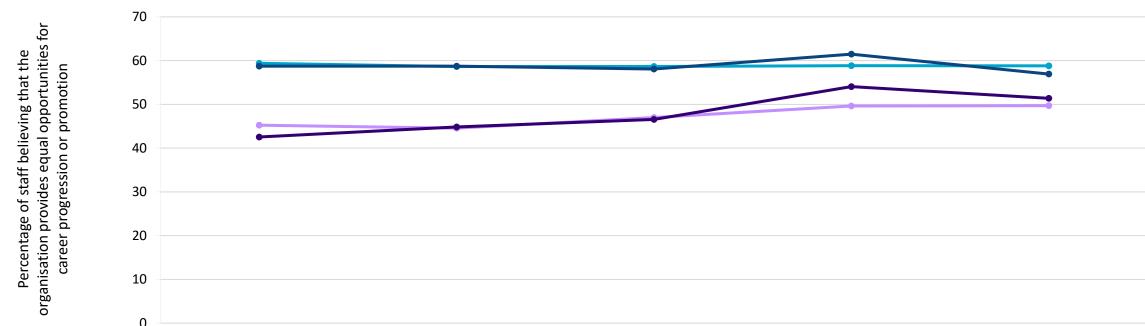
	2020	2021	2022	2023	2024
White staff: Your org	26.81%	26.04%	26.47%	22.55%	22.20%
All other ethnic groups*: Your org	34.14%	31.28%	35.61%	28.47%	31.78%
White staff: Average	24.37%	23.65%	23.25%	22.12%	21.53%
All other ethnic groups*: Average	29.07%	28.53%	28.81%	25.16%	24.78%
White staff: Responses	2973	3114	2754	3541	3666
All other ethnic groups*: Responses	372	454	351	575	730

\*Staff from all other ethnic groups combined

Note: 2023 results for WRES indicator 6 (Q14b & Q14c) are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

## > Workforce Race Equality Standard (WRES)



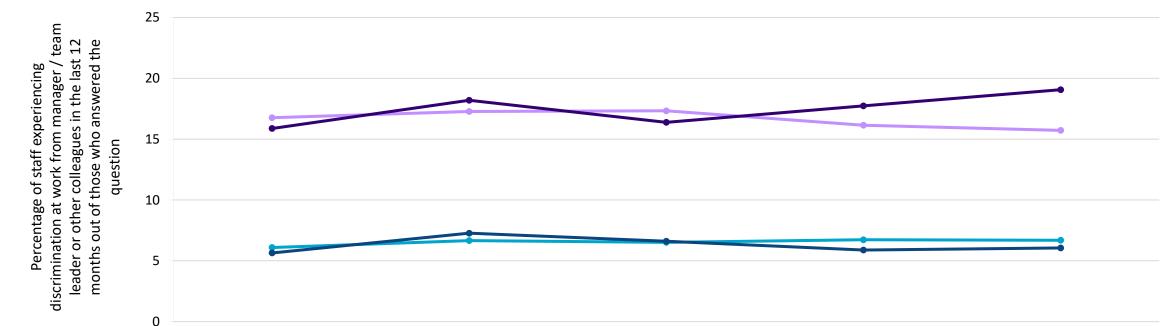


Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.

	2020	2021	2022	2023	2024
White staff: Your org	58.73%	58.72%	58.06%	61.47%	56.92%
All other ethnic groups*: Your org	42.54%	44.85%	46.55%	54.06%	51.37%
White staff: Average	59.39%	58.64%	58.65%	58.84%	58.82%
All other ethnic groups*: Average	45.24%	44.56%	47.00%	49.64%	49.70%
White staff: Responses	2886	3200	2761	3852	3661
All other ethnic groups*: Responses	362	466	348	690	730

\*Staff from all other ethnic groups combined





Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.

	2020	2021	2022	2023	2024
White staff: Your org	5.65%	7.27%	6.61%	5.89%	6.05%
All other ethnic groups*: Your org	15.88%	18.20%	16.38%	17.74%	19.07%
White staff: Average	6.09%	6.67%	6.52%	6.73%	6.69%
All other ethnic groups*: Average	16.77%	17.28%	17.33%	16.14%	15.72%
White staff: Responses	2905	3231	2767	3837	3634
All other ethnic groups*: Responses	359	467	348	682	729

\*Staff from all other ethnic groups combined

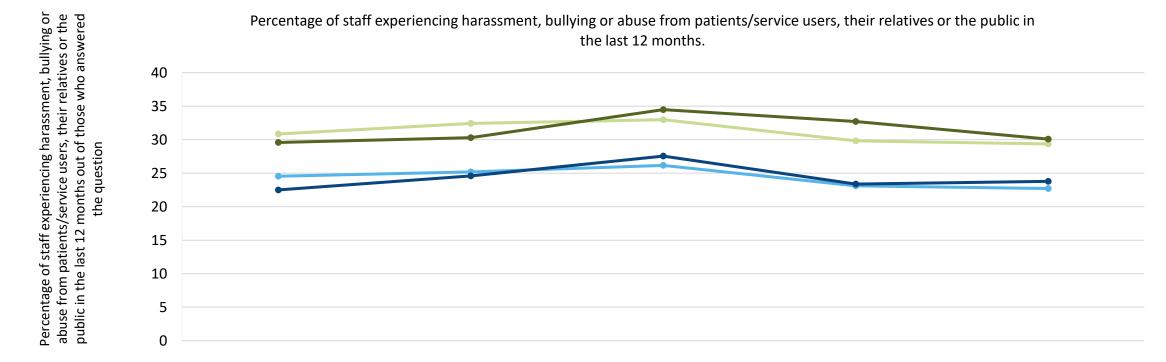




Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted. Data shown in the WDES charts are unweighted.

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

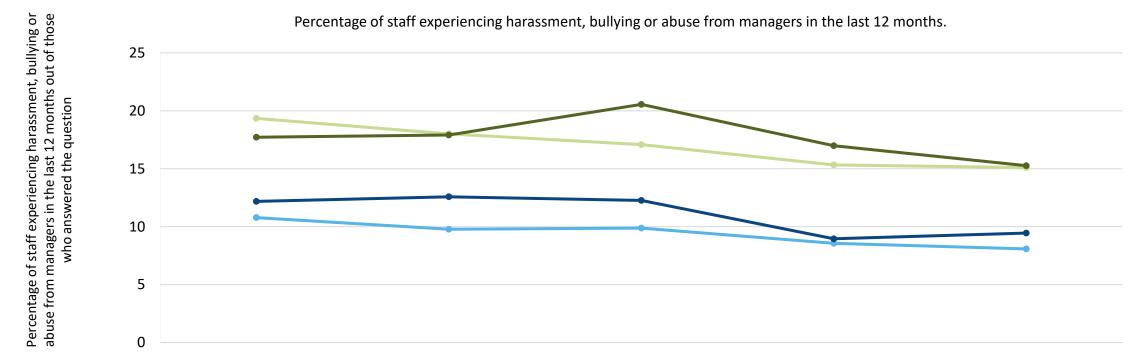




	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	29.58%	30.29%	34.48%	32.71%	30.09%
Staff without a LTC or illness: Your org	22.50%	24.59%	27.55%	23.38%	23.79%
Staff with a LTC or illness: Average	30.86%	32.43%	32.98%	29.83%	29.37%
Staff without a LTC or illness: Average	24.53%	25.19%	26.16%	23.11%	22.71%
Staff with a LTC or illness: Responses	666	799	725	1005	1060
Staff without a LTC or illness: Responses	2471	2790	2385	3072	3304

Note: 2023 results for WDES metric 4a (Q14a) are now reported using corrected data. Please see <u>https://www.nhsstaffsurveys.com/survey-documents/</u>for more details.

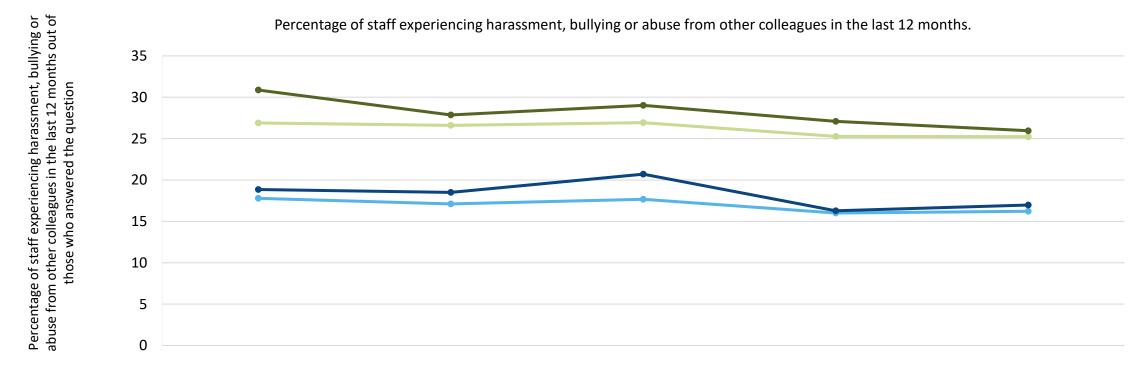




	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	17.72%	17.91%	20.56%	16.99%	15.27%
Staff without a LTC or illness: Your org	12.19%	12.58%	12.27%	8.95%	9.45%
Staff with a LTC or illness: Average	19.35%	18.00%	17.09%	15.33%	15.10%
Staff without a LTC or illness: Average	10.78%	9.77%	9.88%	8.56%	8.08%
Staff with a LTC or illness: Responses	666	793	720	998	1048
Staff without a LTC or illness: Responses	2462	2775	2364	3040	3282

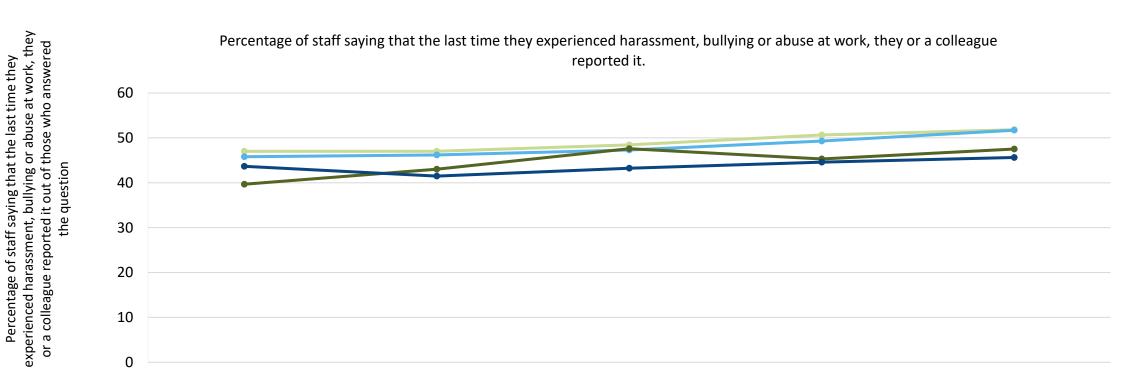
Note: 2023 results for WDES metric 4b (Q14b) are now reported using corrected data. Please see <u>https://www.nhsstaffsurveys.com/survey-documents/</u>for more details.





	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	30.87%	27.87%	29.03%	27.08%	25.96%
Staff without a LTC or illness: Your org	18.85%	18.51%	20.71%	16.28%	16.97%
Staff with a LTC or illness: Average	26.89%	26.60%	26.93%	25.26%	25.24%
Staff without a LTC or illness: Average	17.79%	17.11%	17.67%	16.01%	16.22%
Staff with a LTC or illness: Responses	664	793	713	994	1044
Staff without a LTC or illness: Responses	2462	2771	2352	3036	3270

Note: 2023 results for WDES metric 4c (Q14c) are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.



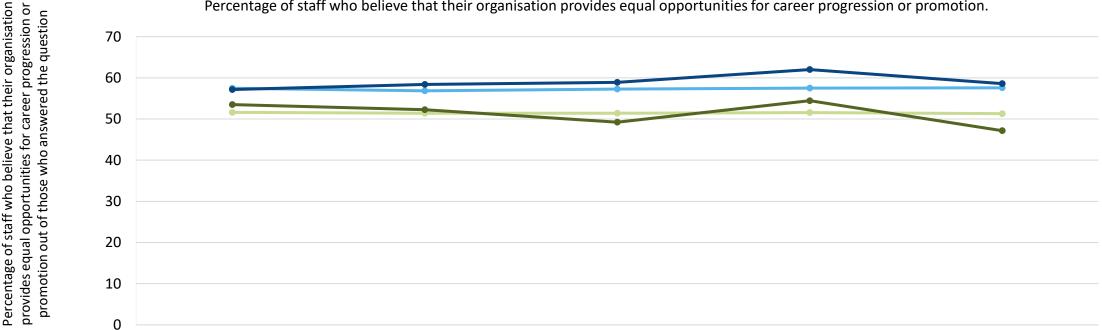
	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	39.68%	43.02%	47.59%	45.30%	47.52%
Staff without a LTC or illness: Your org	43.65%	41.49%	43.24%	44.60%	45.64%
Staff with a LTC or illness: Average	47.01%	47.03%	48.43%	50.64%	51.82%
Staff without a LTC or illness: Average	45.80%	46.20%	47.30%	49.31%	51.71%
Staff with a LTC or illness: Responses	310	351	353	439	444
Staff without a LTC or illness: Responses	788	928	821	890	1043

Note: 2023 results for WDES metric 4d (Q14d) are now reported using corrected data. Please see <u>https://www.nhsstaffsurveys.com/survey-documents/</u>for more details.

Hull University Teaching Hospitals NHS Trust Benchmark report

Survey Coordination Centre

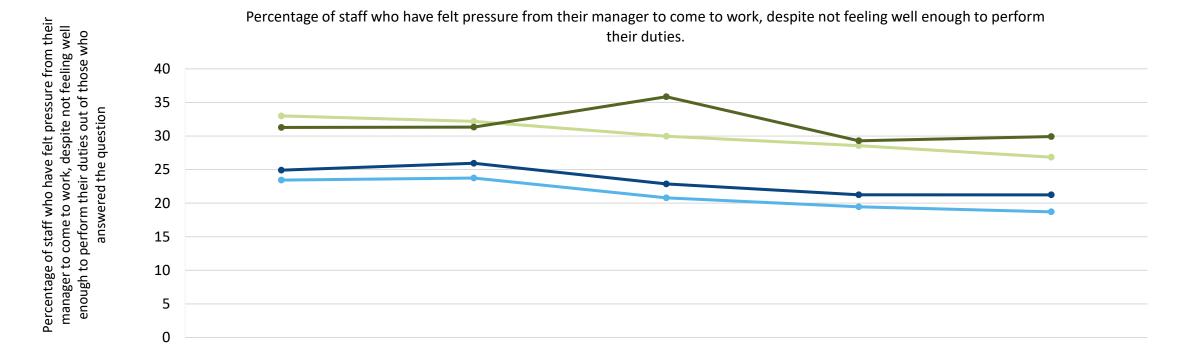




	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	53.51%	52.25%	49.24%	54.45%	47.16%
Staff without a LTC or illness: Your org	57.16%	58.38%	58.89%	62.01%	58.57%
Staff with a LTC or illness: Average	51.61%	51.41%	51.39%	51.54%	51.30%
Staff without a LTC or illness: Average	57.45%	56.84%	57.25%	57.52%	57.57%
Staff with a LTC or illness: Responses	656	823	719	1113	1058
Staff without a LTC or illness: Responses	2402	2859	2384	3377	3295

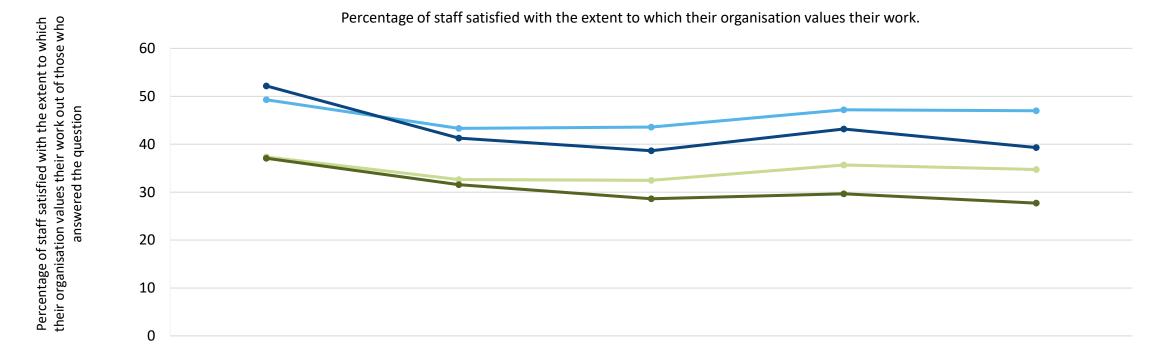
Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.





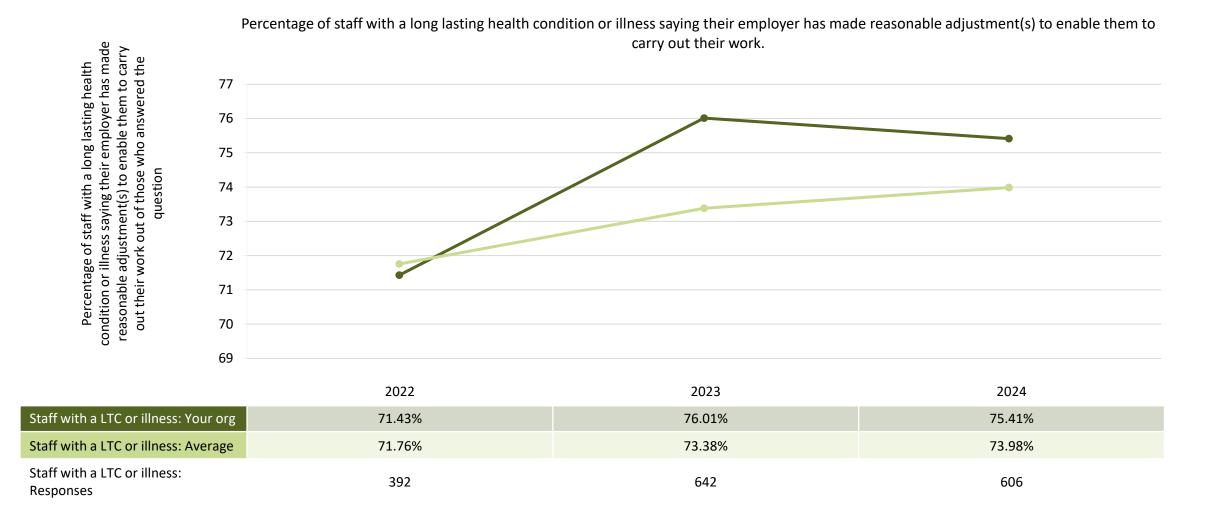
	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	31.26%	31.33%	35.85%	29.29%	29.92%
Staff without a LTC or illness: Your org	24.92%	25.94%	22.87%	21.24%	21.24%
Staff with a LTC or illness: Average	33.00%	32.18%	29.97%	28.55%	26.85%
Staff without a LTC or illness: Average	23.44%	23.74%	20.80%	19.46%	18.71%
Staff with a LTC or illness: Responses	419	600	544	799	762
Staff without a LTC or illness: Responses	967	1403	1281	1629	1700



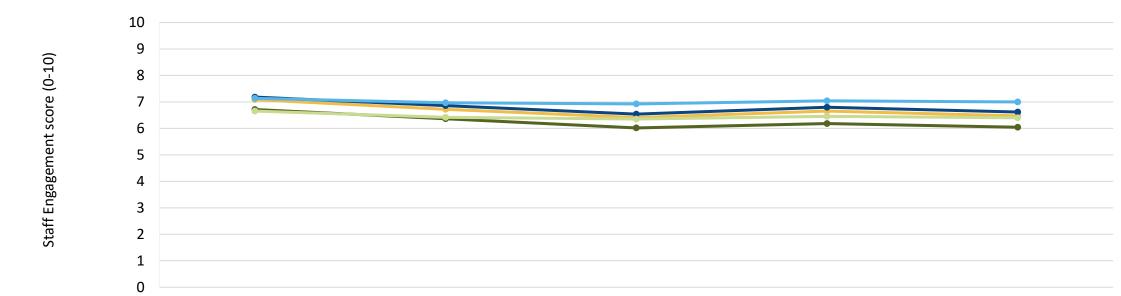


	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	37.07%	31.57%	28.61%	29.67%	27.70%
Staff without a LTC or illness: Your org	52.17%	41.26%	38.64%	43.17%	39.32%
Staff with a LTC or illness: Average	37.36%	32.62%	32.46%	35.66%	34.73%
Staff without a LTC or illness: Average	49.27%	43.30%	43.56%	47.19%	46.98%
Staff with a LTC or illness: Responses	669	830	727	1109	1054
Staff without a LTC or illness: Responses	2471	2894	2389	3380	3309









Staff engagement score (0-10)

	2020	2021	2022	2023	2024
Organisation average	7.09	6.72	6.41	6.65	6.47
Staff with a LTC or illness: Your org	6.71	6.37	6.02	6.18	6.04
Staff without a LTC or illness: Your org	7.18	6.86	6.54	6.80	6.62
Staff with a LTC or illness: Average	6.65	6.42	6.35	6.46	6.40
Staff without a LTC or illness: Average	7.14	6.97	6.92	7.04	7.00
Staff with a LTC or illness: Responses	671	830	727	1115	1062
Staff without a LTC or illness: Responses	2483	2898	2393	3398	3311

Note: Data shown in this chart are unweighted therefore will not match weighted staff engagement scores in other outputs.





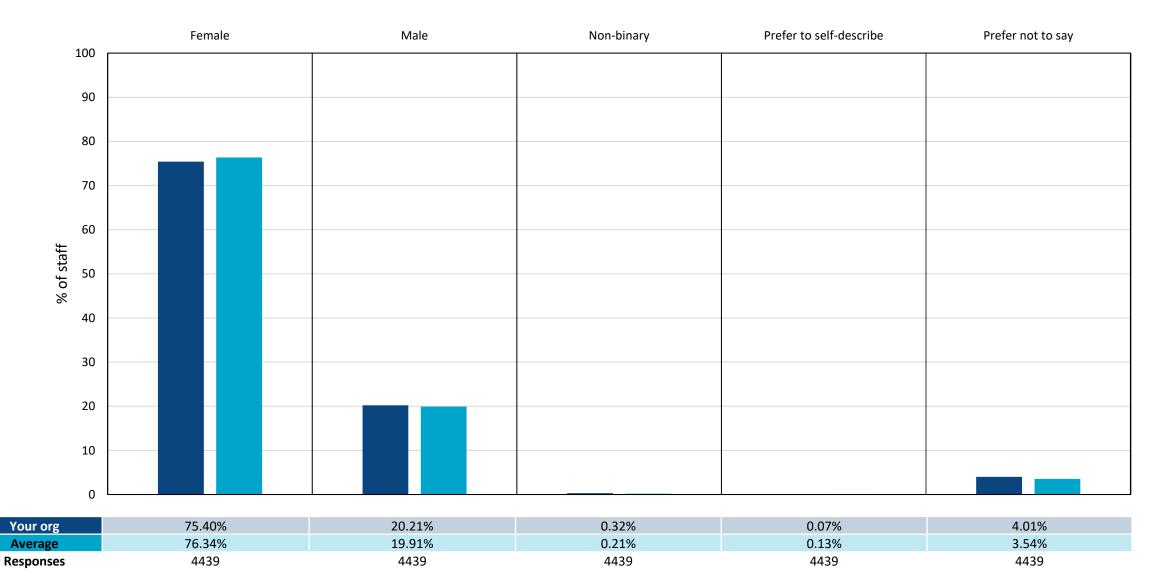
# **About your respondents**

This section shows demographic and other background information for 2024.

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

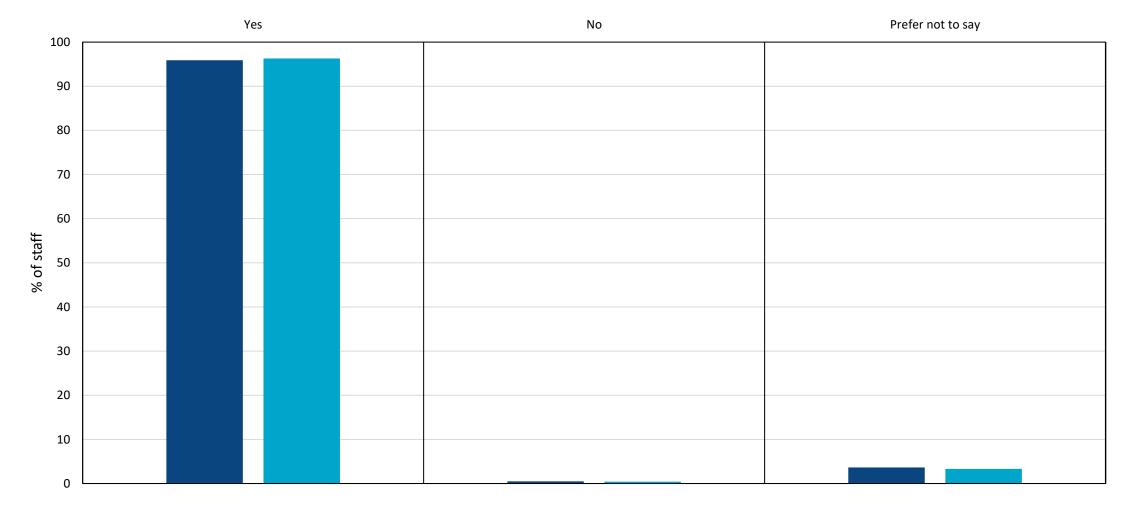
### **Background details - Gender**





### Background details — Is your gender identity the same as the sex you were registered at birth?

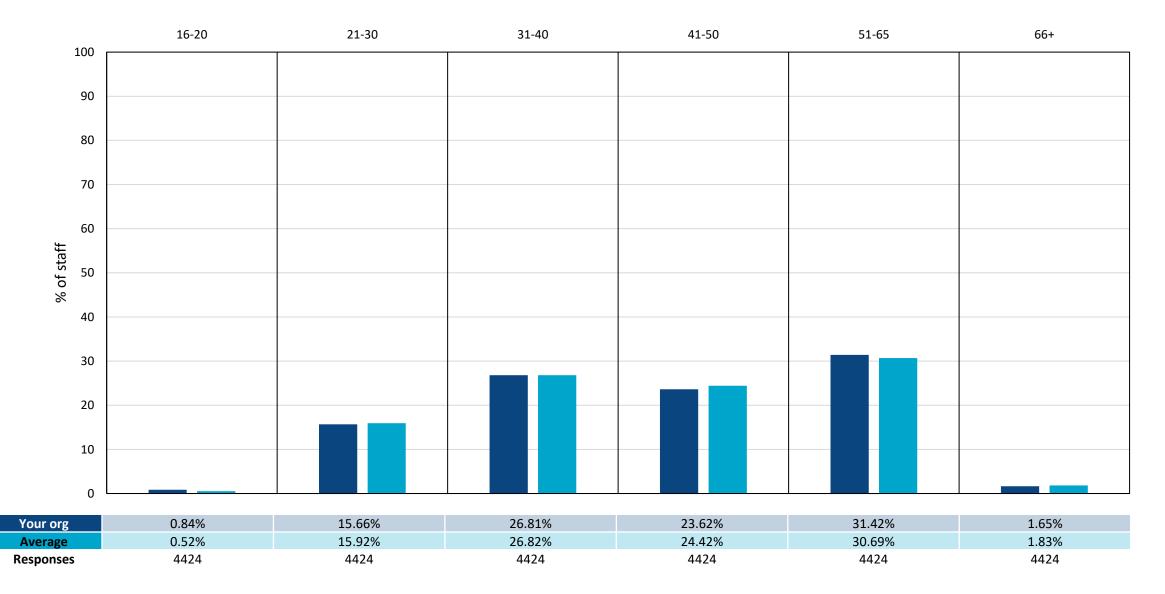




Your org	95.88%	0.47%	3.65%
Average	96.28%	0.41%	3.34%
Responses	4441	4441	4441

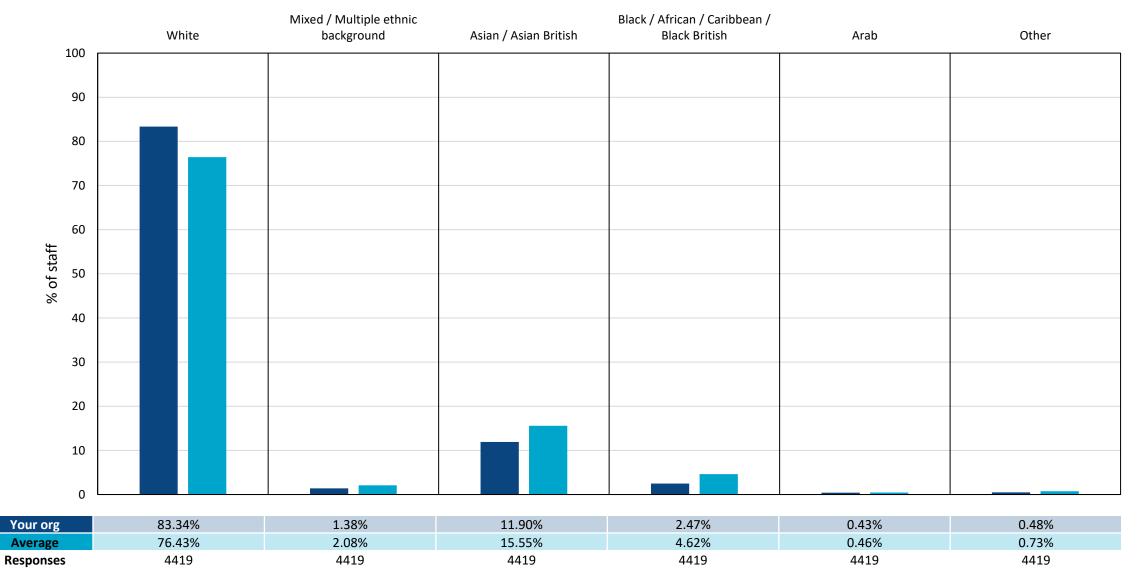
## **Background details - Age**





## Background details - Ethnicity





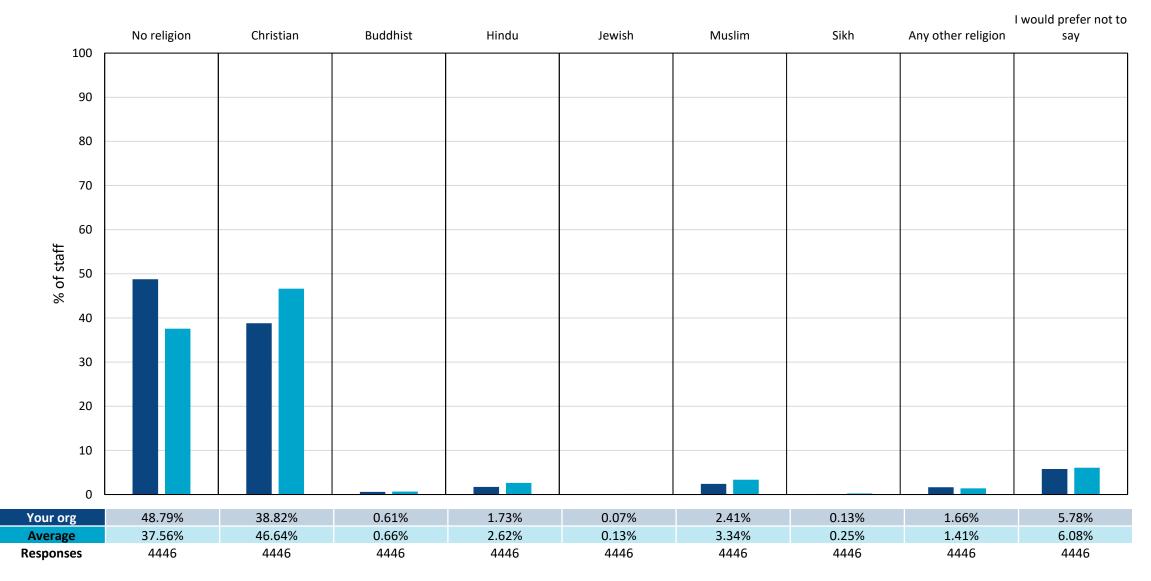
### Background details – Sexual orientation



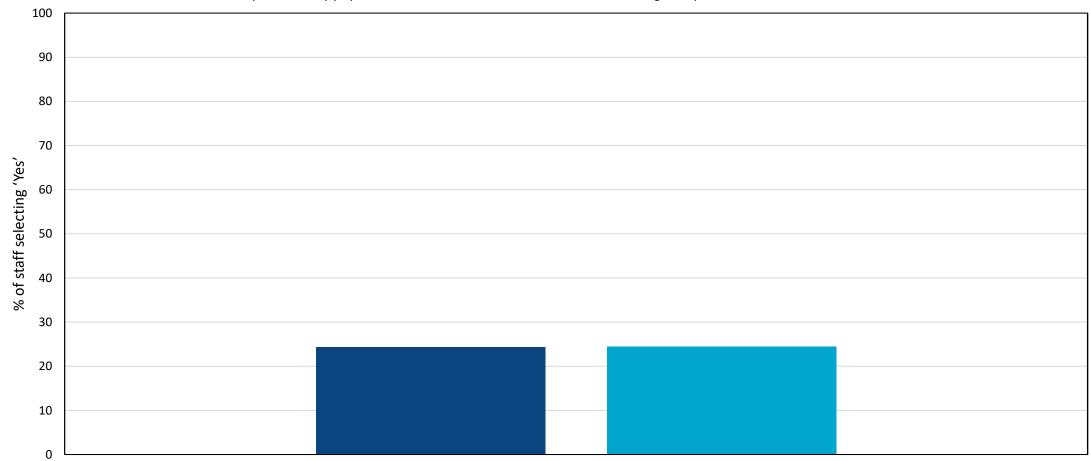


## **Background details - Religion**





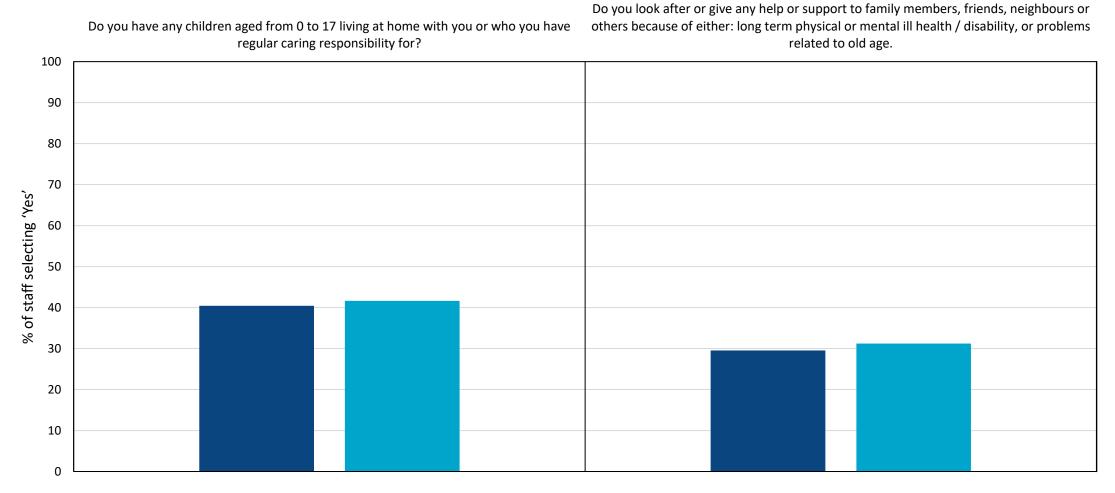




Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

Your org	24.29%
Average	24.45%
Responses	4380

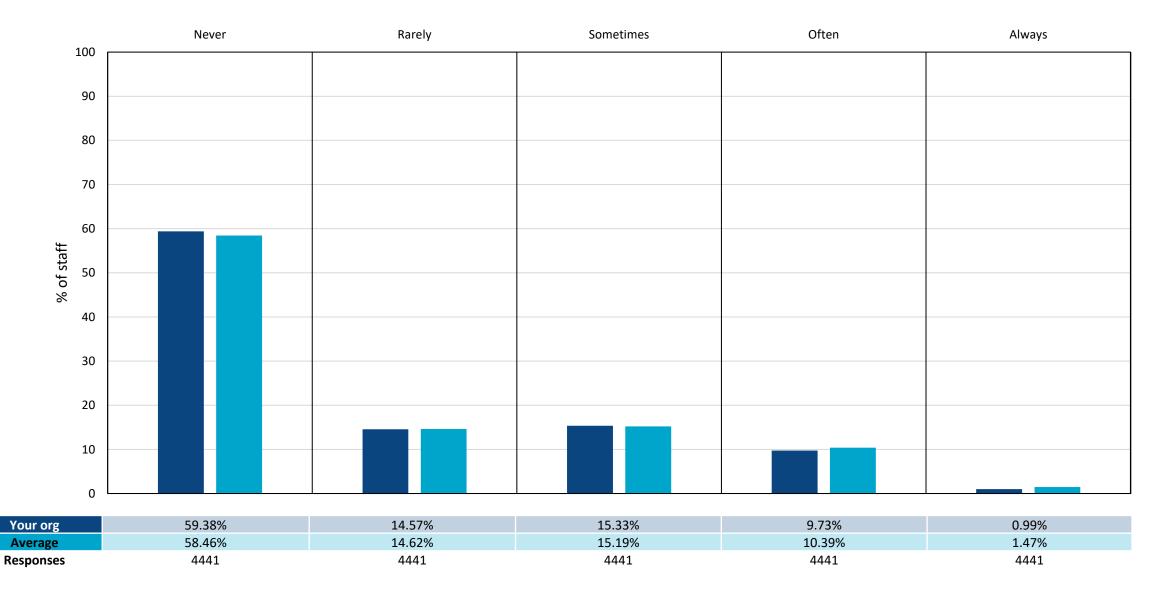




Your org	40.42%	29.55%
Average	41.64%	31.24%
Responses	4429	4413

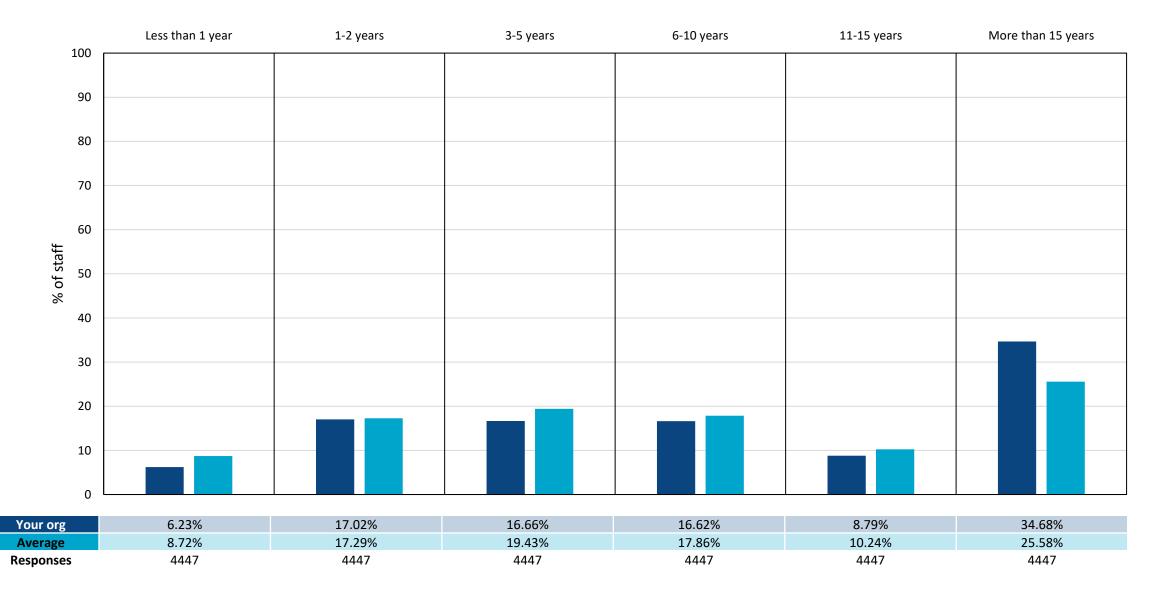
## Background details – How often do you work at/from home?





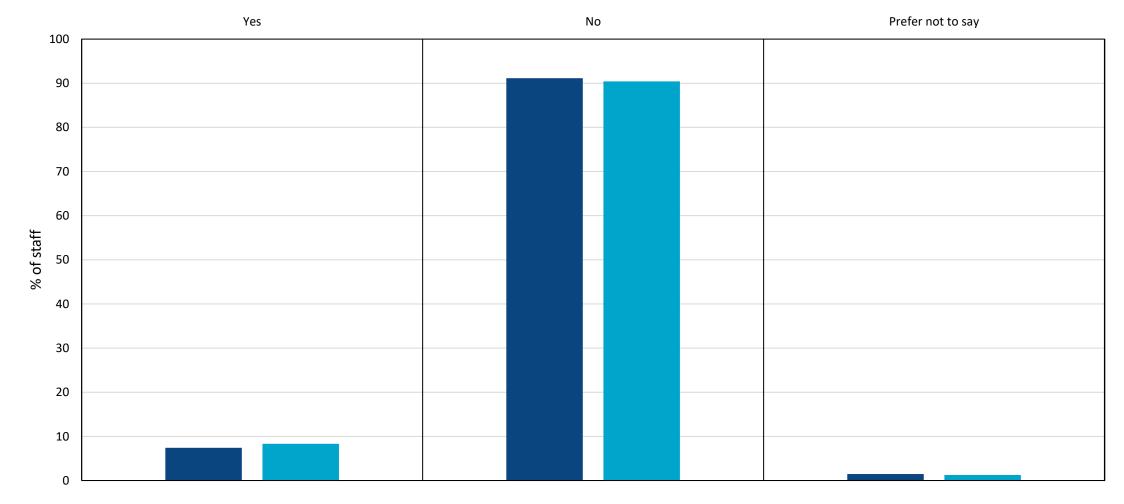
## Background details – Length of service





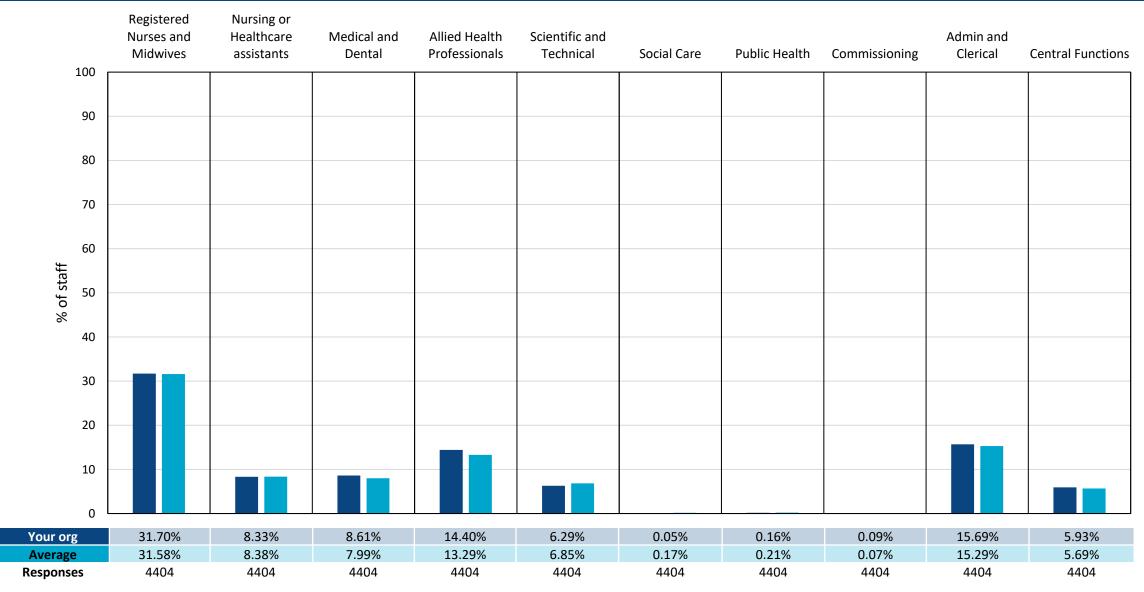
## Background details — When you joined this organisation, were you recruited from outside of the UK?





Your org	7.41%	91.13%	1.46%
Average	8.30%	90.40%	1.24%
Responses	4440	4440	4440

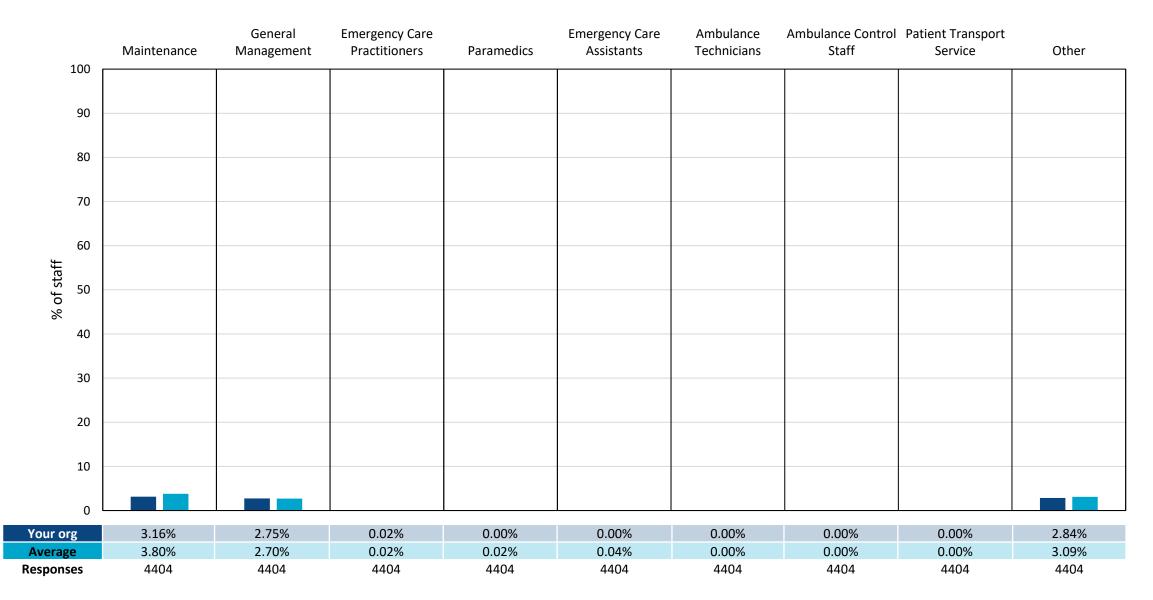
## Background details – Occupational group





## Background details – Occupational group





Survey Coordination Centre



# Appendices

Overall page 441 of 773

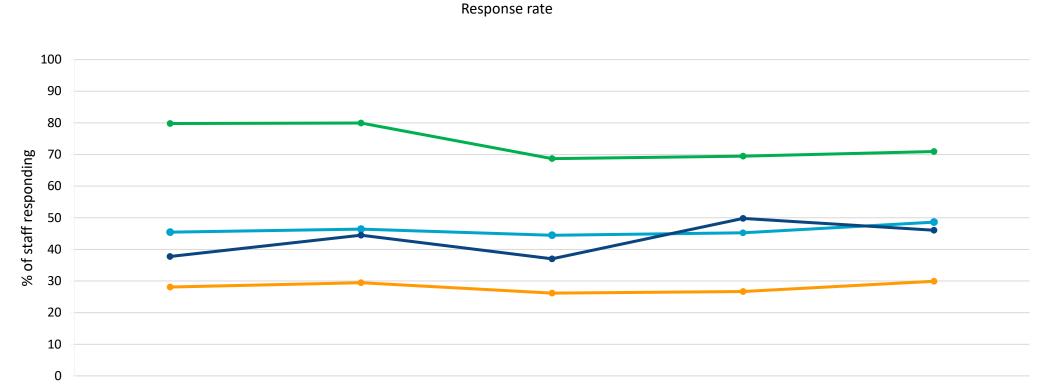




# **Appendix A: Response rate**

Overall page 442 of 773





	2020	2021	2022	2023	2024
Your org	37.73%	44.47%	37.02%	49.79%	46.05%
Highest	79.77%	79.95%	68.69%	69.45%	70.92%
Average	45.43%	46.38%	44.46%	45.23%	48.61%
Lowest	28.09%	29.47%	26.17%	26.65%	29.91%
Responses	3387	3977	3160	4605	4459





# Appendix B: Significance testing 2023 vs 2024

## Appendix B: Significance testing – 2023 vs 2024



Statistical significance helps quantify whether a result is likely due to chance or to some factor of interest. The table below presents the results of significance testing conducted on the theme scores calculated in both 2023 and 2024<sup>\*</sup>. For more details, please see the <u>technical document</u>.

People Promise elements	2023 score	2023 respondents	2024 score	2024 respondents	Statistically significant change?
We are compassionate and inclusive	7.15	4594	7.02	4448	Significantly lower
We are recognised and rewarded	5.87	4588	5.69	4449	Significantly lower
We each have a voice that counts	6.51	4566	6.40	4429	Significantly lower
We are safe and healthy	6.10	4144	5.93	4434	Significantly lower
We are always learning	5.70	4262	5.49	4148	Significantly lower
We work flexibly	5.98	4567	5.85	4426	Significantly lower
We are a team	6.61	4591	6.53	4442	Not significant
Themes					
Staff Engagement	6.66	4598	6.47	4449	Significantly lower
Morale	5.88	4597	5.75	4450	Significantly lower

\* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

Note: 2023 results for 'We are safe and healthy' are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

Hull University Teaching Hospitals NHS Trust Benchmark report



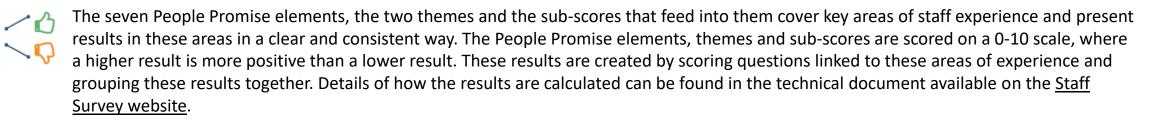


Appendix C: Tips on using your benchmark report



The following pages include tips on how to read, interpret and use the data in this report. The suggestions are aimed at users who would like some guidance on how to understand the data in this report. These suggestions are by no means the only way to analyse or use the data but have been included to aid users.

### Key points to note





A key feature of the reports is that they **provide organisations with up to five years of trend data**. Trend data provides a much more reliable indication of whether the most recent results represent a change from the norm for an organisation than comparing the most recent results only to those from the previous year. Taking a longer-term view will help organisations to identify trends over several years that may have been missed when comparisons are drawn solely between the current and previous year.



People Promise elements, themes and sub-scores are benchmarked so that organisations can make comparisons to their peers on specific areas of staff experience. Question results provide organisations with more granular data that will help them to identify particular areas of concern. The trend data are benchmarked so that organisations can identify how results on each question have changed for themselves and their peers over time by looking at a single chart.

### Appendix C: 1. Reviewing People Promise and theme results



When analysing People Promise element and theme results, it is easiest to start with the **overview** page to quickly identify areas of interest which can then be compared to the best, average, and worst result in the benchmarking group.

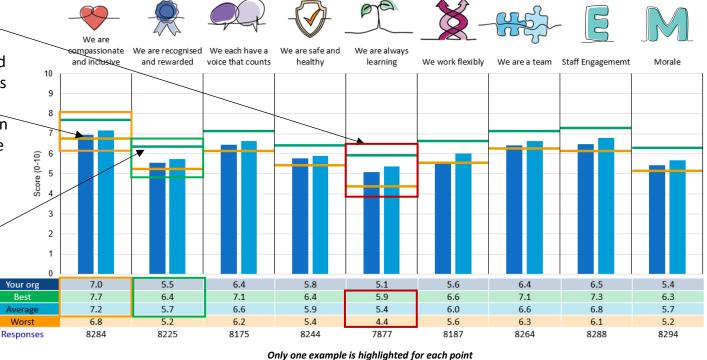
It is important to **consider each result within the range of its benchmarking group 'Best result' and 'Worst result'**, rather than comparing People Promise element and theme results to one another. Comparing organisation results to the benchmarking group average is another point of reference.

### Areas to improve

- By checking where, the 'Your org' column/value is lower than the benchmarking group 'Average result' you can quickly identify areas for improvement.
- It is worth looking at the difference between the 'Your org' result and the benchmarking group 'Worst result'. The closer your organisation's result is to the worst result, the more concerning the result.
- Results where your organisation's result is only marginally better than the 'Average result', but still lags behind the 'Best result' by a notable margin, could also be considered as areas for further improvement.

### **Positive outcomes**

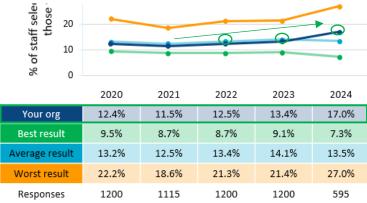
- Similarly, using the overview page it is easy to identify People Promise elements and themes which show a positive outcome for your organisation, where 'Your org' results are distinctly higher than the benchmarking group 'Average result'.
- Positive stories to report could be ones where your organisation approaches or matches the benchmarking group's 'Best result'.





### **Review trend data**

Trend data can be used to identify measures which have been consistently improving for your organisation (i.e. showing an upward trend) over the past years and ones which have been declining over time. These charts can **help establish if there is genuine change in the results** (if the results are consistently improving or declining over time), or whether a change between years is just a minor **year-on-year** fluctuation.

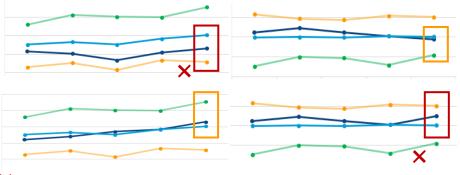


Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

### Review the sub-scores and questions feeding into the People Promise elements and themes

In order to understand exactly which factors are driving your organisation's People Promise element and theme results, you should review the sub-scores and questions feeding into these results. The **sub-score results** and the 'Question results' section contain the sub-scores and questions contributing to each People Promise element and theme, grouped together. By comparing 'Your org' results to the benchmarking group 'Average', 'Best' and 'Worst' results for each question, the questions which are driving your organisation's People Promise element and theme results can be identified.

For areas of experience where results need improvement, action plans can be formulated to **focus on the questions where the organisation's results fall between the benchmarking group average and worst results.** Remember to keep an eye out for questions where a lower percentage is a better outcome – such as questions on violence or harassment, bullying and abuse.



= Negative driver, org result falls between average and worst benchmarking group result for question

## Appendix C: 3. Reviewing question results



This benchmark report displays results for all questions in the questionnaire, including benchmarked trend data wherever available. While this a key feature of the report, at first glance the amount of information contained on more than 140 pages might appear daunting. The below suggestions aim to provide some guidance on how to get started with navigating through this set of data.

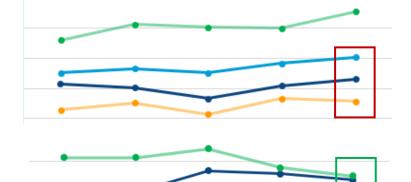
### Identifying questions of interest

### > Pre-defined questions of interest – key questions for your organisation

Most organisations will have questions which have traditionally been a focus for them - questions which have been targeted with internal policies or programmes, or whose results are of heightened importance due to organisation values or because they are considered a proxy for key issues. Outcomes for these questions can be assessed on the backdrop of benchmark and historical trend data.

### > Identifying questions of interest based on the results in this report

The methods recommended to review your People Promise and theme results can also be applied to pick out question level results of interest. However, **unlike People Promise elements, themes and sub-scores where a higher result always indicates a better result, it is important to keep an eye out for questions where a lower percentage relates to a better outcome** (see details on the 'Using the report' page in the 'Introduction' section).



- To identify areas of concern: look for questions where the organisation value falls between the benchmarking group average and the worst result, particularly questions where your organisation result is very close to the worst result. Review changes in the trend data to establish if there has been a decline or stagnation in results across multiple years but consider the context of how the organisation has performed in comparison to its benchmarking group over this period. A positive trend for a question that is still below the average result can be seen as good progress to build on further in the future.
- When looking for positive outcomes: search for results where your organisation is closest to the benchmarking group best result (but remember to consider results for previous years), or ones where there is a clear trend of continued improvement over multiple years.

Survey Coordination Centre



Appendix D: Additional reporting outputs

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



Below are links to other key reporting outputs that complement this report. A full list and more detailed explanation of the reporting outputs is included in the Technical Document.

### Supporting documents



**Basic Guide:** Provides a brief overview of the NHS Staff Survey data and details on what is contained in each of the reporting outputs.

<u>Technical Guide:</u> Contains technical details about the NHS Staff Survey data, including data cleaning, weighting, benchmarking, People Promise, historical comparability of organisations and questions in the survey.

### Other reporting outputs



Online Dashboards: Interactive dashboards containing results for all trusts nationally, each participating organisation (local), and for each region and ICS. Results are shown with trend data for up to five years where possible and show the full breakdown of response options for each question.

Ξ	
PDF	כ

**Breakdown reports:** Reports containing People Promise and theme results split by breakdown (locality) for Hull University Teaching Hospitals NHS Trust.



<u>National Briefing Document</u>: Report containing the national results for the People Promise elements, themes and sub-scores. Results are shown with trend data for up to five years where possible.

**Detailed spreadsheets** Contain detailed weighted results for all participating organisations, all trusts nationally, and for each region and ICS.

### 4 - GOVERNANCE & ASSURANCE

### 4.1 - BOARD ASSURANCE FRAMEWORK & STRATEGIC RISK REGISTER -

### NLAG & HUTH

Lavid Sharif, Group Director of Assurance

#### REFERENCES

Only PDFs are attached

BIC(25)059 - Board Assurance Framework & Strategic Risk Register - NLaG & HUTH.pdf



### Trust Boards-in-Common Front Sheet



### BIC(25)059

Meeting name	Trust Boards-in-Common	<ul> <li>BAF risk 8 – Financial Sustainability – Current risk score = 16</li> <li>No proposed changes to risk appetites were deemed necessary.</li> </ul>				
Meeting date	10 April 2025	These Committees is also invited to consider the risk score factors.				
		There are actions underway in total addressing all of the BAF risks. For all				
Director Lead	David Sharif, Group Director of Assurance	Group risks, both individually and in combination more generally for all				
Contact Officer/Author	Rebecca Thompson, Deputy Director of Assurance	strategic risks, robust management and oversight is required to preserve and nurture the Group's reputation and credibility for patients and broader stakeholders.				
Title of the Report	Board Assurance Framework (BAF)	The risk appetite levels agreed by the Boards-in-Common are now included in				
Executive	The following report highlights the Q3 risk ratings for:	this report as a prompt.				
Summary	<ul> <li>BAF risk 1 – Group Culture and Leadership – Current risk score = 20</li> </ul>	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.				
	<ul> <li>BAF risk 2 – Performance – Current risk score = 20</li> <li>BAF risk 3 – Patients – Current risk score = 20</li> <li>BAF risk 4 – Research and Innovation – Current risk score = 12</li> </ul>					
		Recommendations:				
		The Boards in Common are asked to:				
		Note and review the BAF risks				
	<ul> <li>BAF risk 5 – Partnerships – Current risk score = 12</li> </ul>	<ul> <li>Note that the risks have been reviewed by the Executive Team and the Committees-in-Common</li> </ul>				
	<ul> <li>BAF risk 6 – Digital – Current risk score = 16</li> </ul>					
	<ul> <li>BAF risk 7 – Capital – Current risk score = 15</li> </ul>					



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	<ul> <li>Approval</li> <li>Discussion</li> <li>Assurance</li> </ul>	<ul><li>☑ Information</li><li>□ Review</li><li>□ Other</li></ul>		



# 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

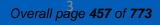
Overleaf, a table summarises the current assessment for the finance risk:

- 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,

Overall page **458** of **773** 



## Board Assurance Framework Current assessment

#### The table below summarises the current assessment for each risk.

D	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		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	тв	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	18		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 acore
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	
/orkforce, Education and Culture	
Lead	
Simon Nearney, Group Chief People	
Simon Nearney, Group Chief People ( Last review date - of strategic risk	

Current acore and risk appetite The Construction of **Matheory** A Real Property lies All states Part and Party 180 southing (B) Coloritopics 100 Magari 198 Mandamatica Tolerable score = 12 100 (L:4, C:3) Real State Optimal score = 8 (L:4, C:2) Nagrigation (11)

### 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.

Overall page **460** of **773** 



# 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	Current score
Performance	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

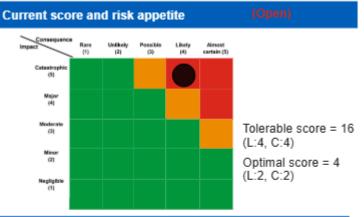
Performance, Estates and Finance

### Lead

Clive Walsh, Interim Site Chief Executive - North

#### Last review date

Wednesday, October 23, 2024



#### 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

Overall page **464** of **773** 



## 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 owner/a
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, OA2 - expected impacts from key actions in UEC improvement plan to KPIs (four hour performance, Doctor 1 Seen time, ambulance handover)and NS OA6 - 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 Nearney, 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	Current score
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

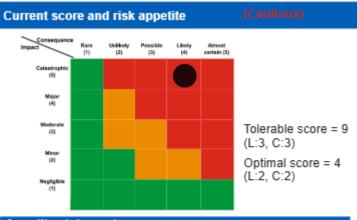
Kate Wood, Group Chief Medical Officer

Last review date - of strategic risk

of risk score

Wednesday, 9 October 2024

10/9/2024



#### 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.

Overall page 466 of 773



## 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 Ouputs 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 capabilit	es
Strategic risk category	Current score
Research and innovation	12
Strategic risk	
We aim to expand our research and innovation developing a strong brand. However, if we fait	

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

#### cedanty and c

#### Lead

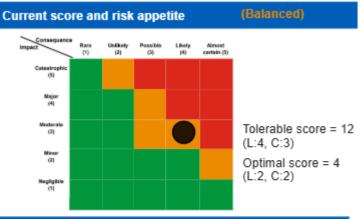
Kate Wood, Group Chief Medical Officer

Last review date - of strategic risk

of risk score

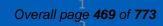


10/29/2024



#### 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.

	mol
COII	uvi

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

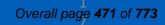




# Board Assurance Framework Risk #4 – Research and Innovation (3)

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

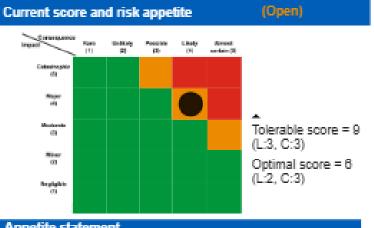




## **Board Assurance Framework** Risk #6 – Developing our Digital infrastructure (1)

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

Strategic objective				
Developing our digital infrastructure				
Strategic risk category	Current score			
Digital	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 Offic	er			
Last review date - of strategic risk	of risk score			
Friday, 25 October 2024	10/25/2024			



#### 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.

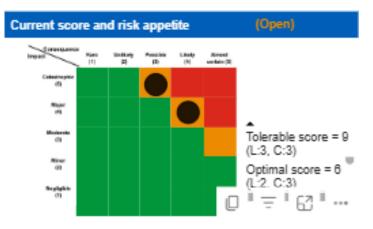
#### Committee

Capital and Major Projects

#### Lead

Emma Sayner, Group Chief Financial Officer Kate Wood, Group Chief Medical Officer

Last review date - of strategic risk Friday, 25 October 2024 of risk score 10/25/2024



#### 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.

•
Regulatory frameworks
Qualified and accreditated engineers

Control

- 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

- External
  - Compliance outcomes from regulators
- Internal
  - Riddor performance

Status of operational estates risks and actions from risk register

Total	 
Assurance gaps (and Action ID)	Total
Total	
	1

24 Total

4

1

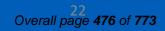
1

Gaps in control (and Action ID)

Strategy / 10-year plan

Total

Absence of comprehensive Estates





## 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

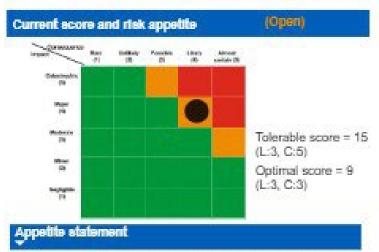




## Board Assurance Framework Risk #8 – Achieving financial sustainability (1)

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

Antipulan Engenial surfainshills	
Achieving financial sustainability	
Strategic risk category	Current acore
Financial sustainability	16
Strategic risk	
financial stewardship. However, if we fa communicate clear, balanced finance p beneficial to the Group and system par activity and workforce actions, then a fa teams and to set controls that are cons-	lans that are mutually tners, with aligned siture to engage with istent and / or
appropriately delegated, will result in ov little change in practice	verspent budgets and
	verspent budgets and
little chance in practice	verspent budgets and
little change in practice Committee	verspent budgets and
little change in practice Committee Performance, Estates and Finance	ve - North
little change in practice Committee Performance, Estates and Finance Lead Clive Walsh, Interim Site Chief Executi	ve - North



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 #8 – Achieving financial sustainability (2)

Source and assuran

E External

😑 Internali

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

irce and assurance	Gaps in control (and Action ID)	22	28	33	34	35	36	Total
External Internal audit review of key financial systems	Absence of Group Finance Strategy founded on clinical and estates strategies		1	1	1			3
Internal Budget control reports	Out of date Long Term Financial Model	1						1
Exception reporting on Standing Financial Instructions and Standing	Weak culture of improvement/change management					1	1	2
Orders compliance In-year operational plan progress	Total	3	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.

D	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 Nearney, 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 guery 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



### 5 - OTHER ITEMS FOR APPROVAL

NONE

### 6 - ITEMS FOR INFORMATION / SUPPORTING PAPERS







### **Trust Boards-in-Common Front Sheet**

### Agenda Item No: BIC(25)060

Name of Meeting	Trust Boards-in-Common				
Date of the Meeting	Thursday 10 April 2025				
Director Lead	Sue Liburd, Committee Chair of Quality & Safety CiC, David Sulch, Committee Chair of Quality & Safety CiC				
Contact Officer / Author	Sue Liburd, Committee Chair of Quality & Safety CiC, David Sulch, Committee Chair of Quality & Safety CiC				
Title of Report	Quality & Safety Committees in Common Minutes – 27 February 2025				
Executive Summary	The Quality & Safety Committees in Common Minutes from the meeting held on 27 February 2025				
Background Information and/or Supporting Document(s) (if applicable)	N/A				
Prior Approval Process	Quality & Safety Committees in Common held on 27 March 2025				
Financial Implication(s) (if applicable)	N/A				
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A				
Recommended action(s)	□ Approval	✓ Information			
required	□ Discussion	□ Review			
	□ Assurance below:	□ Other – please detail			





QUALITY & SAFETY COMMITTEES-IN-COMMON MEETING Minutes of the meeting held on Thursday, 27 February 2025 at 9.00am to 12.30pm at The Nightingale Room, Education Centre, SGH or via MS Teams

#### For the purpose of transacting the business set out below:

#### Present:

#### Core Members:

David Sulch	Non-Executive Director (HUTH) – Chair
Dr Kate Wood	Group Chief Medical Officer (via MS Teams)
Amanda Stanford	Group Chief Nurse
Julie Beilby	Non-Executive Director (NLaG) (via MS Teams)

#### In Attendance:

Dr Pete Sedman	Deputy Group Chief Medical Officer
David Sharif	Group Director of Assurance
Rebecca Thompson	Group Deputy Director of Assurance (via MS Teams)
Clive Walsh	Interim Site Chief Executive (North)
Yvonne McGrath	Group Director of Midwifery
Mel Sharp	Deputy Group Chief Nurse
Michela Littlewood	Associate Director of Quality Governance (HUTH)
Richard Dickinson	Associate Director of Quality Governance (NLaG)
Corrin Manaley	Quality Improvement Facilitator (Observing)
Natalie Griffiths	Care Group Nurse Director – Head and Neck
Terri Wainman	Deputy Care Group Nurse Director – Head and Neck
Natalie Holmes	Senior General Manager – Head and Neck

#### 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 committee Chair welcomed those present to the meeting. The following apologies for absence were noted: Sue Liburd, Non-Executive Director (NLaG) and Linda Jackson, Vice Chair & Non-Executive Director.

#### 1.2 Staff Charter and Values

The committee Chair reminded attendees that the meeting was being conducted in line with Trust values.

Page 2 of 19

#### 1.3 **Declarations of Interest**

The following declaration of interest was noted:

Amanda Stanford advised that she was a Trustee for Lindsey Lodge Hospice.

#### 1.4 To approve the minutes of the meetings held on 17 December 2024

The minutes of the meetings held on 17 December 2024 were accepted as a true and accurate record.

#### 1.5 Matters Arising

The committee Chair invited committee members to raise any matters requiring discussion not captured on the agenda. No items were raised.

#### 1.6 **Review of Action Tracker**

The following updates to the Action Tracker were noted:

24/10/24 Item 4.3 – Amanda Stanford suggested this item be closed as Board have been updated and she would also include an update within the quarterly Maternity & Neonatal Assurance Report

28/11/24 Item 1.8 – the Deep dive on the adult and paediatric audiology service to be presented at the March Committees-in-Common (CiC) meeting. It was agreed to feature this on the Patient Safety Learning Group (PSLG) agenda initially

28/11/24 Item 4.5 – covered in the Mortality Learning from Deaths report on a regular basis as well as the monthly IPR report so item to be closed

28/11/24 Item 4.5 – agreement that mortality data would feature in the highlight reports. Dr Kate Wood asked that this be updated into the Terms of Reference. Item to be closed

17/12/24 Item 3.2 – update circulated prior to the meeting. Following a verbal update by Dr Kate Wood, there was assurance that this was being monitored therefore item to be closed

17/12/24 Item 5.1 – to check whether item had been discussed at the PEF CiC and then item to be closed

17/12/24 Item 6.4 – to check whether item had been discussed at the WEC CiC and then item to be closed

Page 3 of 19

### 1.7 **Operational Pressures Update**

Clive Walsh presented the paper and confirmed that there had been continuing high demand for the UEC but there had been some progress with regards ambulance handover times. For January, there had been significant improvement in handover on the North Bank which had had an overall effect on Yorkshire Ambulance Service's ability to respond. However, the consequence was an increased use of escalation spaces and boarding within wards, which was being closely monitored. A similar process had subsequently been started on the South Bank, where ambulances were being offloaded faster but at the time of the meeting, data was not yet available. There had been no improvement in the four-hour performance standard and Clive Walsh advised that Sarah Tedford, Interim Site Chief Executive (South) had formed a plan to address this. The Group were in Tier One level of assurance with the ICB and NHS(E), with a national and regional visit planned with NHS(E) to the Emergency Department (ED) the following week to provide an opportunity to give support and advice to the ED on how to improve the service.

For RTT overall, the waiting lists continued to grow which represented a future issue in terms of management of waiting lists. The number of 65 week+ patients was not growing but there was a risk in the willingness of consultants on the South Bank in engaging in additional over-contract services, which had been heavily relied upon. The Executive team have agreed to invest in an Artificial Intelligence (AI) validation programme for waiting lists, which would help identify patients at risk on waiting lists as well as patients who may have had some form of treatment elsewhere.

For cancer, figures were largely consistent at around 76% for the Faster Diagnosis target which was an improvement but there was no improvement on the 62-day standard and the number of patients waiting over 63 days was not reducing.

The waiting list for diagnostics had grown, accountable to the departure from the market of two non-obstetric ultrasound providers with no capacity to pick up the demand. The Group were shortly to enter a process with the ICB to look at how to manage this issue. The number of MRIs had also increased but a recovery plan was in development.

Amanda Stanford informed the CIC that there had been an outbreak of Aspergilliosis on the neonatal ward, therefore admissions were postponed whilst the area was deep cleaned. It was felt related to the ventilation shutdown and lessons were learned in relation to having a process in place for the next shut down. There was also an outbreak of CPE on the South Bank and cleaning regimes were being assessed. On a final point, Amanda Stanford advised that it had been brought to their attention that there was a recent incident relating to the accessibility and use of CCTV in the Queens Centre that was being investigated through the incident framework and Duty of Candour had been carried out.

Clive Walsh reiterated that for cancer patients waiting over 104 days, a harm review was conducted. David Sulch asked what benefit Tier One was providing and Clive Walsh responded that the benefit would be seen if external support was provided.

Page 4 of 19

Dr Pete Sedman added that pressures were arising from South Bank consultants who were no longer working over and above their contract due to a change in the rates suggested for extra contractual payments. There was an obvious risk to waiting lists and on call. To date, all work had been covered, and weekly meetings were in place to ensure continued cover.

ACTION: David Sulch asked that this matter be raised at PEF

#### 1.8 **Review of Committee Terms of Reference & Work Plans**

David Sharif updated the meeting on the amendment to job titles within the Terms of Reference (ToR) and advised that there were no other significant changes.

Dr Kate Wood again asked that there was specific reference added to the ToR in relation to mortality review on behalf of Trust Board. Appendix A to now include the statement that the CiC would now be monitoring Learning from Deaths.

Quoracy and frequency of the meetings was also corrected within the ToR.

Action: David Sulch, Dr Kate Wood and Amanda Stanford to approve draft

Amanda Stanford had a question about the Maternity & Neonatal Assurance Group (MNAG) and how and where it was reviewed.

Action: David Sulch and Amanda Stanford to discuss whether maternity assurance is for CiC or Board review

In respect of the work plan, Richard Dickinson advised that there had been some tweaks to this, and a revised draft had been circulated as a paper. There were no further comments on this, so approval was taken.

### 2. MATTERS REFERRED

#### 2.1 Matters referred by the Trust Board(s) or other Board Committees

The committee Chair reported that the following matter had been referred by the Work, Education & Culture Committees-in-Common for consideration by the committees:

• Additional sessions on the South Bank – discussed under Item 1.7

### 3. RISK & ASSURANCE

#### 3.1 Board Assurance Framework (BAF)

David Sharif presented the report and advised that the Audit, Risk & Governance CiC would receive an update in April on the risk management system across the Group. In addition, the Research and Innovation strategy had gone to the Top 100 in February before being submitted to the Board and indeed, the strategy update in general would be advised to the Board in March. Actions would remain on the BAF, even if closed, until the benefits could be appreciated.

Page 5 of 19

### 3.2 Risk Register Report (quality and safety risks) Q3

Amanda Stanford confirmed that going forward, she would provide a report on the high-level risks.

## Action: Amanda Stanford to liaise with Michela Littlewood in producing a high-level risk report

She advised that two cycles had been reviewed under the new Risk and Compliance Group, and it was fair to say that there was considerable work to be done across the Group on the management of risk in terms of changing the culture on how this was managed and putting more emphasis on the mitigations and the gaps in control. This would include the corporate teams as well as the Care Groups. Key areas were some services on the North Bank and quality and safety risks in cancer, with a focus on the harm reviews for patients waiting over 104 days. Amanda Stanford proposed that this be added to the Work Plan, to ensure that a report be brought back to the CiC. David Sharif expected that a realistic picture would be available by October 2025 and David Sulch believed that the Non-Executive Directors were aware of the risks and looked forward to the Risk Register clearly capturing them along with the mitigations.

Action: Harm Review report to be added to the Work Plan

#### 3.3 Equality and Quality Impact Assessment (EQIA)

Amanda Stanford gave a verbal update to state there was indeed work to be done to formulate a better approach to EQIAs. The aim was to produce a report which detailed how may EQIAs were being done and how many scored under a 9 and this needed good conversation with the Care Groups to assess and improve how the EQIAs were being completed.

Clive Walsh left the meeting at 9.54am.

#### 4. COMMITTEE SPECIFIC BUSINESS ITEMS

#### Quality & Safety

#### 4.1 **Quality Priorities – Q3 & Plan 2025/26**

Amanda Stanford outlined the detailed paper and highlighted that there was work underway to focus on implementing Martha's Rule and considerable work needed to be done in terms of deteriorating patients and sepsis. End of Life care remained a concern; there had been no data for HUTH and it generally lacked focus. Relating to the mental capacity assessments, Amanda Stanford advised that the plan was to do a survey on all sites of how the Group sits, and to focus on the correct completion of the form post assessment.

Yvonne McGrath joined the meeting at 10.02am.

Page 6 of 19

Dr Kate Wood clarified Martha's Rule to the CiC and how this was being implemented across the Group. It was noted that the Group had decided not to become a pilot site due to its infancy but were fully on board with attending regional and national events to be aware of learning from the pilot sites and incorporate this as required when roll out is planned. A task and finish group had been set up and the intention was to pilot Martha's Rule across several wards across all sites, including both adult and paediatrics and develop from this.

Dr Kate Wood explained the history behind how Medicine Safety had become a quality priority for the Group. From a NLaG perspective, there had been issues with patients being weighed and correct weight recording and how this is translated across to appropriate weight based dosing. NLaG had recently (this week) demonstrated the ability to record this information once and for it be shared electronically across several other systems at the same time. There was also focus on time critical delivery of medicines and there had been some engagement with Comms in reminding patients to bring their own medicines into hospital, helping to empower patients and carers for being involved in their own care.

Amanda Stanford added that a Hull ED audit had been undertaken, and the findings were that indeed patients had generally received their time critical medicines in an effective way and the ED teams were to be commended on their dedication to this.

David Sulch questioned how the CiC could be assured that better progress was made for next year. Richard Dickinson responded to reflect that during the transition to Group status, there had been some good engagement but work still needed to be done on the measurement of data. He believed there was now a more structured and clearer pathway on measurement but there was a clear need to get the SROs on board and to generate a better understanding of what needed to be changed.

David Sulch asked how often the progress on Quality Priorities needed to be reviewed and Amanda Stanford responded that it should be quarterly. There was a need to define the role of the SRO and for that SRO for each Quality Priority to attend the CiC and present their update. David Sulch agreed with this suggestion.

Action: SROs to present Quality Priority updates going forward

#### 4.2 CQC Improvement Plan

Michela Littlewood presented the paper, with actions being closed imminently. NLaG had made considerable progress. In relation to mandatory training, one of the challenges on both sides was compliance of medics and dental staff and for HUTH, the challenge was completing audits, but it was hoped that the good practice from NLaG would be emulated. The emphasis overall needed to be on delivering and sustaining improvement. There was evidence that the Directors of Nursing were now owning their actions, and that 'check and challenge' was working. There was also regular contact with CQC.

Amanda Stanford explained that there had been considerable focus on the red actions and closing them. She was confident that the cycles of CQC scrutiny had greatly improved the position overall and this needed to be sustained across the organisation by good peer review.

Page 7 of 19

Julie Beilby referred to mandatory training and that there was to be a national and regional review and asked how this new structure would be incorporated into the CQC report. Michela Littlewood explained that there were still two systems operating across the group and due to the natural turnover of staff, particularly medics, it was only possible to evidence on how the current position was reached.

David Sulch felt that the report was well structured and clear and referred to the target dates in that HUTH may not be realistic and those for NLaG had passed. Michela Littlewood responded that under Amanda Stanford's guidance, the target dates were no longer being moved, and it meant that the risk owner would now be accountable in explaining why the action had not been achieved.

Yvonne McGrath clarified that maternity were moving into a much better position and the current outstanding ones were due to be signed off. Michela Littlewood added that it was important to show evidence of actions so that it was clear to the CQC that no more could have been done.

David Sulch asked what would occur if the targets were missed again and Amanda Stanford confirmed that in addition to discussions at Exec level, there was also monitoring through the Care Group performance and accountability meetings (CPAG). Progress should begin to be strengthened by the regular CQC conversations and the Care Groups taking accountability through the CPAG. Michela Littlewood added that the CPAG meet every 7 weeks and are given a clear brief of their position and the opportunity to advise what their actions will be and request support if required.

Assurance was agreed as reasonable.

The Agenda was taken out of order at 10.22am to allow Yvonne McGrath to present.

## 4.4 Maternity & Neonatal Assurance Report (including Ockenden, CNST MIS, incidents/MNSI)

Yvonne McGrath outlined the paper. CNST Year 6 was signed off and confirmation had been received that Year 7 would be very similar when it launched in April. She highlighted there was a current risk around the staffing level in the governance team at HUTH due to sickness and consideration was being given to what the interim measures would be. The dashboards continued to be developed, and it had been noted that the data on induction of labour was recorded differently on each side. The Digital midwife was currently investigating and the CiC would be updated in due course. There were positive updates on the MNVP 15 Steps on the Ground Floor at HUTH and a full report was awaited and there were positive assurance visits at both DPoW and HRI with some noted areas for improvement and action plans would be formulated. There had also been a very successful recruitment day and 2.8 WTE had been recruited. Noted areas of concern were the rising reports of incivility, particularly at handover and there was a planned relaunch of the incivility tool. Delays in the induction of labour continued to be of concern and indeed work continued locally and regionally. The second meeting of the induction of labour task and finish group was upcoming. Finally, there had been concern raised at DPoW via Freedom to Speak Up (FTSU) and the Listening Events had initiated some interaction with OD teams.

Page 8 of 19

Assurance was agreed as reasonable.

The Agenda returned to normal running order

# 4.3 Nursing Assurance Report (including ward accreditation & fundamental standards, IPC, safe staffing)

Mel Sharp advised that this month's report was more of an introduction to the new ward accreditation programme which had been approved at Cabinet in December 2024, called ACE (A Commitment to Excellence). Going forward, this report would be provided on a quarterly basis. The ward visits were due to commence at the beginning of March. The programme was an opportunity around setting standards and looking at improvement but was also a way of recognising areas of excellence. The findings would be reported into the Patient Safety and Learning Group (PSLG) and be made available on AMaT and visible to nursing directors so that they could formulate relevant actions, as well as the action plans being shared at the new monthly nursing oversight and assurance meeting where the Care Groups would have oversight also.

The Humber Health Partnership was now firmly represented at the North Ward Accreditation Forum and display boards were up and on view in Hull and due to be available at NLaG in the next four to six weeks. The ratings would be displayed in the form of coloured rosettes. Amanda Stanford added that there had been some discussion on where an area had been given limited assurance, how that was portrayed and the agreement was that a red rosette indicated limited assurance. amber rosette for moderate assurance and a green rosette for significant assurance. It was also felt important that any actions were clearly noted on the boards so that it was clear to ward visitors. In addition, where limited assurance had been noted, there would be an escalation to the Care Group, with an urgent meeting being arranged and within five to ten days, an update provided to the Directors of Nursing and the Group Chief Nurse. Consideration to the actions required would be given and any relevant support to meet those actions be offered. Michelle Drinkell, Lead Nurse for Quality Assurance and Accreditation, was to be commended on her hard work in getting this programme up and running, with initial training sessions for the assessors.

Amanada Stanford added that particularly in HUTH, there was more work to do on Infection, Prevention & Control and believed it was an opportunity to look at how the organisation supports ward leaders in their development by identifying where they were thriving or where they were perhaps not suited to the role.

Mel Sharp was pleased to note that the wards were excited for this programme to commence and there would be some healthy competition, as well as evidence of good teamwork where wards wanted to support each other.

Julie Beilby asked for clarification on whether the level of assurance given on the visits aligned with the assurance level given at the CiC.

For this month, the paper was not for assurance but presented for information only.

Page 9 of 19

### Mortality including Learning from Deaths Q3

Dr Kate Wood presented the report and explained that the report was a mandatory requirement through the National Quality Board (NQB) and it would now be included in the ToR as being received on behalf of the Board. Key areas to note were that at HUTH, the SHMI was higher at Castle Hill Hospital (CHH) than at Hull Royal Infirmary (HRI). Improvement work was continuing with a required focus on sepsis, UTIs and secondary malignancies. There were regular meetings with Care Groups and the Cancer and Specialised Services Care Group had specifically been asked to focus on structured judgement reviews, advanced care planning and Respect documentation. There was ongoing work with coding accuracy for UTIs and at NLaG, there were issues with the data upload and submission which would take some time to resolve, and the national team were aware. Palliative care coding was below the national average on both sides but was worse at NLaG so there was work to be done in this area.

Overall, the team were working well and Dr Kate Wood thanked Dr Pete Sedman for his work in the role of Chair of the Mortality Improvement Group as there was clearly some good progress. Dr Pete Sedman added that there had indeed been some good work over the last few months.

David Sulch referred to the SHMI and asked whether it was related to patients dying post discharge. Dr Kate Wood responded that it had been discussed previously whereby the increase in deaths at CHH had occurred at a similar time to the way the Queens Centre was managed in that day case patients were being recorded differently, when previously they were noted as ward attenders, and this had had an impact on how the SHMI was calculated. Amanda Stanford added that it was evident that chemotherapy patients were not having the conversations around end of life, and as such were recorded as an unexpected death. Richard Dickinson added that there had been conversation around this at the Mortality Improvement Group meeting, as well as validation checks on UTI and sepsis workstreams and continuing engagement with the Care Groups.

David Sulch asked whether processes were in place to prevent a recurrence of the death of a patient with learning disabilities (following a recent inquest). Richard Dickinson responded with some background into the case but gave assurance that there were now actions in place because of this incident such as specific training, sepsis education initiatives and in addition, when an incident is reported for a vulnerable patient, safeguarding is automatically involved. Michela Littlewood added that the Learning from Incidents had now been included in the advanced life support, which included the deteriorating sepsis patients.

Assurance was agreed as reasonable.

#### 4.6 Safeguarding –

#### 4.6a MCA & DOLS

Mel Sharpe presented an outline of the paper. It provided a good oversight of the current position, but it was noted that there were different processes in place across the Group, but the aim was for an electronic version which would provide good alignment. At the last Strategic Board meeting, it was noted that there was Page **10** of **19** 

still learning to be done on how to complete referrals, as staff were not fully compliant in following the correct process. Bitesize learning sessions were now in place, but issues were still arising. The MCA quality improvement project had been expanded across the North Bank with a clear focus on improving the quality of the assessments. The target for MCA training had been exceeded on the North Bank and under target on the South, but there was current work ongoing in aligning the training with the Bournemouth competences, which are a set of guidelines for the knowledge and skills needed to perform safeguarding roles.

The Mental Capacity Act training was below target for both sides and under review, with a conference planned for 2 July 2025 to discuss increasing awareness.

#### Amanda Stanford and Mel Sharp left the room briefly.

Julie Beilby was pleased to note the progress achieved so far but had a question around the area covered by the ICB and Michela Littlewood reassured her that in situations where the referral is outside this area, the clinicians do follow the correct process in passing referrals to the correct area. Julie Beilby understood this but noted the irregularity of the ICB footprint not aligning with the Trust footprint.

Assurance was agreed as limited, but the good progress being made was noted.

The meeting paused for a 10-minute break at 11.02am, during which Amanda Stanford and Mel Sharp returned to the room. Natalie Griffiths, Terri Wainman and Natalie Holmes joined the meeting

The Agenda was again taken out of order to enable discussion on Item 4.7 and 4.9

#### 4.7 Deep Dives – Ophthalmology Service

Clive Walsh thanked the team for preparing the presentation and gave a background to the issues around capacity and demand locally as well as nationally. Natalie Griffiths introduced herself and the team and advised that work was in progress to address the risks. They were actively recruiting into the medical workforce, and agencies were also being used albeit at a cost. There had also been recruitment into the AHP workforce. The imminent opening of the Community Diagnostic Centres (CDCs) was expected to help with the backlog in the service and there was much anticipation and an increase in morale. For the low risks, Natalie Griffiths drew attention to the fact that the injection service was featured in this category and no longer a red risk and a service now led by nurses rather than medics. All the risks were regularly reviewed at the Ophthalmology governance meeting which is held monthly. Business cases had been submitted for capacity and demand and there was a RAG (red, amber, green) rating in place for glaucoma patients, with additional weekend clinics and a consultant-led approach. Data quality was currently performed on a manual basis which was not ideal. There had been an increase in joint working across the Group with three members of staff in post to hopefully address the medical staffing gaps. It was clear that there was an ageing consultant workforce, and ophthalmology was a difficult area to recruit into, so there was an expectant risk soon with gaps in staff availability and knowledge. The telephone system in HUTH had been replaced with an improved average wait for patients of less than five minutes and as a result, there were no more PALS complaints, so it was proving to be a positive patient experience.

Page 11 of 19

Clive Walsh asked why there was a focus on vitreoretinal (VR) development and Natalie Griffiths responded that there had been a significant increase in VR requirements, largely attributable to a cohort of diabetic patients who may have experienced delays in their treatment thus requiring VR intervention. Clive Walsh also asked about recruitment into VR as it was known to be a difficult area to recruit into. Terri Wainman responded that it had been successful previously.

Dr Kate Wood thanked the team for their presentation and asked if it was clear from the waiting list which categories patients belonged to, so that there was a clear indication of the varying risks. She also asked for clarification on the measure of the workforce against the service demand. Natalie Griffiths answered that it was indeed possible to split patients into categories and the data was reviewed regularly by the operational team and at the ophthalmology governance meetings also.

#### Nicola Buckle joined the meeting at 11.29am

In answer to Dr Kate Wood's second question, capacity and demand was closely monitored and assessments made on the required nursing staff across the sevenday service and a consultation period was currently underway with HR in relation to the CDC activity. CNS roles had been adapted also to allow the clinicians to concentrate on the more specialist work and there was shortly to be an advertised vacancy for the first Advanced Care Practitioner (ACP) on the South Bank.

Dr Pete Sedman asked whether the CDCs would mean an expansion in capacity and Natalie Griffiths replied that, except for Freshney Place where there was a move from one site to another, it did and there were new staff recruited. Dr Sedman asked if there was anything that could be done to assist with the development of trainees. Terri Wainman replied that the Deanery was getting good feedback and Michele Littlewood added that cardiology may be able to offer some suggestions as they had completed some work on encouraging staff to stay. She noted that the good example of the telephone system could be emulated in other areas.

Amanda Stanford asked on the work being done to consider job plans to allow the ACP some time for research and Terri Wainman reassured her that all ACP job descriptions and job plans were looked at to ensure some time dedicated to admin, research and self-development and the linking-in with the research nurses.

David Sharif thanked the team for their presentation and asked that they remember to communicate on the risks around an ageing workforce but questioned what the impact would be if the business case was unsuccessful. Natalie Griffiths replied that the greatest risk would be to the patients in losing their vision, but also the service would not be delivered in the acceptable timeframe. David Sharif offered to recommend the contact of a General Manager he had previously worked with who had undergone a service review and who may be able to offer some further support.

Julie Beilby also thanked the team in acknowledging their quality report.

David Sulch asked whether any patients had come to harm already due to capacity issues and Terri Wainman replied that there was no data to suggest that but hoped Page 12 of 19

that there would soon be a significant drop in risk with the opening of the new CDCs. Natalie Griffiths added that cases of moderate harm were being notified weekly.

David Sulch asked what if there was any work ongoing with the ICB for ophthalmology and whether there was consideration to patients travelling outside of the area for their treatment. Clive Wilson replied that alternative pathways via the ICB were considered, and the Group may need to be clearer on the areas where there was a need for a demand management scheme to be in place.

David Sulch also asked whether there were adequate training numbers looking at the future and was reassured by Terri Wainman that she thought the numbers were as they should be. Natalie Griffiths noted that recruitment was a national issue as well as a local one.

Amanda Stanford asked about Duty of Candour for moderate harms and how the Group were implementing it. Natalie Griffiths responded that verbal contact was made initially which was followed up by a letter within the set timeframe. Amanda Stanford was surprised to hear that the Group did not receive any feedback, and Natalie Griffiths reassured her that follow up contact was made with patients at every step.

Dr Kate Wood wanted the CiC to be aware of an emerging issue in the spend for drugs used in the VR work, which was high and there was a focus at ICB level to change the drugs to an alternative, cheaper type and she had asked for an investigation into whether this move would adversely impact on patients if the injections were to be more frequent, whether more staff were needed to run additional clinics and also the cost implication of increased frequency. The concern was that the ICB might be driven by money and needed all the data to be able to balance the patient quality and safety.

David Sulch asked for an idea on a timescale to bring this back for discussion and Natalie Griffiths hoped that within six months, there would be a notable improvement.

David Sulch and Julie Beilby felt the current position on assurance was limited, with an expectation of reasonable in the next few months due to the amount of good work underway.

## Action: Ophthalmology team to present CiC with an update in six months' time

### 4.9 **IPC BAF Q3**

Nichola Buckle presented the paper and informed the Committee that policies were in the process of being aligned across the Group. There had been a review on the IPC BAF for HUTH and there had been a move from partial compliance to full compliance in one of the elements. IT systems continued to be investigated and HUTH were awaiting the implementation of ICNET once the new laboratory system (LIMS) had commenced. The team were actively working with E&F around the ongoing challenges of an ageing estate having an impact on water safety and ventilation. IPC have undertaken a full appraisal of the inpatient estate and

Page 13 of 19

identified a backlog of maintenance work required to enable compliance with IPC standards. There had also been a review of cleaning standards across the Group.

Amanda Stanford added that there were indeed some IPC challenges in that the team was not a big one and there were recognised E&F challenges with a noted deterioration on the South Bank sites.

Assurance was noted as limited, but of note was the clear plan in place to address the issues.

Nicola Buckle left the meeting

#### 4.8 Integrated Performance Report (IPR): quality & safety metrics

Richard Dickinson outlined the paper and Amanda Stanford added that it was clear that a lot of work needed to be done in the areas struggling with C-Difficile to ensure that the Group was in line with antimicrobial work. Regarding complaints, there was more work to be done around how the Group contacts patients and the actions needed to be taken from that.

Michela Littlewood added that QI projects need to be considered and this was echoed by Dr Kate Wood. She advised that VTE compliance was now being addressed at Care Group performance meetings.

David Sulch prompted a discussion around the spread of sepsis in that there was a significant lack of side rooms and Amanda Stanford added that generally, bays were small, and patients were in very close proximity to each other.

Richard Dickinson informed the CiC that the team were reviewing the PIR processes to align better with PSIRF.

David Sulch referenced the mandatory training and whether it was set correctly and was indeed effective, rather than just a tickbox for completion. Dr Kate Wood advised that she was part of the national working group and reassured him that mandatory training was being reviewed in general and the findings to be fed back to the Department of Health and Social Care (DHSC).

There was no assurance rating for this item.

#### 4.11 Clinical Effectiveness Report – Q3

It was agreed to defer this item to the March meeting, but acknowledgement was made to the Sentinel Stroke National Audit Project (SSNAP) and the maintenance of the A rating at HUTH.

The agenda reverted to the original running order

#### 4.6b Safeguarding & Vulnerabilities Annual Report

Mel Sharp acknowledged the delay on this occasion with the report and went on to outline the 2023/24 annual report. There had been a continuous change in priorities, but significant achievements had been made. There had been a notable increase in domestic abuse cases for patients but also for staff and there had been Page 14 of 19

complex cases for safeguarding children with needing to have prolonged stays on the ward. The team had aligned key policies across the Group.

Assurance was not felt as appropriate on this occasion, and it was agreed that the item was more for information.

### 4.10 Infected Blood Enquiry – Trust Response – Closure Report

Dr Kate Wood outlined the background to this report following the Enquiry published in May 2024 which reviewed the practice relating to the use of blood products from the 1970s through to the early 1990s. Of fifty-four referrals for testing, none tested positive for any blood borne virus. It was important to note the improved safety and regulation of blood products was performed nationally and locally and she thanked the team led by Dr James Bailey for the work undertaken to supporting patients and staff and on behalf of the Trust, reiterated her condolences to those affected because of infected blood given in the past.

#### 5. HIGHLIGHT REPORTS

#### 5.1 **Patient Safety & Learning**

This report was taken as read.

#### 5.2 **Patient Experience**

This report was taken as read.

#### 5.3 Infection, Prevention & Control

This report was taken as read.

#### 5.4 Safeguarding

Mel Sharp highlighted under the Advice section an update on the Oliver McGowan training. She informed the CiC that herself and Amanda Stanford had met with Paula McGowan, Oliver's mother, who was helping guide Trusts on how they can improve on training engagement and raising awareness. Amanda Stanford added that the Department of Health had distributed the funding to the ICBs but the companies delivering the training had limited the numbers attending per class and this was not needed, and it was also not noted in the guidance. They had received positive feedback from Paula McGowan on the progress made so far.

#### 5.5 Maternity and Neonatal Assurance Group

This report was taken as read.

#### 5.6 **Risk and Compliance**

This report was taken as read.

### 6. ANY OTHER URGENT BUSINESS

6.1 There were no items of any other business raised.

### 7. MATTERS TO BE REFERRED BY THE COMMITTEES

### 7.1 Matters to be Referred to other Board Committees

It was agreed that the following matter required referral:

• Issue with South Bank consultants not undertaking additional sessions to be raised at the Performance, Estates & Finance CiC

### 7.2 Matters for Escalation to the Trust Boards

It was agreed that the following matters required escalation to the Trust Board(s) in the committees' highlight report:

- RTT waiting lists rising. AI process to be commenced
- No improvement on cancer 62-day standard or a reduction in the number of patients waiting over 63 days
- IPC outbreaks
- South Bank consultant working pressures to be raised at the PEF CiC
- Learning from Deaths review to be included in Appendix A of the ToR
- Harm review report to be added to the Work Plan
- HUTH ED teams to be commended on dedication to time-critical delivery of medications
- Quality Priorities report was endorsed and to be submitted to the Board for approval
- Reasonable assurance received for the CQC Improvement Plan
- Reasonable assurance received for the Maternity & Neonatal Assurance Report
- Introduction to ACE given and to be a quarterly report going forward
- HUTH SHMI higher at Castle Hill Hospital than at Hull Royal Infirmary
- Reasonable assurance received for the Mortality Report (including Learning from Deaths)
- Ophthalmology team provided a good presentation and the work on the new telephone system was commended. An update on service development to be provided to the CiC in six months' time
- Compliance work ongoing for the IPC BAF
- IPR Duty of Candour and IPC microbial prescribing, hand hygiene and cleaning standards
- Safeguarding Annual Report for Information only this time
- Infected Blood Enquiry closure report was received
- Quarterly Learning from Deaths report was formally received

David Sharif reminded everyone that as agreed at Cabinet and discussed at the Non-Executive Directors' (NEDs') meeting, the CiC Minutes would now be sent to Executive Director colleagues in the first instance and then passed to the NEDs.

Page 16 of 19

David Sulch reflected on an excellent presentation by an enthusiastic ophthalmology team and questioned whether there indeed were other specialities that could potentially present to the CiC if they were under scrutiny or indeed could showcase their service.

# 8. DATE AND TIME OF THE NEXT MEETING

# 8.1 **Date and Time of the next Quality & Safety CiC meeting:**

The next meeting was scheduled for Thursday 27 March 2025 in the Boardroom, DPoW from 9.00am to 12.30pm.

The committee Chair closed the meeting at 12.30pm.

Page 17 of 19

# Cumulative Record of Attendance at the Quality & Safety Committees-in-Common 2025

Name	Title						20	25					
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
CORE MEN	MBERS	1	1	<u> </u>	<u> </u>	<u> </u>	1	<u> </u>	<u> </u>	1	1	1	1
David Sulch	Non- Executive Director		Y										
Sue Liburd	Non- Executive Director		N										
Dr Kate Wood	Group Chief Medical Officer		Y										
Amanda Stanford	Group Chief Nurse		Y										
Julie Beilby	Non- Executive Director (NLaG)		Y										
REQUIRED	ATTENDEES		1	<u> </u>	<u> </u>	<u> </u>	1	<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>
David Sharif	Group Director of Assurance		Y										
Rebecca Thompson	Deputy Group Director of Assurance		Y										
Richard Dickinson	Associate Director of Quality Governance (NLaG)		Y										
Michela Littlewood	Associate Director of Quality Governance (HUTH)		Y										
Dr Pete Sedman	Deputy Group Chief Medical Officer		Y										
Mel Sharpe	Deputy Group Chief Nurse		Y										
Yvonne McGrath	Group Director of Midwifery		Y										
Clive Walsh	Interim CEO (North)		Y										

Page 18 of 19

Corrin Manaley	Quality Improvement Facilitator		Y									
KEY:	Y = atter	nded	/	V = dia	l not a	ttend	D = .	nomin	ated o	leputy	atteno	led

Page **19** of **19** 





# **Trust Boards-in-Common Front Sheet**

# Agenda Item No: BIC(25)061

Name of Meeting	Trust Boards-in-Common					
Date of the Meeting	Thursday 10 <sup>th</sup> April 2025					
Director Lead	Helen Wright / Gill Ponder, Non-E	xecutive Directors / Chairs of				
	Performance, Education and Fina	nce Committees-In-Common				
Contact Officer / Author	Karena Groom, Interim Personal	Assistant				
Title of Report	Minutes from the Performance, Es in-Common meeting held on Tues 04 March.					
Executive Summary	The minutes attached are the formal account of the meeting. The minutes include any action and resolutions made.					
Background Information and/or Supporting Document(s) (if applicable)	The minutes attached are for information.					
Prior Approval Process	Performance, Estates and Financ March and April 2025.	e Committees-in-Common in				
Financial Implication(s) (if applicable)	N/A					
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A					
Recommended action(s)	🗆 Approval	✓ Information				
required	□ Discussion	□ Review				
	□ Assurance	□ Other – please detail below:				



# PERFORMANCE ESTATES AND FINANCE COMMITTEES-IN-COMMON MEETING

# Minutes of the meeting held on Tuesday, 4<sup>th</sup> February 2025 at 09:00 to 12:30 hours in the Boardroom, Diana Princess of Wales, Grimsby

### For the purpose of transacting the business set out below:

#### Present:

# Core Members:

Helen Wright Gill Ponder Dr Kate Wood Sarah Tedford Emma Sayner Simon Parkes Jane Hawkard Non-Executive Director (HUTH) - Chair Non-Executive Director (NLaG) Group Chief Medical Officer Interim Site Chief Executive - South Group Finance Officer Non-Executive Director (NLaG) (Virtual) Non-Executive Director (HUTH)

#### In Attendance:

Rebecca Thompson Karena Groom David Sharif Ivan McConnell Phillipa Russell Tom Myers Adam Creeggan Simon Tighe Deputy Director of Assurance (HUTH) Directorate Secretary (Minutes) Group Director of Assurance (Virtual) Group Chief Strategy and Partnerships Officer Deputy Director of Finance Group Director of Estates Group Director of Performance Deputy Director of Estates, Compliance and Information Services (item 4.3)

#### **Observers**

Wendy Lawtey Lauren Rowbottom Public Governor Personal Assistant (HUTH) (Virtual)

#### 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 Performance, Estates and Finance (PEF) Committees-in-Common (CiC) Chair, Helen Wright, welcomed those present to the meeting. Apologies for absence were noted for Clive Walsh, Interim Site CEO (North).

# 1.2 Staff Charter and Values

Helen Wright noted the Staff Charter and Group Values and reminded everyone to follow and live through these within the meeting.

# **1.3 Declarations of Interest**

No declarations of interests were received in respect of any of the agenda items.

# 1.4 To approve the minutes of the meeting held on 18 December 2024

The minutes of the meeting held on 18 December 2024 were accepted as a true and accurate record.

- Amend Emma Sayner's title to reflect Group Chief Finance Officer
- Amend Clive Walsh's title to reflect Interim Site CEO

# 1.5 Matters Arising

No items were raised.

# **1.6 Committees-in-Common Action Tracker**

The following updates to the Action Tracker were noted:

Action Number	Subject	Action	Comments
4.5.1	Premises Assurance Model	Simon Tighe/Lee Bond to bring a HUTH catering plan to November's meeting.	Discussed in agenda of this meeting. Simon Tighe suggested that the catering plan action be removed from the tracker and he would bring an update back to the PEF CiC in six months (September 2025). The CiC agreed to this proposal, so the action was closed.
3.3.1	Finance Strategy	Brian Shipley to include a finance strategy update within the finance report section at future meetings, to update on current position, the challenges anticipated in the next	Review of underlying financial position as part of the operational planning update. A full financial strategy will happen in February on the back of other strategies. There is a session with 100 leaders on

		five years and when a financial strategy will be available.	Friday. Carry forward to March.
3.3.1	CQC Actions Report - Group	Adam Creeggan to review the EOL CQC action and plan a meeting for those involved in this service to ensure this CQC action can be closed.	Ivan has assured the committee that the necessary data has now been made available, and it was agreed the action could be closed.
6.1	AOB	David Sharif to consider if there is a better way to word assurance ratings and bring a plan to a NED meeting.	To be discussed at NED meeting this week. Carry forward to February. David sent to Board around assurance ratings with very little change. Negligible became minimal. Action closed.
4.3	Group Integrated Performance Report	Adam Creeggan to bring a report back to the Committees once the investigations were complete into the recently discovered data quality issue at HUTH in audiology.	To leave on the action tracker, work in progress. Update in February's meeting. <b>Picked up within agenda of</b> <b>meeting. Action closed.</b>
4.3	Group Integrated Performance Report	Clive Walsh to investigate the issues in the head and neck pathway, plans to resolve those issues and provide an update at the next CiC.	Additional capacity is available from January 2025 in the independent sector and a further locum consultant started in January. This should lead to improvement in waits for patients treated in Feb 25. Additional capital has been provided by the Cancer Network to enable a faster biopsy pathway in future.
2.1	Matters referred by the Trust Board(s) or other Board Committees	David Sharif and Emma Sayner to facilitate a paper to help with the discussion around the finance BAF risk score at Februarys PEF.	Picked up within agenda of meeting. Action closed.
4.3	Performance Update / Deep Dive: Diagnostics (October Data)	Clive Walsh to create a trend diagram of the three key metrics for	Item will be included as the part of the expanded UEC section on the agenda.

	including update on Audiology Data Quality	urgent care and present it at the next meeting.	Update on the performance impact is not ready as additional work around trajectory needs to be done. Carry forward to March.
4.3	Performance Update / Deep Dive: Diagnostics (October Data) including update on Audiology Data Quality	Clive Walsh to provide an update on the recruitment of three additional consultants for urgent care, including expected start dates and impact on performance.	An additional 3.28 WTE consultant posts have been created by the Care Group . 2 posts have been filled with locums and an AAC panel is constituted at end Jan 25. Assuming sufficient staffing numbers, from April '25 overnight consultant cover on Mon – Thur nights will be rostered. Overnight cover Fri – Sun is costly, and would require additional investment. A case for this further investment will be considered for 25-26. Action closed.
4.3	Performance Update / Deep Dive: Diagnostics (October Data) including update on Audiology Data Quality	Clive Walsh to confirm whether the reduction in the number of diagnostic tests performed in October for DEXA scans is due to mutual aid scans not being reflected in the graph.	Activity was lost due to the equipment failure. Estimate around 120 patients over 10 days at NLAG which would have straddled Oct into November. There is a short term fix with a loan tube for the scanner, on the basis that the service moves in to CDC circa April 25. National capital (£98K) has been awarded which will allow the replacement of the equipment within 2 months. Activity levels began to recover in December and will be maximised by May 25. <b>Action closed.</b>
4.3	Performance Update / Deep Dive: Diagnostics (October Data) including update on Audiology Data Quality	David Sharif to check if the ERF funding process was logged on the risk register.	The ERF funding process was not logged on the risk register but will be covered as part of the operational planning guidance. A conversation will take place to assess whether this is required. The Group would

	expect a broader INE risk to give a view of the overall risk.
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# 2. MATTERS REFERRED

# 2.1 Matters referred by the Trust Board(s) or other Board Committees

None to note.

# 3. RISK & ASSURANCE

# 3.1 Finance BAF Risk Score Update

The report was taken as read and David Sharif provided an update. He explained that the updated BAF pack contained an updated score for the finance risk as previously requested; a discussion took place with regards to the reduction in score from 25 to 20. David reminded the CiC that the risk was around aiming to achieve financial sustainability and highlighted the broad risk around not only finance, but the activities that result in finance and the transformation agenda that the Group faces.

David Sharif informed the Group that the risk scored 20 with a catastrophic impact and likely score of 4. David highlighted that individual judgement had applied due to many unknown factors. Performance and accountability meetings were underway with the Care Groups.

Conversations took place and underlined a challenging factor of potentially longerterm impact on patients.

The speed of the risk mitigations were slow which was a complicating factor. There was a real impact for patient care to be changed by how the organisation orchestrated culture. David shared the factors considered in scoring. There was an underlying deficit of £140 million, and the Group risked not reaching the savings target of circa £85 million.

David Sharif noted the absence of a long-term financial model for the Group. No external detailed financial planning or guidance was in place. It was expected that the NHS Plan would outline key factors over a 10-year period, the plan was expected in Spring 2025. The plan could impose changes at system-level and uncertainty of the impact over a longer period of time. Finance would then develop a prioritisation framework linked to strategy. Should the underlying finances deteriorate, this could lead to a new direction of travel with a new board and leadership team.

Dr Kate Wood explained that the organisation should never be led by finance and it should always be the quality of patient care.

Ivan McConnell summarised that there were plans and a risk on culture and it was important to recognise a potential significant reputational risk on trajectories. The Group should ensure a quality and safety led narrative.

Sarah Tedford raised awareness of the potential impact on staff and considered that change could be difficult for some people to manage. She also mentioned the importance of focusing on values and culture.

Simon Parkes debated that reduction in the financial risk highlights the focus on quality and safety. He emphasised the importance of achieving the right balance of focus on both quality and safety and finance. Helen Wright mentioned that focus around both patient experience and quality was highlighted within PA Consulting work.

Emma Sayner celebrated the fantastic work in finance and conversations taking place. She added that there were still challenging issues regarding the run-rate.

Leah Coneyworth joined the meeting at 09:29 hours.

Jennifer Granger joined the meeting at 09:31 hours.

Simon Parkes emphasised the importance of the CIC being clear and focused on the risks proportionately to avoid causing patient harm.

Emma Sayner was concerned around the decreasing opportunities within the Trusts and suggested we review how to work with wider systems and partners.

Following the discussions, the Committees-In-Common agreed to reduce the risk score to 16 as it was felt that the impact score of catastrophic implied that finance was more significant than safety and quality risks and it was critical that the Group remained quality and safety led.

# 3.2 Review of Relevant Internal & External Report(s), Recommendation(s) & Assurances as appropriate

None to note.

# 3.3 Review of Relevant External Report(s), Recommendation(s) & Assurances as appropriate

None to note.

# 3.4 CQC Actions Report – Group – Including update on the EOL CQC Action

# NLaG Update:

Jennifer Granger provided an update on the NLaG CQC Action Report. She noted progress since the report was written. The Care Group and information team had

agreed that the information team would action the end-of-life performance data for acute and community patients in February 2025. It would be an automated system and result in a reduced workload for the Quality Improvement team. It was expected that the action would complete once the system was robust.

Jennifer Granger shared that the Trust wide performance reporting action had an assurance paper written and it would go through final ratification before closure.

Gill Ponder queried dates being pushed back on the amber actions and asked if the actions would be cleared next month. Jennifer Granger explained that justification around dates moved to March was to align to trajectories in relation to those actions. Jennifer stated that she would meet with Neil Rogers on Friday to ask the question around the deadline and would provide feedback within the next report for this CiC.

# **HUTH Update:**

Leah Coneyworth gave a brief overview of the report. There were 2 open actions relating to Performance, Estates and Finance; 1 green and 1 amber action. The green action was in the process of being closed due to improvements in flow and transferring patients. The maternity action was expected to move to green in the next Delivery Group. The Group achieved performance above 80% however saw a decline of 75% but no patients were at risk of harm. Leah Coneyworth expected both items would complete by the next time the CQC reports come back to this CiC.

Helen Wright asked whether the team were confident that the correct staff were in place to continue to maintain the triage service. Leah Coneyworth explained that the service was working towards a 24/7 service and funding was approved.

# Action: An additional business case for medical staffing would be shared with the Board in February 2025.

Helen Wright mentioned the lack of capacity within clinical and operational teams to deliver the CQC actions remaining a risk and Sarah Tedford advised that this was discussed within the Business Group meetings and would be reviewed on a monthly basis to ensure they were progressing. Leah Coneyworth shared that ownership and accountability had moved back to Care Groups and the right conversations were taking place.

# Jennifer Granger and Leah Coneyworth left the meeting at 09:55 hours.

The Committees-In-Common agreed reasonable assurance for the CQC items. The CIC would highlight to the Board the justification and rationale for reducing the original presented BAF score of 20 to 16 and would explain why it had reduced to the Boards in Common in February 2025.

Jane Hawkard joined the meeting at 09:57 hours.

# 4 COMMITTEE SPECIFIC BUSINESS ITEMS

### Joint Business Items

### 4.1 Group Finance Report Month 9 including PA Consulting Update

Philippa Russell gave a verbal update on the Month 9 position. She reported an inmonth deficit of £2.9 million, with a £0.6 million adverse variance to plan. This takes the year-to-date deficit to £20.8 million, a £2.6 million adverse variance to plan. The adverse variance reflected an unfunded pay award gap. Philippa emphasised an underlying deficit of £112.4m, which included a best case scenario unidentified forecast gap for HUTH of £12m, for which any mitigation was likely to be nonrecurrent.

Philippa noted a year-to-date use of £9 million balance sheet flexibility. Currently there was an unmitigated gap of circa £16 million with a best-case scenario of £10 million and worst-case of £40 million. A further deep dive indicated opportunities that could close the gap to the best-case scenario however risks were identified.

The ICS indicated an £8.7 million additional income assumption was likely but a gap would remain and £1.5 million was secured. The Band 2-3 rebanding issue was in the forecast at £7.3 million, a likely increase of an extra £1 million outside the forecast due to recent conversations. The CDC income could be re-allocated as part of the £80 million income assumption but would unlikely be a benefit to the organisation.

Cost improvement plans (CIP) indicated a £78 million efficiency forecast with a £6.6 million adverse variance to plan. An imbalance was noted between HUTH and NLaG, £10.4 million below plan at HUTH and £3.7 million higher at NLaG.

Elective Recovery Funding (ERF) was ahead of plan by £1.9 million year-to-date and forecasted to be £5.8 million. The Group received assurance that NHS England would abide by the Month 8 forecast.

Gill Ponder observed that there was no sense of the extent of each identified risks and asked how likely the risks were to materialise. Phillippa explained the risks and shared that the first four risks would likely happen and that the costs were included in the Month 9 forecast. The other risks were not factored into the forecast due to an assumption that the income would be secured. The risks would worsen should the Group not secure the income.

Ivan mentioned a major income risk on CDCs for 2025/26 given the changes in the tariff and stated that this was important to note when reviewing the risk profile and risk adjustment.

Gill Ponder enquired what would be done differently next year to ensure there was no unidentified CIP. Emma Sayner advised that the Group would be fundamentally reviewing how CIPs were undertaken and planning for 2025/26 efficiency and into the long-term.

A discussion ensued around discretionary spend and the Group concluded that it was crucial to effectively utilise resources, particularly equipment and money.

Simon Parkes praised the report and the clear presentation of the key points. He emphasised the need to reduce the current cost base as the Group was not yet financially sustainable.

Helen Wright mentioned balance sheet flexibility and queried whether flexibility meant provisions in year or brought forward. Philippa Russell explained that the meaning was intended as 'brought forward' and shared that the Group were on the prudent side of that.

### Presentation on the PA Consulting work

Ivan McConnell gave a brief overview on the PA Consulting work and took the paper as read. The Group received approval for continued support from NHS England's national team until March 2025. Opportunities included the implementation of a sustainable PMO, a discussion would need to take place to determine how to capitalise the cost.

Ivan McConnell shared that the 2025/26 workplan would be reviewed in terms of how it was resourced as it aligned with the planning process and that there was opportunity to improve this. £53 million was unidentified for 2026 but a portion of that was based on forecasts. The main programmes for 2025 were diagnostics, outpatients and flow. There was a potential income risk for Theatres with roughly 130 unallocated sessions per month. Ivan McConnell noted that behavioural and cultural issues would be managed. Medicine optimisation biosimilars would commence from 1 April 2025. There was a big opportunity within clinical engineering. He shared that flow had been a cost avoidance for 2024/25 but the Group face an ongoing debate through planning 2025/26.

Gill Ponder queried what point in the gateway process an EQIA would happen and whether the process gateways would include 'go/no go' decisions at each stage. Ivan McConnell explained that projects would be completed in 8 week sprints, with a go/no go decision at each stage and also advised that the EQIA happened early in the process. He agreed that it would be helpful to include that in the process diagram.

**Action:** Ivan McConnell to include the gateway EQIA process within the PA Consulting work diagram.

Jane Hawkard queried the care groups thoughts on PMO do's and don't's. Ivan McConnell explained that the PMO had been co-produced by the Care Groups and ensured the PMO was delivered by Operations teams. There was a plan for a three-month review at the end of phase one to review if the process was working.

**Action:** Ivan McConnell to bring a three-month PMO review to the PEF CiC in May 2025.

#### 4.1.1 2025/26 Operational Planning Update

Adam Creeggan shared that there were productivity opportunities, and the Group would be required to show that they have tested and acknowledged the opportunities

within the planning processes. Small changes were made to the timetable which presented considerable challenge as the timetable was already significantly compressed.

Adam mentioned that the planning guidance was published on Thursday 30 January 2025. There was a focus around productivity, system and engagement. The ED requirement for 2025/26 would be 78% and the Group are currently achieving above 60%.

The (Referral to Treatment Time) RTT target for 2025/26 would be retention of the 65-week requirement which would flow from 2025 to 2026. There was also a requirement to achieve 1% of patients waiting 52 weeks, whereas the Group's current performance was 3.5%. There was also an expectation to reach one of the following targets relating to Referral To Treatment (RTT):

- Achieve 65% on the 18-week PTL
- Improve the number of patients waiting less than 18 weeks by 5%

Adam Creeggan mentioned that the Group would aim to achieve the target to improve patients waiting less than 18 weeks by 5%. The PTL had increased by 51% across Humber and North Yorkshire and within that HUTH represented the biggest volume of growth; HUTH was 42% and NLaG was 55%, though NLaG's volume was lower. Referral mitigation schemes had not delivered, with growth of 42% at HUTH and 55% at NLAG.

Over 170 additional delivery schemes had been identified, the Group would review the risk stratification of those delivery schemes and then would share these with Cabinet next week.

The Group had delivered more ED activity within the same overall cost base compared with the pre-Covid period. Attendances were significantly higher than planned, with Hull Royal Infirmary increasing by 40% and NLaG increasing by approximately 25% across Scunthorpe General Hospital and Diana, Princess of Wales Hospital over the last 5 years. For HRI specifically, UTC coming onto site reflected around 50% of the overall increase between 2019/20 and 2024/25, however evidence indicated significant over-delivery of activity in ED against plan and under-delivery of activity in UTC against plan. This was an ongoing trend and consistent with the previous year (2023/24).

Helen Wright noted that the CiC were aware of these challenges and queried whether they were approached separately to the PA Consulting Transformation Programme. Adam Creeggan advised that there was a risk that further refinement happening through the PA Consultant work would not be fully available to be included in Q1.

Gill Ponder voiced that the guidance contained a large volume of data and she queried the logistics of lining up the dates and getting the Board to a position where everybody is comfortable signing the plans off appears challenging. Adam Creeggan recognised the contradiction within the requirements. Jane Hawkard requested the CiC receive briefing papers.

Action: Philippa Russell to share briefing papers with the CiC members.

Philippa Russell highlighted key financial risks. ICS published a Cost Uplift Factor; 4.15% would be the inflationary factor, including a 2% general factor and a 0.24% convergence adjustment for our particular system.

The Group would see significant challenge in 2026 as ERF had significantly changed and would have real implications in how the Group manage the elective work. There was an underlying base budget assumption of £140 million deficit which included several pressures and developments. Cost increases will no longer be offset by increased ERF income. Changes would be required to staffing levels due to Safer Staffing. There would be implications for the funding of the TAVI business case. The Healthcare support worker Band 2-3 rebanding would continue to have a cost implication. The Group would not fully understand the inflationary pressures until they receive the full allocation and some of the known cost pressures had not yet been reflected in the year to date run rate position. Overall, there would be significant financial risks.

The Committees-In-Common agreed reasonable assurance. Helen noted the helpful report, the push to achieve the financial plan for 2024/25 and transparency around performance and highlighted that the Group should start looking forward and managing through risks and opportunities. Other items to be highlighted included approval for PA Consulting continuation of work, need to improve run rates and deliver recurrent savings, the criticality of the PMO in ensuring delivery of plans and the need to do things differently due to the financial and operational challenges in the planning guidance.

# 4.2 Integrated Performance Report including update on Audiology Data Quality

Adam Creeggan took the report as read and provided an update on the Audiology Data Quality issue. Unusual feedback was received from the supplier, Auditbase, who stated that they would not engage with issues with DM01 due to their ongoing engagement with NHS England on this. This was a national system, so Adam Creeggan was trying to establish who at NHS England was leading on this work with the supplier to understand future plans to resolve this issue. Adam Creeggan reported that there had been no cases of patient harm or increased risk of harm to patients, as the issue affected data submission only.

Gill Ponder asked what was being done to locally mitigate ENT capacity. Adam Creeggan shared that the Group were working with the only supplier in our health economy with surplus capacity. He explained that the Group expect to send 50 of their longest waiting patients to York and Scarborough and it was a long-term national issue to work through. He mentioned the transition to Tier 1 for RTT and emphasised that it was a system problem, not just a provider problem.

#### Simon Tighe joined the meeting at 11:27 hours.

Gill Ponder raised a concern with regards to on the day cancelled operations due to lack of theatre staff. She queried a contradiction in the numbers and asked for clarification regarding what was happening to resolve it. Adam Creeggan noted that

this happened in December 2024 due to sickness and annual leave and has since been resolved.

Gill Ponder asked whether the Group were closer to data aligning with Model Hospital on capped theatre utilisation. Adam Creeggan confirmed that Model Hospital had made 2 changes, resulting in the Group being significantly ahead at 6%, although there were still some ongoing issues.

Gill Ponder also asked whether the front end pathway delays in lung and urology Cancer had been resolved and was advised that this was in progress.

Gill Ponder and Helen Wright mentioned that the narrative in the GPR report highlighted repeated facts rather than specific actions to improve performance.

### 4.2.1 Winter Plan Update 2024/25

Sarah Tedford provided an update on the Winter Plan 2024/25. She highlighted that one of the biggest risks the Group faced was patients being cared for in corridors. Significant work with Yorkshire Ambulance Service (YAS) commenced on 18 December 2024 due to concerns raised about the length of time ambulance crews were waiting in corridors with patients. Overcrowding in ED at HUTH prevented patients being managed in a structured way.

Patients were boarded through the day and the Group began to board patients on the wards overnight. All escalation spaces were risk assessed by Directors of Nursing. The work was successful from YAS point of view and saw a big reduction in average waiting times for CAT 2 responses, improving safety in the community. Ambulance handover improvements would roll out to Grimsby and Scunthorpe Hospital once an agreement on the start date had been reached with East Midlands Ambulance Service (EMAS), expected next week.

Regular meetings were taking place with NHS England colleagues to look at ED performance and talk through a clear plan to tackle issues. Sarah Tedford advised the main issue was around flow and would need to be business as usual. Work would take place with medical staff to assess how to improve board and ward rounds. She mentioned a review of medical rotas to assess how medical teams inreach into ED and withdraw patients. Regular meetings would be set up with Care Groups and the Director of Operations to ensure the changes operate smoothly. The ED team have met with Care Group Triumvirates to talk through overcrowding issues and would draw up pathways by mid-February.

Sarah Tedford highlighted that five Consultant posts would be recruited as the organisation moved forward following approval at Cabinet. A significant gap in Junior Medical Staff was mentioned and Cabinet had agreed 13 additional posts. Sarah Tedford shared that a plan would be pulled together to ensure the Group deliver a performance of 78%.

Gill Ponder queried the 3 key enablers and asked whether they were the right enablers and whether they would make the step change. Sarah Tedford was confident they were the right things to focus on, but not the only focus. Focus should be on how quickly patients were being seen by a first clinician and how quickly unwell patients were being seen. Gill Ponder shared concerns following attention in the media of patient harm due to long waits. Simon Parkes queried where the Group source answers with regards to NHS productivity gains. Sarah Tedford advised that productivity was sought by working through the requirements needed. Simon Parkes emphasised the importance of keeping focused on how to improve productivity.

Sarah Tedford added that the whole organisation needed to work together as one team to improve emergency care for specialities, as well as within ED and the intention to move to one command centre to drive flow improvements.

The Committees-In-Common agreed limited assurance for Performance, but agreed that clear improvement plans were in place. Helen Wright praised Adam Creeggan and Sarah Tedford for the clarity provided within the action plans around ED.

### 4.3 Estates and Facilities – General Update including Model Health and HUTH Catering Plan

Simon Tighe took the report as read and provided an update. He explained that the Eric data was collected in March 2024, published in September 2024 and only implemented into Model Health in January 2025. He advised a confirm and challenge process would be used to look at all the operational functions that sit within the data. This would allow the team to provide more informed data next year.

Simon Tighe explained that the confirm and challenge group would review the detail of every single service within the Group to look at differences in data collection, apportionment of overheads and variation in practice to achieve consistency and ensure that best practice was adopted across the Group. This would be carried out over the next 12 months.

**Action:** The confirm and challenge group to review all services within the Group over the next 12 months. Simon Tighe would then bring all service data back to the CIC within 12 months.

Simon Tighe provided an update on future Estate developments. Reining water tanks at Castle Hill had completed and the Group need to confirm commissioning. This would remove a high risk. Funding was secured for RAAC removals work at Scunthorpe General Hospital. The Group had secured over £1 million in grant funds for LED lighting and this would enable reduction in energy consumption. PSDS work was expected to continue until March 2026 at Scunthorpe General Hospital and would reduce four high risks.

Helen Wright highlighted an issue debated at the Capital and Major Projects Committees-in-Common around match funding and Simon Tighe advised that it was unlikely that the Group would know the outcome of PSDS Round 4 bids until the end of April.

Simon Tighe mentioned that the OCS North Bank FM contract would be presented to the Board for an extension of six months and apologised that the extension proposal had not been brought to the CiC. He highlighted the catering and retail review, mentioning the implementation of various hybrid solutions around reducing hours

when freshly prepared hot food would be available and reviewing where food products were sourced. The Group had agreed several solutions with Cabinet which would be implemented from 01 March 2025. Simon Tighe requested that the catering plan action be removed from the tracker as an update had been scheduled in six months' time. It was agreed that this would be added to the Workplan.

Action: Karena Groom to add this to the CiC Workplan in September.

Dr Kate Wood highlighted the reports mention 'hot food is available'. She explained an important nuance within Doctors' contracts regarding access to hot food and asked Simon Tighe to amend the report to reflect that hot food would still be available but the hours when it was freshly prepared would be reduced.

Gill Ponder raised concerns around contract extension due to the desire to harmonise services across the Group and questioned the possibility of expediting procurement in six months. Simon Tighe explained that procurement recommended a 12 month extension due to time pressures and the need to complete a robust process given the value of the contract. Helen Wright advised being mindful of the flow of information.

Emma Sayner advised that she would discuss contract updates with David Sharif.

The Committees-In-Common agreed significant assurance, but noted concerns about the OCS contract extension and MITIE contract proposals not coming to the CiC for scrutiny before presentation to the Board.

# 4.4 Contract Approvals

There were no contracts for approval.

### 4.5 Emerging Issues

No emerging issues were raised.

#### 5. ITEMS FOR INFORMATION

# 5.1 Work Plan for PEF CiC

The CiC reviewed the Work Plan and noted that Deep dives would be updated within the Work Plan.

Action: Helen Wright and Gill Ponder to update the Deep dives on the workplan outside of the meeting.

# 5.2 Planned Care Board Meeting Draft Minutes

Gill Ponder enquired about the reference to a revised access policy being aligned with stakeholders and was advised that this referred to actions in response to patients that declined reasonable offers of treatment dates more than once, where the pathway could be restarted or they could be referred back to their GP.

# 5.3 Unplanned Care Board Meeting Draft Minutes

Jane Hawkard highlighted that the minutes were expected to be more programme focused and questioned a new direction of travel. Dr Kate Wood explained that the meeting was a work in progress.

# 6. ANY OTHER URGENT BUSINESS

# 6.1 Any Other Urgent Business (Including actions agreed that positively influence culture)

Gill Ponder noted an observation on page 4 regarding patients becoming 65 weeks in January being offered admission or appointment with three weeks' notice. They would be offered two reasonable options as per the ratified access policy'. Adam Creeggan explained that the access policy is a summary of all the national rules therefore an adjustment in this case would mean that should a patient decline a reasonable offer their pathway could be reset or they could be referred back to their GP.

# 7. MATTERS TO BE REFERRED BY THE COMMITTEES-IN-COMMON

# 7.1 Matters to be Referred to other Board Committees

Discussion around medical costs to be referred to Audit, Risk & Governance Committees-in-Common.

# 7.2 Matters for Escalation to the Trust Boards including any proposed changes to the BAF

Items for escalation to the Trust Board were captured within the summaries at the end of each section.

# 8. DATE AND TIME OF THE NEXT MEETING

#### 8.1 Date and time of the next PEF CiC meeting:

Tuesday 4<sup>th</sup> March 2025, 9:00am to 12.30pm in The Boardroom, Alderson House, Hull Royal Infirmary

The meeting closed at 12:24 hours.

# Cumulative Record of Attendance at the PEF CiC 2025/2026

Name	Title		2025							
		Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec								
CORE MEMBERS										

Gill Ponder	Chair / Non- Executive Director (NED	Y						
Helen Wright	– NLaG) Chair / Non- Executive Director (NED -HUTH)	Y						
Emma Sayner	Group Chief Financial Officer	Y						
Jane Hawkard	NED (HUTH)	Y						
Simon Parkes	NED (NLaG)	Y						
Clive Walsh	Interim Site Chief Executive North	D						
Sarah Tedford	Interim Site Chief Executive South	Y						
Dr Kate Wood	Group Chief Medical Officer	Y						
<b>REQUIRED AT</b>	TENDEES		 		J	l		I
Tom Myers	Group Director of Estates	Y						
Andy Haywood	Group Digital Information Officer	N						
David Sharif	Group Director of Assurance or deputy	Y						
Brian Shipley	Deputy Director of Finance (NLaG)	N						
lan Reekie	Governor Observer (NLaG)	D						

attended



# PERFORMANCE ESTATES AND FINANCE COMMITTEES-IN-COMMON MEETING

# Minutes of the meeting held on Tuesday, 4<sup>th</sup> March 2025 at 09:00 to 12:30 hours via Microsoft Teams

# For the purpose of transacting the business set out below:

#### Present:

### Core Members:

Gill Ponder Helen Wright Dr Kate Wood Clive Walsh Emma Sayner Simon Parkes Jane Hawkard Non-Executive Director (NLaG) – Chair Non-Executive Director (HUTH) Group Chief Medical Officer Site Chief Executive - North Group Chief Finance Officer Non-Executive Director (NLaG) Non-Executive Director (HUTH)

#### In Attendance:

Rebecca ThompsonDeputy Director of Assurance (HUTH)Karena GroomDirectorate Secretary (Minutes)David SharifGroup Director of AssurancePhillipa RussellDeputy Director of FinanceTom MyersGroup Director of EstatesAdam CreegganGroup Director of PerformanceAlex CarterProcurement Business Partner (item 5.4)

# **Observers**

Ian Reekie

Lead Governor and Public Governor – North East Lincolnshire

# 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 Performance, Estates and Finance (PEF) Committees-in-Common (CiC) Chair, Gill Ponder, welcomed those present to the meeting. Apologies for

absence were noted for Ivan McConnell, Group Chief Strategy and Partnerships Officer, Lauren Rowbottom, Personal Assistant (HUTH)

# 1.2 Staff Charter and Values

Gill Ponder noted the Staff Charter and Group Values and reminded everyone to follow and live through these within the meeting.

# **1.3 Declarations of Interest**

No declarations of interests were received in respect of any of the agenda items.

# 1.4 To approve the minutes of the meeting held on 04 February 2025

The minutes of the meeting held on 04 February 2025 were accepted as a true and accurate record subject to the following amendment(s):

- It was decided that the following statement from February's minutes should be an action and logged on the action tracker " An additional business case for medical staffing would be shared with the Board in February 2025."
- Adam Creeggan to send Karena Groom the accurate wording to include within the February minutes on page 10 around UTC performance.
- Amend the wording on page 9 around CIPs to state "planning for 2025/26 efficiency and into the long-term."

# 1.5 Matters Arising

No items were raised.

# 1.6 Committees-in-Common Action Tracker

The following updates to the Action Tracker were noted:

Action Number	Subject	Action	Comments
3.3.1	Finance Strategy	Brian Shipley to include a finance strategy update within the finance report section at future meetings, to update on current position, the challenges anticipated in the next five years and when a financial strategy will be available.	Work is underway to do a financial strategy in the first quarter of 2025/26. Emma Sayner proposed to re-write the ambition and re-frame it in context of strategy work taking place. Emma Sayner to provide a statement to be added to the action log that explains why the date

			will be changed. Carry forward to June.		
4.3	Performance Update / Deep Dive: Diagnostics (October Data) including update on Audiology Data Quality	Clive Walsh to create a trend diagram of the three key metrics for urgent care and present it at the next meeting.	Metrics are in the GPR. Action closed.		
4.3	Performance Update / Deep Dive: Diagnostics (October Data) including update on Audiology Data Quality	Clive Walsh to conduct a review to understand why the assurance level for 65-week waiters was inaccurate and present the lessons learned at the next meeting.	Lessons learned exercise in progress by Philippa Russell. A range of 30-50 was predicted in early December, and when later revised it was 50 to 97, reaching a final total of 96. A target of 8 patients was given by ICB/NHSE. Prediction for end of Marcl needs a wide range as NLaG Consultants are not picking up additional activity. Carry forward to April.		
4.3	Performance Update / Deep Dive: Diagnostics (October Data) including update on Audiology Data Quality	David Sharif to check if the ERF funding process was logged on the risk register.	The ERF funding process was not logged on the risk register but will be covered as part of the operational planning guidance. A risk is being drafted w/c 24/2/25 by the Deputy Director of Finance incorporating ERF as part of Group wide in year finance risk.		
			Philippa is drafting a risk, discussed at last corporate risk meeting. A few changes are being made and then it will be submitted to the risk register. Carry forward to April.		
4.1	Presentation on the PA Consulting work	Ivan McConnell to include the gateway EQIA process within the PA Consulting work diagram.	20-02-2025 - EQIA process is included in framework diagram. Action closed.		

5.1	Workplan for PEF CiC	Helen Wright and Gill Ponder to update the Deep dives on the workplan outside of the meeting.	Karena Groom has produced a workplan from April 2025 to March 2026 and Deep dive topics are in rotation starting with ones that have not been covered in recent months.
			Action closed.

# 2. MATTERS REFERRED

# 2.1 Matters referred by the Trust Board(s) or other Board Committees

None to note.

# 3. RISK & ASSURANCE

# 3.1 Board Assurance Frameworks (BAF) - HUTH & NLaG Including Risk Register Report

David Sharif took the report as read and explained that the Board Assurance Frameworks (BAF) reflected the score reduction in the financial sustainability risk as discussed previously and accepted by the Board, reducing from 25 to 16. This reflected the consideration of a range of factors including the finance strategy, care group formation, PA Consulting work and importance of culture in driving transformation and focus on safe and effective care. He updated that since the report was provided, an action was underway by the Performance team around validation of the PTL using AI technology and therefore would be an additional action that warranted inclusion against the upper quartile performance risk.

The majority of high level risks revolved around Estates and Facilities. Acute and Emergency Medicine had 2 high scoring risks around crowding and finances, and both were under review by the Care Group following additional Governance steps which were implemented months ago. The Group anticipated downward provision of those scores. The Pharmacy provision for Theatres, Anaesthetics and Critical Care was under similar review.

Gill Ponder mentioned the performance risk and queried whether the severity of not achieving upper quartile performance was catastrophic. Helen Wright suggested including a review of the performance risk on the agenda of a subsequent CiC, in the same format as the review and challenge of the finance risk.

Clive Walsh proposed re-writing the risk alongside Adam Creeggan and David Sharif would ensure it provided clarity.

David Sharif reminded the CiC of the strategic objective for upper quartile performance and agreed that it would be beneficial for the Group to understand the importance in context of the Patient Tracking List (PTL).

Simon Parkes suggested that a Deep Dive to review the risk would be beneficial. Clive Walsh mentioned a review after sign-off of the operational plan which was expected on 08 May 2025 and reviewing the risk in context of the 2026 Operational Plan.

Action: David Sharif, Adam Creeggan and Clive Walsh to review the Performance risk ratings. An updated position would be presented to the June PEF CiC.

# 3.2 Review of Relevant Internal & External Report(s), Recommendation(s) & Assurances as appropriate

None to note.

3.3 Review of Relevant External Report(s), Recommendation(s) & Assurances as appropriate

None to note.

### 4 COMMITTEE SPECIFIC BUSINESS ITEMS

#### Joint Business Items

#### 4.1 Group Finance Report - Month 10

Emma Sayner provided an update on the Month 10 position. From a forecast perspective the Group were still aiming to achieve the 2024/25 plan and had received confirmation of income flows from the ICB that were planned in the final quarter of the financial year. She shared the plan to go live with stock reviewers this week in preparation for year-end and closing the cash position as the Group move towards the end of the financial year.

Philippa Russell highlighted an in-month deficit of £0.6 million which was £0.5 million better than plan. The year-to-date deficit was forecasted to be £21.4 million, a £2 million adverse variance to plan. This reflected the unfunded element of the pay award. The year-to-date position was supported by a significant amount of non-recurrent flexibility to support underlying spend.

Philippa noted a year-to-date use of £14 million worth of balance sheet flexibility for HUTH which was a material value. While the CIP delivery was slightly ahead of plan, NLaG were over-performing and HUTH saw a gap which was predominantly recurrent in nature and provided a challenge going into next year's financial position.

Elective Recovery Funding (ERF) was ahead of plan at £4.4 million year-to-date and supported by additional outsourcing and WLI costs. There was improvement at

NLaG due to coding improvements and changes in that bottom-line position. Philippa noted that this was a coding correction rather than increased capacity.

Given the ceiling on ERF income at system level, there was potential that it may not have been fully recognised within the forecast. HUTH was slightly behind forecast but overall the Group should be able to secure the full amount of income forecasted at Month-8, which was at the ceiling-level. This provided a risk should the Group have a large increase in performance.

There was improvement in the forecast position at Month-10. The unmitigated gap was reduced to £7.2 million which saw an improvement of £8.5 million when compared to last month's position. The improvement reflected the additional non-recurrent flexibility identified and the secured additional system support.

The Group had seen a reduction in risks over the last few weeks, with the £8.1 million additional income risk eliminated, reflecting a significant improvement in the total risk. Revenue to capital allocations was confirmed at £0.5 million.

Best-case scenario at Month-10 saw a £3.7million gap. Discussions would continue to take place with the ICS to look at opportunities to close that gap. There could be opportunities internally to resolve, although that could provide a further risk going into the next financial year. The underlying position for 2025/26 confirmed through the planning process was significant at £132 million and included a number of 2024/25 investments, many which were originally anticipated to be funded through ERF. Due to changes in national guidance and system ceilings that was no longer the case and part of the increase in the underlying position. The System forecasted a deficit position of £34.4 million and the Group forecasted break-even officially regardless of the gap.

Philippa Russell shared expectation to reach the end of the financial year without additional revenue support however given the underlying position, the Group may need revenue support funding in 2025/26. It was expected that CIP profiling would not achieve everything in the first financial quarter and the Group would need to carefully review the cash profile going into the next financial year.

Emma Sayner mentioned that the report included the position around year-end capital and highlighted that given the last minute late capital allocations, the team were working hard to make the best use of those opportunities. Gill Ponder praised the work and amount of focus and effort from the team on this.

Simon Parkes highlighted the challenge of the Group improving capital forecasting and allocations given the inadequacies of the NHS capital allocation process.

Jane Hawkard queried the 2025/26 non-recurrent issue regarding non-recurrent surge funding support and deficit funding and asked if that would become recurrent. Emma Sayner explained that rather than making catastrophic service provisions, the Group would need to have conversations to raise visibility and take a risk-based view on non-recurrence. She advised focusing on a small number of big priorities and impact areas. Philippa Russell noted that although there was deficit support funding in the ICS position, a repayment was now expected on previous years as part of the regime.

Helen Wright mentioned the large adverse performance on capital spend and asked if the Group were still comfortable with the capital spend position. Emma Sayner advised that it was a work in progress and a large amount of effort was going into the work. David Sharif reported that work was ongoing to evaluate whether an in-year cash risk was needed.

Helen Wright further noted the differences seen between NLaG and HUTH and queried if the Group were effectively utilising harmonisation and synergies to achieve efficiencies. Emma Sayner shared that conversations were taking place with the System to ensure achievement of the right incentives. Dr Kate Wood shared that there was desire to harmonise and suggested that it was important to look at how to harmonise and deliver the right care within the financial constraints of the Group. She advised it was important to look at the population and the Group as a whole.

The Committees-In-Common agreed reasonable assurance due to the work continuing within Finance. However there were issues such as the intention to spend the late allocation of capital, the underlying position, which had worsened due to reliance on technical adjustments and the level of non-recurrent CIP, and a potential Cash risk for 25/26.

# 4.1.1 Operational Planning Update

# **Elective Care**

Adam Creeggan took the report as read and provided an update. A number of opportunities were presented to improve on efficacy and productivity. The Group saw the plan falling short for elective admissions. He shared that a positive conversation took place with the ICB and good acceptance was received of the position and challenges the Group faced. He mentioned planned reduction in the use of the independent sector, an issue of potential loss of premium rate activity, particularly in NLaG, and technical adjustments around ophthalmic injections moving from day case to outpatient procedure.

A number of check and challenge sessions would take place this week in order to close the gap on the elective position for 2025/26 relative to the plans for 2024/25 and 2025/26.

With regards the 2025/26 plan, the Group would present a position to the Boards in Common Development session on 13 March 2025 for sign off. A 7-day window would allow the Group to reiterate further dependent on the outcome of the Boards in Common discussion. Submission would take place on 20 March 2025 and final submission would take place from ICB into regional office on 27 March 2025.

# RTT

There was confidence in NLaG achieving the target to improve the RTT position of the percentage of patients waiting less than 18 weeks by a minimum requirement of 5%. Elective activity shortfall was too significant to provide confidence of HUTH delivering 5%, as HUTH were delivering a 3% improvement. This was due to the underlying growth in the PTL and particularly the extension of 52 week waits and above. There was sufficient activity in the plan to deliver outpatient extension and the Group expected to deliver this target. The Group proposed a plan of 5% growth. He shared the requirement to reduce the total percentage of the PTL greater than 52 weeks down to 1%. The start point was 3.5% and forecasts showed growth rather than reduction. The Group expected to propose a position to show mitigation of growth by the time conversations take place at the Boards in Common Development Session on 13 March 2025, however there was doubt of positive reduction due to the size of the PTL for 2025/26.

# Cancer

Compliant plans were submitted to improve the Faster Diagnosis Standard (FDS) position with a target of 80% for 2025/26. The Group were confident that there was enough underlying activity to achieve the first part of the pathway. The target relating to 62-days showed little change and reflected the short-fall in elective admission activity. The Group expected to bring a more positive position to the Boards in Common Development Session on 13 March 2025.

# **Urgent Care**

ED showed delivery of the required compliance at 78% across both sites which linked to an extensive UEC improvement plan led by Sarah Tedford. Adam shared that the plan was newly developed and the team would bring revised trajectories to the Boards in Common Development Session.

# Workforce

Adam Creeggan explained the requirement of no growth and current growth saw 231 whole time equivalents which linked to pre-agreed business cases of pre-existing commitments to extend workforce. He explained that the gap between the expectation and forecast was being worked through.

Emma Sayner shared an updated slide pack of the current financial position and explained that the plan that was submitted within the pack had not materially changed within the interim period. This was a work in progress as the Group moved forward.

# Action: Emma Sayner to distribute the financial position slide pack to the CiC following the meeting.

The Group had had to make a high level of assumptions moving through the planning process due to unconfirmed income allocations. The money provided into the independent sectors was yet to be shared to individual providers due to the

changed guidance around how Elective Recovery Fund (ERF) worked. There was still uncertainty around Community Diagnostic Centres (CDCs) and Service Development Funding (SDF) resources were yet to be confirmed.

The plan included a share of deficit support funding. Growth funding was included and confirmed for most elements. The Group made assumptions around some impact of ERF. There was a fundamental change to how Advice and Guidance funding would proceed as a £20 per unit of advice and guidance given was diverted into the Primary Care contract for 2025/26. The Group were unsure of how this would function and how the finances would appear. Work was ongoing with Care Groups to understand regulatory requirements and ensuring robust prioritisation around business cases. To ensure the plan of £43 million deficit, the Group would need to deliver £130 million of efficiency and productivity working with Care Groups and Community Providers.

Simon Parkes highlighted the large numbers within the plan and noted lots of detail with relatively small numbers which felt like a challenge. He noted that some central services did not benchmark as well as they might and there may be a cost to doing that. He queried how many of those initiatives had potential costs. Emma Sayner emphasised the importance of net numbers in decision making, focusing on technological developments, capital and estate infrastructure, and workforce. She addressed the productivity challenges within medical workforce and triangulation around efficiency.

Jane Hawkard noted the 231 extra people required in the Group and shared concerns about the impact that workforce reduction would have on the Organisation. This would be discussed further at the Trust Board Development session.

The Committees-In-Common agreed reasonable assurance due to the work in progress. The first headline submission was provided, a more detailed review of the updated plan would take place at the Boards in Common Development Session next week. The biggest challenge was the level of CIP due to the underlying position but the key was to focus on wastage and opportunities. Culture is a risk, as an increased appetite for transformation will be essential to overcome the challenges.

# 4.2 Integrated Performance Report: Operational Performance Metrics

#### **Elective Care**

Clive Walsh took the report as read and provided an update. More patients waiting over 52 weeks posed a challenge to reduce the 2025/26 position from 3.5% to 1% due to limited financial, staffing and physical resources. Validation would be undertaken and the benefits and achievements would be shared with the CiC following this. He shared that work was ongoing to expand Advice and Referral, which enables Consultants to review a referral and then determine the patient's appropriate pathway. Historical results have shown 1/4 of patients treated this way could be discharged based on advice given to them and their GP.

Clive mentioned the importance of demand management in effectively managing referrals into the system. He shared that national guidelines were expected to be

published soon and the Group could utilise that to establish a demand management programme.

Dr Kate Wood emphasised the increased level of risks with the formal dispute between the Group and the NLaG LNC. She explained the already lost elective activity partly due to moving Consultants out of elective activity to maintain the emergency on-call rotas. Two facets covered the dispute: payment for waiting list initiatives, and on-call services. Consultants actively withdrew their labour on 25 February 2025 and a large amount of additional activity was lost, however, the Group managed to maintain on-call commitments in most areas. HUTH colleagues provided on-call support on the South Bank and the Group looked at triaging some patients with regards to gastrointestinal bleeds. Dr Wood highlighted the immediate patient safety risk which had been mitigated and the unknown impact on the 2025/26 planning round as it was not yet known when the dispute would resolve to enable additional activity to resume. She provided assurance that the Group were closely monitoring lost activity. Weekly meetings would take place with the LNC to progress the dispute.

# Diagnostics

Clive Walsh shared that January performance showed deterioration of 1.5%. Some modalities improved but the largest area of deterioration was the non-obstetric ultrasound area. Non-obstetric numbers continued to grow following the independent sector providers leaving the market in November 2024. A meeting would take place with the ICB to review their response in terms of pathways and commissioning other independent sector providers.

MRI had shown deterioration due to staffing and equipment issues, however the Group expected improvement moving forward.

# Cancer

The Group consistently met the faster diagnostic standard of 75% however the number of patients waiting over 62 days for treatment had not reduced. Clive Walsh shared that the Group entered a Tier 1 assurance process with NHS England and the ICB which provided a higher level of assurance although benefits were yet to be seen, an increased level of assurance, scrutiny and external advice was anticipated.

A considerable part of the delays on the 62-day pathway were due to reporting delays for histopathology, particularly on the North Bank. A review undertaken by PA Consulting was underway to look at increased efficiency for Pathology on the North Bank.

# **Urgent Care**

Clive Walsh discussed the challenges in urgent care, noting significant improvements in the turnaround for ambulance handovers. He shared that the ICB and NHS England set this requirement due to the inability of ambulances getting to high priority calls in the community as it was perceived as the highest level of risk. The Group have seen benefits to the Yorkshire Ambulance Service (YAS) performance figures and expect to see this from East Midlands Ambulance Service (EMAS). External assurance meetings with NHS England have taken place and the detailed recovery plan was well-received.

Helen Wright queried whether the activity and actions around trying to reduce GP referrals had paused as a result of industrial action. She queried if those actions were being revisited. Adam Creeggan explained that the reference was to the Referral Support Service (RSS) and an acknowledgement that the Group were managing demand mitigation and would not expect to see a reduction in referrals by 3%.

Gill Ponder queried how the Group would be assured that using Artificial Intelligence (AI) to validate and in some cases remove patients from the elective waiting list would not have a detrimental impact on patient care. She also queried whether there was a risk that the Group would achieve improvement in measured performance by changing how the calculations were performed, rather than by treating patients in need of treatment.

# Action: Adam Creeggan to provide assurance to the CiC on the impact of using AI to validate waiting lists on patient care at a future CiC.

Helen Wright praised the work around ambulance handovers and noted the desire within the report to achieve a 60-minute time to see first clinician versus 129 minutes in January 2025. She queried a view on how long it may take to see that level of improvement. Clive Walsh confirmed that this information was detailed within the recovery plan and he would share this.

# Action: Clive Walsh to share the ambulance handover recovery plan with Helen Wright.

Action: Adam Creeggan to bring a summary of the revised Urgent and Emergency Care plan to this CiC.

# Action: Clive Walsh to bring the revised cancer plan back to this CiC once the plan had been agreed as part of the tiering process.

The Committees-In-Common agreed limited assurance due to the amount of work still to do, the ongoing Consultant dispute and performance levels as detailed above. However, the CiC recognised the detailed improvement plans in place, especially for Urgent Care.

# 4.3 Deep Dive: Length of Stay and Beds

Clive Walsh advised the Committees-in-Common that the Deep Dive on Length of Stay was a work in progress and the data was based on the emergency and urgent care pathway. He noted the inability to advise the CiC how the data would translate into a wider bed model currently and the plan to revisit the bed model once the Group are sighted on the operating plan volumes for 2025/26. Length of Stay had not fallen consistently and planning suggested otherwise. Length of Stay in ED had increased which was a concern relating to the UEC improvement programme. In the last operational plan, there was an assumption that patients who did not meet the Criteria to Reside (NCTR) would decrease but this was not seen in line with the operational plan for 2024/25. The Group saw a decline during the year but this was possibly seasonal due to a rise in winter.

Adam Creeggan shared that the Executive Group had approved sign-off to allow building a Data Sciences Insights Team, this would have a time-delay whilst recruiting and finding the right people. He noted working with PA Consultancy would help bridge the gap between having no bed plan and getting the Group to a position of operating one. He shared that alongside Clive Walsh and Sarah Tedford, they had started to develop a specification of works which would be agreed with PA Consulting to try and turn something around as quickly as possible, with the intention of using a pre-existing tool from another organisation in the first instance.

Clive Walsh noted one slide in the report regarding specialty Length of Stay compared to CHKS peers. He shared that this illustrated issues the Group faced with internal data definitions.

Jane Hawkard queried the type of modelling. Adam Creeggan clarified that the model needed would allow the Group to look at bed needs and scenario-model the impacts.

Gill Ponder observed that the data appeared to focus more on HUTH. She noted page 5 on the report and queried the large increase in Thoracic Surgery Length of Stay increasing from 4 to 6 days to 23.5 days, of which only 9.25 were due to NCTR. Adam Creeggan explained a correction of inappropriate coding allocation previously and mentioned that the Group had changed and standardised over the last few years.

Clive Walsh identified that the Deep Dive enabled the Group to identify the gaps and this information would be used in the future.

# Action: Adam Creeggan to provide an update with clarity on the bed modelling progress for the May CiC.

#### 4.4 Estates and Facilities - General Update including Risks

The report was taken as read and Tom Myers provided an overview. He highlighted that since last reporting on risks in October 2024 no new risks were added since that time and no risks were closed on the North Bank.

The North Bank held four high risks. The Castle Hill risk of loss of mains water was close to closure, as the tank had been upgraded and ongoing works around pipework and leaks would complete in March.

The Hull Royal Infirmary lift risk score had increased from 16 to 20 due to operational issues around lifts within the tower block, notably when lifts were not operational for 18 hours due to the lift call buttons not working. The Group would meet with the

Authorising Engineer (AE) to understand the processes in place to allow staff to intervene when needed. Tom Myers shared that a bid was put in this week through the Estates Safety Funding for 2025/26 to improve the lift situation.

The South Bank held eight high risks. No further risks were added since October 2024 and one risk was closed with regards to the poor condition of the fuel oil storage tanks which were being replaced as part of the PSDS scheme. Tom Myers shared that a number of other high risks were anticipated to close following the PSDS work in 2025/26.

A number of schemes would expect to be completed in Quarter 4 of 2024/25. The Group took handover of CDCs first phase in Grimsby and was due to take handover at Scunthorpe over the next few days. A number of outstanding elements would be closed and the CDCs were anticipated to open to patients in a few weeks' time.

Tom Myers mentioned the completion of Allam Phase two, Day Surgery Unit Phase four, Theatre Plant rooms at Hull Royal Infirmary and Theatres 7 and 9.

National bids were submitted through NHS Energy Efficiency Fund (NEEF) Version 3 and 4 and a positive meeting took place yesterday with NHS England around NEEF4 works. Tom shared that the Group appeared likely to be successful for the schemes around solar PV and battery storage.

Capital bids would be submitted for national funding as part of the 2025/26 planning round. Circa £9.7 million was available for estate safety funding and circa £20 million would be submitted to ensure maximisation of benefit from the funding.

Gill Ponder queried the IT UPS risk score on the South Bank still scored at 20, as the CiC had previously been advised that the work had been completed. Tom Myers shared that further UPS work was to be carried out across Scunthorpe General Hospital (SGH).

# Action: Tom Myers to re-assess UPS work at SGH with Simon Tighe and ensure that is reflected within the risk scoring for the next CiC.

Simon Parkes praised the Estates and IT Team in doing everything possible to maximise the value of the capital budget.

The Committees-In-Common agreed significant assurance and highlighting to the Board the reduction in the risks and the plan to reduce further, particularly as a result of the PSDS spending at SGH.

# 4.5 Contract Approvals

# 4.5.1 Energy Contract Approval

Tom Myers highlighted that the Group have saved £5.7 million worth of gas and £970k worth of electricity by not signing up to the energy basket over the last four years. He shared that the Group had spoken with NHS England and supplied them with data in terms of where the Group would have been over the last four years,

explaining the reason for the recommendation to maintain current brokerage arrangements.

The Committees-In-Common endorsed the contract for Boards in Common approval.

# 4.5.2 Contract Approval - Tender award of Solar Car Ports at Scunthorpe General Hospital

Tom Myers explained that the scheme would provide the Group with 1.2 MWp which would help towards increase in power demand when the electrical steam boilers were in place. A clear recommendation was provided to accept tender from RenEnergy Limited.

Gill Ponder queried if a plan was in place to mitigate staff parking disruption while works were in progress. Tom Myers advised that the Group are aware of car parking issues at Scunthorpe Hospital and disruption would be kept to a minimum.

The Committees-In-Common approved the contract.

# 4.5.3 Contract Approval - 3No Tender Awards for Roof Replacement at Scunthorpe General Hospital

Gill Ponder noted that the Committees-in-Common received reports for two lots but the original request was for three lots. Tom Myers apologised for not having the report to present for the third lot and explained that he would follow this up. He shared that the aim was to split the roof into three areas to ensure split risks in terms of delivery across different contractors. The contract approval would improve the risk on the risk register around the flat roof condition. The contract went to tender and Fosters Roofing was successful on Lot B.

Gill Ponder queried whether this Contract was a bigger scheme of work and whether it should go to Board because of the totality rather than the individual lots.

Jane Hawkard shared a concern around the financials within both reports, noting the price difference between Premier and Fosters. She queried the value and quality between the contractors. Tom Myers explained that there were concerns whether Premier Roofing and Fosters Roofing could complete the same size and type of work. Jane Hawkard further noted that if the Group had chosen Fosters as the contractor for Lot A that could have saved a considerable amount. Helen Wright mentioned that it was noted in the report about why Premier Roofing were chosen due to complexity of work, however the Committees-in-Common requested further explanation.

# Action: Tom Myers to provide the third report and further information with regards to the contract approval before the reports go to Board.

Tom Myers highlighted that when initially discussing Fosters Roofing it was decided to give them a chance on a smaller piece of work to ensure the Group were aware of their quality and delivery. Premier Roofing had already been delivering on-site. Emma Sayner queried whether it would be appropriate to present Lot C at Capital and Major Projects CiC.

# Action: Gill Ponder to refer Lot C of the Roof Replacement contract approval to the June Capital and Major Projects CiC.

The Committees-In-Common were unable to endorse the Contracts for Board Approval, noting the need for further information before reports go to Board due to outstanding questions and one of the three papers not being presented.

# 4.5.4 Contract Approval - Battery Storage System report

Tom Myers shared that the Group were awarded £5 million from the NHS Energy Efficiency Funding (NEEF) Phase 3 to extend the solar farm at Castle Hill Hospital and provide battery back up to the farm, noting the cost of the works and the need for the work to be completed in the current financial year. The Group received two further expressions of interest however they had not confirmed if they could deliver and provide the batteries by the end of 2024/25. A clarification would take place over the subsequent 24 hours and the Group expected to have confirmation of this by the evening of 04 March 2025.

Simon Parkes queried the life span of the batteries and questioned the value for money.

Tom Myers shared that NHS England had undertaken a value for money review, it was presumed that 10 years battery-life was taken into account and the bid was seen as value for money. Simon Parkes further noted concerns in the long-term due to the need to find funding to replace the batteries at the end of their life.

Tom Myers mentioned that the Group were hoping to discuss this in the Boards in Common Development session. Gill Ponder advised that once the information was received, the Committees-in-Common could approve/endorse via email.

#### Action: Tom Myers to gather further information to answer the CiC questions. Following this the CiC would review and, if satisfied, provide email endorsement.

The Committees-In-Common were unable to endorse the Contract for Board Approval, noting further questions to be answered and the need to review the other two expressions of interest in order to determine which supplier was the best option.

# 4.6 Emerging Issues

No emerging issues were raised.

# 5. ITEMS FOR INFORMATION

# 5.1 Work Plan for PEF CiC

No issues were raised.

# 5.2 Planned Care Board Meeting Draft Minutes

Jane Hawkard queried the meaning of FF20, and reality check on cancer within the minutes. Clive Walsh clarified that Further Faster 20 (FF20) was a national scheme which allows a small amount funding and access to good practice elsewhere. The concept was to provide treatment to the local population who are out of work to enable them to have the opportunity of returning to work.

He provided assurance that the reality check on cancer referred to existing trajectories not being met in January, and a foundational approach was taken to look at capacity, demand and revised trajectories for cancer. This was shared with the ICB.

# 5.3 Unplanned Care Board Meeting Draft Minutes

No issues were raised.

# 5.4 Bank and Agency Demand Solutions (including Direct Engagement)

The report was circulated for information. Alex Carter provided the CiC with key highlights. He explained that working closely with People Services colleagues on a Group wide Banking Agency Demand solution, the report provided an update on the current position. He noted that this was the second attempt at going out to market, the first attempt was closed due to miscommunication with the framework provider and misunderstanding of requirements which was beneficial in hindsight as it allowed the team to revisit and refine the approach.

Helen Wright welcomed endorsement for the approach and praised the encouraging level of savings highlighted in the report.

# Action: A further Bank and Agency Demand Solutions progress report to come back to the PEF CiC in June.

# 6. ANY OTHER URGENT BUSINESS

# 6.1 Any Other Urgent Business (Including actions agreed that positively influence culture)

Helen Wright reminded the Committees-in-Common of the importance of influencing positive mindset change, given the scale of financial and operational challenges next year. There was a need to look for alternative solutions as additional funding would not be available to address issues.

Jane Hawkard queried the Group's ability to influence positive change given the current challenges with the Consultants on the South Bank. She suggested a review of this at the Boards in Common Development session. Clive Walsh highlighted that the CiC striving for transparency and issuing clear guidance and actions would be beneficial to the culture. Constructive and positive challenges had been handled well from a cultural and values perspective.

# 7. MATTERS TO BE REFERRED BY THE COMMITTEES-IN-COMMON

### 7.1 Matters to be Referred to other Board Committees

Included above.

# 7.2 Matters for Escalation to the Trust Boards including any proposed changes to the BAF

Items for escalation to the Trust Board were captured within the summaries at the end of each section.

# 8. DATE AND TIME OF THE NEXT MEETING

#### 8.1 Date and time of the next PEF CiC meeting:

Tuesday 01 April 2025, 9:00am to 12.30pm in The Nightingale Room, Scunthorpe General Hospital

The meeting closed at 12:19 hours.

Name	Title		2025										
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
CORE MEMBE	RS												
Gill Ponder	Chair / Non- Executive Director (NED – NLaG)		Y	Y									
Helen Wright	Chair / Non- Executive Director (NED -HUTH)		Y	Y									
Emma Sayner	Group Chief Financial Officer		Y	Y									
Jane Hawkard	NED (HUTH)		Y	Y									
Simon Parkes	NED (NLaG)		Y	Y									
Clive Walsh	Interim Site Chief Executive North		D	Y									
Sarah Tedford	Interim Site Chief		Y	D									

# Cumulative Record of Attendance at the PEF CiC 2025/2026

	Executive South											
Dr Kate Wood	Group Chief Medical Officer		Y	Y								
REQUIRED AT	TENDEES											
Tom Myers	Group Director of Estates		Y	Y								
Andy Haywood	Group Digital Information Officer		N	N								
David Sharif	Group Director of Assurance or deputy		Y	Y								
Brian Shipley	Deputy Director of Finance (NLaG)		N	N								
lan Reekie	Governor Observer (NLaG)		D	Y								
KEY:	Y = attended	1	N = c	did no	t atte	nd	D = nominated deputy					

attended





# **Trust Boards-in-Common Front Sheet**

# Agenda Item No: BIC(25)062

Name of Meeting	Trust Boards-in-Common						
Date of the Meeting	Thursday 10 <sup>th</sup> April 2025						
Director Lead	Tony Curry, Non-Executive Director and Chair of Workforce, Education and Culture Committees-in-Common & Julie Beilby Non-Executive Director and Chair of Workforce, Education and Culture Committees-in-Common						
Contact Officer / Author	Karena Groom, Interim Personal Assistant						
Title of Report	Minutes from the Workforce, Education and Culture Committees- In-Common held on Wednesday 29 <sup>th</sup> January and Wednesday 26 <sup>th</sup> February 2025.						
Executive Summary	The minutes attached are the formal account of the meeting. The minutes include any action and resolutions made.						
Background Information and/or Supporting Document(s) (if applicable)	The minutes attached are for information.						
Prior Approval Process	Workforce, Education and Culture Committees-In-Common held on Wednesday 26 <sup>th</sup> February and Wednesday 26 <sup>th</sup> March.						
Financial Implication(s) (if applicable)	N/A						
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A						
Recommended action(s)	□ Approval ✓ Information						
required	□ Discussion □ Review						
	□ Assurance □ Other – please detail below:						



# WORKFORCE, EDUCATION AND CULTURE COMMITTEES-IN-COMMON MEETING

# Minutes of the meeting held on Wednesday, 29<sup>th</sup> January 2025 at 09:00 to 12:30 hours in the Boardroom, Diana Princess of Wales, Grimsby

For the purpose of transacting the business set out below:

### Present:

# Core Members:

Julie Beilby	Non-Executive Director (NLaG) - Chair
Tony Curry	Non-Executive Director (HUTH)
David Sulch	Non-Executive Director (HUTH)
Amanda Stanford	Group Chief Nurse
Simon Nearney	Group Chief People Officer
Jane Heaton	Associate Chief Medical Officer (for Dr Kate Wood)
Sue Liburd	Non-Executive Director (NLaG) (Virtual)
Sue Liburd	Non-Executive Director (NLaG) (Virtual)
Laura Treadgold	Non-Executive Director (HUTH) (Virtual)
Ashok Pathak	Associate Non-Executive Director (HUTH)

# In Attendance:

Jonathan Lofthouse	Group Chief Executive (Virtual) Item 4.6
Rebecca Thompson	Deputy Director of Assurance (HUTH)
Karena Groom	Directorate Secretary (Minute Taker)
David Sharif	Group Director of Assurance
Paul Bunyan	Group Director of Planning, Recruitment, Wellbeing, and Improvement
Myles Howell	Group Director of Communication
Linda Jackson	Vice-Chair (NLaG)
Jennifer Granger	Head of Compliance & Assurance (Virtual) Item 3.3 Head of Quality Compliance (Virtual) Item 3.3

Jean GrangerHead of Compliance & Assurance (Virtual) item 3.3Leah ConeyworthHead of Quality Compliance (Virtual) Item 3.3Fran MoverleyFreedom to Speak Up Guardian (HUTH) (Virtual) Item 4.7.1Elizabeth HouchinFreedom to Speak Up Guardian (NLaG) Item 4.7.2

#### Observers:

Robert Pickersgill

Deputy Lead Governor (Virtual)

#### 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 Committees in Common Chair welcomed those present to the meeting.

Apologies were noted by Clare Woodard, Deputy Governor, Lauren Rowbottom, Personal Assistant (HUTH), and Dr Kate Wood, Group Chief Medical Officer.

# 1.2 Staff Charter and Values

Julie Beilby noted the Staff Charter and Group Values and reminded everyone to follow these within the meeting.

# 1.3 **Declarations of Interest**

Linda Jackson mentioned a declaration of interest to item number 1.7 regarding family members working within the organisation and noted that if needed she would leave the meeting.

# 1.4 To approve the minutes of the meetings held on 28<sup>th</sup> November 2024

The minutes of the meeting held on the 28<sup>th</sup> November 2024 were accepted as a true and accurate record subject to the below amendments;

• Amend Jo Ledger's name in the previous meeting minutes.

# 1.5 Matters Arising

The committee chair invited committee members to raise any matters requiring discussion not captured on the agenda.

Julie Beilby asked for an update on the Pharmacy Provision on the South Bank.

Action: Amanda advised that she would obtain an update from Dr Kate Wood.

Julie Beilby asked for an update on the use of co-pilot. Rebecca Thompson shared that following a meeting, the co-pilot notes are being looked at to see what is being produced, and advised that there is further work and training to be done. She added that the co-pilot notes were not as detailed as the current notes being taken.

Sue Liburd mentioned on page 2 of the previous minutes from November regarding assaults and asked if there was an output, action and what the level of assurance was around that discussion. Julie shared that the outcome was for further work to be done and a report but this was not on the action tracker. Amanda Stanford explained that the team would look for any patterns of assault to help identify how to further respond.

Action: A further report to be presented to this committee regarding assaults.

# 1.6 **Committees-in-Common Action Tracker**

The following updates to the Action Tracker were noted:

• Addition of assault report.

Page 2 of 11

- BAF action to be amended on the tracker to read 2024 rather than 2025.
- Amend the medical workforce action on the tracker to reflect the April target.

Jennifer Granger and Leah Coneyworth joined the meeting at 09:10 hours.

# 1.7 Emerging Issues

Robert Pickersgill joined the meeting at 09:11 hours.

Linda Jackson left the meeting at 09:11 hours.

Simon Nearney shared an update on the band 2 and 3 maternity support workers following industrial action. He advised that an agreement had been reached and a memorandum of understanding (MOU) was almost complete. It was made clear that any member of staff who left could access their back dated pay but would not be able to receive the lump sum payment if they were not currently employed by the Trust. Simon emphasised the importance of transparency around the money before the MOU could be concluded and staff would expect to receive their backdated money at the end of February 2025.

Simon provided assurance to the Committee with regards to the Health Care Support workers across both HUTH and NLaG. Conversations would take place in the coming week with the subgroup to make an agreement. It was expected that this would be resolved soon.

Simon mentioned that job profiles had also changed for band 4, 5 and 6 Registered Nurses and Nurse associates. There was a change in duties and the profiles were being looked at with HR. NHS England were working with the ICBs to standardise job profiles and the teams would be included in these discussions.

Sue Liburd informed the Committee that there was an allegation of bullying with regards to the dispute of the Maternity Support Workers and the tension created within the unit. The Freedom to Speak up Guardian had been involved and listening events had been put into place. There was low uptake in person so the event would be offered online.

# Linda Jackson re-joined the meeting at 09:28 hours.

Simon provided an update on Flu Vaccinations within the Group. Overall 48% of staff at HUTH and 46.6% at NLaG had received flu vaccinations which was a massive increase from 20% previously. Amanda Stanford shared that there was National guidance for staff to use facemasks when we expect another increase. There was a discussion around the possible impact of a combined Covid and Flu vaccine.

# 2. MATTERS REFERRED

# 2.1 Matters referred by the Trust Board(s) or other Board Committees

The following matters were referred to the CIC.

Page 3 of 11

Julie Beilby shared a discussion at Governance around the Freedom to Speak up audit report to come to this Committee for discussion.

Action: Karena Groom to add this to the workplan.

# 3. RISK & ASSURANCE

3.1 Review of Relevant External & Internal Audit Report(s) & Recommendation(s), as appropriate

None to note.

# 3.2 Review of relevant External Reports, Recommendations & Assurances as appropriate

None to note.

# 3.3 CQC Actions Report – Group

Amanda Stanford noted an amendment for the CQC Actions Report, it is not the training and maternity that had given the financial challenge. There was no financial implication from a training perspective. The Group were 93.25% with a target of 95% for PMR 2. NHS Resolution advised that non-compliance should be declared but from a training perspective all the requirements had been reached for MIS6.

Jennifer Granger shared that from an NLaG perspective, the safeguarding training for medicine action was completed. Maternity safeguarding training action had improved. The remaining red actions were around medical staff mandatory training, some of which were progressing to closure. NLaG had 7 green, 7 amber and 5 red actions for review.

Leah Coneyworth advised that HUTH have seen positive movements. Maternity training had improved compliance and the action would soon be completed. The 4 remaining red actions related to mandatory training however, there were improvements within that area. Medical staff training remained non-compliant but had improved. The team had seen an improvement in resuscitation.

Amanda Stanford shared that the team had changed how they are going to provide training going forward.

David Sulch suggested the NHS England Statutory Mandatory Training document as useful guidance.

Jonathan Lofthouse joined the meeting at 09:40 hours.

Julie Beilby mentioned that the Group Director of Learning and Development had been tasked with providing the CIC with a plan on how improvements to mandatory training provision would be delivered.

Action: Lucy Vere to provide a plan detailing how the Group would improve the mandatory training position. This would be provided once the national guidance was received so the plan could be aligned.

Page 4 of 11

Amanda shared that movement was starting to happen from a CQC perspective. The Group were currently awaiting the outcome from the national review. The Committee recognised that we are in a positive position considering the staff shortages. Simon Nearney asked that the plan be aligned to the national guidance once received.

Jennifer Granger shared that training Nurses are asked to complete in Paediatrics had doubled.

The Committee agreed reasonable assurance for this item due to the work being carried out and the improved position.

Jennifer Granger and Leah Coneyworth left the meeting at 10:00 hours.

# **COMMITTEE SPECIFIC BUSINESS ITEMS**

# Joint Business Items

4

# 4.1 Registered Nursing and Midwifery Staffing Report - Group

Amanda Stanford took the report as read. There were significant challenges regarding vacancies and work was ongoing to address this. There was a turnover issue relating to registered nurses but the retention of healthcare support workers may improve following the Band 2 and 3 agreement. Group work would commence with regards to retention and Jo Ledger was the lead. Data collection for safe staffing had taken place in November, and the team were meeting with Emma Sayner to look at prioritisation and funding. Work would commence around fill-rates, bank and temporary work which would be picked up through PA Consultancy work. Work around how we roster more effectively would take place.

Tony Curry questioned the impact of the vacancy rate for unregistered staff on the South Bank and questioned the financial impact. Paul Bunyan advised that any over-establishment would be monitored closely. He added that 100% of bank shifts were filled.

Linda Jackson highlighted that it was expected to see a reduction within the Nursing vacancies and questioned the themes from work-life balance.

Amanda Stanford suggested self-rostering and rostering in advance. Work-life balance needed more management. Paul Bunyan suggested review of organisational principles and training managers. Simon Nearney shared a combination of opportunities that are key, which were staff ensuring they take breaks and recognised an issue of leaving on time and having conversations with managers. Improving the working environment was a key driver.

Laura Treadgold questioned how the new cohort of student nurses and the over establishment impact. Simon Nearney advised that HUTH were only advertising jobs to Hull University and the Group had recognised a desire to look at homegrown talent.

Sue Liburd questioned how the Group was prioritising retention and flexible working.

Page 5 of 11

Simon Nearney shared that the organisation should publicise and market retention better and suggested a review to see if our managers were taking it seriously and offering flexible working arrangements, ensuring that they were putting staff first.

David Sulch asked if there was data to show where registered staff go once they left the organisation. Amanda shared that the cost of living crisis influenced staff to work elsewhere. A discussion took place around NLaG staff working within primary care and it was highlighted that some NLaG staff had stated that they could spend more time with patients whilst working in primary care rather than at NLaG.

Julie Beilby questioned the risk regarding 3 roles that would lose funding in 2026. Amanda Stanford shared that roles were critical to Nurses remaining in the organisation and thriving as they related to well-being and support. Losing that resource in a significantly pressurised environment would be very detrimental in terms of activity. She added that support in terms of health and well-being and professional practice was critical. Tony Curry stated that this was likely to influence a higher turnover. Amanda Stanford stated that she was undertaking further work to advise on the real impact of these roles.

**Action:** Amanda Stanford to provide an update on the real impact of the 3 roles at risk of losing funding in 2026: The Legacy Mentor, Midwifery PLF and Apprenticeship PLF.

The Committees-In-Common agreed reasonable assurance for this item.

# 4.2 Integrated Performance Report (IPR)

Paul Bunyan took the report as read and highlighted the exit data which showed why staff left the organisation. There had been significant improvements made in medical vacancies and this was now 19%. There were no South Bank consultant vacancies in ED and there were no concerns in relation to speciality doctors. The agency and sickness positions were under trend which was an improved position. The Group had expected to have received the operational planning guidance in December 2024 but his had not yet been published.

Tony Curry thanked Paul for the helpful detail in the report.

Linda Jackson questioned the 46 vacancies in emergency medicine and Paul Bunyan advised that a review of the staffing model was being reviewed.

Ashok Pathak questioned what was being done to encourage people to apply and asked if there is a particular theme as to why staff were leaving. Paul Bunyan shared that lots of Consultant engagement work was taking place to look after applicants, including inviting Consultants and their family members to the area. There were positive retention rates for international Nurses however Paul was unsure of the retention rates for resident doctors.

# Action: Paul Bunyan to review resident Doctor level retention rates and provide Ashok with this.

Julie Beilby reminded the Committee about including acronyms within reports and ensuring that the full terms are mentioned, including in covering reports

Page 6 of 11

The Committees-In-Common agreed reasonable assurance for this item.

# 4.2.1 Recruitment / Time to Hire KPI

Paul Bunyan took the report as read and shared that the Group have appointed a Group Head of Recruitment with a main mandate of how to make transactional processes more streamlined and user friendly. Vacancies control timescales are monitored Focus on time to share. The Time to Hire KPI are within the target of 20 days. Paul credited the Occupational Health team on achieving the improved position. There is focus on the quality of the process, particularly candidate and good leadership experience. Future work will look at discrimination within the process. The reporting will import mandatory training between organisations, streamline the employment framework and review the passport programme at system level.

Linda Jackson commended the work ongoing.

Ashok Pathak questioned the AAC process and Paul Bunyan advised that the team was reviewing this to ensure timescales are met.

The Committees-In-Common agreed reasonable assurance for this item.

#### 4.3

# Group People Strategy 2025/28

Simon Nearney presented the Group People Strategy and advised that the team had received good engagement from stakeholders. The document was almost complete and subject to any last minute changes would be shared with the Board in February 2025.

Paul Bunyan shared that the outstanding delivery framework was with strategy teams to ensure that it related appropriately to strategies and provided a clear framework of deliverables.

Linda Jackson asked when the Group ESR systems would align and Paul advised that a national solution would be in place by 2027 which would help but in the meantime a project group were working on a single point of access for the Group.

Sue Liburd left the meeting at 11:39 hours.

Julie Beilby questioned appraisal rates of 42% not being aspirational enough. Myles Howell explained that although the percentage was low, realistic objectives and timeframes should be in place.

Linda Jackson advised 'National Staff Survey Score' is shared in longhand rather than 'NSS', advised it may help to clarify where we receive the data from.

David Sharif suggested adding a reference to the Care Group Performance and Accountability meetings into the People Strategy.

Simon Nearney advised that a business case for 2 Wellbeing band 5 officers who would work with managers and individuals to help manage pressurised situations.

Page 7 of 11

There was discussion around appraisals. Amanda Stanford advised reviewing how we set out our ambition clearly and the key question would be whether managers had the correct skills to have conversations and work collectively to ensure behaviour changes.

The Committee supported the Group People strategy and agreed to recommend approval to the Boards in Common.

Elizabeth Houchin left the meeting at 12:25 hours.

#### 4.4

# National Staff Survey (Overview)

The National Staff Survey was discussed with only a few data sets being available, and subject to verification. Myles Howell updated that NHS England data was embargoed until mid-March with the intention to bring the report back to this Committee then. Initial results suggested that the Group results were poor and more work was required.

#### 4.5

# **Sexual Safety Report**

Amanda Stanford took the report as read. Karen Harrison was the chair of the Sexual Safety Group that reports into the Strategic Safeguarding Board. The policy and charter would be drafted and taken through these meetings for review. The Group would ensure that relevant policies align to the sexual safety charter and rollout would then commence. There was a plan for a sexual safety makeup group, key members and a chair would be agreed. This potentially would link to the domestic abuse work that was ongoing, to ensure it aligned. Benchmarking data would be used to monitor the work around sexual safety and it would be included within the staff survey.

Julie Beilby queried sick pay related to proven sexual misconduct and Paul Bunyan advised that this was the same as any other sick pay relating to the agenda for change framework.

Julie Beilby mentioned the use of 'police/security team' within the report and highlighted the potential lack of confidence this may give people to report this to the police. The Group had a discussion around this and concluded that the Trust would need to have the conversation with the individual as it is their decision to refer the incident to police.

The Committees-In-Common agreed reasonable assurance for this item

Action: Remove Doctors in Difficulty Annual Report off the workplan as this was previously sat with the Group Chief Medical Officer at the time but now sits with HR. Information will be shared through a different route.

#### 4.6

# **Review of Group Operational Structure**

The agenda was taken out of order at this point.

Jonathan Lofthouse took the report as read.

Simon Nearney provided an update on the Group Operational Structure. High standards were set and a new single executive team was structured and implemented on 2<sup>nd</sup> April 2024. Values work engaging staff around how our values should align was launched as part of the new performance and accountability network.

Tony Curry stated that he would welcome a more detailed review of the new operational structure and Jonathan agreed to bring a further review in 6 months to give more clarity. Jonathan added that he expected improvements to show in Q2 of 2025/26.

Ashok Pathak asked Jonathan in hindsight how the structure would have been organised. Jonathan shared that in hindsight the organisation would have gone straight to a national market assessment for all posts across the senior leadership team.

Ashok also asked if the 2 site Chief Executives would remain in post. Jonathan advised that interim arrangements continue and the recruitment process would commence soon. Jonathan clarified that the report was for information at this time.

**Action:** Agree for Committee to receive an update report in six months' time at the end of Q2 (July/August).

Jonathan Lofthouse left the meeting at 11:15 hours.

Elizabeth Houchin and Fran Moverley joined the meeting at 11:24 hours.

# 4.7 Freedom to Speak Up Quarterly Report HUTH & NLaG

# 4.7.1 Freedom to Speak Up Quarterly Report (HUTH)

Fran Moverley took the report as read and mentioned a typing error on line one that should read as 2025. There are key themes of inappropriate behaviours, 19 of 26 case behaviours were from senior members of staff down to band 4 level within the same department. Complaints include colleagues not working hours, estate issues, and confidentiality issues which people are not sure how to raise. One anonymous case regarding concerns around an audit process with a positive outcome as the process has now changed. Fran advised that she was currently undergoing a listening exercise with staff.

# 4.7.2 Freedom to Speak Up Quarterly Report (NLaG)

Elizabeth Houchin shared that Q3 for NLaG showed 85 cases with a reduction in anonymous concerns raised. There had been a reduction in concerns raised about the Group. Nationally the two key drivers were inappropriate behaviours and safety. There was also a reduction in the number of concerns closed on the same day after advice was shared.

Ashok Pathak asked about outcomes following any actions taken and whether staff were satisfied with these outcomes. Elizabeth and Fran were confident in their outcome measures.

Page 9 of 11

The CIC discussed triangulation and how the Freedom to Speak Up Guardians liaised with HR. Elizabeth and Fran advised that they did liaise with HR and gave quarterly information to the Care Groups for their review. The CIC agreed to receive the Audit Report at the next Committee to discuss triangulation further.

# Action: Elizabeth Houchin, Fran Moverley and HR to provide an update around how the organisation is triangulating feedback on the internal audit report.

The Committees-In-Common agreed reasonable assurance and highlighted that inappropriate behaviour is never acceptable.

Fran Moverley left the meeting at 12:19 hours.

# 5. ITEMS FOR INFORMATION / TO NOTE

#### 5.1 Workplan

The work plan was noted and there were no issues raised.

#### 6. ANY OTHER URGENT BUSINESS

#### 6.1 Any Other Urgent Business

# 7. MATTERS TO BE REFERRED BY THE COMMITTEES

# 7.1 Matters to be Referred to other Board Committees

There were no matters for referral to any of the other board committees.

### 7.2 Matters for Escalation to the Trust Boards

It was agreed that the following matters required escalation to the Trust Board(s) in the committees' highlight report:

- a) Band 2 and 3 agreement
- b) Group Vaccination rates
- c) CQC outstanding actions mandatory training plan to be presented to the CIC
- d) 3 Support Posts at risks The Legacy Mentor, Midwifery PLF and Apprenticeship PLF
- e) Improvements in the time to recruit KPIs
- f) Group Operational Structure, received for information and the CIC will receive an update in 6 months.
- g) People Strategy The CIC recommended approval by the Board
- h) Freedom to Speak Up Guardians review of internal audit report
- i) Staff Survey report embargoed until March 2025 and deteriorating position

# 8. DATE AND TIME OF THE NEXT MEETING

# 8.1 Date and Time of the next Workforce, Education and Culture CiC meeting:

Page 10 of 11

Wednesday 26<sup>th</sup> February 2025 at 9am till 12:30pm, in The Boardroom, Alderson House, Hull Royal Infirmary

The Committee Chair closed the meeting at 12:48 hours.

# Cumulative Record of Attendance at the Workforce, Education and Culture Committees-in-Common 2024/2025

Name	Title         2024 / 2025												
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mai
CORE MEMB	RS											1	
Simon Nearney	Group Chief People Officer	Y	Y	Y	Y	Y		Y	D	Y	Y		
Amanda Stanford	Group Chief Nurse	D	D	Y	D	D		Y	Y	Y	Y		
Kate Wood	Group Chief Medical Officer	Y	N	Y	D	D		D	Y	Y	D		
Tony Curry	Non-Executive Director (HUTH)	N	Ν	Y	Y	Y		Y	Y	Y	Y		
Kate Truscott	Non-Executive Director (NLaG)	Y	Y	Y	D	D							
Julie Beilby	Non-Executive Director (NLaG)							Y	Y	Y	Y		
David Sulch	Non-Executive Director (HUTH)	Y	Y	Y	Y	Y		Y	Y	N	Y		
Sue Liburd	Non-Executive Director (NLaG)	Y	Y	Y	Y	Y		Y	N	Y	Y		
REQUIRED A													
David Sharif	Group Director of Assurance	Y	D	Y	Y	Y		Y	D	Y	Y		
KEY:	Y = attende	ed	N =	did no	ot atte	end		) = no	minat	ted de	puty	attend	ded

Page 11 of 11



# WORKFORCE, EDUCATION AND CULTURE COMMITTEES-IN-COMMON MEETING

# Minutes of the meeting held on Wednesday, 26<sup>th</sup> February 2025 at 09:00 to 12:30 hours in the Boardroom, Alderson House, Hull Royal Infirmary

For the purpose of transacting the business set out below:

### Present:

# Core Members:

Julie Beilby	Non-Executive Director (NLaG) - Chair
David Sulch	Non-Executive Director (HUTH)
Amanda Stanford	Group Chief Nurse
Simon Nearney	Group Chief People Officer
Peter Sedman	Group Deputy Chief Medical Officer (for Dr Kate Wood)
Sue Liburd	Non-Executive Director (NLaG)
Laura Treadgold	Non-Executive Director (HUTH) (Virtual)

# In Attendance:

Karena Groom David Sharif	Directorate Secretary (Minute Taker) Group Director of Assurance
Paul Bunyan	Group Director of Planning, Recruitment, Wellbeing, and
Lucy Vere	Improvement Group Director of Learning and Organisational Development
Liz Houchin	Freedom to Speak Up Guardian (NLaG) (Virtual) (item 3.2 and 4.5)
<u>Observers:</u>	, ,
lan Reekie Lauren Rowbottom	Lead Governor and Public Governor – North East Lincolnshire Personal Assistant (HUTH) (Virtual)

# 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 Committees in Common Chair welcomed those present to the meeting. Apologies were noted by Tony Curry, Non-Executive Director (HUTH), Dr Kate Wood, Group Chief Medical Officer, Ashok Pathak, Associate Non-Executive Director (HUTH), Rebecca Thompson, Deputy Director of Assurance (HUTH), Murray MacDonald, Vice Chair (HUTH)

# 1.2 Staff Charter and Values

Julie Beilby noted the Staff Charter and Group Values and reminded everyone to follow these within the meeting.

# 1.3 **Declarations of Interest**

No declarations of interests were received in respect of any of the agenda items.

### 1.4 To approve the minutes of the meetings held on 29<sup>th</sup> January 2025

The minutes of the meeting held on the 29<sup>th</sup> January 2025 were accepted as a true and accurate record.

# 1.5 Matters Arising

The committee chair invited committee members to raise any matters requiring discussion not captured on the agenda. No matters were discussed.

#### 1.6 Committees-in-Common Action Tracker

The following updates to the Action Tracker were noted:

# 3.3 Mandatory Training Report

Lucy Vere highlighted that the National guidance around mandatory training was still awaited. National training received full engagement across all organisations in NHS England and full sign up to the Staff Movement memorandum of understanding (MOU). Final legal versions were signed and expected to be distributed in the near future. The Digital Staff Passport was still in pilot-phase with several organisations and The Group anticipate feedback as it would have positive implications across everything. E-learning for health updates were relaunching existing content across core areas and expect the remainder to go live in Marchearly April 2025. A training needs analysis would be distributed as the National team plan to review the impact of statutory and mandatory training. A Governance framework for redesign would focus on minimising adverse outcomes and emphasising competency over training completion. An 8-point plan would come out in that framework and The Group would ensure they have Oversight Groups in place to enact. The focus was on getting the core skills training framework set which would help get the Digital Staff Passport underway. Subject Leads were currently being reviewed and most responses were received which would allow the team to progress the internal review.

Action: Lucy Vere to bring a position paper to WEC CiC in April.

# 1.5 South Bank Pharmacy Provision Update

Amanda Stanford shared the need to review how to put pharmacy support into the wards on the South Bank to mirror the same on the North Bank. Amanda will bring an update once received an update from Jo Ledger. Carry forward to March.

# 4.2 Integrated Performance Report (IPR)

Page 2 of 11

Paul Bunyan had discussed with Dr Ashok Pathak and there was no identified issue with resident doctor turnover. A longer piece of work could possibly take place around Trust Grade Doctors that backfill gaps within resident doctor rotations.

# 4.1 Registered Nursing and Midwifery Staffing Report – Group

A streamlined approach was suggested for managing finances to enable order of business from 01 April 2025. Amanda Stanford and Jo Ledger would review all CPD funded clinical educator posts to look at what is required. Action closed.

# 1.7 Emerging Issues

Simon Nearney shared an update on the Maternity Support Workers. Payments would be made this week and communications were sent to all staff and managers NHS England approved and the Memorandum of Understanding (MOU) with Unison was signed.

Simon mentioned that meetings had taken place with Trade Unions regarding the Health Care Support Workers. The Group amended an offer backdated to 01 April 2021 and Unions would review this offer with their members. Those staff identified would be upgraded to a Band 3 from a Band 2.

Simon highlighted that conversations had taken place with LNC Consultants on the South Bank. Additional pay rates had been harmonised and a new pay structure was implemented in October. The South Bank Consultants were not happy with the change in pay rates and the LNC had recommended that they did not carry out any additional activity. This would have an impact on elective waiting lists and work was ongoing to resolve the issue.

Peter Sedman explained that problems arose when trying to harmonise between both organisations. He explained that adjustments were made following specialties sharing concerns regarding set rates. There was a unanimous blanket refusal to accept the offer from South Bank hospital MAC and hospital Consultants at the LNC meeting yesterday.

David Sulch raised that the bigger issue covering emergency work was a more significant concern. Peter Sedman shared that he had asked the LNC to specially ask what their collective view was under those circumstances and Peter had not yet received an explicit response.

#### Liz Houchin joined the meeting at 09:29 hours.

Julie Beilby suggested including this issue on the risk register and queried the correct route to manage this issue. Simon Nearney shared that there was a real issue with extra lists and patients would wait longer which would affect targets for the end of the financial year. He explained that this was being managed efficiently by Sarah Tedford, and a meeting would take place with the Chiefs of Service and Sarah this week. Conversations with the LNC would continue on a regular basis.

Peter Sedman shared that the extra contractual payments last year were around  $\pm 12$  million.

Page 3 of 11

Action: The Committee agreed they would include this matter on the risk register.

Action: David Sharif suggested providing an update on this matter to the Boards in Common.

The Committee discussed other pay rates in other Trusts and the impact and knock-on effects with other staff if rates were to be increased further. Due to the financial constraints on the Group it was unlikely that there would be enough funds to cover the increase.

Following discussions, the Committees-in-Common agreed to ask for this to be included on the risk register and requested the matter be discussed at the Quality and Safety CiC tomorrow.

# 2. MATTERS REFERRED

#### 2.1 Matters referred by the Trust Board(s) or other Board Committees

#### The following matters were referred to the CIC.

Julie Beilby shared an action that arose from the Audit, Risk and Governance CiC on 29<sup>th</sup> January. A referral was made to this CiC to understand how they triangulate Freedom to Speak Up data.

# 3. RISK & ASSURANCE

# 3.1 Board Assurance Frameworks (BAF) - HUTH & NLaG Including Risk Register Report

David Sharif took the report as read and provided an update. He corrected an error on page 4 with regards to the incorrect risk appetite table graphic on the right hand side, the appropriate table was a couple of pages down within the paper. He shared that Trust Board had approved the People Strategy which was a key action to the workforce risk which would enable more actions to come out from the People Strategy.

David Sulch highlighted that most risks on the risk register were not risks, but were issues. He added that some risks were scored highly unnecessarily.

David Sharif recognised the number of issues and explained that there were weaknesses within the risk management system. David explained that alongside Amanda Stanford, they had started a cultural piece of work to enable getting people back into the habit of using the risk register for how it was intended. They also planned to address a status of the position and what the key actions were with the Audit, Risk and Governance Committee. David Sharif shared that the Group expected to succeed by October 2025.

Amanda Stanford shared that culturally people were nervous to downgrade risks due to concern that those risks would drop off the Executive Team's radar. Amanda shared that a meeting would take place alongside David Sharif and Mason Fitzgerald (from the Good Governance Institute) to review Governance in a Group structure and how to articulate what a risk was.

Page 4 of 11

David Sulch suggested that it would be helpful from a NED point of view to see what mitigations were in place for risks.

Simon Nearney mentioned that culturally people raised risks due to concern rather than focus on mitigation. This would need to be reviewed as part of the psychological safety cultural work moving forward.

Julie Beilby highlighted a significant shift in the language around money and highlighted that the risk register was seen as a valuable way of working towards securing additional resource or protecting resources.

The Agenda was taken out of order. Item discussed at 09:45 hours

# 3.2 Review of Relevant External & Internal Audit Report(s) & Recommendation(s), as appropriate:

#### NLaG Freedom To Speak Up Internal Audit Report

Liz Houchin took the report as read. The findings showed significant assurance.

Recommendation one showed that the Group were still below the national average for the staff survey questions, however progress was recognised and work would continue with Organisational Development teams to improve this going forward.

Recommendation two was the triangulation piece of work. Liz Houchin shared that figures and themes were shared with the Site Tris, Care Group Tris, and HR Business Partners on a quarterly basis. The Group would attend the Workforce Transformation Group quarterly, and work would take place to get the Freedom To Speak Up data on to Power BI as part of the cultural dashboard. Simon Nearney met regularly with Liz and the Senior People Leadership Team to ensure they were sighted on workforce issues.

Simon Nearney assured the CiC that all work was in progress and shared that he did not feel there was any further work that could be done. Julie Beilby queried if the discussions taking place provided enough assurance that data was being triangulated. Julie proposed clarity on inappropriate behaviours and where it was flagged. Liz Houchin shared that 40% of concerns shared with Guardians across the country have an element of inappropriate behaviours and it was the Guardians responsibility to recognise a pattern and share appropriately.

Paul Bunyan shared that development of the Culture Dashboard would provide useful insight and this work was ongoing.

David Sharif declared that the Freedom to Speak Up Guidance data referred to patient safety and quality rather than HR and therefore was challenging to bring respective data points in order to provide that insight.

Amanda Stanford advised collaboratively connecting this to the work on safety culture and psychological safety and how that should look, and suggested looking at organisations that were doing it well. She explained that the skillset needed to manage people was important to ensure the Group had reflective leaders and shared an example of unacceptable and unprofessional behaviour from newly qualified staff being challenged.

Page 5 of 11

Liz Houchin clarified the importance of developing leaders to become compassionate leaders and living the Group values.

The CiC confirmed a new target date of six months to develop the cultural dashboard.

**Action:** Simon Nearney/Lucy Vere to develop the cultural dashboard and provide WEC CiC with an update regarding the triangulation of data in six month's time.

Julie Beilby praised Liz Houchin on the great work done and cited significant assurance.

# 3.3 Review of Relevant External Reports, Recommendations & Assurances as appropriate:

None to note.

# 4. COMMITTEE SPECIFIC BUSINESS ITEMS

#### Joint Business Items

### 4.1 Group Overview Gender Pay Gap Report

Lucy Vere took the report as read and praised Paul Bunyan's team for presenting the information in the report. The worsening position on both sites was connected to Senior Medical and Senior Leadership pay. Women were paid more than men on some level in the lower banding. Medical Grades and Admin and Clerical saw the biggest areas of gender gap. There was a disproportionate amount of men seen within Senior Leadership and higher Admin and Clerical roles than in lower roles. Lucy shared that the conclusion of the clinical excellence awards could show a significantly different report next year. Salary sacrifice was taken into account as more women were employed than men, this could see a reduction in their salary due to taking childcare-related vouchers.

Lucy shared that the Group were looking to explore a women's network on the North Bank, the South Bank already had one. Work would continue around Menopause and the impact that had in the workplace. Women's leadership programmes had been tested to create safe spaces for women to explore new challenges.

Sue Liburd praised the well-compiled report and queried if this was an NHS-wide problem. She suggested looking at whether the Group could model other Trusts who were doing this well. Lucy explained that the Group should recognise the challenge of representation and possibly think about a conversation around that for the EDI Steering Group.

Simon mentioned that the majority of voting members were female which was positive for the representation of the Group.

Lucy shared curiosity to understand our perspective of leadership. There was opportunity to look at talent management, succession planning and what success looked like.

Julie Beilby emphasised the importance on providing clarity to external audiences Page 6 of 11 that the gender pay gap was nothing to do with equal pay. She reminded The Group that they must not lose sight of that in any messaging as it could lead to poor morale.

The Committees-in-Common agreed reasonable assurance for this item.

### 4.2 Quarterly Report on Safe Working Hours (Doctors and Dentists in Training) HUTH & NLaG

# 4.2.1 Quarterly Report on Safe Working Hours (Doctors and Dentists in Training) – HUTH

Peter Sedman took the paper as read and shared the key highlights within the report. He highlighted that there were 700 junior doctors on the North Bank. He shared hot spots in Oncology with an increase in Paediatric Surgery on-call activity. Most of the extra shifts were picked up due to vacancies and The Group would continue to try and fill those vacancies. A modest number of fines had been issued over the last three months.

Julie mentioned that direction of travel compared to the last three months was within the NLaG report but not in the HUTH report.

**Action:** Peter Sedman to ensure the direction of travel compared to the last three months was incorporated within the HUTH Safe Working Hours report.

A large number of FY1's had put in reports on the North Bank in comparison to the South Bank.

The Committees-in-Common agreed reasonable assurance due to the grip and control of the Guardians of Safe Working.

# 4.2.2 Quarterly Report on Safe Working Hours (Doctors and Dentists in Training) – NLaG

Peter Sedman shared that the Junior Doctor workforce was half the size on the South Bank as it was on the North Bank. Most of the gaps were due to vacancies, with a 10% vacancy rate overall. Most of the issues raised were in relation to hours worked. A modest number of fines were issued.

The Committees-in-Common agreed reasonable assurance due to the grip and control of the Guardians of Safe Working.

# 4.3 Learning & Organisational Development Progress Report

Lucy Vere took the report as read and acknowledged the opening of the Learning Innovation Centre at Castle Hill Hospital. She highlighted that a surgical skills course took place yesterday which was successful. The Centre would enable the Group to resume Human Tissue Authority courses.

Lucy shared that conversations were taking place to reduce DNA rates for training which was a real challenge. Work would commence particularly within ED and the Acute Care Group to try and get staff committed to attending Resus training, including possible Resus courses online. Austin Smithies was leading the review on resuscitation deteriorating patients, looking to harmonise that on the North and South bank from April 2025.

Page 7 of 11

There was good interest from staff around the Oliver McGowan training and the Group would look at how to maximise numbers going forward with a structured roll out in specialties.

Career engagement was improving on both North and South banks. Over 300 people queued outside the Learning Innovation Centre recently which showed positive interest in the entry level Nursing positions.

Lucy agreed to a Deep Dive within six months to look at maximizing the use of simulation.

Lucy commended the Care Groups for their engagement in the Care Group Development Programme which had resulted in great work to support their teams and had helped with the Cultural Transformation work.

Theatres and Critical Care development would expect to take place over 2-3 years as there was real challenges within this area.

Lucy Vere shared that lots of work was taking place around culture and values in Organisational Development, looking at how to roll out the Staff charter and testing out whether a values and Staff charter workshop would be helpful to managers. The expectation would be to roll out in collaboration with the Senior Leadership Programme this summer.

Immediate manager support, Health and Well-being questions, including bullying, harassment and discrimination from the staff survey would help the Health and Well-being framework and help support triangulation.

Sue Liburd queried more clarity around moral injury. Lucy shared that this was a theme coming out from restorative practice, particularly when working with Senior Clinical colleagues who felt they were having to make difficult decisions and almost work against their professional training and values.

Julie Beilby highlighted concern within the report around disconnection between recorded values and what staff were perceiving from senior management. Amanda Stanford clarified that this was more about the actual ask to the Organisation and highlighted the need of understanding what Clinical teams were being asked to do. Lucy Vere recognised variation in approach and the need to shift perception on acceptable behaviours. David Sulch acknowledged how challenging this would be for senior leaders.

Julie Beilby mentioned the levels of incivility between different professions, teams and individuals from different backgrounds that appeared more evident in the report. Lucy Vere advised that sometimes what was shown may be misaligned compared to what was happening. She confirmed that it was an issue within Maternity Services and that The Group refreshed the incivility reporting tool and there was medical engagement for it. Lucy noted success within the Cardiology Service in particular. She shared that it was not a bullying and harassment culture, but rather a bandwidth issue alongside the poor ability of giving and receiving feedback.

Simon Nearney shared an example of the challenging environment we were working within and concluded that it was down to complexity rather than poor

Page 8 of 11

management. Sessions would take place with 1400 managers Band 7 and above which would look at the expectations on Leaders within the NHS.

Lucy Vere cited that discussions with the Organisational Development team were taking place around capacity and how to switch from being a reactive service to ensure proactivity in delivery. The OD Team would meet again in March to consolidate this and work with the wider Senior Leadership Team.

Julie Beilby mentioned Digital Strategy and looking at how to embrace AI to help transform and release pressures.

Julie Beilby asked about the DNA rates for the Oliver McGowan training and Lucy Vere advised that if staff did cancel it could take up to 3 years to re-attend. This created an issue with the tight trajectory to meet for the ICB. Julie praised Lucy and the Organisational Development team for the comprehensive report and the work taking place.

#### 4.4 Staff Assaults Response Plan Report

Paul Bunyan took the report as read. He shared that last year the South Bank reported 135 incidents and the North Bank reported 189 incidents, which was proportionate with the North Bank being a bigger organisation. Only 2 thirds of people reporting an incident had a positive experience as shown in the staff survey results, however there was little feedback as to why. Paul shared that there was a gap in terms of prevention and a Violence, Prevention and Reduction Strategy would be developed. He suggested that expanding the Oliver McGowan training over Tier one or Tier two could give people skills to understand how to deescalate an incident differently, and how to respond to an individual emotionally, particularly where an individual does not have capacity or additional learning needs. On the North Bank, a programme called Trim had proven effective in those circumstances and was recently adopted on the South Bank which would be rolled out in relation to violent incidents. The South Bank local Security Management Specialist already provided a level of well-being support.

Paul explained the importance of understanding staff experiences when reporting incidents and the need for a working group and strategy to address those issues. He shared that a volume of incidents were unreported as people felt that assault was part of their job. The most incidents happened within ED and also ICU, due high levels of elderly and frail patients with dementia.

Sue Liburd queried how many people each year were being excluded and going through the procedure. Paul Bunyan shared that the data was unavailable and this would be a focus of the working group.

Amanda Stanford shared that this was something the Group needed to work through to break down violence and aggression from people with cognitive impairment. She recognised the lack of skill to de-escalate and stated that there were various approaches which were complex. Amanda noted that the The Group should stay away from a one-size-fits-all approach.

Sue Liburd left the meeting at 11:59 hours.

Page 9 of 11

Agenda taken out of order. Item discussed at 10:15 hours.

# 4.5 Freedom To Speak Up Annual Progress Report for FTSU Strategy 2020-24

Liz Houchin took the report as read and shared that the majority of outcome measures were met and mitigation was in place to address any outcome measures that were not met. Liz shared the aim to carry this forward to the Group Strategy, which was being worked on with Fran Moverley.

Julie Beilby praised the report and the hard work undertaken by both Liz and Fran Moverley.

Liz Houchin left the meeting at 10:20 hours.

# 5. ITEMS FOR INFORMATION

#### 5.1 Workplan

Julie Beilby noted the comprehensive workplan programme and queried the need for minutes from NLaG and HUTH sub-groups to come to this CiC. Lauren Rowbottom explained that looking back historically the last time the sub-group minutes came to this CiC was January 2024. The Workforce Transformation Group minutes which oversees most of the issues would remain on the Workplan to come to this CiC for information.

It was agreed to:

- Remove NLaG and HUTH sub-group minutes from the Workplan.
- EDI Steering Group Minutes to come to WEC CiC.

# 5.2 Workforce Transformation Group Minutes

No issues were raised.

# 6. ANY OTHER URGENT BUSINESS

# 6.1 Any Other Urgent Business

No issues were raised.

# 7. MATTERS TO BE REFERRED BY THE COMMITTEES

# 7.1 Matters to be Referred to other Board Committees

It was agreed for the following matter to be referred to Quality and Safety CiC:

• Consultants LNC issue.

# 7.2 Matters for Escalation to the Trust Boards

It was agreed that the following matters required escalation to the Trust Board(s) in the committees' highlight report:

Page 10 of 11

• On call waiting list payment to go to Board and add to Risk Register.

# 8. DATE AND TIME OF THE NEXT MEETING

# 8.1 Date and Time of the next Workforce, Education and Culture CiC meeting:

Wednesday 26<sup>th</sup> March 2025 at 9am till 12:30pm, in The Boardroom, Diana, Princess of Wales Hospital, Grimsby

The Committee Chair closed the meeting at 12:06 hours.

# Cumulative Record of Attendance at the Workforce, Education and Culture Committees-in-Common 2025/2026

Name	Title	2025											
		Jan	Feb	Mar	Apr	May	June	Jul	Au	Sep	Oct	Nov	Dec
CORE MEMBI	ERS		•										
Julie Beilby	Non-Executive Director (NLaG)	Y	Y										
Tony Curry	Non-Executive Director (HUTH)	Y	Ν										
Simon Nearney	Group Chief People Officer	Y	Y										
Amanda Stanford	Group Chief Nurse	Y	Y										
Kate Wood	Group Chief Medical Officer	D	D										
David Sulch	Non-Executive Director (HUTH)	Y	Y										
Sue Liburd	Non-Executive Director (NLaG)	Y	Y										
REQUIRED A	TTENDEES												
David Sharif	Group Director of Assurance	Y	D										
KEY:	Y = attende			did no		nd			mina	ted de	-	ottore	





# **Trust Boards-in-Common Front Sheet**

# Agenda Item No: BIC(25)064

Name of Meeting	Trust Boards-in-Common
Date of the Meeting	10 April 2025
Director Lead	Ivan McConnell, Group Chief Strategy & Partnerships Officer
Contact Officer / Author	Adam Creeggan, Group Director of Performance Jackie Railton, Deputy Director, Planning & Performance Louise Topliss, Head of Performance Maria Wingham, Head of Performance
Title of Report	Integrated Performance Report – NIaG and HUTH
Executive Summary	This report provides details of performance achieved against key national performance, quality and governance indicators defined in the NHSE Single Oversight Framework (SOF).
Background Information and/or Supporting Document(s) (if applicable)	Presented to the Committees-in-Common meetings in March 2025
Prior Approval Process	N/A
<b>Financial Implication(s)</b> (if applicable)	The report covers a number of metric that relate to financial performance inclusive of Elective Recovery Fund activity versus published plan.
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	
Recommended action(s) required	<ul> <li>□ Approval</li> <li>✓ Information</li> <li>□ Discussion</li> <li>□ Assurance</li> <li>□ Other – please detail below:</li> </ul>

# **Integrated Performance Report**

# MONTH 10: January 2025 Performance

December 2024 for Cancer data Produced February 2025

#### Table of Contents

1.	Executive Summary
2.	Pathway Summary – Benchmark Report – Elective Care
2.	Pathway Benchmarking & Trend – Elective Care
3.	Referral to Treatment - HUTH
4.	Referral to Treatment - NLAG
5.	Referral to Treatment – 65w Waits - HUTH9
6.	Referral to Treatment – 65w Waits - NLAG10
7.	Referral to Treatment – Data Quality - HUTH11
8.	Referral to Treatment – Data Quality - NLAG12
9.	Cancelled Operations - HUTH
1(	D. Cancelled Operations - NLAG
1	1. Capped Theatre Utilisation - HUTH
12	
13.	Pathway Summary – Benchmark Report – Diagnostics17
14	<ol> <li>Pathway Benchmarking &amp; Trend – Diagnostics</li></ol>
1	5. Diagnostic 6 Week Standard - HUTH
10	5. Diagnostic 6 Week Standard - NLAG
17.	Pathway Summary – Benchmark Report – Cancer Waiting Times21
18	3. Pathway Benchmarking & Trending – Cancer Waiting Times

19.	62 Day Cancer Performance - HUTH	
20.	62 Day Cancer Performance - NLAG	24
21.	28 Day Faster Diagnosis Standard - HUTH	25
22.	28 Day Faster Diagnosis Standard - NLAG	26
23. P	athway Summary – Benchmark Report – Unscheduled Care	27
24.	Pathway Benchmarking & Trending – Unscheduled Care	28
25.	Emergency Care Standards – 4 hour Performance - HUTH	29
26.	Emergency Care Standards – 4 hour Performance - NLAG	30
27.	Core Objective 1 – Mean Time to Treatment	31
28.	Core Objective 2 – Non-Admitted Total Time in Department	32
29.	Core Objective 3 – Total Time in Department (Patients >= 65 years)	34
30.	Acute Footprint Compliance – A&E	35
31.	A&E Attendances – All Types	36
32.	A&E Attendances – Type 1 Attendances	37
33.	A&E Attendances – Type 3 Attendances	38
34.	Ambulance Handovers >60 minutes - HUTH	39
35.	Ambulance Handovers >60 minutes - NLAG	40
36.	YAS Ambulance Handovers	
37. A	ctivity	42
38.	Elective Recovery Fund - HUTH	45
39.	Elective Recovery Fund - NLAG	45

# **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 • 104 weeks • 78 weeks • 65 weeks • 52 weeks	January 2025 1 1 134 3,020	January 2025 0 0 9 668	<ul> <li>One breach of the &gt;104week standard at HUTH due to mutual aid support supplied to Nuffield York for a patient requiring specialist surgery.</li> <li>HUTH have seen an increase of &gt;52 week waits. +163 at HUTH and +105 at NLAG.</li> <li>The latter increases target delivery in 25/26 and relates to linear growth in PTL due to supply/demand imbalance.</li> </ul>
Diagnostic 6w Performance	January 2025 18.2%	January 2025 27.7%	<ul> <li>HUTH January performance showed a deterioration of 1.5% but remains ahead of planned trajectory. NLaG January performance deteriorated by 7.2% and is behind trajectory.</li> <li>Key modalities showing a deterioration at HUTH are Sleep Studies at 56.2% compared with 29.3% in December, Urodynamics at 59.% compared to 54% in December and CT at 12.3% from 7.7% in December. Improvements continue to be seen in Cardiology Echo at 32% compared to 37.4% in December and Flexible Sigmoidoscopy at 21.2% from 28.9% in December.</li> <li>NLaG's deterioration in performance for January is being driven by NOUS at 28.1, all endoscopy modalities , MRI and DEXA which has seen a further 10% reduction in performance.</li> </ul>
Cancer 62-day Performance (all sources)	December 2024 58.3%	December 2024 67.1%	<ul> <li>Both Trusts in Tier 1 for Cancer delivery; working with NE&amp;Y Regional Office on recovery assurance</li> <li>62-day performance at NLaG slightly reduced on November.</li> <li>62-day performance at HUTH improved by 6%</li> <li>+63 day backlog test and challenge meetings in place and resulting in improvement at NLaG (below trajectory &amp; improving). HUTH remains static (Complex pathways transferred to Tertiary late in pathway (IPT), urology surgical capacity &amp; LGI screening diagnostic delays impact on 62 Day).</li> </ul>
ED: 4-hour standard (Type 1 & 3) 78% by March 2025	January 2025 58.8% Trust compliance 69.2% (plan 77%) Acute Footprint compliance (incl. Bransholme & ERCH)	January 2025 69.0% Trust compliance 72.2% (plan 77.3%) Acute Footprint compliance (incl. Goole UTC)	<ul> <li>HUTH A&amp;E 4 Hour standard (all types) was 58.8% in January 2025 (plan 63%). Type 1 performance of 41.1% was above the 24/25 operating plan target of 39.6%. Type 3 performance (HRI UTC) was 90.8% against the 98% target. Attendances at UTC remain below planned levels.</li> <li>NLaG combined type 1 and 3 performance was 69.8% in January against a target of 74%. Type 1 performance = 45.9% (Target 57.8%) and Type 3 performance = 99.3% (Target 100%). Type 3 attendance volumes are significantly higher than planned, generating an partial offset of Type 1 compliance shortfall.</li> </ul>

Overall page 565 of 773

# 2. Pathway Summary – Benchmark Report – Elective Care

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

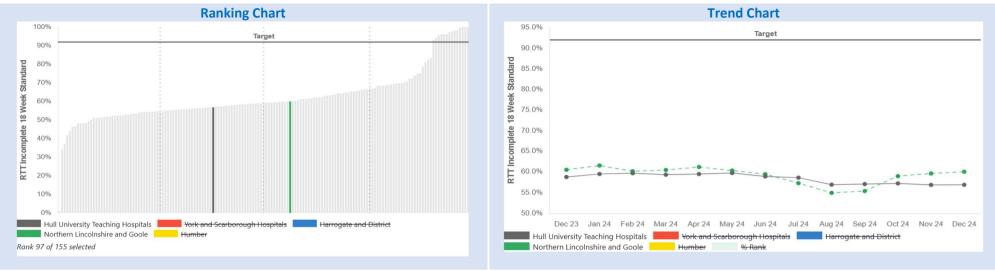
HUTH							NLAG					
Indicator	Period	Target	$\mathbb{Q}$	SPC	Last 12 Months	Centile	Indicator	Period	Target	$\mathbb{Q}$	SPC Last 12 Mor	nths Centile
RTT 52 Week Breach	Dec 24	0	2,857	⊕		10	RTT 52 Week Breach	Dec 24	0	563		58
RTT 65 Week Breach	Dec 24	-	86	$\odot$		28	RTT 65 Week Breach	Dec 24	-	8	$\odot$	65
RTT 78 Week Breach	Dec 24	0	1	$\odot$		50	RTT 78 Week Breach	Dec 24	0	0	$\odot$	100
RTT 95th Percentile Admitted Waiting Time	Dec 24	18.0	57.9	⊚ —		64	RTT 95th Percentile Admitted Waiting Time	Dec 24	18.0	57.1		70
RTT 95th Percentile Non-Admitted Waiting Time	Dec 24	18.0	55.2			35	RTT 95th Percentile Non-Admitted Waiting Time	Dec 24	18.0	49.1		63
RTT Admitted Treatment Within 18 Weeks	Dec 24	90.0%	61.7%	⊗		65	RTT Admitted Treatment Within 18 Weeks	Dec 24	90.0%	59.7%	⊷	57
RTT Average (Median) Admitted Waiting Time	Dec 24	9.0	10.7		$\sim$	66	RTT Average (Median) Admitted Waiting Time	Dec 24	9.0	11.9		55
RTT Average (Median) Non-Admitted Waiting Time	Dec 24	5.0	7.5			66	RTT Average (Median) Non-Admitted Waiting Time	Dec 24	5.0	10.7		32
RTT Average Wait for Incomplete	Dec 24	7.00	15.0	€		36	RTT Average Wait for Incomplete	Dec 24	7.00	13.7	(HA)	59
RTT Incomplete 18 Week Standard	Dec 24	92.00%	<b>56.9</b> %			37	RTT Incomplete 18 Week Standard	Dec 24	92.00%	60.0%	∾	56
RTT Incomplete 92nd Percentile	Dec 24	-	44.7	€		25	RTT Incomplete 92nd Percentile	Dec 24		41.1		54
RTT Incomplete Pathways With a DTA	Dec 24	25.0%	16.1%	€		45	RTT Incomplete Pathways With a DTA	Dec 24	25.0%	13.8%	$\odot$	58
RTT Non-Admitted Treatment Within 18 Weeks	Dec 24	95.0%	68.3%	€		59	RTT Non-Admitted Treatment Within 18 Weeks	Dec 24	95.0%	61.3%	⊷	25
RTT Total Clock Starts	Dec 24	÷	17,139			90	RTT Total Clock Starts	Dec 24		8,943		56
RTT Total Clock Stops	Dec 24	-	16,633			92	RTT Total Clock Stops	Dec 24	-	8,354		59
RTT Total Incompletes	Dec 24		79,996			16	RTT Total Incompletes	Dec 24		43,051		44

Overall page 566 of 773

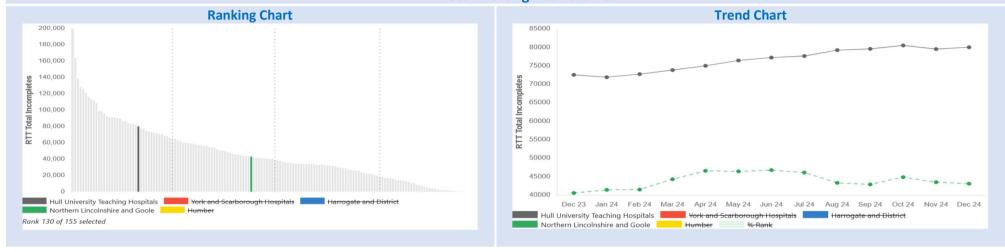
# 2. Pathway Benchmarking & Trend – Elective Care

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

RTT – Incomplete Standard



RTT – Total Waiting List Volume





Overall page 567 of 773

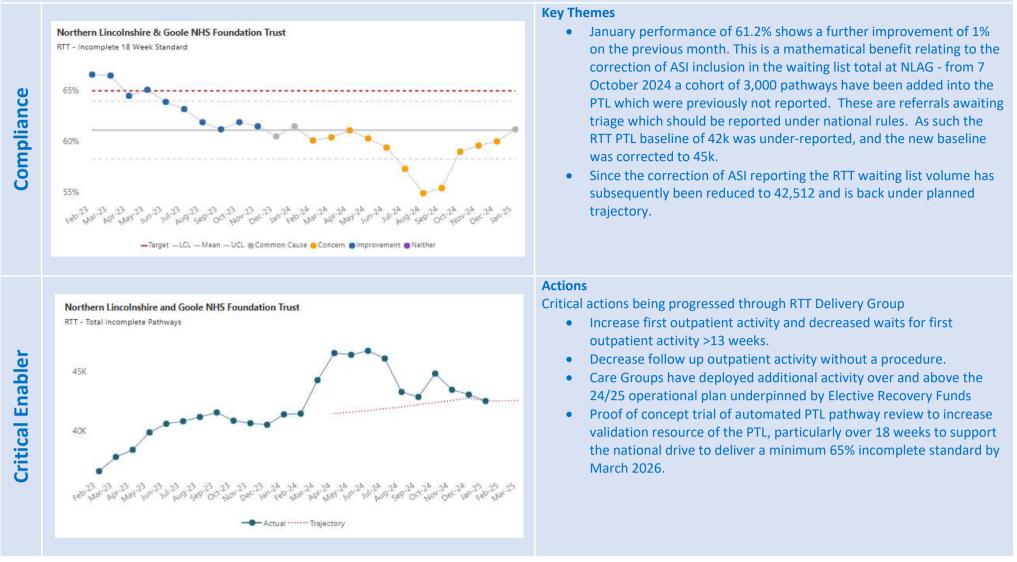
# 3. Referral to Treatment - HUTH



7 | Page

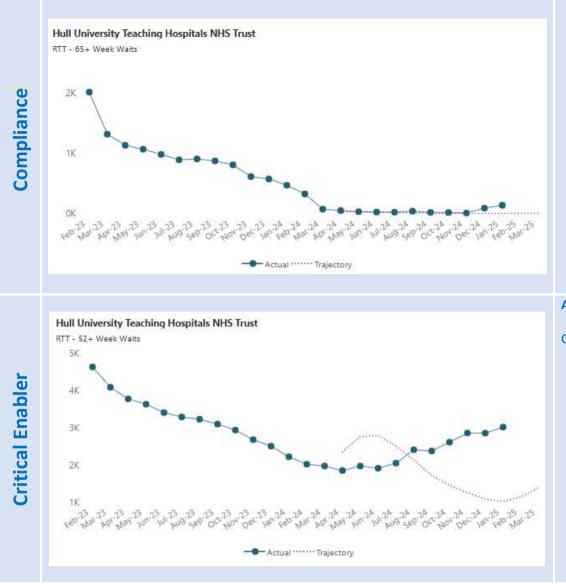
Overall page 568 of 773

# 4. Referral to Treatment - NLAG



Overall page 569 of 773

# 5. Referral to Treatment – 65w Waits - HUTH



#### **Key Themes**

•

- There was 1 x 104w breach reported in Plastic Surgery due to a late transfer from Nuffield York for specialist surgery.
- 134 patients exceeded 65 weeks at the end of January which was an increase on previous months.
- Risks identified relating to January 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.
- Increasing 52w profile which is significantly above the trajectory

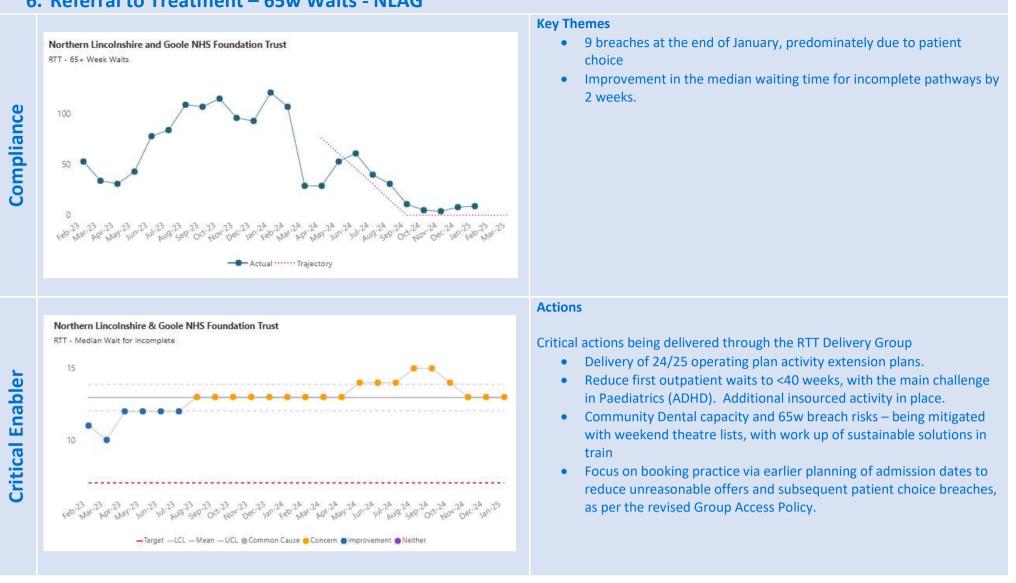
#### Actions

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.</li>
- 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
- Clinical decisions post-diagnostic tests with consultants in Cardiology to be addressed by triumvirate

**9** | Page

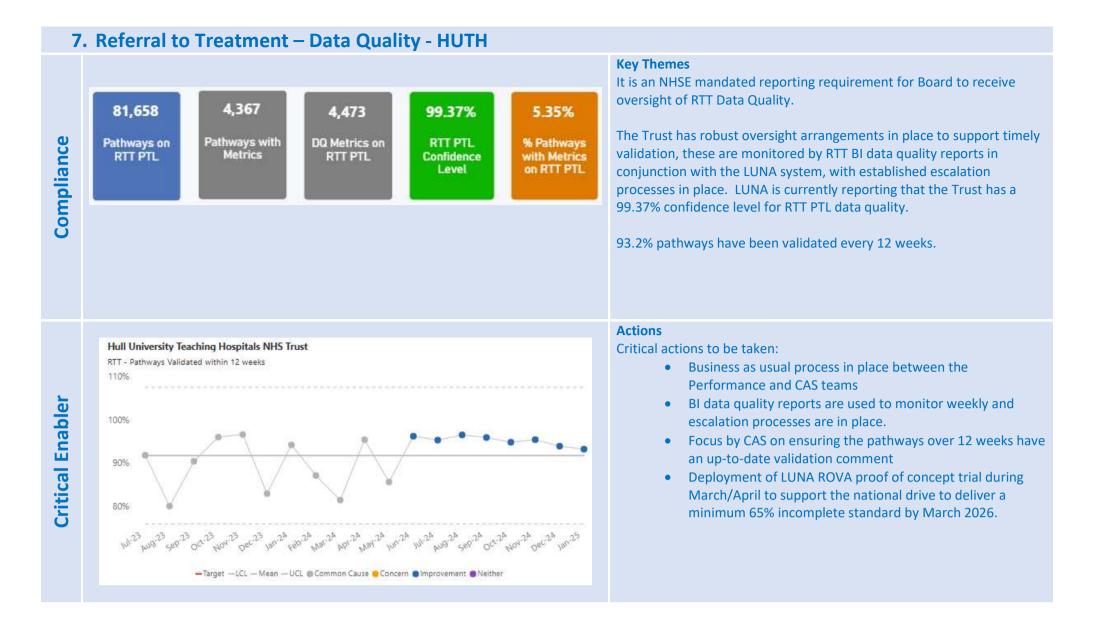
Overall page 570 of 773



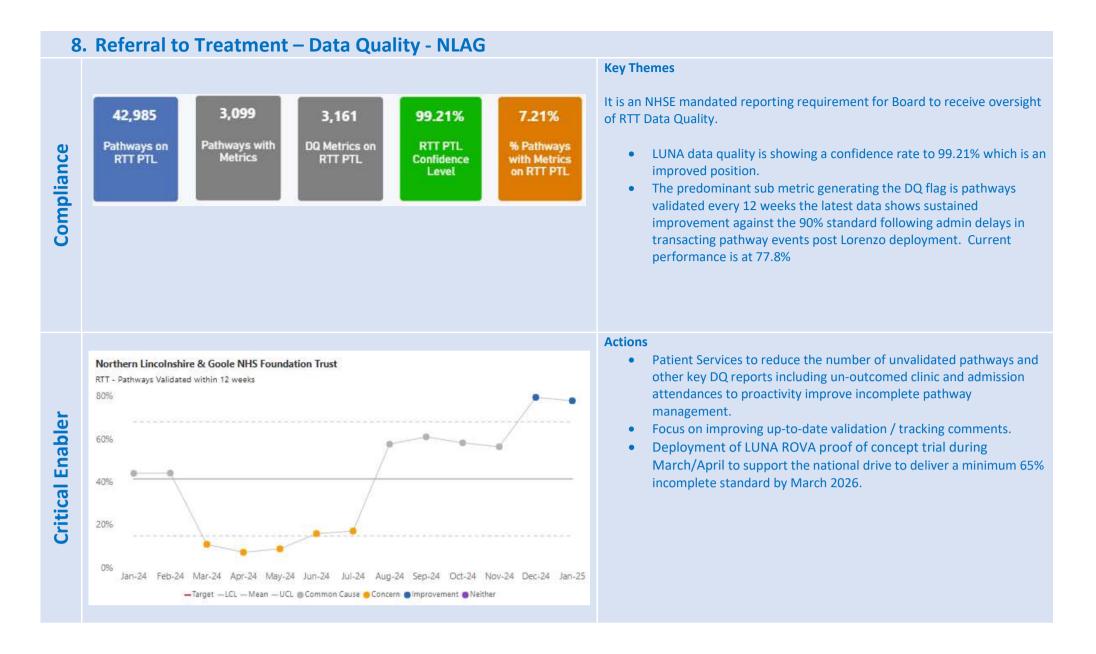
# 6. Referral to Treatment - 65w Waits - NLAG

**10 |** Page

Overall page 571 of 773

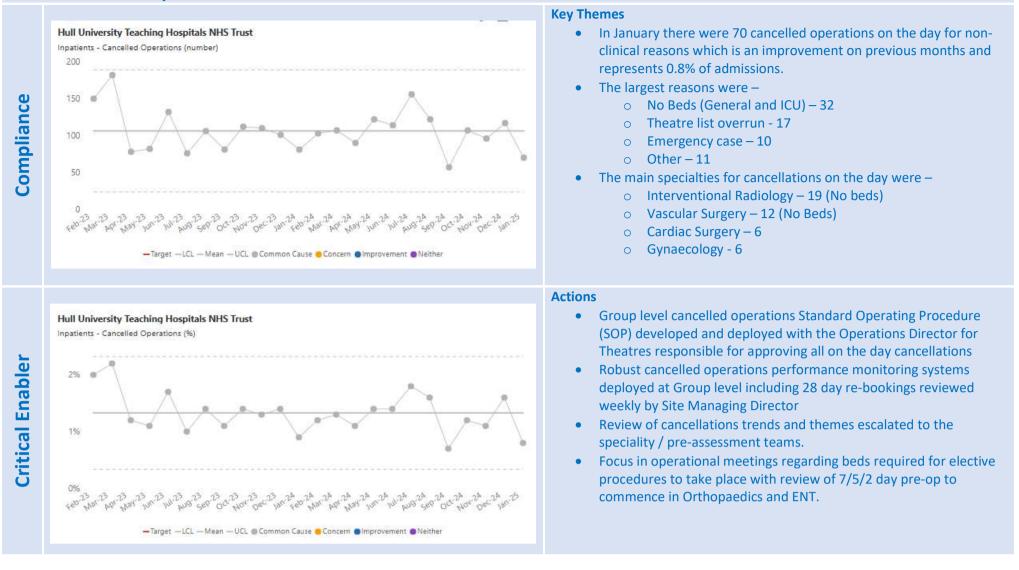


Overall page 572 of 773



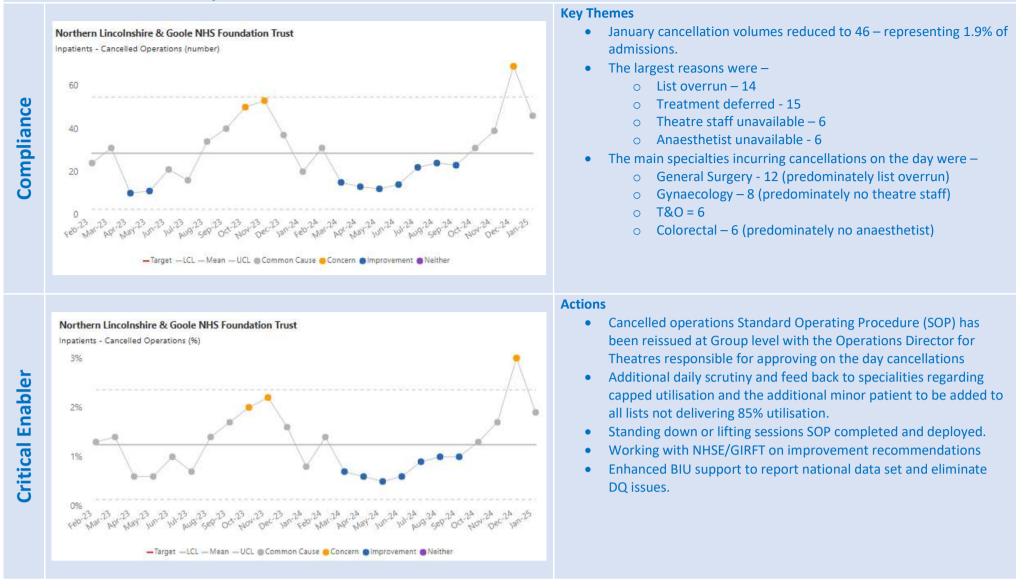
Overall page 573 of 773

## 9. Cancelled Operations - HUTH



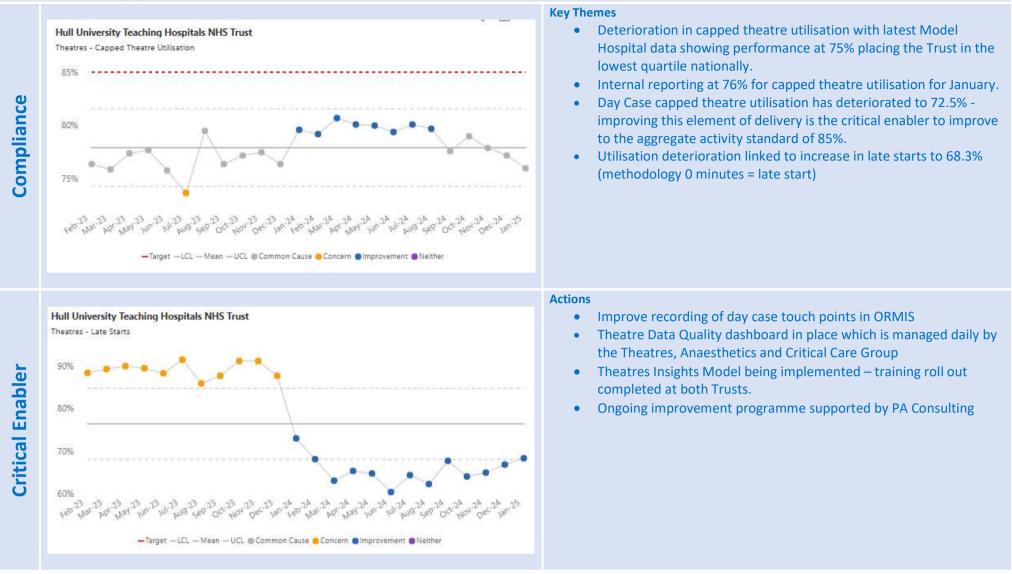
Overall page 574 of 773

## **10.** Cancelled Operations - NLAG



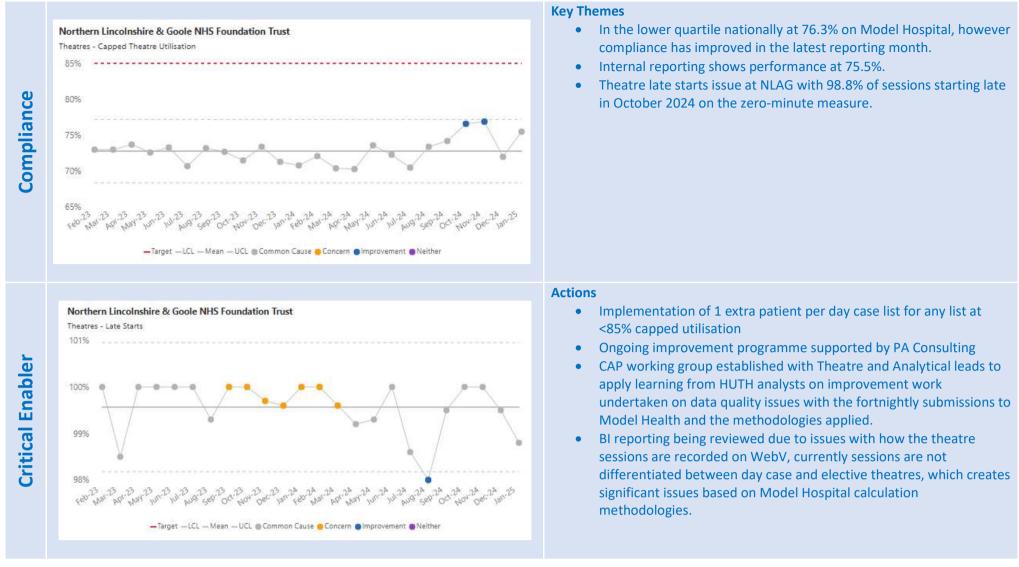
Overall page 575 of 773

## **11.** Capped Theatre Utilisation - HUTH



Overall page 576 of 773





Overall page 577 of 773

## **13.** Pathway Summary – Benchmark Report – Diagnostics NB: National benchmarking data is a month in arrears due the NHSE publication timetable

		NLAG										
Indicator	Period	Target	\$	SPC Last 12 Months	5 Centile	Indicator	Period	Target	Ŷ	SPC	Last 12 Months	Centile
Audiology	Dec 24	5.00%	2.5%	$\odot$	84	Audiology	Dec 24	5.00%	53.0%	⊕		23
Barium Enema	Dec 24	5.00%	0.0%	↔	100	Barium Enema	Dec 24	5.00%	1.4%	· .		60
Colonoscopy	Dec 24	5.00%	56.1%	↔	7	Colonoscopy	Dec 24	5.00%	4.5%			73
Computed Tomography	Dec 24	5.00%	7.7%	∞	31	Computed Tomography	Dec 24	5.00%	1.1%			67
Cystoscopy	Dec 24	5.00%	21.5%	$\odot$	43	Cystoscopy	Dec 24	5.00%	20.0%			47
DEXA Scan	Dec 24	5.00%	16.0%		21	DEXA Scan	Dec 24	5.00%	35.8%			7
DM01 Waiting <13 Weeks	Dec 24	100.00%	94.1%		37	DM01 Waiting <13 Weeks	Dec 24	100.00%	96.2%			45
Diagnostic activity levels - Audiology Assessments	Dec 24	-	607		68	Diagnostic activity levels - Audiology Assessments	Dec 24	-	419	(m)		53
Diagnostic activity levels - Barium Enema	Dec 24	-	49	<b>S</b>	85	Diagnostic activity levels - Barium Enema	Dec 24	-	107			96
Diagnostic activity levels - CT	Dec 24		5,817		68	Diagnostic activity levels - CT	Dec 24	-	10,085			94
Diagnostic activity levels - Colonoscopy	Dec 24	-	167		29	Diagnostic activity levels - Colonoscopy	Dec 24	~	605			92
Diagnostic activity levels - Cystoscopy	Dec 24	-	285		79	Diagnostic activity levels - Cystoscopy	Dec 24		542			99
Diagnostic activity levels - Dexa Scan	Dec 24	-	480		88	Diagnostic activity levels - Dexa Scan	Dec 24		47			29
Diagnostic activity levels - Echocardiography	Dec 24	-	663		42	Diagnostic activity levels - Echocardiography	Dec 24	-	930			58
Diagnostic activity levels - Endoscopy	Dec 24	-	844	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	48	Diagnostic activity levels - Endoscopy	Dec 24	-	2,267	(b)		96
Diagnostic activity levels - Flexi Sigmoidoscopy	Dec 24	-	73	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	48	Diagnostic activity levels - Flexi Sigmoidoscopy	Dec 24	-	265	©		96
Diagnostic activity levels - Gastroscopy	Dec 24	~	319		49	Diagnostic activity levels - Gastroscopy	Dec 24		855			95
Diagnostic activity levels - Imaging	Dec 24	×	12,947		63	Diagnostic activity levels - Imaging	Dec 24		18,878	(b)		87
Diagnostic activity levels - Non Obstetric Ultrasound	Dec 24	-	4,309		60	Diagnostic activity levels - Mon Obstetric Ultrasound	Dec 24	-	3,932	0		54
Diagnostic activity levels - Total	Dec 24	-	15,457		61		Dec 24		22,815	(~) (E)		87
Diagnostic activity levels - Urodynamics	Dec 24	-	43		74	Diagnostic activity levels - Total						
Diagnostics - 6 Week Standard	Dec 24	5.00%	16.7%	$\odot$	49	Diagnostic activity levels - Urodynamics	Dec 24	-	177			97
Diagnostics - 6 Week Standard Reversed	Dec 24	95.00%	83.3%		49	Diagnostics - 6 Week Standard	Dec 24	5.00%	20.5%			39
Echocardiography	Dec 24	5.00%	37.4%		23	Diagnostics - 6 Week Standard Reversed	Dec 24	95.00%	79.5%			39
Electrophysiology	Dec 24	5.00%	-	↔		Echocardiography	Dec 24	5.00%	42.3%			20
Gastroscopy	Dec 24	5.00%	21.1%		36	Gastroscopy	Dec 24	5.00%	5.7%	$\odot$		70
Magnetic Resonance Imaging	Dec 24	5.00%	2.7%	€	68	Magnetic Resonance Imaging	Dec 24	5.00%	25.4%			19
Neurophysiology	Dec 24	5.00%	1.5%		73	Neurophysiology	Dec 24	5.00%	36.1%	<b>A</b>		31
Non-obstetric Ultrasound	Dec 24	5.00%	7.7%		53	Non-obstetric Ultrasound	Dec 24	5.00%	8.2%	·		51
Urodynamics	Dec 24	5.00%	54.0%		28	Urodynamics	Dec 24	5.00%	19.2%			71

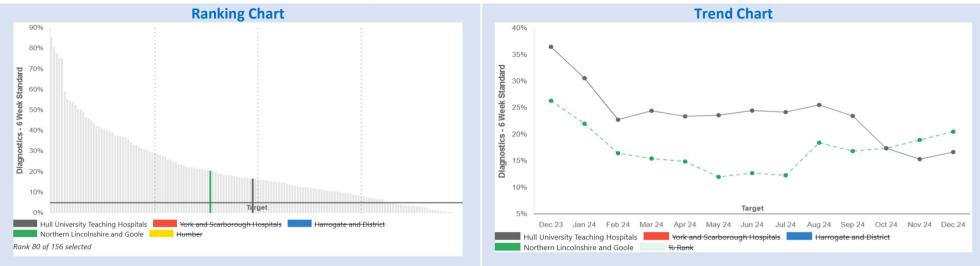
17 | Page

Overall page 578 of 773

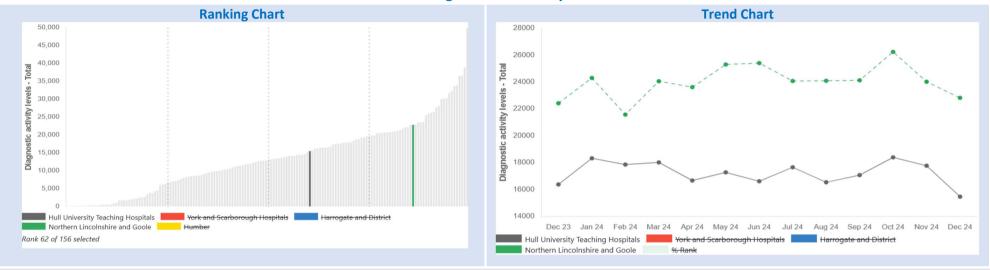
## 14. Pathway Benchmarking & Trend – Diagnostics

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





**Diagnostics – Activity** 





Overall page 579 of 773





#### **Key Themes**

- January showed a deterioration of 1.5% but HUTH is performing significantly ahead of planning trajectory.
- Most notable deterioration was seen in Sleep Studies at 56.2% from 29.3% in December. Deterioration also seen in Urodynamics at 59.8% from 54% in December and CT at 12.3% from 7.7% in December.
- The most notable improvements have been seen in Cardiology Echo which reduced for a second month at 32% from 37.4% in December and Flexible Sigmoidoscopy at 21.2% which is a further improvement from 28.9% in December.
- 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.

#### 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.

Overall page 580 of 773

## 16. Diagnostic 6 Week Standard - NLAG



#### **Key Themes**

- January saw a further reduction in performance at 27.7%, being a 7.2% shift from 20.5% in December. This places the Trust behind trajectory.
- Notable deterioration in performance is being driven by NOUS at 28.1% from 8.2% in December, DEXA at 45% from 35.8% in December and Endoscopy modalities which had improved in December and have seen performance deteriorate in January in Gastroscopy at 14.7% from 5.7%, Flexible Sigmoidoscopy at 19.8% from 4.2% and Colonoscopy at 15.3% from 4.5%.

#### 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.

Overall page 581 of 773

## 17. Pathway Summary – Benchmark Report – Cancer Waiting Times

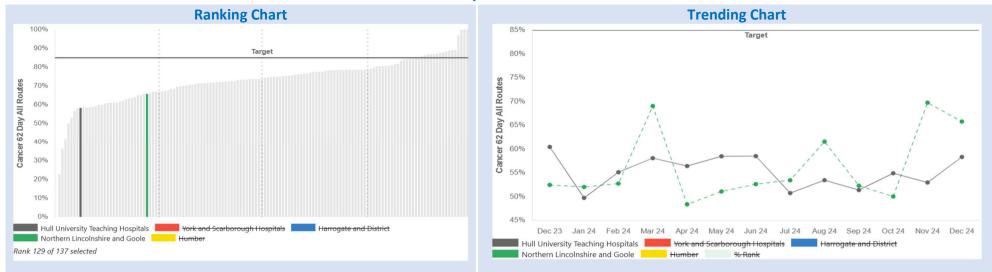
				NLAG									
Indicator	Period	Target	$\mathbf{\nabla}$	SPC	Last 12 Months	Centile	Indicator	Period	Target	${\mathbb Q}$	SPC Last 12 Months	Months Centile	
Cancer 2 Week Wait	Dec 24	93.00%	81.1%	~~~		32	Cancer 2 Week Wait	Dec 24	93.00%	82.5%	$\odot$	35	
Cancer 2 Week Wait Breast Symptomatic	Dec 24	93.0%	22.8%	(s/s)		9	Cancer 2 Week Wait Breast Symptomatic	Dec 24	93.0%	5.3%		3	
Cancer 28 Day Faster Diagnosis	Dec 24	75.0%	76.6%	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		31	Cancer 28 Day Faster Diagnosis	Dec 24	75.0%	75.7%		24	
Cancer 28 Day Faster Diagnosis - Acute Leukaemia	Dec 24	75.0%	-	<b>•</b>			Cancer 28 Day Faster Diagnosis - Breast Cancer	Dec 24	75.0%	83.2%		11	
Cancer 28 Day Faster Diagnosis - Brain Tumours	Dec 24	75.0%	90.0%	(√)		50	Cancer 28 Day Faster Diagnosis - Breast Symptoms	Dec 24	75.0%	73.7%		8	
Cancer 28 Day Faster Diagnosis - Breast Cancer	Dec 24	75.0%	94.6%	€^}•		55	Cancer 28 Day Faster Diagnosis - Gynaecological Cancer	Dec 24	75.0%	66.9%		37	
Cancer 28 Day Faster Diagnosis - Breast Symptoms	Dec 24	75.0%	89.5%	····		28	Cancer 28 Day Faster Diagnosis - Haematological Malignancies	Dec 24	75.0%	00.070		51	
Cancer 28 Day Faster Diagnosis - Children's Cancer	Dec 24	75.0%	100%			100				64.20	0	14	
Cancer 28 Day Faster Diagnosis - Gynaecological Cancer	Dec 24	75.0%	68.2%	<b>B</b>		40	Cancer 28 Day Faster Diagnosis - Head & Neck Cancer	Dec 24	75.0%	64.3%		14	
Cancer 28 Day Faster Diagnosis - Haematological Malignancies	Dec 24	75.0%	81.8%	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~	82	Cancer 28 Day Faster Diagnosis - Lower Gastrointestinal Cancer	Dec 24	75.0%	77.4%		74	
Cancer 28 Day Faster Diagnosis - Head & Neck Cancer	Dec 24	75.0%	78.2%	~~~		55	Cancer 28 Day Faster Diagnosis - Lung Cancer	Dec 24	75.0%	73.3%		21	
Cancer 28 Day Faster Diagnosis - Lower Gastrointestinal Cancer	Dec 24	75.0%	45.3%	<b>B</b>		5	Cancer 28 Day Faster Diagnosis - Missing or Invalid	Dec 24	75.0%	-		-	
Cancer 28 Day Faster Diagnosis - Lung Cancer	Dec 24	75.0%	64.9%	€^~»		8	Cancer 28 Day Faster Diagnosis - Other Cancer	Dec 24	75.0%	87.5%		45	
Cancer 28 Day Faster Diagnosis - Missing or Invalid	Dec 24	75.0%	50.0%	(~^~)		32	Cancer 28 Day Faster Diagnosis - Sarcoma	Dec 24	75.0%	-	€		
Cancer 28 Day Faster Diagnosis - Other Cancer	Dec 24	75.0%		<b>~</b>		× .	Cancer 28 Day Faster Diagnosis - Skin Cancer	Dec 24	75.0%	-	<b>⊙</b>	-	
Cancer 28 Day Faster Diagnosis - Skin Cancer	Dec 24	75.0%	94.4%	(√)		74	Cancer 28 Day Faster Diagnosis - Testicular Cancer	Dec 24	75.0%	100%		100	
Cancer 28 Day Faster Diagnosis - Testicular Cancer	Dec 24	75.0%	100%	€^~-)		100	Cancer 28 Day Faster Diagnosis - Upper Gastrointestinal Cancer	Dec 24	75.0%	89.8%		80	
Cancer 28 Day Faster Diagnosis - Upper Gastrointestinal Cancer	Dec 24	75.0%	92.1%	<b>B</b>		86	Cancer 28 Day Faster Diagnosis - Urological Malignancies	Dec 24	75.0%	70.2%		63	
Cancer 28 Day Faster Diagnosis - Urological Malignancies	Dec 24	75.0%	48.1%	·/		10	Cancer 31 Day All Stages	Dec 24	96.0%	98.4%		80	
Cancer 31 Day All Stages	Dec 24	96.0%	76.0%	····		2	Cancer 31 Day First Treatment	Dec 24	96.00%	98.5%		78	
Cancer 31 Day First Treatment	Dec 24	96.00%	80.0%			1	Cancer 31 Day Subsequent Treatment	Dec 24	96.0%	98.1%		70	
Cancer 31 Day Subsequent Treatment	Dec 24	96.0%	71.6%	<b>~</b>		6	Cancer 31 Day Subsequent Treatment - Drugs	Dec 24	96.0%	97.8%		15	
Cancer 31 Day Subsequent Treatment - Drugs	Dec 24	96.0%	97.2%			11				97.0%		15	
Cancer 31 Day Subsequent Treatment - Radiotherapy	Dec 24	96.0%	59.6%	····		5	Cancer 31 Day Subsequent Treatment - Radiotherapy	Dec 24	96.0%	-		-	
Cancer 62 Day All Routes	Dec 24	85.00%	58.3%	<b>•</b>		6	Cancer 62 Day All Routes	Dec 24	85.00%	65.8%		22	
Cancer 62 Day Consultant Upgrade	Dec 24	85.0%	41.0%	<b>™</b>		1	Cancer 62 Day Consultant Upgrade	Dec 24	85.0%	55.9%		2	
Cancer 62 Day Screening	Dec 24	90.0%	52.9%	(*)		24	Cancer 62 Day Screening	Dec 24	90.0%	66.7%		46	
Cancer 62 Day Urgent Suspected	Dec 24	85.00%	63.3%	···		33	Cancer 62 Day Urgent Suspected	Dec 24	85.00%	67.6%		49	
Cancer of bronchus; lung	Sep 24	1.00	1.1			32	Cancer of bronchus; lung	Sep 24	1.00	1.1		38	

Overall page 582 of 773

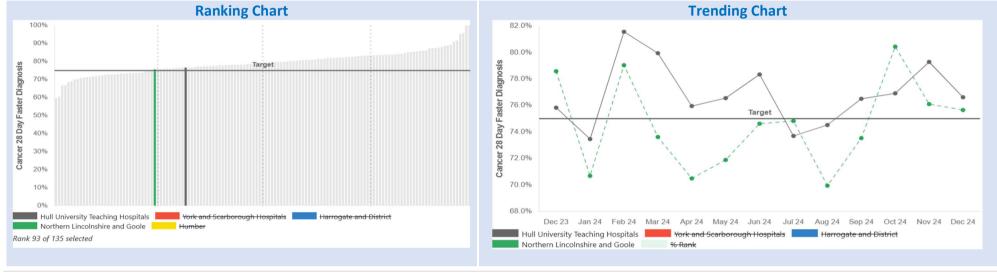
## 18. Pathway Benchmarking & Trending – Cancer Waiting Times

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

62 Day Performance







**22 |** Page

Overall page 583 of 773

## **19. 62 Day Cancer Performance - HUTH**



Overall page 584 of 773





#### **Key Themes**

•

- Significant improvement in December performance at 67.1%.
- Lower GI Screening delays to colonoscopy pathway capacity and patient choice impacting on 62 Day performance
- Lung consultant workforce vacancies recent appointment but impact will remain into 25/26
- Breast capacity 1<sup>st</sup> OPA impacting 62 Day
- Urology consultant vacancies impacted by annual + compassionate leave, delays with outpatient & surgical capacity
- Increased radiotherapy referrals & increased complexity

#### Actions

- 3<sup>rd</sup> & 4<sup>th</sup> 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 1<sup>st</sup> 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.

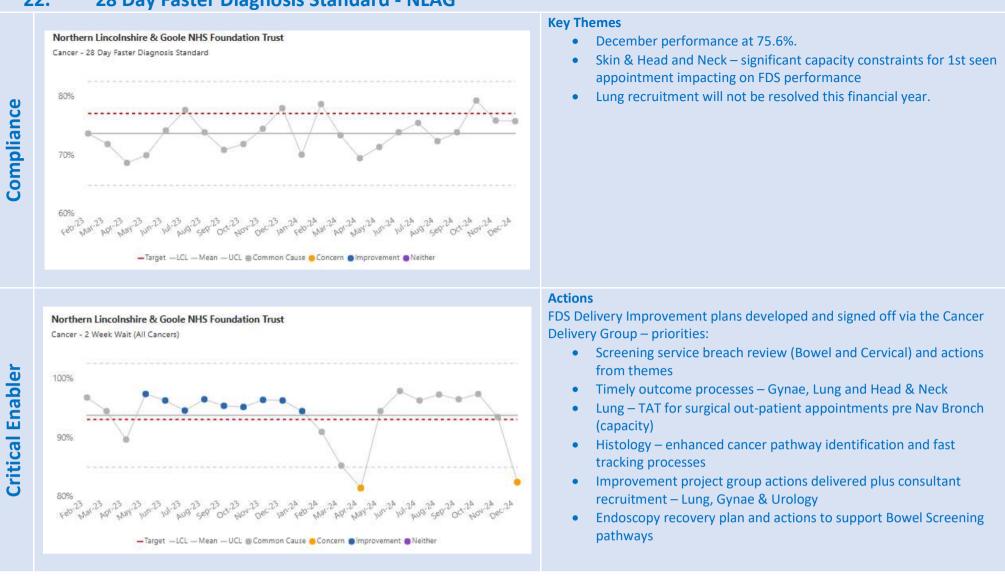
24 | Page

Overall page 585 of 773





Overall page 586 of 773



## 22. 28 Day Faster Diagnosis Standard - NLAG

**26 |** Page

Overall page 587 of 773

## 23. Pathway Summary – Benchmark Report – Unscheduled Care

		NLAG										
Indicator	Period	Target	\$	SPC	Last 12 Months	Centile	Indicator	Period	Target	$\mathbf{\nabla}$	SPC Las	st 12 Months Cent
A&E - 4 Hour Standard	Jan 25	78.00%	58.7%			4	A&E - 4 Hour Standard	Jan 25	78.00%	69.8%		40
A&E - 4 Hour Standard (Type 1)	Jan 25	78.0%	41.0%			2	A&E - 4 Hour Standard (Type 1)	Jan 25	78.0%	45.8%	☆	13
A&E - 4 Hour Standard (Type 2 or 3)	Jan 25	95.0%	90.8%			4	A&E - 4 Hour Standard (Type 2 or 3)	Jan 25	95.0%	99.2%	$\odot$	68
A&E - Conversion Rate	Jan 25	25.0%	25.9%	·^~ =		21	A&E - Conversion Rate	Jan 25	25.0%	35.1%		1
A&E - DTA to Admission >12 Hours	Jan 25	0.0%	17.5%	-		39	A&E - DTA to Admission >12 Hours	Jan 25	0.0%	18.4%	Solution	34
A&E - DTA to Admission >12 Hours#	Jan 25	0.0	614.0	-		29	A&E - DTA to Admission >12 Hours#	Jan 25	0.0	1,018.0		11
A&E - DTA to Admission >4 Hours	Jan 25	10.00%	48.3%	<b>(</b>		33	A&E - DTA to Admission >4 Hours	Jan 25	10.00%	28.3%		70
A&E - Left Without Being Seen	Dec 24	5.00%	11.9%			3	A&E - Left Without Being Seen	Dec 24	5.00%	3.1%		82
A&E - Reattendance Rate	Dec 24	5.0%	8.4%	۰		57	A&E - Reattendance Rate	Dec 24	5.0%	8.8%		43
A&E - Time to Initial Assessment	Dec 24	15.0	27.0	<b>e</b>		5	A&E - Time to Initial Assessment	Dec 24	15.0	31.0		4
A&E - Time to Treatment	Dec 24	60.0	129.0			7	A&E - Time to Treatment	Dec 24	60.0	62.0		68
A&E - Total Time in A&E	Dec 24	160.0	306.0			1	A&E - Total Time in A&E	Dec 24	160.0	161.0		76
A&E - Total Time in A&E (Admitted)	Dec 24	180.0	329.0			59	A&E - Total Time in A&E (Admitted)	Dec 24	180.0	227.0		80
A&E - Total Time in A&E (Non-Admitted)	Dec 24	140.0	299.0	<b>(</b> )		0	A&E - Total Time in A&E (Non-Admitted)	Dec 24	140.0	145.0		68
A&E Attendances All	Jan 25		13,502	<b>B</b>		49	A&E Attendances All	Jan 25		15,724		41
A&E Attendances Type 1	Jan 25		8,707	(v/w) -		63	A&E Attendances Type 1	Jan 25		8,659		66
A&E Attendances Type 3	Jan 25		4,795	<b>(</b> )		50	A&E Attendances Type 3 Emergency Admissions Type 1	Jan 25 Jan 25		7,065 5,519		32
Emergency Admissions Type 1	Jan 25		3,502	<u>ک</u>		38	Emergency Admissions Type 3	Jan 25		5,519		9
Emergency Admissions via A&E	Jan 25		3,502	<b>(</b> )		38	Emergency Admissions via A&E	Jan 25		5,519	<ul> <li></li></ul>	9
Friends & Family A&E Score	Dec 24	85%	61%	····		6	Friends & Family A&E Score	Dec 24	85%	74%		37
Other Emergency Admissions	Jan 25		2,373	<b>(</b> )		10	Other Emergency Admissions	Jan 25		452		64
Total Emergency Admissions	Jan 25	-	5,875	(B)		21	Total Emergency Admissions	Jan 25		5,971		20

Overall page 588 of 773

## 24. Pathway Benchmarking & Trending – Unscheduled Care

York and

Rank 73 of 142 selected





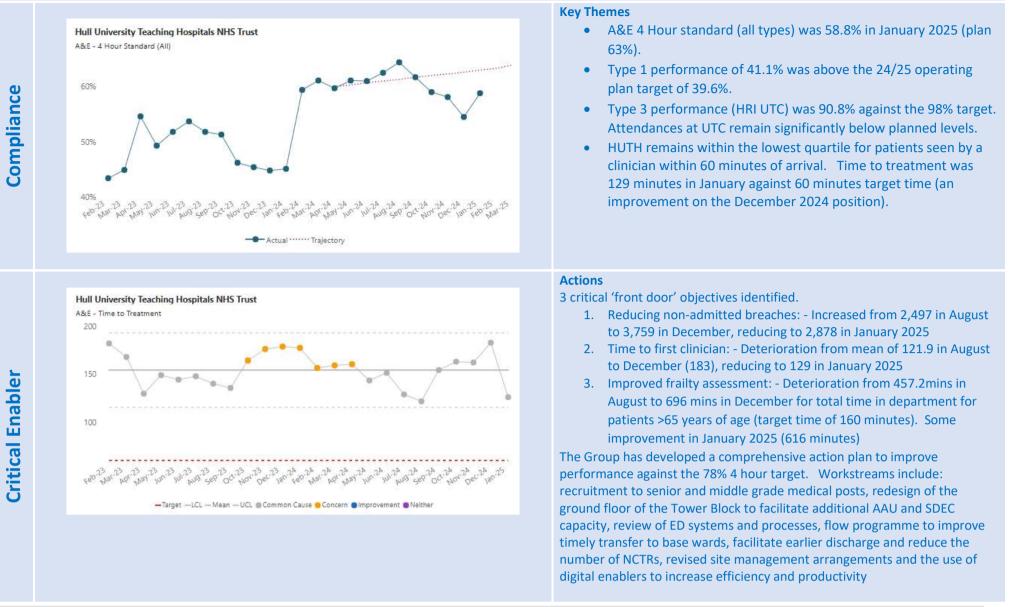
 Jan 24
 Feb 24
 Mar 24
 Apr 24
 May 24
 Jul 24
 Aug 24
 Sep 24
 Oct 24
 Nov 24
 Dec 24
 Jan 25

 Hull University Teaching Hospitals
 York and Scarborough Hospitals
 Harrogate and District

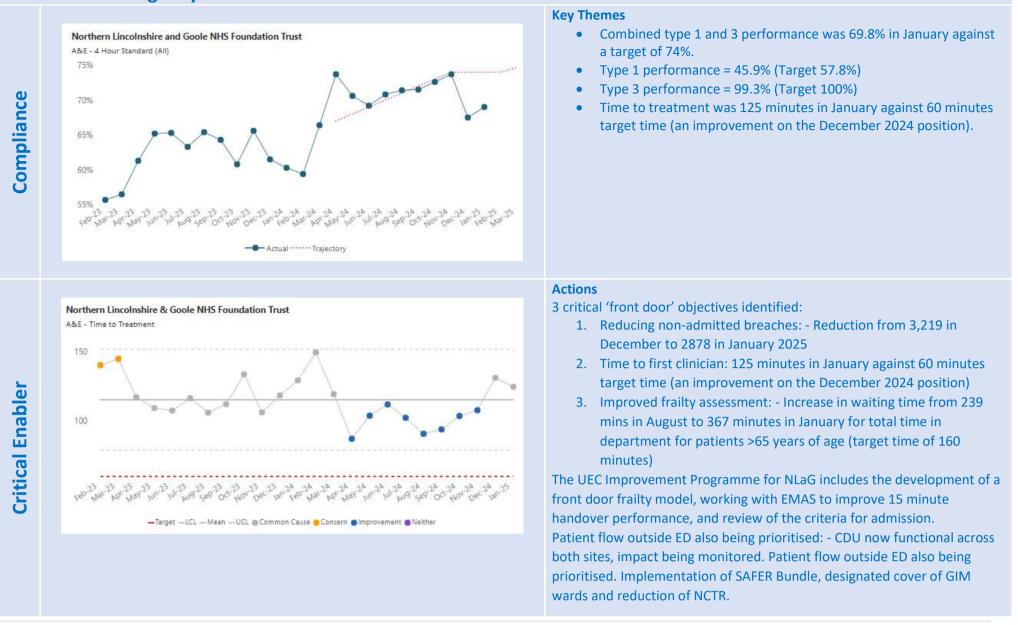
 Northern Lincolnshire and Goole
 Humber
 % Rank

Overall page 589 of 773





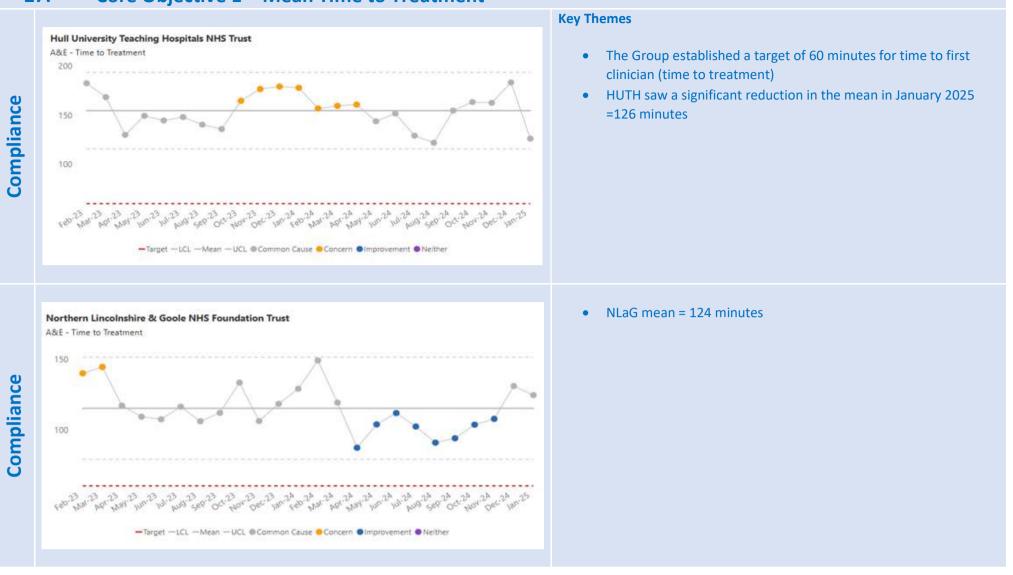
Overall page 590 of 773



## 26. Emergency Care Standards – 4 hour Performance - NLAG

**30 |** P a g e

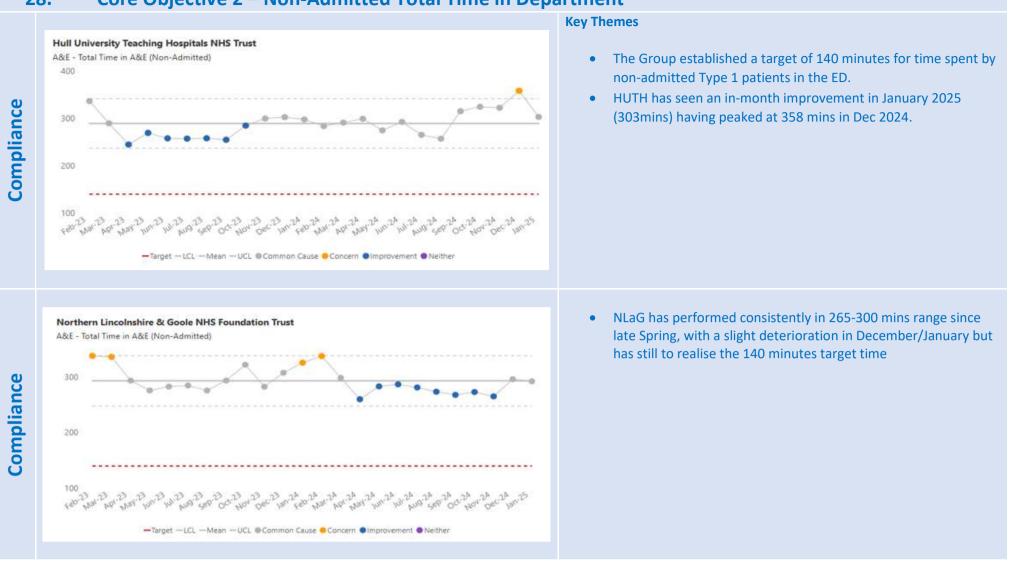
Overall page 591 of 773



## 27. Core Objective 1 – Mean Time to Treatment

**31 |** Page

Overall page 592 of 773



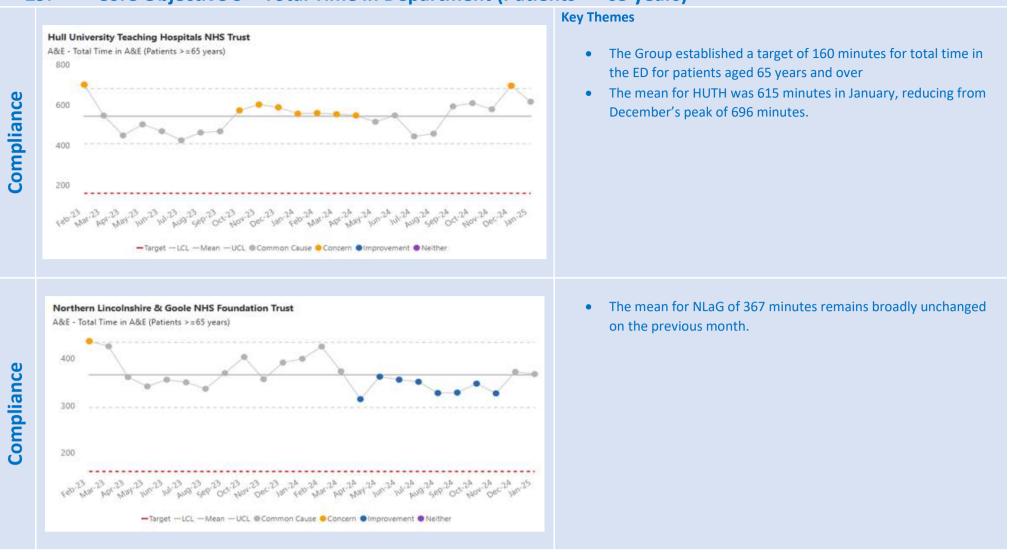
## 28. Core Objective 2 – Non-Admitted Total Time in Department

**32 |** Page

Overall page 593 of 773

**33 |** Page

Overall page 594 of 773

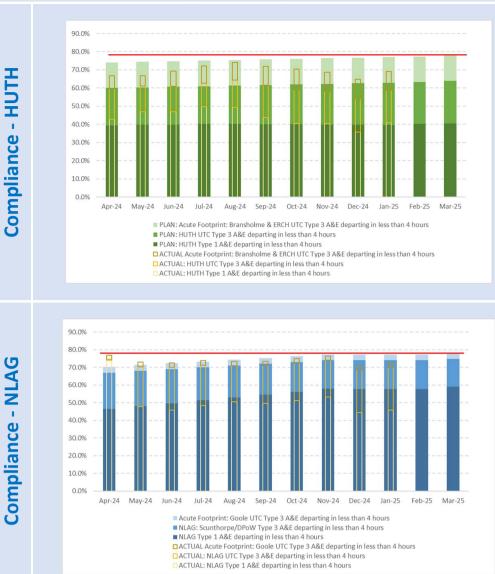


## 29. Core Objective 3 – Total Time in Department (Patients >= 65 years)

**34 |** Page

Overall page 595 of 773

## **30.** Acute Footprint Compliance – A&E



#### **Key Themes**

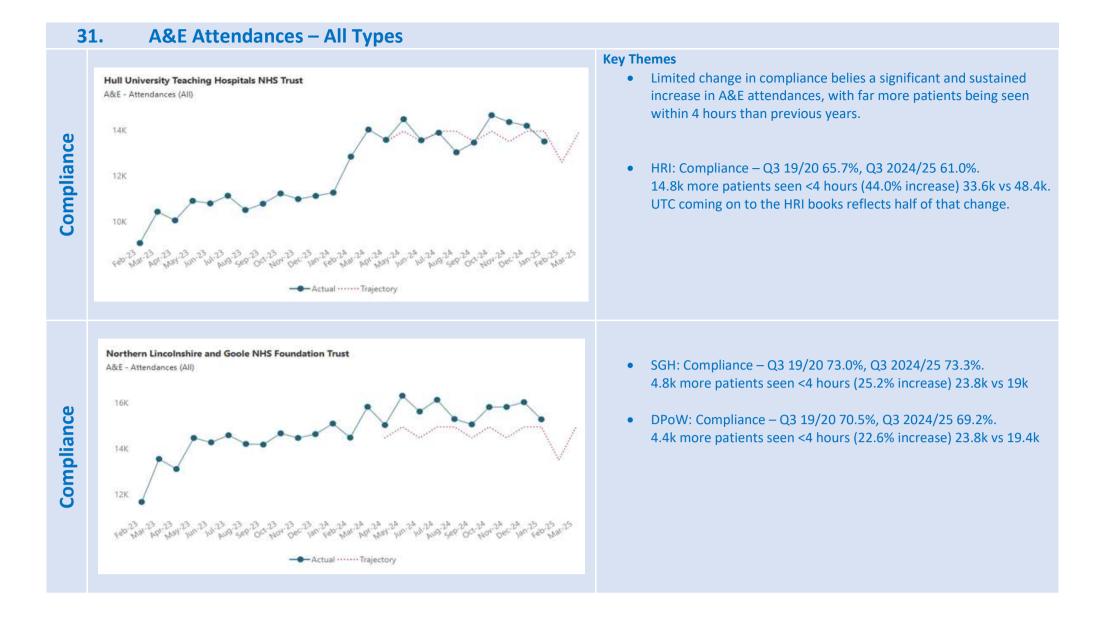
- As per NEY Region/HNY ICB instruction, 2024/25 trajectories are predicated on 78% delivery as an Acute Footprint by March '25.
- Acute footprint delivery of 69.2% against a plan of 77%.
- Breaking the plan/delivery into constituent parts:
  - Type 1 compliance was 41% in line with plan of 39.6%.
  - Type 3 co-located activity compliance of 17.7% versus plan of 23.3%
  - Non-co-located compliance was 10.5% versus plan of 14.1%

#### **Key Themes**

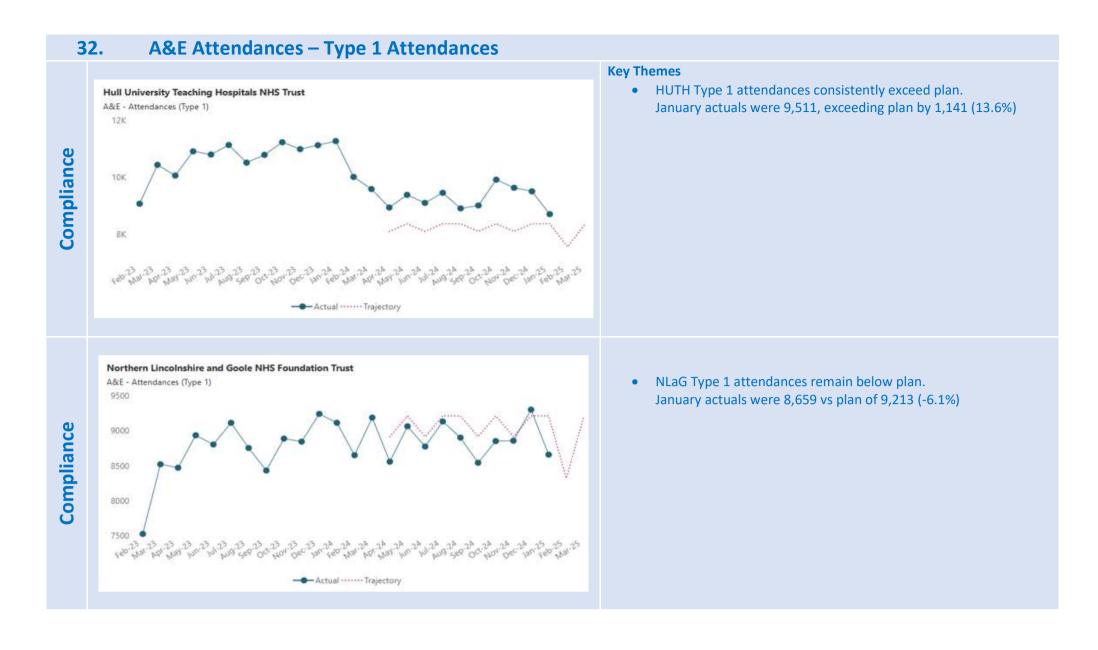
- Acute footprint delivery of 72.2% against a plan of 77.3%
- Breaking the plan/delivery into constituent parts:
  - Type 1 compliance was 45.8% versus plan of 57.8%.
  - Type 3 co-located activity compliance of 24% versus plan of 16.2%
  - Non-co-located compliance was 2.4% versus plan of 3.3%

**35 |** Page

Overall page 596 of 773

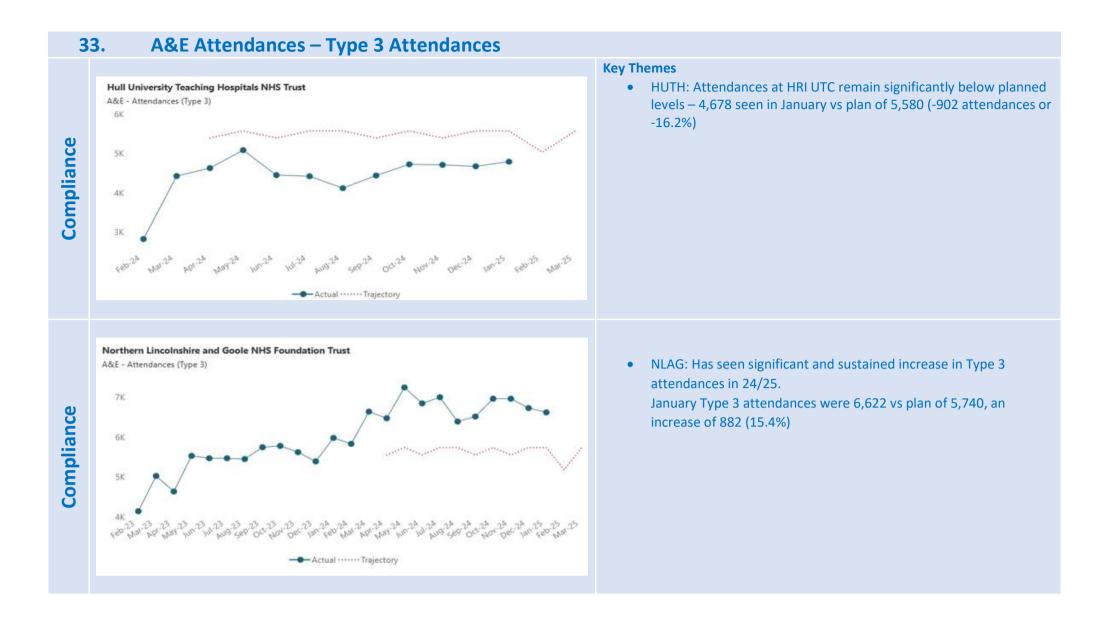


Overall page 597 of 773



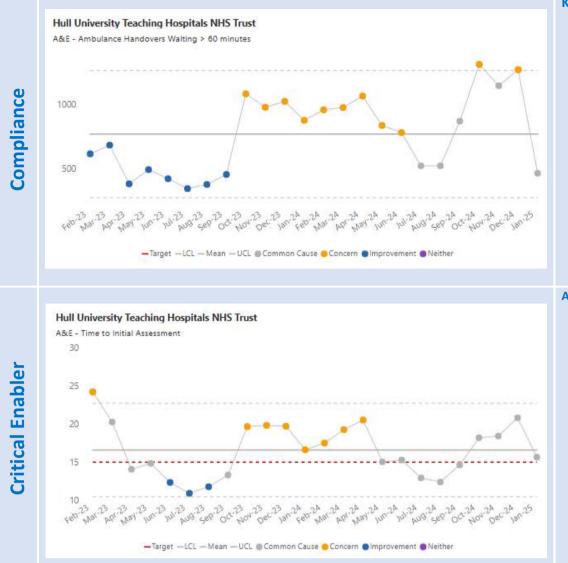
**37 |** Page

Overall page 598 of 773



Overall page 599 of 773

#### 34. Ambulance Handovers >60 minutes - HUTH



#### **Key Themes**

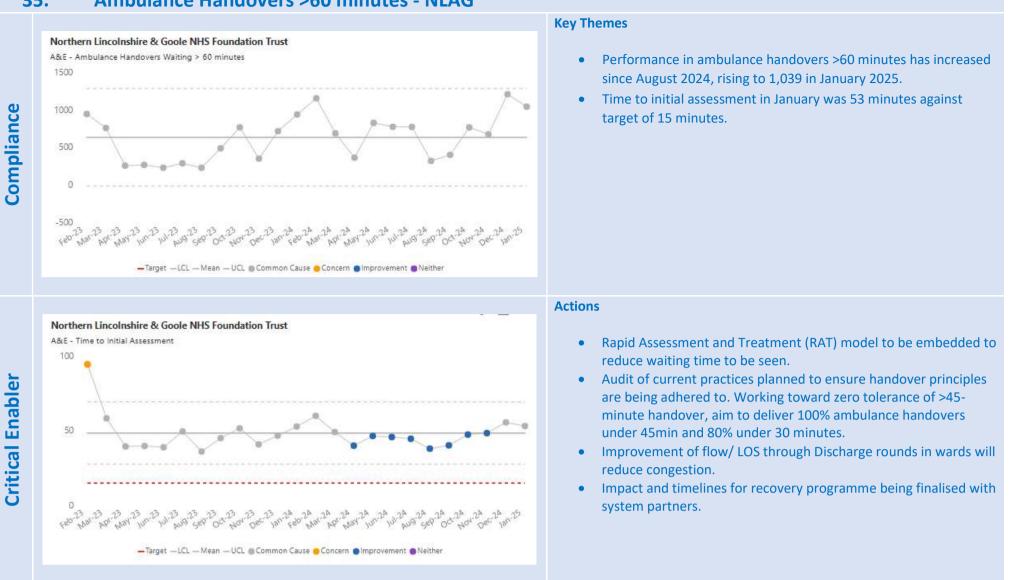
- Month on month reduction in the number of ambulance handovers >60 minutes from Feb to August as part of recovery programme, however, notable deterioration at HUTH from September to December 2024. Improved position in January 2025 (463)
- Root cause of handover delays linked to winter pressures and patient volumes in A&E, resulting in compression of available assessment spaces.
- Pressure on staffing levels that cover all elements of ED has increased due to an increase in non-admitted activity seen via ECA/ED. Action plan being progressed to align capacity and demand within ED establishment.

#### Actions

- Time to initial assessment in January was 16 minutes.
- 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.

**39 |** Page

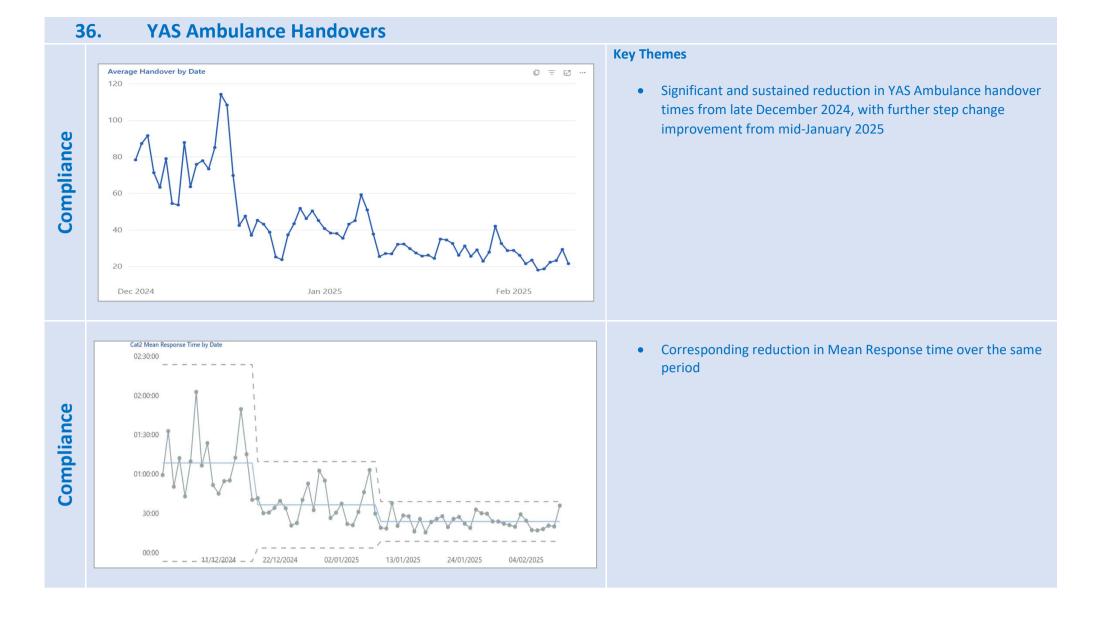
Overall page 600 of 773



#### 35. Ambulance Handovers >60 minutes - NLAG

**40** | Page

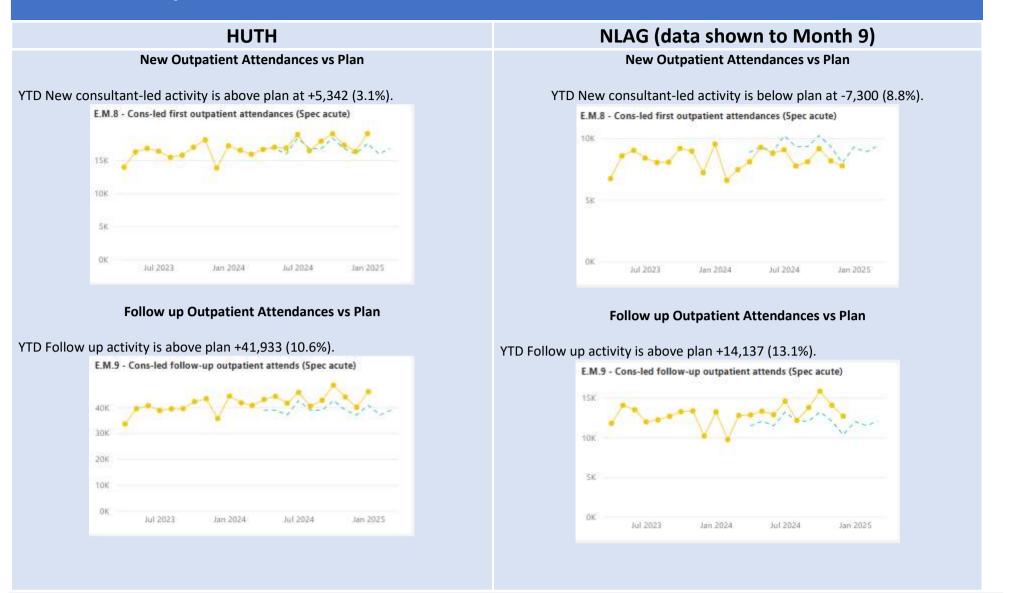
Overall page 601 of 773



**41 |** Page

Overall page 602 of 773

## 37. Activity

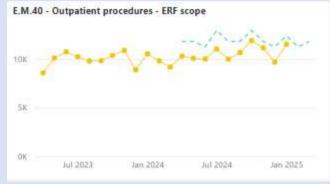


**42 |** Page

Overall page 603 of 773

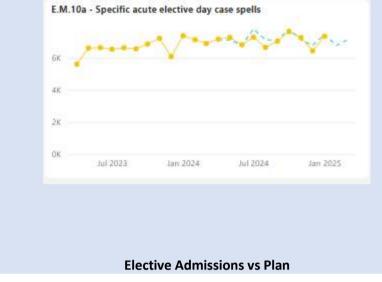
#### **Outpatient Procedures vs Plan**

YTD Outpatient procedure is under plan by -13,537 (11.3%). Action is being taken by the RTT Delivery Group to improve the recording of outpatient attendances with procedures.

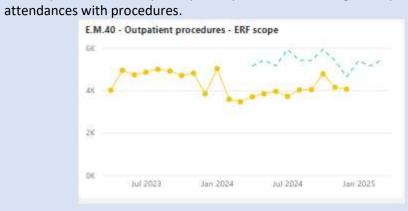




YTD Day case elective spells is below plan at -1,290 (1.8%).

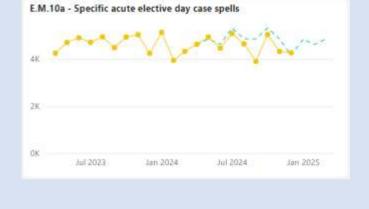


YTD Outpatient procedure is under plan by -12,222 (25.2%). Action is being taken by the RTT Delivery Group to improve the recording of outpatient



Day Case Admissions vs Plan

YTD Day case elective spells is below plan -2,154 (5.0%).

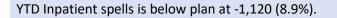


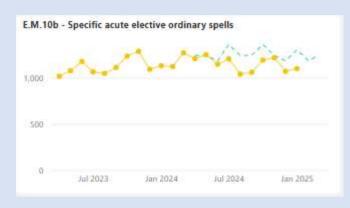
Elective Admissions vs Plan

**43 |** Page

#### **Outpatient Procedures vs Plan**

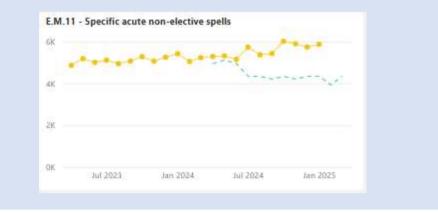
Overall page 604 of 773



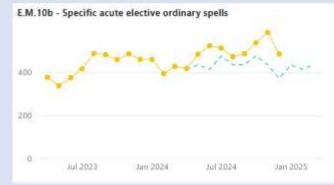


**Non-Elective Admissions vs Plan** 

YTD non-elective spells +10,684 (23.6%) over plan.

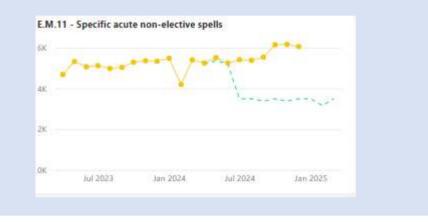


YTD Inpatient spells is above plan +616 (15.8%), however data is subject to further evaluation of correct operational recording of intended management (Daycase versus zero LOS inpatient). A recent audit has evidenced this to be a recording issue.



#### **Non-Elective Admissions vs Plan**

Non-elective spells above plan YTD +14,220 (39.0%).



**44** | Page

Overall page 605 of 773

## **38.** Elective Recovery Fund - HUTH

Hull University Teaching Hospitals	ERF Performance (%)													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD			
DAYCASE	116%	119%	118%	105%	102%	117%	115%	120%	106%	119%	114%			
ELECTIVE	107%	109%	104%	93%	97%	94%	96%	108%	98%	90%	99%			
OP FIRST ATTENDANCE	111%	116%	117%	115%	107%	118%	119%	117%	119%	125%	116%			
OP FIRST PROCEDURE	120%	117%	117%	114%	112%	124%	114%	122%	108%	120%	117%			
OP F/UP PROCEDURE	168%	165%	168%	155%	157%	164%	175%	174%	160%	177%	166%			
Total	114%	117%	115%	105%	104%	111%	111%	118%	108%	112%	111%			

Notes

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.

## **39.** Elective Recovery Fund - NLAG

Northern Lincolnshire & Goole Hospitals		ERF Performance (%)												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD			
DAYCASE	118%	119%	115%	117%	123%	103%	116%	115%	118%	120%	116%			
ELECTIVE	103%	110%	126%	110%	121%	108%	116%	122%	112%	113%	114%			
OP FIRST ATTENDANCE	94%	106%	107%	97%	93%	88%	92%	90%	93%	108%	97%			
OP FIRST PROCEDURE	94%	98%	95%	87%	104%	87%	88%	93%	100%	98%	94%			
OP F/UP PROCEDURE	77%	73%	83%	73%	87%	85%	92%	87%	91%	95%	84%			
Total	104%	109%	112%	106%	112%	98%	107%	107%	108%	113%	108%			

#### **NLAG Notes**

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

January's is low, giving us the favourable performance reported today, Feb's & March's are high, therefore it is likely the reported 108% will fall back to 106-107%

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.

**45 |** Page

Overall page 606 of 773

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.

Overall page 607 of 773

# Quality Performance Metrics

February 2025

United By Compassion: Driving For Excellence



Overall page 608 of 773

# Highlights and Lowlights



Partnership

The IPR is now published following development with the Information Team, building a refreshed reporting tool for the Group. There are some datasets being worked on as DQ issues identified through deployment. Most of the report used BI data from Information Services. A glossary is provided on the last slide.

Н	UTH	NLAG
Highlights	HSMR has reduced, with a 12-month rolling value of 103.2. Bacteraemia rates for E.coli, Pseudomonas and Klebsiella remain below trajectory. Incident reporting rates have increased over time, with improvement in the reporting culture. HUTH is identified as having a 'as expected' SHMI, with an overall SHMI of 1.1371. This is lower than last month's value of 1.1445 and improves from being 'higher than expected'	<ul> <li>HSMR rate is 89 for the rolling 12 months, below the 100 national average.</li> <li>NLaG is identified as having a 'as expected' SHMI, with an overall SHMI of 0.9825.</li> <li>FFT rates for Inpatient, Maternity and Outpatients remain above the national target</li> <li>Consistent achievement of the complaints 60-day response target.</li> <li>IPC Kelbsiella rate is below trajectory for the year.</li> </ul>
<ul> <li>Lowlights</li> <li>• • •</li> <li>• • •</li> </ul>	<ul> <li>Duty of candour compliance is lower than target and undergoing a change in process to ensure compliance with Regulation 20. Some care groups have systems in place and are working effectively, while others are developing their processes.</li> <li>For the conditions for which SHMI is calculated by NHS Digital - HUTH is identified as having a higher-than-expected SHMI for: <ul> <li>Secondary malignancies</li> <li>Septicaemia</li> <li>Urinary tract infections</li> </ul> </li> <li>VTE data remains below the 95% target overall and at 14 hours from admission.</li> <li>Safety Alert for Medical beds trolleys bed grab handles and lateral turning devices: risk of death from entrapment or falls is overdue</li> <li>NRFIT patient safety Alert is overdue, because of the specific needs for blocks to be included.</li> <li>FFT is below target on ED and Inpatients</li> <li>MRSA bacteraemia and C.Difficile rates are over the target for the year.</li> <li>Patient complaint rate of completion within timescales remains below target consistently.</li> </ul>	<ul> <li>Duty of candour compliance is lower over the last few months.</li> <li>For the conditions for which SHMI is calculated by NHS Digital – NLAG is identified as having a having a higher-than-expected SHMI for: <ul> <li>Septicaemia</li> </ul> </li> <li>VTE data remains below the 95% target overall and at 14 hours from admission.</li> <li>NRFIT patient safety Alert is overdue, because of the specific needs for blocks to be included.</li> <li>FFT remains below the target for ED.</li> <li>IPC C.difficile, E-coli, P.aeruginosa rates are higher than trajectory target for the year.</li> </ul>

# **Duty of Candour**



## Key themes

The rate of completion for Written Duty of Candour is below compliance rate required to meet the regulations, however some care groups have been able to achieve compliance more consistently. The impact of this has improved the overall compliance rate in January and February. There is a noticeable lag beyond the initial 10 days following the date the incident was reported

## Actions taken to improve:

- Datix dashboard available and weekly reporting continues.
- Care Group weekly performance reporting through the weekly monitoring report
- Sharing of good practice.
- · Further training for teams that require support.

The BI dashboard is being developed to provide this data for NLAG for all incidents, rather than the casework managed under PSII and Patient Safety Team facilitated learning responses, which has 100% compliance for December 2024.

For Care group managed DoC, the rate is lower bringing the overall rate down.

Tracking of each case continues as part of the incident and patient safety teams duties, working with colleagues in care groups to complete and progress verbal and written duty of candour.

## Key themes

NLAG

- 100% compliance of cases where there is a PSII or central team supported proportional learning response.
- 60% compliance for January and 61% compliance for February 2025 for the overall compliance rate, based on the number of outstanding written DoC cases listed.
- This is fairly evenly distributed across several care groups and types of incident, although Pressure ulcers account for 30% of the outstanding incidents.

## Actions being taken to improve:

· Care Group weekly performance reporting through the weekly monitoring report

## **Never Events**

## Key themes

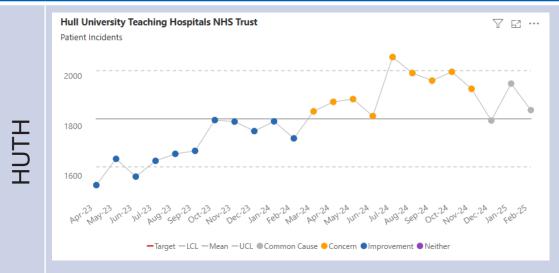
- There were no Never Events in the recent period.
- The Trust has reported 4 Never Events in 2024/25 to date (1 April 2024 to 30 September 2024). The Trust had previously reduced the number of never events to 1 in 2023/24, following 7 in 2022/23.
- There have been two never events declared in September 2024, following previous declarations in June and July 2024.
- NE case 1 Laterality error incorrect femoral component was used, recognised after introgenic injury in theatre. Delayed recovery as a consequence.
- NE case 2 Retained swab post caesarean section, requiring return to theatre when developed pain and some deterioration, following CT scan identification. Good recovery once removed.
- BI charts need updating to reflect all of the incidents above.

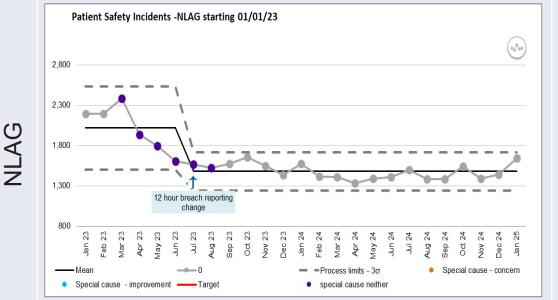
## Key themes

• The Trust last Never Event was in October 2024. Retained Guidewire following CVP Line insertion. No harm identified, with thorough clinical review and assessment. Investigation underway as PSII. Following review with the service and Deputy CMO undertaken to assess immediate actions and risk.

HUTH

# Patient Safety Incident (PSI) reporting





## Key themes

- The rate of patient safety incident reporting has risen over time, following the CQC report publication, action planning that followed and subsequent developments of the group arrangement. If this is sustained, we will apply a step change for the control limits reflecting the change observed.
- Reporting incidents, including no harm and near misses is a property of the safety culture and so the intent is to continue promoting incident reporting.
- Benchmarking data is limited currently due to NRLS changes to LFPSE and the transition period, but is now in the pipeline from national team updates for coming months.

## Key themes

- The chart illustrates historical step change when ED 12-hour waits were changed to cumulative daily reports rather than individual patient reports. Subsequently this has moved to capture only patients where harm is identified, with DTA delays reported though other methods.
- Reporting incidents, including no harm and near misses is a property of the safety culture and so the intent is to continue promoting incident reporting.
- The chart is produced with data from the Incident reporting system, but is in the workstream for Information services to report on.

# **Patient Safety Alerts**

## Key themes

BI dashboard in development

## Overdue – 2 alerts:

- Medical beds trolleys bed grab handles and lateral turning devices: risk of death from entrapment or falls. This breached the deadline of 1 March 2024
  across both Trusts. The ICB have stood down their working group and issued a letter advising on the locally agreed approach. HUTH/ NLAG meeting
  monthly to progress.
  - Policy work is positioned to take forward with input from Paediatric and Maternity teams to complete and enable implementation across the Trust.
- Transition to NRFit<sup>™</sup> connectors for intrathecal and epidural procedures, and delivery of regional blocks (due 31/1/2025) Mainly compliant, but local
  anaesthesia use in ED needs clarification and advice sought from national teams, including RCEM. Confirmation received from National team that risk
  assessment to be completed if not using NRFit needle for all regional block procedures.

<u>Pending, and not overdue – 1 alert:</u> Risk of Oxytocin Overdose during Labour and Childbirth (due 31/3/2025)

## Key themes

BI dashboard in development

## <u>Overdue – 1 alerts:</u>

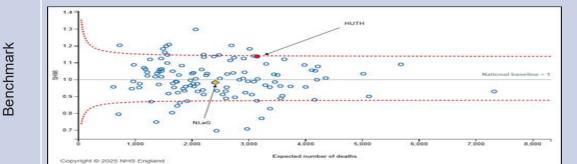
NLAG

HUTH

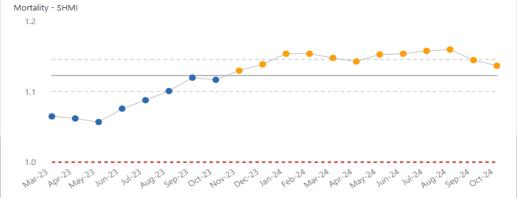
Transition to NRFit<sup>™</sup> connectors for intrathecal and epidural procedures, and delivery of regional blocks (due 31/1/2025) – Mainly compliant, but local anaesthesia use in ED needs clarification and advice sought from national teams, including RCEM. Confirmation received from National team that risk assessment to be completed if not using NRFit needle for all regional block procedures.

<u>Pending, and not overdue – 1 alert</u> Risk of Oxytocin Overdose during Labour and Childbirth (due 31/3/2025)

# **Mortality - SHMI**



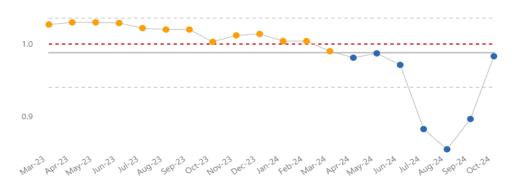




-Target -LCL -Mean -UCL Common Cause Concern Improvement

#### Northern Lincolnshire & Goole NHS Foundation Trust

Mortality - SHMI



SHMI values include the episode of care and 30 days following discharge survival and deaths risk ratings.

The latest SHMI values for each site are:

- Castle Hill 1.2620; 'higher than expected' (previously 1.2984 and 'higher than expected')
- Hull 1.0986; 'as expected' (previously 1.0985 and 'as expected')
- Grimsby 0.9446; 'as expected' (previously 0.8640 and 'as expected')
- Scunthorpe 1.0111; 'as expected' (previously 0.9073 and 'as expected')
- · Goole insufficient activity for SHMI to be calculated

### Key themes

HUTH is identified as having a 'as expected' SHMI, with an overall SHMI of 1.1371. This is lower than last month's value of 1.1445.

For the conditions for which SHMI is calculated by NHS Digital - HUTH is identified as having a higher than expected SHMI for:

- Secondary malignancies
- Septicaemia
- Urinary tract infections

#### Key themes

NLaG is identified as having a 'as expected' SHMI, with an overall SHMI of 0.9825. This is higher than last month's value of 0.8956.

For the conditions for which SHMI is calculated by NHS Digital – NLAG is identified as having a higher than expected SHMI for:

Septicaemia

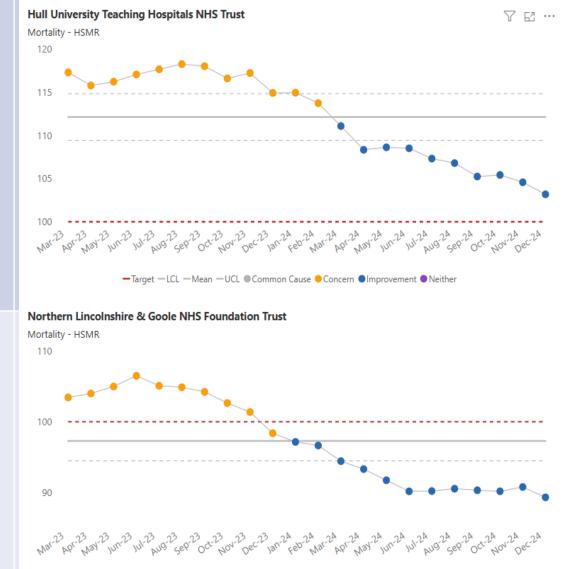
NLAG has a data issue shown in July-September 2024, which will be rectified in a few months time once processed by NHS Digital.

#### Actions being taken to improve across the Group:

- Septicaemia is a Quality priority for the Group and remains an area of focus through the Mortality Improvement Group.
- Mortality Improvement Group workplan and oversight of workstreams to investigate causes of concern in the data.
- Learning from deaths reporting arrangements each quarter.

HUTH

# **Mortality - HSMR**



-Target -LCL -Mean -UCL Common Cause Concern Improvement Neither

HSMR is a risk adjusted mortality index for a basket of 56 diagnosis groups. The risk adjusted tool uses 100 as the national baseline, focusing on the inpatient episode, and therefore the inpatient risk of death.

### Key themes

The latest HSMR data available is December 2024, with a 12 month rolling value of 103.2. Improvements over time have been observed in the following CCS groups:

- · Fractured neck of femur
- Gastrointestinal haemorrhage
- Acute cerebrovascular disease
- Acute myocardial infarction
- Aspiration pneumonitis
- COPD
- Congestive heart failure
- Pneumonia

## Key themes

There has been a statistically significant improvement with successive reduction in the HSMR over the past fourteen months, now at 89.3.

Improvements over time have been observed in the following CCS groups:

- Cancer of bronchus; lung
- Acute bronchitis
- · Acute and unspecified renal failure
- Fracture of neck of femur (hip)
- Urinary tract infections
- Gastrointestinal haemorrhage
- Secondary malignancies
- Aspiration pneumonitis; food/vomitus
- Pneumonia

NLAG

HUTH

# Falls

# Hull University Teaching Hospitals NHS Trust Falls - per 1,000 bed days HUTH —Target —LCL —Mean —UCL Common Cause Concern Improvement Neither Northern Lincolnshire & Goole NHS Foundation Trust Falls - per 1,000 bed days NLAG

# Jun-24 Jul-24 Aug-24 Sep-24 Oct-24 Nov-24 Dec-24 Jan-25 Feb-25

-Target -LCL -Mean -UCL Common Cause Concern Improvement Neither

## Key themes

HUTH – The Falls Improvement Programme has been successful in driving a reduction in the number of falls across the Trust, through the appointment of key leads, focus on risk assessments and environment and learning from incidents.

There is a moderate reduction in the rate of falls per 1000 bed days, demonstration the impact of focused falls reduction activities and falls prevention policies.

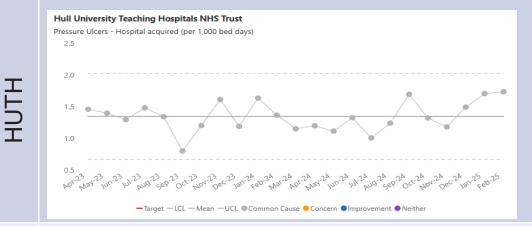
## Key themes

NLAG Falls rate data shows common cause variation. Repeated fall cases are reviewed by Matrons and Swarm huddles are used to review care provision.

## Actions being taken to improve across the Group:

- A strategic action plan has been in place in NLAG and is being reviewed for the group context.
- Falls team review all repeated fall cases.
- Weekly review of all falls incidents
- Escalation of concerns, including fatal outcomes are reported to the Weekly Learning Response Panel

# **Pressure Ulcers**





### Key themes

• There is an increase in the rate of hospital acquired pressure ulcers for January and February 2025.

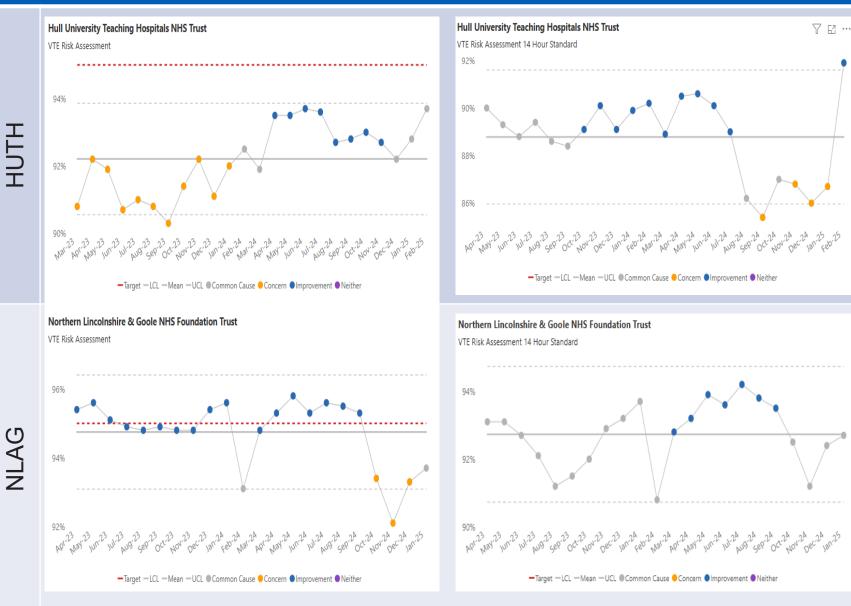
## Key themes

- The NLAG BI report data is provided, but does not include SPC reporting. Work continues with Information services on this aspect.
- NLAG Hospital acquired pressure ulcer rate appears static.
- North Lincolnshire Community The bar chart illustrates the data which has increased in January 2025. Development to use SPC is being explored with the Information Services team.

## Actions being taken to improve across the Group:

- Groupwide Pressure Ulcer Group has been established
- Strategic Action Plan is in development
- Weekly Pressure Ulcer Incident review process.

# **VTE Risk assessment rate**



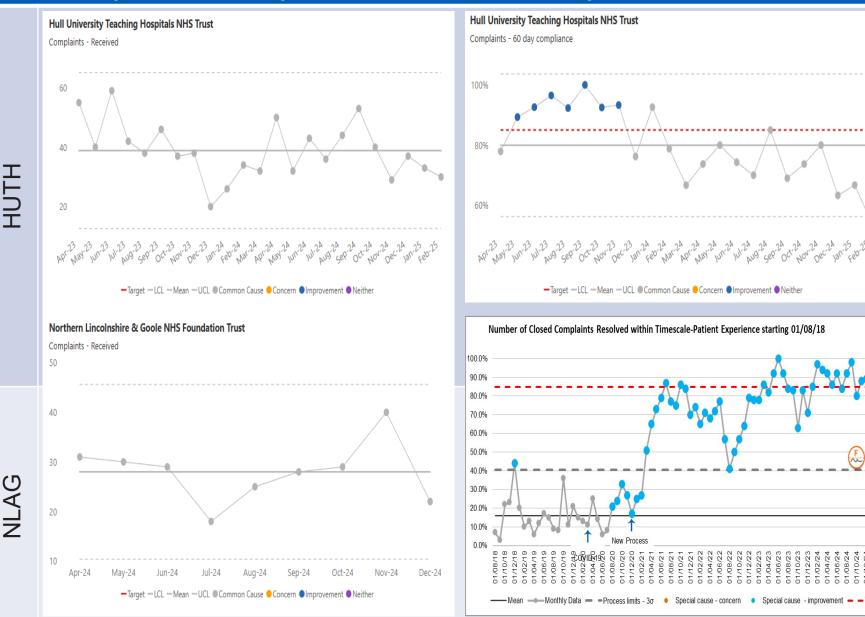
## Key themes

- VTE risk assessment compliance has been measured historically, which is the chart to the left, but is within one day of admission.
- With the renewal of the quarterly national data submissions in 2024, the guidance is clear that providers should submit data reflecting the percentage of assessments completed within 14 hours of admission, recognising this is the specified time to start pharmacological thromboprophylaxis should the assessment reflect this. This is illustrated on the charts to the right.
- Both NLAG and HUTH data demonstrate that the 95% target is not achieved for these measures.

### Actions being taken to improve:

• Care Group data is available to provide focus on the relevant teams to address their performance and will be used in the Performance Review meetings and at the Patient Safety and Learning Group as part of Care Group Highlight reports.

## Patient Experience: Complaints – received and compliance with KPIs



#### Key themes

- Normal variation seen across the complaints received rate.
- Compliance with timescales remains below the 85% target. A contribution to this has been the sign off process delays due the volume and the quality of the responses

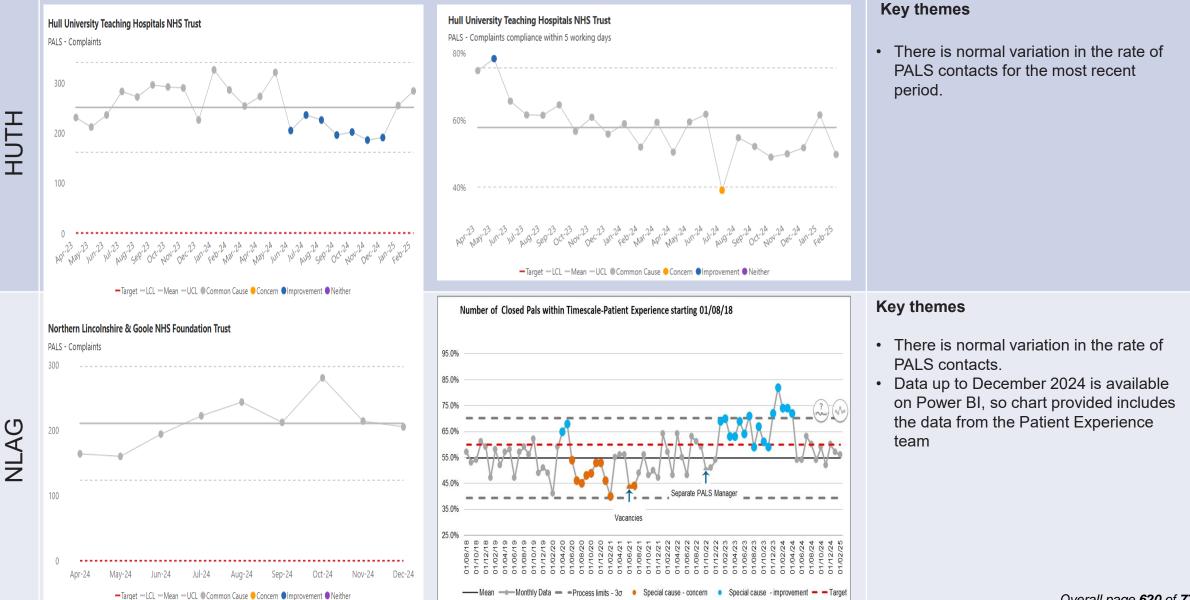
#### Actions to improve:

- Central team are aiming to work across the group, following the NLAG investigation and response model.
- Reporting of Care Group performance
- Weekly meetings with Care Group and Central team case handlers.
- Care Group Performance Meeting with Site Nurse Director
- Additional resource identified for AEMCG (extension of Secondment with focus on specific Care Group).
- New Complaints Facilitator starting end of March 2025.
- Support & Challenge meetings set-up with team at HUTH to mirror NLaG in January.

#### Key themes

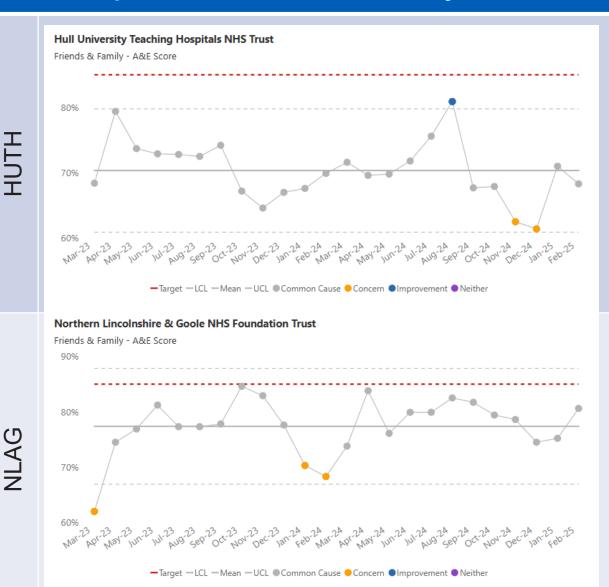
- The rate of complaints received is within normal variation for the data.
- The NLAG performance is predominantly achieving the standard or close to it, with a dip in performance in February. A contribution to this has been the sign off process delays due the volume and the quality of the responses

# **PALS – received and response times**



Overall page 620 of 773

# Patient Experience – Friends and Family Test A&E



## Key themes

- · Normal variation found in last 2 months.
- Remains below the target at 68.3% for February.

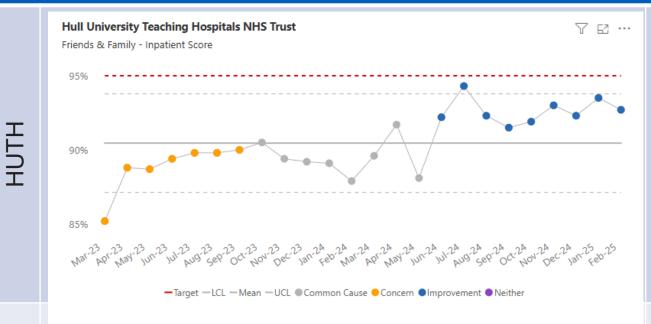
### Key themes

- Normal variation patterns observed for the recent period.
- · Remains below the target at 80.6% for February

## Actions being taken to improve across the Group:

- · Performance data available in the Care Group
- Initiatives to improve timely ambulance handover delays
- Initiatives to support patients despite crowding in the EDs.

## Patient Experience – Friends and Family Test Inpatient and daycase



#### Northern Lincolnshire & Goole NHS Foundation Trust

— Target — LCL — Mean — UCL . Common Cause 💛 Concern . Improvement . Neither

## Key themes

• Improvement seen over time, with the Trust remaining below the national target of 95%, at 92.7% in February 2025.

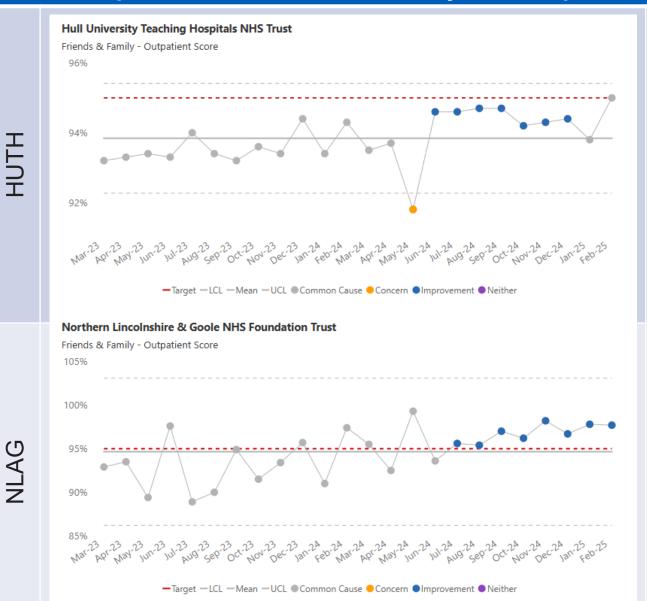
## Actions to improve:

- Negative responses are disseminated to care groups for learning which is a key focus of improvement across the themes of staff attitude, communication and environment.
- Care Group performance monitoring.

## Key themes

• Consistency in achievement of the 95% target.

## Patient Experience – Friends and Family Test Outpatient



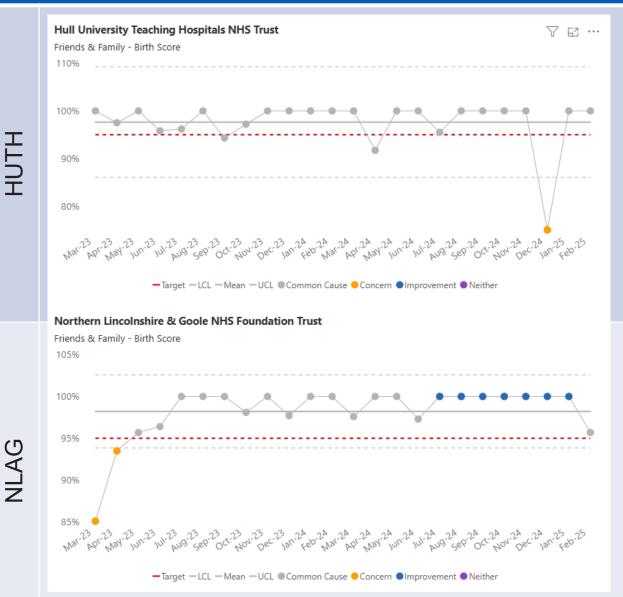
## Key themes

• The Trust's position has incrementally improved since 2022 towards the 95% target, with the exception of May 24 which was due to a supplier collection issue of our SMS responses. 95% was achieved in February 2025.

### Key themes

• Sustained achievement over the target of 95%.

# Patient Experience – Friends and Family Test Maternity (Birth)



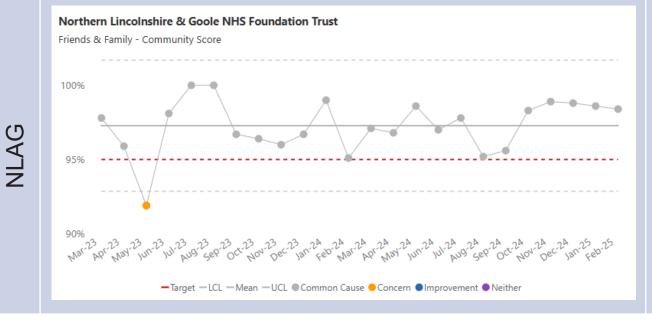
## Key themes

• Sustained positive results following a dip of performance in December 2024.

## Key themes

· Sustained positive results are seen, remaining above the target/

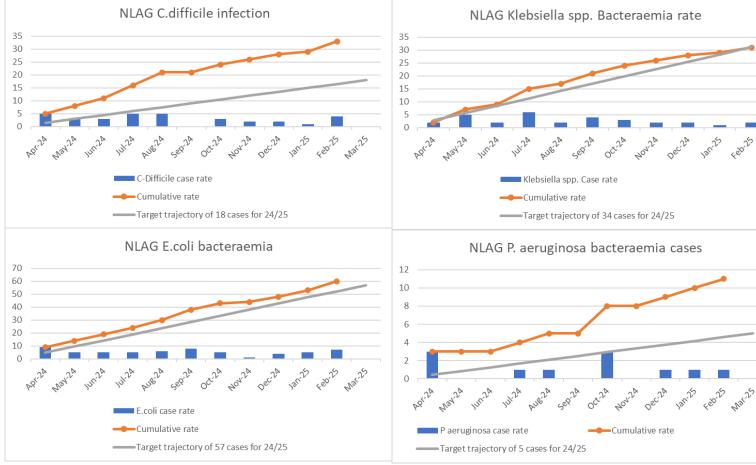
# Patient Experience – Friends and Family Test Community (NLAG only)



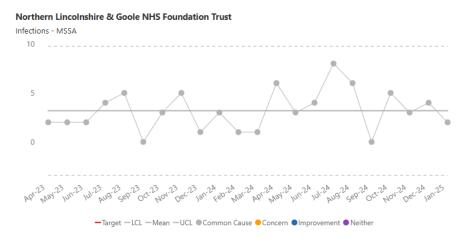
## Key themes

• Normal variation pattern is found and the Trust is consistently achieving the 95% target.

# **Infection Control - NLAG**

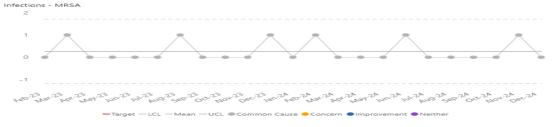


# NHS **Humber Health Partnership**



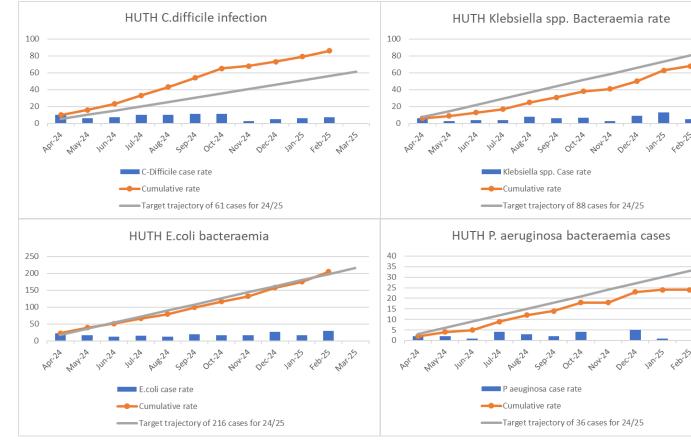
Alert organism	2024/25 Target	M11	YTD rate	Trajectory RAG
C. Difficile	18	4	33	
E. Coli	57	7	60	
P. Aeruginosa	5	1	11	
Klebsiella spp.	34	2	31	
MRSA bacteraemia	0	0	5	
MSSA bacteraemia	No target	3	25	NA
Key: Red – over annual target; Amber - over trajectory; Green – within trajectory				

Northern Lincolnshire & Goole NHS Foundation Trust

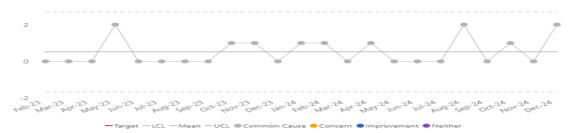


- C.difficile this now over the target for the year with increases reported nationally. Further investigation of issues is being identified through PIR investigation processes.
- P. Aeruginosa and E-coli The rate is now over the annual target for both. PIR processes will explore if there are learning opportunities from this.
- · Klebsiella is just under the trajectory.
- MRSA bacteraemia 0 cases during February 2025, with the year to date to 5 cases. Overall page 626 of 773

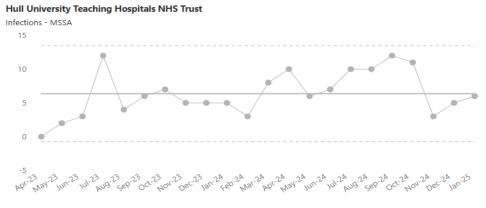
# Infection Control - HUTH



Hull University Teaching Hospitals NHS Trust Infections - MRSA







- Target - LCL - Mean - UCL ● Common Cause ● Concern ● Improvement ● Neither

Alert organism	2024/25 Target	M11	YTD rate	Trajectory RAG
C. Difficile	61	7	86	
E. Coli	216	30	205	
P. Aeruginosa	36	0	24	
Klebsiella spp.	88	5	68	
MRSA bacteraemia	0	1	8	
MSSA bacteraemia	No target	7	76	NA

Key: Red – over annual target; Amber - over trajectory; Green – within trajectory

- C.difficile This has now breached the annual target. There is a national increase reported, with further investigation of issues identified in PIR investigation processes.
- MRSA bacteraemia One case during February 2025, and now nine reported in the year to date. PIR investigation undertaken to identify concerns in relation to practice and risk factors, IPC and clinical teams meeting to review.
- The other organisms remain below trajectory targets.

Overall page 627 of 773

# Glossary

NHS Humber Health Partnership

- C.difficile clostridium difficile is a type of bacteria that can cause bowel infection
- CCS Clinical Classification Software
- CHH Castle Hill Hospital
- COPD Chronic Obstructive Pulmonary Disease
- CQC Care Quality Commission
- CT Computerised Tamography scan, using x-ray techniques to build detailed images.
- CVP Central Venous Pressure lines are used to monitor haemodynamic status in critically unwell
  patients and can also be used to provide medicines into the large veins returning blood to the heart.
- DPOW Diana Princess of Wales Hospital, Grimsby
- E.coli Escherichia coli are a group of bacteria that are found in the gut of nearly all people, but can cause infections if gets into new areas, such as wounds, urinary catheter sites and can cause blood stream infections.
- ED/ A&E Emergency Department
- FFT Friends and Family Test
- GDH Goole District Hospital
- HHP Humber Health Partnership
- HSMR Hospital Standardised Mortality Ratio, a measure to assess the in-hospital death rate
- HRI Hull Royal Infirmary
- HUTH Hull University Teaching Hospitals NHST
- ICB Integrated Care Board
- IPC Infection prevention and control
- Klebsiella Klebsiella Pneumonia are normally harmless bacteria that are found in the gut but can cause infections in the blood stream and pneumonia.

- LFPSE Learning from Patient Safety Events is a national database that provider organisations automatically submit patient safety incidents to from their incident reporting systems.
- MRSA Methicillin-resistant Staphylococcus aureus, which is resistant to the normal treatments for staphylococcus infections and can be difficult to treat in wound and blood stream infections.
- Never Event/NE Considered to be wholly preventable due to safety measures available from national safety notices and defined by the Never Event List provided by NHS England.
- NLAG Northern Lincolnshire and Goole NHSFT
- NPSA National Patient Safety Alert
- NRFIT An injection connection device to specifically reduce risk of error for spine and other anaesthetic blocks.
- PALS Patient Advice and Liaison Service
- PIR Post Infection Review
- Pressure Ulcer/PU Tissue damage from pressure from prolonged pressure from sitting, laying or devices causing ulceration.
- PSI Patient Safety Incident
- PSII Patient Safety Incident Investigation, a detailed investigation as part of the response to an incident where there may be significant learning.
- RAG Red, Amber, Green colour coded ranking, worst to best,
- RCEM Royal College of Emergency Medicine
- SGH Scunthorpe General Hospital
- SHMI Summary Hospital-level Mortality Indicator, a measure to assess the in-hospital and for 30 days following discharge death rate.
- VTE Venous thromboembolism, linked with risk assessment and prophylaxis.



Group People Directorate Workforce Integrated Performance Report

# February 2025

Workforce Intelligence

HR Workforce Reports - Power BI Report Server (hey.nhs.uk)

# **Exception Report**

#### Vacancy Rate

The overall vacancy rate for the Group is currently at 4.4%, showing a decrease of 0.4% compared to the previous month. NLAG has a vacancy factor of 6.5% and HUTH 2.7%. When adjusted for bank and agency usage, the Group vacancy factor is -32.4WTE. NLAG's adjusted vacancy factor is -99.7 WTE, reflecting a slight increase in establishment growth and higher usage of temporary staff due to absences. In contrast, HUTH's adjusted vacancy factor of 67.3 WTE. Among the staff groups, Add Prof Scientific and Technic shows the highest vacancy factor at 23.4%, 105.7 FTE. However, when adjusted for temporary staffing, this rate drops slightly to 22.1%

#### Current actions in place?

Consultant recruitment continues to be a priority, with a current vacancy rate of 13.6%. There are 15 Consultants in the recruitment pipeline, awaiting start dates. Once these positions are filled, the vacancy rate is expected to decrease to 13.4%, accounting for current turnover rates. Operations South is the primary area of concern with a 65.6 FTE vacancy factor, this is predominately across the Acute and Emergency Medicine Care Groups mainly within NLAG with a 37WTE vacancy position.

Measures to address this include redesigned sourcing campaigns, driving continuous recruitment activity, engaging previous candidates, networking, marketing, establishment reviews, converting locum Consultants to substantive roles, and establishing different workforce models including the use of Specialists. Work is currently underway to convert 2 agency locum Consultants in Acute Medicine to substantive roles via AAC appointment. 23 Specialist roles have been established across NLAG, the majority of these are as alternatives to Consultants in the short term to create development posts which allow autonomous practice and will be disestablished upon the postholder qualifying to take up the substantive Consultant role. 7 roles in Acute Medicine have been appointed to as Specialists. This model will be introduced wider across the group.

The overall medical and dental vacancy rate has improved significantly, now holding steady at approximately 4.6%. Progress in SAS recruitment and a stronger market for resident doctor roles have been key contributors.

The registered nurse vacancy rate has also improved, with a substantive vacancy of 57.7 FTE. However, this improvement is offset by the vacancy situation at NLAG, which stands at 104.1 FTE, and HUTH, which is over-established by -46.4 FTE. The main vacancies within NLAG are band 6 and above at 79.46 FTE. The 2025 NQN intake campaign is set to launch in February 2025. Challenges continue in the Additional Clinical Services area due to current market conditions, especially for unregistered nursing roles. To address this, a redesigned cohort recruitment approach targeting specific areas will launch in February. Additionally, campaigns for priority roles in the Additional Scientific and Technical Staff group are being prepared for launch this month.

#### Other

Agency usage has increased over the past three months, peaking in January across the Group at 159.7 FTE due to winter pressures. This month, there has been a slight decrease, with usage now at 149.6 FTE. Retention remains below the target of 10% across the Group, currently at 8.7%. Specifically, NLAG is at 9.3%, and HUTH is at 8.3%. Sickness levels continue to exceed the target of 4%, with the Group currently at 4.6%. NLAG is at 5.2%, and HUTH is at 4.2%. The main reasons for absence are cold, cough, and flu, which are attributed to winter pressures across the Group.

#### **Operational Planning**

The workforce plans have now been submitted. The workforce elements of the plan have now been adjusted for the final submission to ensure alignment with the target of a 30% agency reduction and a corporate reduction of 169 WTE across the group over a 4-year period, with an even split each year. This equates to 42.25 WTE per year, achieved through increased scrutiny on vacancy control, MARS, and IT efficiencies. **Current actions in place?** 

A new Workforce Planning Power BI report will be implemented to track the plan against actuals, using the PWR returns each month. This will help ensure accountability to the plans and allow for ongoing monitoring and adjustments as needed.

#### **Role Specific Training**

NLAG reports a role-specific compliance rate of 82.5% as of the latest update, reflecting a 1.7% improvement from the previous report in December. However, this is still 2.5% below the Trust's target. HUTH reports a role-specific compliance rate of 81.9%, showing a 2.7% increase from December, but still 3.1% below the required target of 85%.

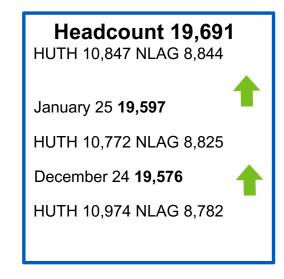
The following two areas remain significantly below the Trust's compliance target of 85%, though both have shown improvement over the past two months:

Medical and Dental compliance stands at 73.1%, a 2.1% increase from the previous report, though still well below the target.

#### What actions are in place to mitigate?

The Groupwide L&D team is auditing role-specific required learning for all staff, including Medical and Dental, to align with NHSE guidelines. Non-essential learning will be removed, with the process set to conclude by March 2025, followed by annual quality reviews. A bespoke learning package for Medical and Dental staff includes individualised eLearning links and scheduled face-to-face sessions to address compliance gaps.

This slide represents the workforce of the NHS Humber Health Partnership Group. It includes details related to Staff in Post, Headcount and Establishment February 25 Workforce Position

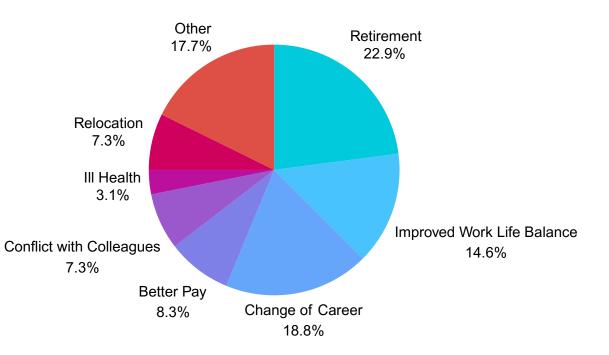


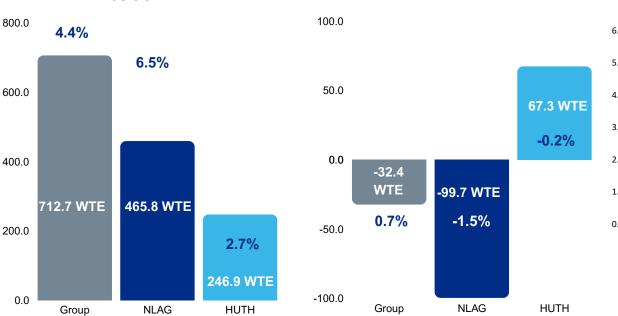






## Humber Health Partnership Exit Questionnaire Data





The next two slides represents the vacancy and recruitment activity of the NHS Humber Health Partnership Group. It includes details related to specific staff groups and pipeline information

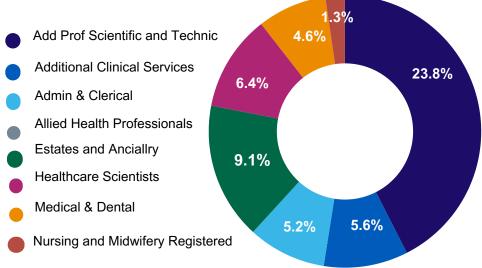
February Group Overall Adjusted

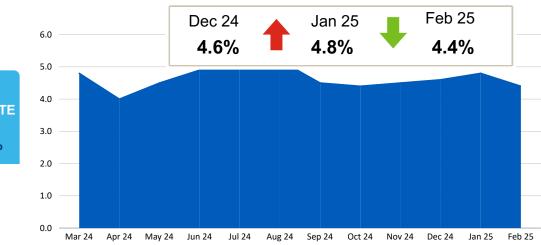
**Vacancy Position** 

## February Group Overall Vacancy Position



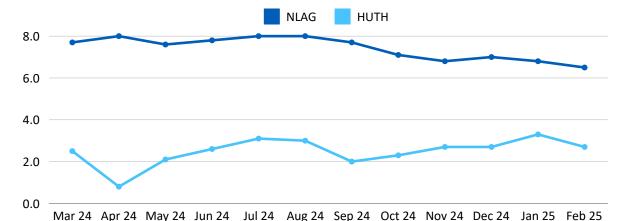
## February Group Overall Vacancy by Staff Group





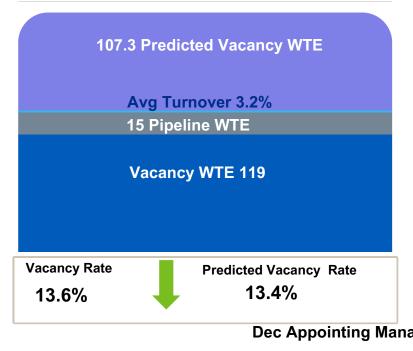
**Group Overall Vacancy Trend** 

## **Group Overall Vacancy Trend by Trust**



#### Overall page 632 of 773

## **Group Consultant Vacancy 3 Month Predication**





Staff Group	Headcount	Est FTE	SIP FTE	Vacancies FTE	% Vacancies	Agency FTE	Bank FTE	Adjusted Vacancies FTE	% Adjusted Vacancies
Add Prof Scientific and Technic	297	334.8	235.7	99.1	29.6%	0.0	2.7	96.4	28.8%
Additional Clinical Services	1,982	1461.6	1384.1	77.5	5.3%	1.0	66.8	9.7	0.7%
Administrative and Clerical	2,147	1779.9	1702.0	77.9	4.4%	1.0	18.5	58.4	3.3%
Allied Health Professionals	792	665.3	688.5	-23.2	-3.5%	2.9	0.2	-26.3	-3.9%
Estates and Ancillary	705	624.8	568.6	56.2	9.0%	0.0	1.5	54.7	8.7%
Healthcare Scientists	189	173.4	173.2	0.2	0.1%	0.2	0.1	-0.1	0.0%
Medical and Dental	1,489	1356.1	1350.4	5.7	0.4%	23.7	17.9	-35.8	-2.6%
Nursing and Midwifery Registered	3,207	2653.6	2700.0	-46.4	-1.7%	10.6	32.8	-89.8	-3.4%
Students	39	39.0	39.0	0.0	0.0%	0.0	0.0	0.0	0.0%
Total	10,847	9088.5	8841.6	246.9	2.7%	39.2	140.5	67.3	0.7%

## **NLAG Feb 25 Overall Position**

Staff Group	Headcount	Est FTE	SiP FTE	Vacancies FTE	% Vacancies	Agency FTE	Bank FTE	Adjusted Vacancies FTE	% Adjusted Vacancies
Add Prof Scientific and Technic	146	109.1	102.5	6.7	6.1%	0.7	2.4	3.6	3.3%
Additional Clinical Services	2,128	1576.2	1484.7	91.5	5.8%	1.1	144.9	-54.5	-3.5%
Administrative and Clerical	1,707	1407.4	1319.2	88.2	6.3%	0.0	46.4	41.9	3.0%
Allied Health Professionals	552	488.9	485.5	3.4	0.7%	3.2	8.0	-7.8	-1.6%
Estates and Ancillary	866	585.8	532.0	53.9	9.2%	0.0	69.1	-15.2	-2.6%
Healthcare Scientists	254	186.0	163.2	22.9	12.3%	0.3	5.9	16.7	9.0%
Medical and Dental	780	857.7	762.6	95.1	11.1%	60.6	50.6	-16.0	-1.9%
Nursing and Midwifery Registered	2,405	1930.9	1826.8	104.1	5.4%	44.6	128.0	-68.4	-3.5%
Students	6	0.0	0.0	0.0		0.0	0.0	0.0	
Total	8,844	7142.1	6676.3	465.8	6.5%	110.4	455.2	-99.7	-1.4%

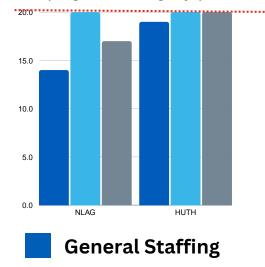
## **Dec Appointing Manager Metrics**



Time	Time taken to provide interview outcome (Target 2 Working days)						
3.0	()	arge	t 2 W	orkinę	g day	s)	
2.5							
2.0						••••••	 
1.5	-				-		
1.0	-			_	-		
0.5	-						
0.0		NLAG			HUTH		

## **Dec Recruitment Team Metrics**

Time to Hire (Target 20 working days)



**Medical Staffing** 

**All Staffing** 

Recruitment KPI Overview	HUTH	NLAG	Total
Number of Active Vacancies	225	127	352
Number of Applications recived	6872	4503	11,375
Number of Conditional Offers Issued	147	141	288
Number of New Starters	431	160	591

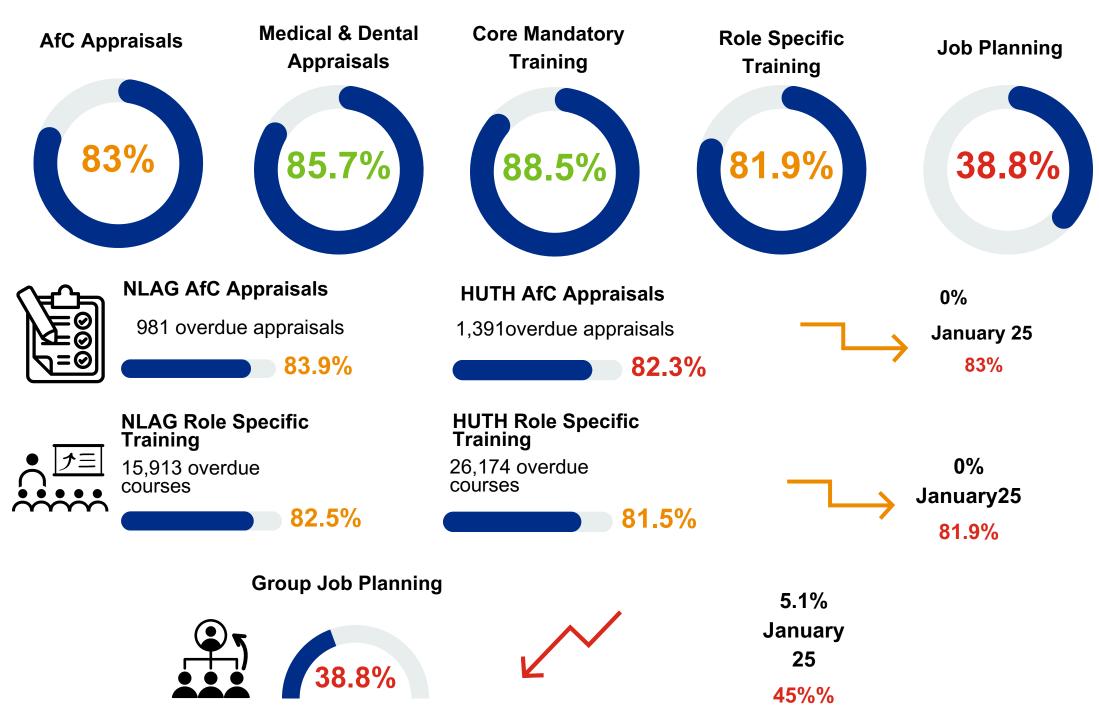


\*New Starters are demonstrated as headcount and will include Bank Staff that are represented as 0WTE

The next slide represents the Agency performance of the NHS Humber Health Partnership Group.

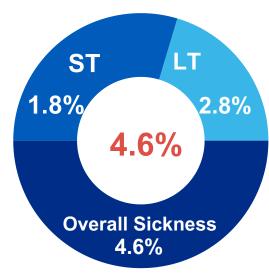


The next slide represents the performance management activity of the NHS Humber Health Partnership Group. It includes details related to appraisals, training and Job Planning.



The next two slide represents the employee wellbeing and retention activity of the NHS Humber Health Partnership Group. It includes details related to Turnover, absence rates and retention.

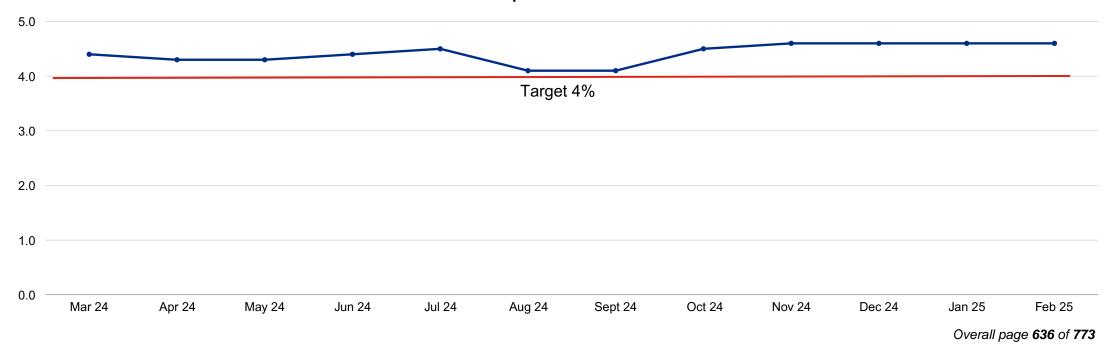
## **Group February Sickness Position**



## Group Top 5 Reasons for Sickness

Absence Reason - 12 Month rolling	FTE Days Lost ▼
S13 Cold, Cough, Flu - Influenza	966.28
S25 Gastrointestinal problems	823. <mark>13</mark>
S98 Other known causes - not elsewhere classified	648.01
S10 Anxiety/stress/depression/other psychiatric illnesses	640.03
S12 Other musculoskeletal problems	288.45

**Group Sickness Trend** 



Group FebraurtyTurnover Position	% First `	Year Leavers		12month Avg Retention		
Retained Staff 91.6%	20.7%			7% 33% 60%		
Group Top 5 Reasons for Leaving Total Instances	Group Turno	v NLAG Turnover		First Year Leavers Starters WTE		
Leave Reasons - Selected Month	<b>.</b>	9.1%		Leavers WTE		
▲ <b>▼</b>	8.4%					
Voluntary Resignation - Relocation       12.3         Voluntary Resignation - Other/Not Known       10.3		HUTH Turnover				
Voluntary Resignation - Work Life Balance 7.6		7.9%				
Retirement Age 7.5		ates by Staff Group				
Voluntary Resignation - Promotion 4.5		by otall croup				
Add Prof Scientific and Tech	6.4%	5.3%				
Additional Clinical Services	12.1%		11.1%			
Admin & Clerical	9.5%		11.8%			
Allied Health Professionals	8.1%		6.6%			
Estates and Ancillary	8.7%	1	1.8%			
Healthcare Scientists	7.5%	4.4%				
Medical & Dental	7.1%	3.0%				
Nursing and Midwifery	7.7%	5.0%				
-						





## **Trust Boards-in-Common Front Sheet**

## Agenda Item No: BIC(25)065

Name of Meeting	Trust Boards-in-Common			
Date of the Meeting	10 April 2025			
Director Lead	David Sharif, Group Director of Assurance			
Contact Officer / Author	As Above			
Title of Report	Documents Signed Under Seal			
Executive Summary	The report below provides details of documents signed under Seal since the date of the last report provided in February 2025. The report includes documents sealed by Northern Lincolnshire & Goole (NLaG) NHS Foundation Trust and Hull University Teaching Hospital (HUTH) NHS Trust had no documents sealed during this period			
Background Information				
and/or Supporting	This is a routine report in the agreed format			
Document(s) (if applicable)				
Prior Approval Process	N/A			
Financial Implication(s) (if applicable)	Not directly			
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A			
Recommended action(s)	🗆 Approval	✓ Information		
required	Discussion	□ Review		
	□ Assurance	□ Other – please detail below:		

## Introduction

Standing order 60.3 requires that the Trust Board receives reports on the use of the Trust Seal.

## 60.3 Register of Sealing

"An entry of every sealing shall be made and numbered consecutively in a book provided for that purpose, and shall be signed by the persons who shall have approved and authorised the document and those who attested the Seal. (The report shall contain details of the seal number, the description of the document and date of sealing)".

The Trust's Seal at NLaG has been used on the following occasions, HUTH did not have any documents sealed during this period:

<u>Seal</u> <u>Register</u> <u>Ref No.</u>	Description of Document Sealed	Seal Signed by	<u>Date of</u> <u>Sealing</u>				
NLaG Docu	NLaG Documents Sealed						
291	Intermediate Building Contract NLaG & Hobson & Porter Ltd Removal of Cardiology Roof Comprising RAAC at SGH	Jonathan Lofthouse Emma Sayner	03.02.2025				

## Action Required

The Trust Boards-in-Common are asked to note the report.





## **Trust Boards-in-Common Front Sheet**

## Agenda Item No: BIC(25)066

Name of the Meeting	Trust Boards-in-Common			
Date of the Meeting	10 April 2025			
Director Lead	David Sharif, Group Director of Assurance			
Contact Officer/Author	David Sharif, Group Director of Assurance			
Title of the Report	Trust Boards-in-Common & Committees Meeting Cycle			
Executive Summary	The attached schedule provides the planned dates and times of Trust Boards and Committees-in-Common meetings for the period between January 2025 and December 2025. The report also includes the schedule for January - December 2026.			
Background Information and/or Supporting Document(s) (if applicable)	This is a routine report in the agreed format.			
Prior Approval Process	None			
Financial implication(s) (if applicable)	N/A			
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A			
Recommended action(s) required	<ul> <li>□ Approval</li> <li>□ Discussion</li> <li>□ Assurance</li> <li>✓ Information</li> <li>□ Review</li> <li>□ Other – please detail below:</li> </ul>			

#### MEETING SCHEDULE - 2025 - V14

								_				
MEETING	Jan	Quarter 4 (24/25) Feb	Mar	Apr	Quarter 1 (25/26) May	Jun	Jul	Quarter 2 (25/26) Aug	Sep	Oct	Quarter 3 (25/26) Nov	Dec
Trust Board Public & Private		12.00.05		10.04.05		10.00.05		14.00.05	02.10.25	00.40.05		11 10 05
(Thursdays - 9.00 am - 5.00 pm)		13.02.25 Boardroom, HRI		10.04.25 Boardroom, DPOW		12.06.25 Boardroom, HRI		14.08.25 Boardroom, DPOW	11.30 am - 1.00 pm HUTH Annual General Meeting	09.10.25 Boardroom, HRI		11.12.25 Boardroom, DPOW
Board Development (Thursdays - 9.00 am - 5.00 pm)			13.03.25		08.05.25		10.07.25		11.09.2025		13.11.25	
(mulsuays - 5.00 am - 5.00 pm)		L	Boardroom, DPOW		Boardroom, HRI		Boardroom, DPOW		Boardroom, HRI		Boardroom, DPOW	
Committees in Common												
Performance, Estates & Finance (Tuesdays - 9.00 am - 12.30 pm)	Meeting falls in December 2024 due to previous reporting cycle	04.02.25 Boardroom, DPOW	04.03.25 Boardroom, HRI	01.04.25 Nightingale, SGH	06.05.25 Boardroom, HRI	03.06.25 Boardroom, CHH	01.07.25 Boardroom, DPOW	05.08.25 Nightingale, SGH	02.09.25 Boardroom, HRI	30.09.25 (please note falls in September)	04.11.25 Boardroom, DPOW	02.12.2025 Nightingale, SGH
Capital & Major Projects	30.01.25	Boardroom, DPOW	Boardroom, HKI	22.04.25	Boardroom, HKI	18.06.25	Boardroom, DPOw	20.08.25	Boardroom, HRI	Boardroom, CHH 22.10.25	Boardroom, DPOW	16.12.25
(9.00 am - 12.00 pm)	Conference Room, GDH			TBC, CHH		Boardroom, DPOW		Nightingale, SGH		Boardroom, HRI		Boardroom, HRI
Quality & Safety (Thursdays - 9.00 am - 12.30 pm with exceptions as stated)		27.02.25 Nightingale, SGH	27.03.25 Boardroom, DPOW	29.04.25 Boardroom, HRI	29.05.25 TBC, CHH	26.06.25 Nightingale, SGH	24.07.25 Boardroom, HRI	28.08.25 Boardroom, DPOW	25.09.25 TBC, CHH	30.10.25 Nightingale, SGH	27.11.25 Boardroom, HRI	18.12.25 Boardroom, DPOW
Remuneration - (Virtual Meeting)				(Tuesday)					,			
(9.00 am - 11.30 am) Workforce, Education & Culture	29.01.25	05.02.25 26.02.25	26.03.25	30.04.25	27.05.25 28.05.25	25.06.25	23.07.25	06.08.25 27.08.25	24.09.25	29.10.25	20.11.25 26.11.25	17.12.25
(Wednesdays - 9.00 am - 12.30 pm)	Boardroom, DPOW	Boardroom, HRI	Boardroom, DPOW	To be held Virtually	Boardroom, DPOW	Boardroom, HRI 20.06.25	Nightingale, SGH	Boardroom, CHH	Boardroom, DPOW	Boardroom, HRI	Nightingale, SGH	Boardroom, CHH
Audit, Risk & Governance Committee (Thursdays - 9.00 am - 12.30 pm with exceptions as stated)						HUTH & NLaG						
	23.01.25 Boardroom, HRI			24.04.25 Boardrom, HRI		Annual Accounts Friday -	31.07.25 Boardroom, DPOW				12.11.25 Boardroom, DPOW	
						9.00 am - 12.00 pm Boardroom, HRI						
Charitable Funds						Boardroom, ma						
NLAG	22.01.25			02.04.25			09.07.25			14.10.25		
(9.00 am - 12.00 pm) HUTH	22.01.20			02.04.20			Boardroom, DPOW			14.10.20		
(9.00 am - 12.00 pm)		06.02.25			07.05.25			07.08.25			06.11.25	
Executive Team Meetings												
Group Cabinet Meeting (Tuesdays - 2.00 pm - 5.00 pm)	07.01.25 14.01.25	04.02.25 11.02.25	11.03.25 18.03.25	01.04.25 08.04.25	13.05.25 20.05.25	03.06.25 10.06.25	08.07.25 15.07.25	05.08.25 12.08.25	09.09.25 16.09.25	07.10.25 14.10.25	11.11.25 18.11.25	02.12.25 09.12.25
	21.01.25	18.02.25	25.03.25	15.04.25	27.05.25	17.06.25	22.07.25	19.08.25	23.09.25	21.10.25	25.11.25	16.12.25
	28.01.25	25.02.25		22.04.25 29.04.25	<u> </u>	24.06.25	29.07.25	26.08.25	30.09.25	28.10.25		23.12.25
Governors												
Council of Governors	00.01.05	25.02.25		10.01.05			17.07.05		04.09.25		05.44.05	
(2.00 pm - 5.00 pm, with exceptions as stated)	09.01.25	(10.00 am - 11.00 am) NED & Governor only Meeting		16.04.25			17.07.25		(1.30 pm - 5.00 pm) AMM & Highlight Reports		05.11.25	
Member & Public Engagement & Assurance Group (MPEAG) (Tuesdays - 5.30 pm - 7.00 pm)			11.03.25			03.06.25				07.10.25		02.12.25
Appointments & Remuneration Committee		20.02.25			29.05.25				25.09.25			
(Thursdays - 3.00 pm - 4.30 pm)												
NED & CEO Meetings NED & CEO Meetings	04.04.05				22.05.25							
(Tuesdays - 10.00 am - 12.00 pm )	21.01.25 (9.00 am - 11.00 am)	18.02.25	18.03.25	15.04.25	(Thursday - 1.00 pm - 3.00 pm)	17.06.25	15.07.25	19.08.25	16.09.25	21.10.25	18.11.25	09.12.25
Inter Masting					1.00 pm - 0.00 pm)					1	J I	
Union Meetings JNCC - NLAG	20.01.25	17.02.25	17.03.25	21.04.25	19.05.25	16.06.25	21.07.25	18.08.25	15.09.25	20.10.25	17.11.25	15.12.25
(Mondays - 2.30 pm - 4.30 pm) JNCC - HUTH		17.02.20		21.04.20		10.00.20		10.00.20		20.10.20		10.12.20
(Thursdays - 10.45 am - 12.45 pm)	02.01.25	L	06.03.25		01.05.25		03.07.25		04.09.25		06.11.25	
Consultant Meetings												
JLNC - NLAG (Tuesdays - 12.30 pm - 2.00 pm)	21.01.25	18.02.25	18.03.25	15.04.25	20.05.25	17.06.25	15.07.25	19.08.25	16.09.25	21.10.25	18.11.25	16.12.25
LNC - HUTH (Wednesdays - 10.00 am - 1.00 pm)	15.01.25		19.03.25		21.05.25		16.07.25		17.09.25		19.11.25	
	ļ											
Care Group Performance & Assurance Meetings Cardiovascular Care Group	17.01.25	25.02.25		07.04.25	20.05.25	30.06.25		12.08.25	24.09.25	[	03.11.25	
	9.00 am - 10.30 am	11.00 am - 12.30 pm		9.00 am - 10.30 am	11.00 am – 12.30 pm Boardroom, Main Admin Block,	10.00 am - 11.30 am		9.00 am - 10.30 am	2.00 pm – 3.30 pm		10.00 am - 11.30 am	
Family Services Care Group	Boardroom, Main Admin Block, CHH	Boardroom, Main Admin Block, CHH 27.02.25		Boardroom, DPOW 08.04.25	<u>СНН</u> 22.05.25	Boardroom, DPOW	00.07.05	Boardroom, Main Admin Block, CHH	Boardroom, DPOW 25.09.25		Boardroom, DPOW	
	14.01.25 8.30 am – 10.00 am	2.00 pm – 3.30 pm					03.07.25					
Neuroscience Care Group	Boardroom, Main Admin Block, CHH	Exec Meeting Room, CCH		9.00 am - 10.30 am	10.00 am - 11.30 am		10.00 am - 11.30 am	12 August 2025 11.00 am – 12.30 pm	2.00 pm – 3.30 pm Boardroom Main Admin Block		06.11.25 10.00 am – 11.30 am	
		Exec Meeting Room, SGH		9.00 am – 10.30 am Boardroom, Main Admin Block, CHH	10.00 am – 11.30 am Boardroom, HRI		10.00 am – 11.30 am Boardroom, HRI	11.00 am – 12.30 pm Boardroom, Main Admin Block, CHH	Deservices and Main Admin Disals	01 10 25	10.00 am – 11.30 am Boardroom, Main Admin Block, CHH	
1	22.01.25 2.30 pm – 4.00 pm	Exec Meeting Room, SGH	03.03.25 11.00 am - 12.30 pm	9.00 am - 10.30 am	10.00 am - 11.30 am		10.00 am – 11.30 am Boardroom, HRI 07.07.25	11.00 am - 12.30 pm	Boardroom, Main Admin Block,	01.10.25 9.00 am – 10.30 am	10.00 am - 11.30 am	
		Exec Meeting Room, SGH	03.03.25 11.00 am - 12.30 pm Boardroom, DPOW	9.00 am – 10.30 am Boardroom, Main Admin Block, CHH 14.04.25	10.00 am – 11.30 am Boardroom, HRI 28.05.25 2.00 pm – 3.30 pm Boardroom, DPOW		10.00 am – 11.30 am Boardroom, HRI	11.00 am – 12.30 pm Boardroom, Main Admin Block, CHH 20.08.25	Boardroom, Main Admin Block,	9.00 am – 10.30 am Boardroom, Main Admin Block, CHH	10.00 am – 11.30 am Boardroom, Main Admin Block, CHH 10.11.25	
Specialist Cancer and Support Services	2.30 pm – 4.00 pm Boardroom, HRI 23.01.25	Exec Meeting Room, SGH	11.00 am – 12.30 pm Boardroom, DPOW 06.03.25	9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 14.04.25 2.00 pm - 3.30 pm Boardroom, HRI 16.04.25	10.00 am - 11.30 am Boardroom, HRI 28.05.25 2.00 pm - 3.30 pm Boardroom, DPOW 29.05.25 2.00 pm - 3.30 pm		10.00 am – 11.30 am Boardroom, HRI 07.07.25 1.30 pm – 3.00 pm Boardroom, DPOW 07.07.25	11.00 am - 12.30 pm Boardroom, Main Admin Block, CHH 20.08.25 2.00 pm - 3.30 pm Exec Meeting Room, SGH 21.08.25	Boardroom, Main Admin Block,	9.00 am – 10.30 am Boardroom, Main Admin Block, CHH 02.10.25	10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 10.11.25 10.00 am - 11.30 am Boardroom, DPOW 11.11.25	
	2.30 pm – 4.00 pm Boardroom, HRI	Exec Meeting Room, SGH	11.00 am – 12.30 pm Boardroom, DPOW	9.00 am – 10.30 am Boardroom, Main Admin Block, CHH 14.04.25 2.00 pm – 3.30 pm Boardroom, HRI	10.00 am - 11.30 am Boardroom, HRI 28.05.25 2.00 pm - 3.30 pm Boardroom, DPOW 29.05.25		10.00 am – 11.30 am Boardroom, HRI 07.07.25 1.30 pm – 3.00 pm Boardroom, DPOW	11.00 am - 12.30 pm Boardroom, Main Admin Block, CHH 20.08.25 2.00 pm - 3.30 pm Exec Meeting Room, SGH	Boardroom, Main Admin Block,	9.00 am – 10.30 am Boardroom, Main Admin Block, CHH	10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 10.11.25 10.00 am - 11.30 am Boardroom, DPOW	
Specialist Cancer and Support Services Care Group for Theatres, Anaesthetic and Critical Care	2.30 pm - 4.00 pm Boardroom, HRI 23.01.25 3.30 pm - 5.00 pm Boardroom, HRI 27.01.25	Exec Meeting Room, SGH	11.00 am - 12.30 pm Boardroom, DPOW 06.03.25 11.00 am - 12.30 pm Boardroom, HRI 10.03.25	9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 14.04.25 2.00 pm - 3.30 pm Boardroom, HR 16.04.25 9.00 am - 10.30 am Boardroom, DPOW 23.04.25	10.00 am - 11.30 am Boardroom, HRI 28.05.25 2.00 pm - 3.30 pm Boardroom, DPOW 29.05.25 2.00 pm - 3.30 pm Boardroom, Main Admin Block,	02.06.25	10.00 am - 11.30 am Boardroom, HRI 07.07.25 1.30 pm - 3.00 pm Boardroom, DPOW 07.07.25 3.30 pm - 5.00 pm Boardroom, DPOW 14.07.25	11.00 am - 12.30 pm           Boardroom, Main Admin Block, CHH           20.08.25           2.00 pm - 3.30 pm           Exec Meeting Room, SGH           21.08.25           9.00 am - 10.30 am           Boardroom, HRI           27.08.25	Boardroom, Main Admin Block,	9.00 am - 10.30 am Boardroom, Main Admin Block, <u>CHH</u> 02.10.25 9.00 am - 10.30 am Boardroom, HRI 06.10.25	10.00 am -11.30 am Boardroom, Main Admin Block, CHH 10.11.25 10.00 am -11.30 am Boardroom, DPOW 11.11.25 10.00 am -11.30 am Boardroom, Main Admin Block, CHH 19.11.25	
	2.30 pm – 4.00 pm Boardroom, HRI 23.01.25 3.30 pm – 5.00 pm Boardroom, HRI	Exec Meeting Room, SGH	11.00 am – 12.30 pm Boardroom, DPOW 06.03.25 11.00 am – 12.30 pm Boardroom, HRI	9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 14.04.25 2.00 pm - 3.30 pm Boardroom, HRI 16.04.25 9.00 am - 10.30 am Boardroom, DPOW	10.00 am - 11.30 am Boardroom, HRI 28.05.25 2.00 pm - 3.30 pm Boardroom, DPOW 29.05.25 2.00 pm - 3.30 pm Boardroom, Main Admin Block,	02.06.25 9.00 am - 10.30 am Boardrom, DPOW	10.00 am - 11.30 am Boardroom, HRI 07.07.25 1.30 pm - 3.00 pm Boardroom, DPOW 07.07.25 3.30 pm - 5.00 pm Boardroom, DPOW	11.00 am - 12.30 pm Boardroom, Main Admin Block, CHH 20.08.25 2.00 pm - 3.30 pm Exec Meeting Room, SGH 21.08.25 5.00 am - 10.30 am Boardroom, HRI	Boardroom, Main Admin Block,	9.00 am - 10.30 am Boardroom, Main Admin Block, <u>CHH</u> 02.10.25 9.00 am - 10.30 am Boardroom, HRI 06.10.25 10.00 am - 11.30 am Boardroom, DPOW	10.00 am -11.30 am Boardroom, Main Admin Block, CHH 10.11.25 10.00 am -11.30 am Boardroom, DPOW 11.11.25 10.00 am -11.30 am Boardroom, Main Admin Block, CHH	
	2.30 pm - 4.00 pm Boardroom, HRI 23.01.25 3.30 pm - 5.00 pm Boardroom, HRI 27.01.25 9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 27.01.25	Exec Meeting Room, SGH	11.00 am - 12.30 pm Boardroom, DPOW 06.03.25 11.00 am - 12.30 pm Boardroom, HRI 10.03.25 11.00 am - 12.30 pm Boardroom, DPOW 10.03.25	9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 14.04.25 2.00 pm - 3.30 pm Boardroom, HRI 16.04.25 9.00 am - 10.30 am Boardroom, DPOW 23.04.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 23.04.25	10.00 am - 11.30 am Boardroom, HRI 28.05.25 2.00 pm - 3.30 pm Boardroom, DPOW 29.05.25 2.00 pm - 3.30 pm Boardroom, Main Admin Block,	9.00 am – 10.30 am Boardroom, DPOW 02.06.25	10.00 am - 11.30 am Boardroom, HRI 07.07.25 1.30 pm - 3.00 pm Boardroom, DPOW 07.07.25 3.30 pm - 5.00 pm Boardroom, DPOW 14.07.25 10.30 am - 12.00 pm Boardroom, DPOW	11.00 am - 12.30 pm           Boardroom, Main Admin Block, CHH           20.08.25           2.00 pm - 3.30 pm           Exec Meeting Room, SGH           21.08.25           9.00 am - 10.30 am           Boardroom, HRI           27.08.25           2.00 pm - 3.30 pm           Boardroom, HRI           27.08.25           2.00 pm - 3.30 pm           Boardroom, Main Admin Block, CHH           28.08.25	Boardroom, Main Admin Block,	9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 02.10.25 9.00 am - 10.30 am Boardroom, HRI 06.10.25 10.00 am - 11.30 am Boardroom, DPOW 07.10.25	10.00 am -11.30 am Boardroom, Main Admin Block, CHH 10.11.25 10.00 am -11.30 am Boardroom, DPOW 11.11.25 10.00 am -11.30 am Boardroom, Main Admin Block, CHH 19.11.25 10.00 am -11.30 am Boardroom, Main Admin Block, CHH 19.11.25	
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Care Group for Theatres, Anaesthetic and Critical Care Community, Frailty and Therapy Care Group Head and Neck Care Group	2.30 pm - 4.00 pm Boardroom, HRI 23.01.25 3.30 pm - 5.00 pm Boardroom, HRI 27.01.25 9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 27.01.25 11.00 - 12.30 pm	05.02.25 1.00 pm - 2.30 pm Boardroom, HRI 06.02.25 9.00 am - 10.30 am Boardroom, Main Admin Block, CHH	11.00 am - 12.30 pm Boardroom, DPOW 06.03.25 11.00 am - 12.30 pm Boardroom, HRI 0.03.25 11.00 am - 12.30 pm Boardroom, DPOW 0.03.25 3.00 pm - 4.30 pm Boardroom, DPOW 19.03.25 11.00 am - 12.30 pm Boardroom, Main Admin Block, CHH 20.03.25 10.00 am - 11.30 am Boardroom, HRI	9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 14.04.25 2.00 pm - 3.30 pm Boardroom, HRI 16.04.25 9.00 am - 10.30 am Boardroom, DPOW 23.04.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 2.3.04.25 2.00 pm - 3.30 pm Boardroom, Main Admin Block, CHH 3.0.04.25 2.00 pm - 3.30 pm	10.00 am - 11.30 am Boardroom, HRI 28.05.25 2.00 pm - 3.30 pm Boardroom, DPOW 29.05.25 2.00 pm - 3.30 pm Boardroom, Min Admin Block, CHH 01.05.25 10.00 am - 11.30 am Boardroom, HRI	9.00 am - 10.30 am Boardroom, DPOW 02.06.25 10.30 am - 12.00 pm Boardroom, DPOW 09.06.25 10.00 am - 11.30 am Boardroom, DPOWH 10.06.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH	10.00 am - 11.30 am Boardroom, HRI 07.07.25 1.30 pm - 3.00 pm Boardroom, DPOW 07.07.25 3.30 pm - 5.00 pm Boardroom, DPOW 14.07.25 10.30 am - 12.00 pm Boardroom, DPOW 23.07.25 2.00 pm - 3.30 pm Exec Meeting Room, SGH 24.07.25 2.00 pm - 3.30 pm Boardroom, JROM	11.00 am - 12.30 pm Boardroom, Main Admin Block, CHH 20.08.25 2.00 pm - 3.30 pm Exec Meeting Room, SGH 2.108.25 9.00 am - 10.30 am Boardroom, HRI 2.708.25 2.00 pm - 3.30 pm Boardroom, Main Admin Block, CHH 28.08.25 2.00 pm - 3.30 pm	Boardroom, Main Admin Block, CHH 01.09.25 10.30 am - 12.00 pm Boardroom, DPOW 04.09.25 9.00 am - 10.30 am Boardroom, DPOWH 09.09.25	9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 02.10.25 9.00 am - 10.30 am Boardroom, HRI 06.10.25 10.00 am - 11.30 am Boardroom, DPOW 07.10.25 10.00 - 11.30 am Boardroom, JPOW 13.10.25 10.00 am - 11.30 am Boardroom, DPOW	10.00 am -11.30 am Boardroom, Main Admin Block, CHH 10.11.25 10.00 am -11.30 am Boardroom, DPOW 11.11.25 10.00 am -11.30 am Boardroom, Main Admin Block, CHH 19.11.25 10.00 am -11.30 am Boardroom, Main Admin Block, CHH 19.11.25 1.00 pm -2.30 pm Boardroom, Main Admin Block, CHH 24.11.2025 10.00 am -11.30 am Boardroom, DPOW	01.12.25
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Care Group for Theatres, Anaesthetic and Critical Care Community, Frailty and Therapy Care Group Head and Neck Care Group Digestive Diseases Acute and Emergency Medicine Care Group	2.30 pm - 4.00 pm Boardroom, HRI 23.01.25 3.30 pm - 5.00 pm Boardroom, HRI 27.01.25 9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 27.01.25 11.00 - 12.30 pm	05.02.25 1.00 pm - 2.30 pm Boardroom, HRI 06.02.25 9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 11.02.25 9.00 am - 10.30 am Boardroom, Main Admin Block, CHH	11.00 am - 12.30 pm Boardroom, DPOW 06.03.25 11.00 am - 12.30 pm Boardroom, HRI 0.03.25 11.00 am - 12.30 pm Boardroom, DPOW 0.03.25 3.00 pm - 4.30 pm Boardroom, DPOW 0.03.25 10.00 am - 12.30 pm Boardroom, Main Admin Block, CHH 20.03.25 10.00 am - 11.30 am Boardroom, HRI 25.03.25 10.00 am - 11.30 am Boardroom, HRI	9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 14.04.25 2.00 pm - 3.30 pm Boardroom, HRI 16.04.25 9.00 am - 10.30 am Boardroom, DPOW 23.04.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 2.3.04.25 2.00 pm - 3.30 pm Boardroom, Main Admin Block, CHH 3.0.04.25 2.00 pm - 3.30 pm	10.00 am - 11.30 am Boardroom, HRI 28.05.25 2.00 pm - 3.30 pm Boardroom, DPOW 29.05.25 2.00 pm - 3.30 pm Boardroom, Min Admin Block, CHH 01.05.25 10.00 am - 11.30 am Boardroom, HRI 09.05.25 10.00 am - 11.30 am Boardroom, HRI	9.00 am - 10.30 am Boardroom, DPOW 02.06.25 10.30 am - 12.00 pm Boardroom, DPOW 09.06.25 10.00 am - 11.30 am Boardroom, DPOWH 10.06.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 18.06.25 3.00 pm - 4.30 pm Boardroom, DPOW	10.00 am - 11.30 am Boardroom, HRI 07.07.25 1.30 pm - 3.00 pm Boardroom, DPOW 07.07.25 3.30 pm - 5.00 pm Boardroom, DPOW 14.07.25 10.30 am - 12.00 pm Boardroom, DPOW 23.07.25 2.00 pm - 3.30 pm Boardroom, HRI 30.07.25 10.00 am - 11.30 am Boardroom, HRI	11.00 am - 12.30 pm Boardroom, Main Admin Block, CHH 20.08.25 2.00 pm - 3.30 pm Exec Meeting Room, SGH 2.108.25 9.00 am - 10.30 am Boardroom, HRI 2.708.25 2.00 pm - 3.30 pm Boardroom, Main Admin Block, CHH 28.08.25 2.00 pm - 3.30 pm	Boardroom, Main Admin Block, CHH 01.09.25 10.30 am - 12.00 pm Boardroom, DPOW 04.09.25 9.00 am - 10.30 am Boardroom, DPOWH 09.09.25 8.30 am - 10.00 am Boardroom, Main Admin Block,	9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 02.10.25 9.00 am - 10.30 am Boardroom, HRI 06.10.25 10.00 am - 11.30 am Boardroom, DPOW 07.10.25 10.00 - 11.30 am Boardroom, Jan Admin Block, CHH 13.10.25 10.00 am - 11.30 am Boardroom, HRI 20.10.25 10.00 am - 11.30 am Boardroom, HRI 20.10.25	10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 10.11.25 10.00 am - 11.30 am Boardroom, DPOW 11.11.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 19.11.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 19.11.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 24.11.2025 10.00 am - 11.30 am Boardroom, DPOW	10.00 – 11.30 am Boardroom, DPOW
Care Group for Theatres, Anaesthetic and Critical Care Community, Frailty and Therapy Care Group Head and Neck Care Group Digestive Diseases	2.30 pm -4.00 pm Boardroom, HRI 23.01.25 3.30 pm - 5.00 pm Boardroom, HRI 27.01.25 9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 27.01.25 11.00 - 12.30 pm	05.02.25 1.00 pm - 2.30 pm Boardroom, HRI 06.02.25 9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 11.02.25 9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 11.02.25 11.00 am - 12.30 pm	11.00 am - 12.30 pm Boardroom, DPOW 06.03.25 11.00 am - 12.30 pm Boardroom, HRI 10.03.25 11.00 am - 12.30 pm Boardroom, DPOW 10.03.25 3.00 pm - 4.30 pm Boardroom, DPOW 19.03.25 11.00 am - 12.30 pm Boardroom, Main Admin Block, CHH 20.03.25 10.00 am - 11.30 am Boardroom, HRI 25.03.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 26.03.25 2.00 pm - 3.30 pm	9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 14.04.25 2.00 pm - 3.30 pm Boardroom, HRI 16.04.25 9.00 am - 10.30 am Boardroom, DPOW 23.04.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 2.3.04.25 2.00 pm - 3.30 pm Boardroom, Main Admin Block, CHH 3.0.04.25 2.00 pm - 3.30 pm	10.00 am - 11.30 am Boardroom, HRI 28.05.25 2.00 pm - 3.30 pm Boardroom, DPOW 29.05.25 2.00 pm - 3.30 pm Boardroom, JPOW CHH 01.05.25 10.00 am - 11.30 am Boardroom, HRI 09.05.25 10.00 am - 11.30 am Boardroom, HRI 09.05.25 10.00 am - 13.00 am	9.00 am - 10.30 am Boardroom, DPOW 0.2.06.25 10.30 am - 12.00 pm Boardroom, DPOW 0.9.06.25 10.00 am - 11.30 am Boardroom, JPOWH 10.06.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 18.06.25 3.00 pm - 4.30 pm Boardroom, DPOW 19.06.25 10.00 am - 11.30 am	10.00 am - 11.30 am Boardroom, HRI 07.07.25 1.30 pm - 3.00 pm Boardroom, DPOW 07.07.25 3.30 pm - 5.00 pm Boardroom, DPOW 14.07.25 10.30 am - 12.00 pm Boardroom, DPOW 14.07.25 3.30 pm - 5.00 pm Boardroom, DPOW 23.07.25 2.00 pm - 3.30 pm Boardroom, HRI 30.07.25 10.00 am - 11.30 am Boardroom, HRI 30.07.25 2.00 pm - 3.30 pm	11.00 am - 12.30 pm Boardroom, Main Admin Block, CHH 20.08.25 2.00 pm - 3.30 pm Exec Meeting Room, SGH 2.108.25 9.00 am - 10.30 am Boardroom, HRI 2.708.25 2.00 pm - 3.30 pm Boardroom, Main Admin Block, CHH 28.08.25 2.00 pm - 3.30 pm	Boardroom, Main Admin Block, CHH 01.09.25 10.30 am - 12.00 pm Boardroom, DPOW 04.09.25 9.00 am - 10.30 am Boardroom, DPOWH 05.09.25 8.30 am - 10.00 am Boardroom, Main Admin Block, CHH 08.09.25 10.30 am - 12.00 pm	9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 02.10.25 9.00 am - 10.30 am Boardroom, HRI 06.10.25 10.00 am - 11.30 am Boardroom, DPOW 07.10.25 10.00 - 11.30 am Boardroom, Main Admin Block, CHH 13.10.25 10.02 am - 11.30 am Boardroom, HRI 20.10.25 10.00 am - 11.30 am Boardroom, DPOW 23.10.25 10.00 am - 11.30 am	10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 10.11.25 10.00 am - 11.30 am Boardroom, DPOW 11.11.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 19.11.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 19.11.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 24.11.2025 10.00 am - 11.30 am Boardroom, DPOW	10.00 – 11.30 am Boardroom, DPOW 04.12.25 10.00 am – 11.30 am
Care Group for Theatres, Anaesthetic and Critical Care Community, Frailty and Therapy Care Group Head and Neck Care Group Digestive Diseases Acute and Emergency Medicine Care Group Pathology Care Group	2.30 pm -4.00 pm Boardroom, HRI 23.01.25 3.30 pm - 5.00 pm Boardroom, HRI 27.01.25 9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 27.01.25 11.00 - 12.30 pm	05.02.25 1.00 pm - 2.30 pm Boardroom, HRI 06.02.25 9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 11.02.25 9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 11.00 am - 12.30 pm Boardroom, Main Admin Block, CHH	11.00 am - 12.30 pm Boardroom, DPOW 06.03.25 11.00 am - 12.30 pm Boardroom, HRI 10.03.25 11.00 am - 12.30 pm Boardroom, DPOW 10.03.25 3.00 pm - 4.30 pm Boardroom, DPOW 19.03.25 11.00 am - 12.30 pm Boardroom, MRI 20.03.25 10.00 am - 11.30 am Boardroom, HRI 25.03.25	9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 14.04.25 2.00 pm - 3.30 pm Boardroom, HRI 16.04.25 9.00 am - 10.30 am Boardroom, DPOW 23.04.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 23.04.25 2.00 pm - 3.30 pm Boardroom, Main Admin Block, CHH 30.04.25 2.00 pm - 3.30 pm Boardroom, Main Admin Block, CHH	10.00 am - 11.30 am Boardroom, HRI 28.05.25 2.00 pm - 3.30 pm Boardroom, DPOW 29.05.25 2.00 pm - 3.30 pm Boardroom, JRI Block, CHH 01.05.25 10.00 am - 11.30 am Boardroom, HRI 09.05.25 10.00 am - 11.30 am Boardroom, HRI 09.05.25 10.00 am - 11.30 am Boardroom, HRI	9.00 am - 10.30 am Boardroom, DPOW 02.06.25 10.30 am - 12.00 pm Boardroom, DPOW 09.06.25 10.00 am - 11.30 am Boardroom, JPOWH 10.06.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 18.06.25 3.00 pm - 4.30 pm Boardroom, DPOW 19.06.25 10.00 am - 11.30 am Exec Meeting Room, SGH	10.00 am -11.30 am Boardroom, HRI 07.07.25 1.30 pm -3.00 pm Boardroom, DPOW 07.07.25 3.30 pm -5.00 pm Boardroom, DPOW 14.07.25 10.30 am -12.00 pm Boardroom, DPOW 14.07.25 3.30 pm -5.00 pm Boardroom, POW 23.07.25 2.00 pm -3.30 pm Exec Meeting Room, SGH 24.07.25 2.00 pm -3.30 pm Boardroom, HRI 30.07.25 10.00 am -11.30 am Boardroom, HRI	11.00 am - 12.30 pm Boardroom, Main Admin Block, CHH 20.08.25 2.00 pm - 3.30 pm Exec Meeting Room, SGH 21.08.25 9.00 am - 10.30 am Boardroom, HRI 27.08.25 2.00 pm - 3.30 pm Boardroom, Main Admin Block, CHH 28.08.25 2.00 pm - 3.30 pm Boardroom, DPOW	Boardroom, Main Admin Block, CHH 01.09.25 10.30 am - 12.00 pm Boardroom, DPOW 04.09.25 9.00 am - 10.30 am Boardroom, DPOW 04.09.25 8.30 am - 10.00 am Boardroom, Main Admin Block, CHH 08.09.25 10.30 am - 12.00 pm Boardroom, Main Admin Block, CHH	9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 02.10.25 9.00 am - 10.30 am Boardroom, HRI 06.10.25 10.00 am - 11.30 am Boardroom, DPOW 07.10.25 10.00 - 11.30 am Boardroom, Main Admin Block, CHH 13.10.25 10.00 am - 11.30 am Boardroom, HRI 20.10.25 10.00 am - 11.30 am Boardroom, DPOW 23.10.25 10.00 am - 11.30 am Boardroom, DPOW	10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 10.11.25 10.00 am - 11.30 am Boardroom, DPOW 11.11.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 19.11.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 19.11.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 24.11.2025 10.00 am - 11.30 am Boardroom, DPOW	10.00 – 11.30 am Boardroom, DPOW 04.12.25 10.00 am – 11.30 am Boardroom, HRI
Care Group for Theatres, Anaesthetic and Critical Care Community, Frailty and Therapy Care Group Head and Neck Care Group Digestive Diseases Acute and Emergency Medicine Care Group	2.30 pm -4.00 pm Boardroom, HRI 23.01.25 3.30 pm - 5.00 pm Boardroom, HRI 27.01.25 9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 27.01.25 11.00 - 12.30 pm	05.02.25 1.00 pm - 2.30 pm Boardroom, HRI 06.02.25 9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 11.02.25 9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 11.02.25 11.00 am - 12.30 pm Boardroom, Main Admin Block, CHH 19.02.25	11.00 am - 12.30 pm Boardroom, DPOW 06.03.25 11.00 am - 12.30 pm Boardroom, HRI 10.03.25 11.00 am - 12.30 pm Boardroom, DPOW 10.03.25 3.00 pm - 4.30 pm Boardroom, DPOW 19.03.25 11.00 am - 12.30 pm Boardroom, Main Admin Block, CHH 20.03.25 10.00 am - 11.30 am Boardroom, HRI 25.03.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 26.03.25 2.00 pm - 3.30 pm	9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 14.04.25 2.00 pm - 3.30 pm Boardroom, HRI 16.04.25 9.00 am - 10.30 am Boardroom, DPOW 23.04.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 23.04.25 2.00 pm - 3.30 pm Boardroom, Main Admin Block, CHH	10.00 am - 11.30 am Boardroom, HRI 20.05.25 2.00 pm - 3.30 pm Boardroom, DPOW 29.05.25 2.00 pm - 3.30 pm Boardroom, JRI 01.05.25 10.00 am - 11.30 am Boardroom, HRI 09.05.25 10.00 am - 11.30 am Boardroom, HRI 09.05.25 10.00 am - 11.30 am Boardroom, HRI 09.05.25 1.00 pm - 2.30 pm Boardroom, HRI	9.00 am - 10.30 am Boardroom, DPOW 02.06.25 10.30 am - 12.00 pm Boardroom, DPOW 09.06.25 10.00 am - 11.30 am Boardroom, DPOWH 10.06.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 18.06.25 3.00 pm - 4.30 pm Boardroom, DPOW 19.06.25 10.00 am - 11.30 am Exec Meeting Room, SGH 24.06.25 10.00 am - 11.30 am	10.00 am - 11.30 am Boardroom, HRI 07.07.25 1.30 pm - 3.00 pm Boardroom, DPOW 07.07.25 3.30 pm - 5.00 pm Boardroom, DPOW 14.07.25 10.30 am - 12.00 pm Boardroom, DPOW 14.07.25 3.30 pm - 5.00 pm Boardroom, DPOW 23.07.25 2.00 pm - 3.30 pm Boardroom, HRI 30.07.25 10.00 am - 11.30 am Boardroom, HRI 30.07.25 2.00 pm - 3.30 pm	11.00 am - 12.30 pm Boardroom, Main Admin Block, CHH 20.08.25 2.00 pm - 3.30 pm Exec Meeting Room, SGH 21.08.25 9.00 am - 10.30 am Boardroom, HRI 27.08.25 2.00 pm - 3.30 pm Boardroom, Main Admin Block, CHH 28.08.25 2.00 pm - 3.30 pm Boardroom, DPOW	Boardroom, Main Admin Block, CHH 01.09.25 10.30 am - 12.00 pm Boardroom, DPOW 04.09.25 9.00 am - 10.30 am Boardroom, DPOWH 09.09.25 8.30 am - 10.00 am Boardroom, Main Admin Block, CHH 08.09.25 10.30 am - 12.00 pm Boardroom, Main Admin Block, CHH 15.09.25	9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 02:10.25 9.00 am - 10.30 am Boardroom, HRI 06:10.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 13:10.25 10.00 am - 11.30 am Boardroom, DPOW 15:10.25 10:00 am - 11.30 am Boardroom, DPOW 20:10.25 10:00 am - 11.30 am Boardroom, DPOW 23:10.25 10:00 am - 11.30 am Boardroom, DPOW	10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 10.11.25 10.00 am - 11.30 am Boardroom, DPOW 11.11.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 19.11.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 19.11.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 24.11.2025 10.00 am - 11.30 am Boardroom, DPOW	10.00 - 11.30 am Boardroom, DPOW 04.12.25 10.00 am - 11.30 am Boardroom, HRI 08.12.2025
Care Group for Theatres, Anaesthetic and Critical Care Community, Frailty and Therapy Care Group Head and Neck Care Group Digestive Diseases Acute and Emergency Medicine Care Group Pathology Care Group Specialist Medicine	2.30 pm -4.00 pm Boardroom, HRI 23.01.25 3.30 pm - 5.00 pm Boardroom, HRI 27.01.25 9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 27.01.25 11.00 - 12.30 pm	05.02.25 1.00 pm - 2.30 pm Boardroom, HRI 06.02.25 9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 11.02.25 9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 11.00 am - 12.30 pm Boardroom, Main Admin Block, CHH	11.00 am - 12.30 pm Boardroom, DPOW 06.03.25 11.00 am - 12.30 pm Boardroom, HRI 10.03.25 11.00 am - 12.30 pm Boardroom, DPOW 10.03.25 3.00 pm - 4.30 pm Boardroom, DPOW 19.03.25 11.00 am - 12.30 pm Boardroom, Main Admin Block, CHH 20.03.25 10.00 am - 11.30 am Boardroom, HRI 25.03.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 26.03.25 2.00 pm - 3.30 pm	9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 14.04.25 2.00 pm - 3.30 pm Boardroom, HRI 16.04.25 9.00 am - 10.30 am Boardroom, DPOW 23.04.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 23.04.25 2.00 pm - 3.30 pm Boardroom, Main Admin Block, CHH 30.04.25 2.00 pm - 3.30 pm Boardroom, Main Admin Block, CHH	10.00 am - 11.30 am Boardroom, HRI 28.05.25 2.00 pm - 3.30 pm Boardroom, DPOW 2.05.25 2.00 pm - 3.30 pm Boardroom, MBI Admin Block, CHH 0.01.05.25 10.00 am - 11.30 am Boardroom, HRI 0.05.25 10.00 am - 11.30 am Boardroom, HRI 0.05.25 1.00 pm - 2.30 pm Boardroom, HRI 12.05.25 10.30 am - 12.00 pm Boardroom, JPOW	9.00 am - 10.30 am Boardroom, DPOW 0.2.06.25 10.30 am - 12.00 pm Boardroom, DPOW 0.06.25 10.00 am - 11.30 am Boardroom, DPOWH 1.0.06.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 18.06.25 3.00 pm - 4.30 pm Boardroom, POW 19.06.25 10.00 am - 11.30 am Exec Meeting Room, SGH 24.06.25 10.00 am - 11.30 am Boardroom, Main Admin Block,	10.00 am - 11.30 am Boardroom, HRI 07.07.25 1.30 pm - 3.00 pm Boardroom, DPOW 07.07.25 3.30 pm - 5.00 pm Boardroom, DPOW 14.07.25 10.30 am - 12.00 pm Boardroom, DPOW 14.07.25 3.30 pm - 5.00 pm Boardroom, DPOW 23.07.25 2.00 pm - 3.30 pm Boardroom, HRI 30.07.25 10.00 am - 11.30 am Boardroom, HRI 30.07.25 2.00 pm - 3.30 pm	11.00 am - 12.30 pm Boardroom, Main Admin Block, CHH 20.08.25 2.00 pm - 3.30 pm Exec Meeting Room, SGH 21.08.25 9.00 am - 10.30 am Boardroom, HRI 27.08.25 2.00 pm - 3.30 pm Boardroom, Main Admin Block, CHH 28.08.25 2.00 pm - 3.30 pm Boardroom, DPOW	Boardroom, Main Admin Block, CHH 01.09.25 10.30 am - 12.00 pm Boardroom, DPOW 04.09.25 9.00 am - 10.30 am Boardroom, DPOW 04.09.25 8.30 am - 10.00 am Boardroom, Main Admin Block, CHH 08.09.25 10.30 am - 12.00 pm Boardroom, Main Admin Block, CHH	9.00 am - 10.30 am Boardroom, Main Admin Block, <u>CHH</u> 02:10.25 9.00 am - 10.30 am Boardroom, HRI 06:10.25 10.00 am - 11.30 am Boardroom, Main Admin Block, <u>CHH</u> 13:10.25 10.00 am - 11.30 am Boardroom, DPOW 15:10.25 10.00 am - 11.30 am Boardroom, HRI 20:10.25 10.00 am - 11.30 am Boardroom, DPOW 23:10.25 10:00 am - 11.30 am Boardroom, HRI 27:10.25 10:00 am - 11.30 am Boardroom, HRI	10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 10.11.25 10.00 am - 11.30 am Boardroom, DPOW 11.11.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 19.11.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 19.11.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 24.11.2025 10.00 am - 11.30 am Boardroom, DPOW	10.00 – 11.30 am Boardroom, DPOW 04.12.25 10.00 am – 11.30 am Boardroom, HRI
Care Group for Theatres, Anaesthetic and Critical Care Community, Frailty and Therapy Care Group Head and Neck Care Group Digestive Diseases Acute and Emergency Medicine Care Group Pathology Care Group	2.30 pm -4.00 pm Boardroom, HRI 23.01.25 3.30 pm - 5.00 pm Boardroom, HRI 27.01.25 9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 27.01.25 11.00 - 12.30 pm	05.02.25 1.00 pm - 2.30 pm Boardroom, HRI 06.02.25 9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 11.02.25 11.00 am - 12.30 pm Boardroom, Main Admin Block, CHH 11.02.25 11.00 am - 11.30 am Boardroom, Main Admin Block, CHH 19.02.25 10.00 am - 11.30 am Boardroom, MRI	11.00 am - 12.30 pm Boardroom, DPOW 06.03.25 11.00 am - 12.30 pm Boardroom, HRI 10.03.25 11.00 am - 12.30 pm Boardroom, DPOW 10.03.25 3.00 pm - 4.30 pm Boardroom, DPOW 19.03.25 11.00 am - 12.30 pm Boardroom, Main Admin Block, CHH 20.03.25 10.00 am - 11.30 am Boardroom, HRI 25.03.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 26.03.25 2.00 pm - 3.30 pm	9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 14.04.25 2.00 pm - 3.30 pm Boardroom, HRI 16.04.25 9.00 am - 10.30 am Boardroom, DPOW 23.04.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 23.04.25 2.00 pm - 3.30 pm Boardroom, Main Admin Block, CHH 30.04.25 2.00 pm - 3.30 pm Boardroom, Main Admin Block, CHH	10.00 am - 11.30 am Boardroom, HRI 28.05.25 2.00 pm - 3.30 pm Boardroom, DPOW 29.05.25 2.00 pm - 3.30 pm Boardroom, JB and Admin Block, CHH 01.05.25 10.00 am - 11.30 am Boardroom, HRI 09.05.25 10.00 am - 11.30 am Boardroom, HRI 09.05.25 10.00 am - 11.30 am Boardroom, HRI 09.05.25 10.00 am - 11.30 am Boardroom, HRI 12.05.25 10.30 am - 12.00 pm Boardroom, DPOW 15.05.25 11.00 am - 12.30 pm	9.00 am - 10.30 am Boardroom, DPOW 02.06.25 10.30 am - 12.00 pm Boardroom, DPOW 09.06.25 10.00 am - 11.30 am Boardroom, Mon - 11.30 am Boardroom, Main Admin Block, <u>CHH</u> 18.06.25 3.00 pm - 4.30 pm Boardroom, SGH 24.06.25 10.00 am - 11.30 am Exec Meeting Room, SGH 24.06.25 10.00 am - 11.30 am Boardroom, Main Admin Block, <u>CHH</u> 26.06.25 3.00 pm - 4.30 pm	10.00 am - 11.30 am Boardroom, HRI 07.07.25 1.30 pm - 3.00 pm Boardroom, DPOW 07.07.25 3.30 pm - 5.00 pm Boardroom, DPOW 14.07.25 10.30 am - 12.00 pm Boardroom, DPOW 14.07.25 3.30 pm - 5.00 pm Boardroom, DPOW 23.07.25 2.00 pm - 3.30 pm Boardroom, HRI 30.07.25 10.00 am - 11.30 am Boardroom, HRI 30.07.25 2.00 pm - 3.30 pm	11.00 am - 12.30 pm           Boardroom, Main Admin Block, CHH           20.08.25           2.00 pm - 3.30 pm           Exec Meeting Room, SGH           21.08.25           9.00 am - 10.30 am           Boardroom, HRI           27.08.25           2.00 pm - 3.30 pm           Boardroom, HRI           20.08 pm - 3.30 pm           Boardroom, Main Admin Block, CHH           28.08.25           2.00 pm - 3.30 pm           Boardroom, DPOW           04.08.25           10.00 am - 11.30 am           Boardroom, DPOW           04.08.25           10.00 am - 11.30 am           Boardroom, DPOW           07.08.25	Boardroom, Main Admin Block, CHH 01.09.25 10.30 am - 12.00 pm Boardroom, DPOW 04.09.25 9.00 am - 10.30 am Boardroom, DPOWH 09.09.25 8.30 am - 10.00 am Boardroom, Main Admin Block, CHH 08.09.25 11.03 am - 12.00 pm Boardroom, Main Admin Block, CHH 15.09.25 11.00 am - 12.30 pm Boardroom, HRI 15.09.25	9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 02:10.25 9.00 am - 10.30 am Boardroom, HRI 06:10.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 13:10.25 10.00 am - 11.30 am Boardroom, DPOW 15:10.25 10.00 am - 11.30 am Boardroom, HRI 20:10.25 10.00 am - 11.30 am Boardroom, HRI 20:10.25 10.00 am - 11.30 am Boardroom, HRI 21:10.25 10.00 am - 11.30 am Boardroom, HRI 22:10.25 10.00 am - 11.30 am Boardroom, HRI 23:10.25 10.00 am - 11.30 am Boardroom, HRI 28:10.25 10.00 am - 11.30 am Boardroom, DPOW 28:10.25 10.00 am - 11.30 am Boardroom, DPOW 28:10.25 10.00 am - 11.30 am	10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 10.11.25 10.00 am - 11.30 am Boardroom, DPOW 11.11.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 19.11.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 19.11.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 24.11.2025 10.00 am - 11.30 am Boardroom, DPOW	10.00 - 11.30 am Boardroom, DPOW 04.12.25 10.00 am - 11.30 am Boardroom, HRI 08.12.2025 10.30 am - 12.00 pm Boardroom, DPOW 12.12.25
Care Group for Theatres, Anaesthetic and Critical Care Community, Frailty and Therapy Care Group Head and Neck Care Group Digestive Diseases Acute and Emergency Medicine Care Group Pathology Care Group Specialist Medicine Specialist Surgery	2.30 pm -4.00 pm Boardroom, HRI 23.01.25 3.30 pm - 5.00 pm Boardroom, HRI 27.01.25 9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 27.01.25 11.00 - 12.30 pm	05.02.25 1.00 pm - 2.30 pm Boardroom, HRI 06.02.25 9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 11.02.25 9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 11.02 am - 12.30 pm Boardroom, Main Admin Block, CHH 19.02.25 10.00 am - HRI	11.00 am - 12.30 pm Boardroom, DPOW 06.03.25 11.00 am - 12.30 pm Boardroom, HRI 10.03.25 11.00 am - 12.30 pm Boardroom, DPOW 10.03.25 3.00 pm - 4.30 pm Boardroom, DPOW 19.03.25 11.00 am - 12.30 pm Boardroom, Main Admin Block, CHH 20.03.25 10.00 am - 11.30 am Boardroom, HRI 25.03.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 26.03.25 2.00 pm - 3.30 pm	9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 14.04.25 2.00 pm - 3.30 pm Boardroom, HRI 16.04.25 9.00 am - 10.30 am Boardroom, DPOW 23.04.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 32.04.25 2.00 pm - 3.30 pm Boardroom, Main Admin Block, CHH 0.00.425 2.00 pm - 3.30 pm Boardroom, Main Admin Block, CHH	10.00 am - 11.30 am Boardroom, HRI 20.05.25 2.00 pm - 3.30 pm Boardroom, DPOW 29.05.25 2.00 pm - 3.30 pm Boardroom, Main Admin Block, CHH 01.05.25 10.00 am - 11.30 am Boardroom, HRI 09.05.25 10.00 am - 11.30 am Boardroom, HRI 09.05.25 10.00 am - 11.30 am Boardroom, HRI 12.05.25 10.30 am - 12.30 pm Boardroom, DPOW 15.05.25 11.00 pm - 2.30 pm Boardroom, Min Admin Block,	9.00 am - 10.30 am Boardroom, DPOW 0.2.06.25 10.30 am - 12.00 pm Boardroom, DPOW 0.9.06.25 10.00 am - 11.30 am Boardroom, DPOWH 1.0.06.25 10.00 am - 11.30 am Boardroom, Alin Admin Block, CHH 18.06.25 3.00 pm - 4.30 pm Boardroom, SGH 24.06.25 10.00 am - 11.30 am Exec Meeting Room, SGH 24.06.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 26.06.25	10.00 am - 11.30 am Boardroom, HRI 07.07.25 1.30 pm - 3.00 pm Boardroom, DPOW 07.07.25 3.30 pm - 5.00 pm Boardroom, DPOW 14.07.25 10.30 am - 12.00 pm Boardroom, DPOW 14.07.25 3.30 pm - 5.00 pm Boardroom, DPOW 23.07.25 2.00 pm - 3.30 pm Boardroom, HRI 30.07.25 10.00 am - 11.30 am Boardroom, HRI 30.07.25 2.00 pm - 3.30 pm	11.00 am - 12.30 pm Boardroom, Main Admin Block, CHH 20.08.25 2.00 pm - 3.30 pm Exec Meeting Room, SGH 21.08.25 9.00 am - 10.30 am Boardroom, HRI 27.08.25 2.00 pm - 3.30 pm Boardroom, Main Admin Block, CHH 2.80.825 2.00 pm - 3.30 pm Boardroom, DPOW	Boardroom, Main Admin Block, CHH 01.09.25 10.30 am - 12.00 pm Boardroom, DPOW 04.09.25 9.00 am - 10.30 am Boardroom, DPOWH 0.09.25 8.30 am - 10.30 am Boardroom, Main Admin Block, CHH 10.30 pm - 12.30 pm Boardroom, Main Admin Block, CHH 15.09.25 11.00 am - 12.30 pm Boardroom, HRI	9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 0.2.10.25 9.00 am - 10.30 am Boardroom, HRI 0.00 am - 11.30 am Boardroom, DPOW 0.7.10.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 13.10.25 10.00 am - 11.30 am Boardroom, HRI 20.10.25 10.00 am - 11.30 am Boardroom, HRI 21.10.25 10.00 am - 11.30 am Boardroom, HRI 21.10.25 10.00 am - 11.30 am Boardroom, HRI 21.10.25 10.00 am - 11.30 am Boardroom, HRI 23.10.25	10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 10.11.25 10.00 am - 11.30 am Boardroom, DPOW 11.11.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 19.11.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 19.11.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 24.11.2025 10.00 am - 11.30 am Boardroom, DPOW	10.00 - 11.30 am Boardroom, DPOW 04.12.25 10.00 am - 11.30 am Boardroom, HRI 08.12.2025 10.30 am - 12.00 pm Boardroom, DPOW
Care Group for Theatres, Anaesthetic and Critical Care Community, Frailty and Therapy Care Group Head and Neck Care Group Digestive Diseases Acute and Emergency Medicine Care Group Pathology Care Group Specialist Medicine	2.30 pm -4.00 pm Boardroom, HRI 23.01.25 3.30 pm - 5.00 pm Boardroom, HRI 27.01.25 9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 27.01.25 11.00 - 12.30 pm	05.02.25 1.00 pm - 2.30 pm Boardroom, HRI 06.02.25 9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 11.02.25 9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 11.02.25 11.00 am - 11.30 am Boardroom, Main Admin Block, CHH 03.02.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 03.02.25	11.00 am - 12.30 pm Boardroom, DPOW 06.03.25 11.00 am - 12.30 pm Boardroom, HRI 10.03.25 11.00 am - 12.30 pm Boardroom, DPOW 10.03.25 3.00 pm - 4.30 pm Boardroom, DPOW 19.03.25 11.00 am - 12.30 pm Boardroom, Main Admin Block, CHH 20.03.25 10.00 am - 11.30 am Boardroom, HRI 25.03.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 26.03.25 2.00 pm - 3.30 pm	9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 14.04.25 2.00 pm - 3.30 pm Boardroom, HRI 16.04.25 9.00 am - 10.30 am Boardroom, DPOW 23.04.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 32.04.25 2.00 pm - 3.30 pm Boardroom, Main Admin Block, CHH 0.00 am - 3.30 pm Boardroom, Main Admin Block, CHH 0.00 pm - 3.30 pm Boardroom, Main Admin Block, CHH 0.00 pm - 3.30 pm Boardroom, Main Admin Block, CHH 0.00 pm - 3.30 pm Exec Meeting Room, SGH 0.3.04.25 9.00 am - 10.30 am	10.00 am - 11.30 am Boardroom, HRI 28.05.25 2.00 pm - 3.30 pm Boardroom, DPOW 29.05.25 2.00 pm - 3.30 pm Boardroom, JBN Admin Block, CHH 01.05.25 10.00 am - 11.30 am Boardroom, HRI 09.05.25 10.00 am - 11.30 am Boardroom, HRI 09.05.25 10.00 am - 11.30 am Boardroom, HRI 09.05.25 10.00 am - 11.30 am Boardroom, HRI 12.05.25 10.30 am - 12.30 pm Boardroom, JPOW 15.05.25 11.00 am - 12.30 pm Boardroom, JBN Boardroom, JPOW	9.00 am - 10.30 am Boardroom, DPOW 0.2.06.25 10.30 am - 12.00 pm Boardroom, DPOW 0.9.06.25 10.00 am - 11.30 am Boardroom, DPOWH 1.0.06.25 10.00 am - 11.30 am Boardroom, Alin Admin Block, CHH 18.06.25 3.00 pm - 4.30 pm Boardroom, SGH 24.06.25 10.00 am - 11.30 am Exec Meeting Room, SGH 24.06.25 10.00 am - 11.30 am Boardroom, Min Admin Block, CHH 26.06.25 3.00 pm - 4.30 pm Boardroom, Min Admin Block, CHH 26.06.25 3.00 pm - 4.30 pm	10.00 am - 11.30 am Boardroom, HRI 07.07.25 1.30 pm - 3.00 pm Boardroom, DPOW 07.07.25 3.30 pm - 5.00 pm Boardroom, DPOW 14.07.25 10.30 am - 12.00 pm Boardroom, DPOW 14.07.25 3.30 pm - 5.00 pm Boardroom, DPOW 23.07.25 2.00 pm - 3.30 pm Boardroom, HRI 30.07.25 10.00 am - 11.30 am Boardroom, HRI 30.07.25 2.00 pm - 3.30 pm	11.00 am - 12.30 pm           Boardroom, Main Admin Block, CHH           20.08.25           2.00 pm - 3.30 pm           Exec Meeting Room, SGH           21.08.25           9.00 am - 10.30 am           Boardroom, HRI           27.08.25           2.00 pm - 3.30 pm           Boardroom, HRI           20.08 pm - 3.30 pm           Boardroom, Main Admin Block, CHH           28.08.25           2.00 pm - 3.30 pm           Boardroom, DPOW           04.08.25           10.00 am - 11.30 am           Boardroom, NPOW           07.08.25           10.00 am - 11.30 am           Boardroom, Main Admin Block, CHH           07.08.25           10.00 am - 11.30 am           Boardroom, Main Admin Block, CHH	Boardroom, Main Admin Block, CHH 01.09.25 10.30 am - 12.00 pm Boardroom, DPOW 04.09.25 9.00 am - 10.30 am Boardroom, DPOWH 03.00 am Boardroom, DPOWH 0.09.25 10.30 am - 10.00 am Boardroom, Main Admin Block, CHH 15.09.25 11.00 am - 12.30 pm Boardroom, HRI 15.09.25 3.00 pm - 4.30 pm	9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 0.2.10.25 9.00 am - 10.30 am Boardroom, HRI 0.00 am - 11.30 am Boardroom, DPOW 0.7.10.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 13.10.25 10.00 am - 11.30 am Boardroom, HRI 20.10.25 10.00 am - 11.30 am Boardroom, HRI	10.00 am -11.30 am Boardroom, Main Admin Block, CHH 10.11.25 10.00 am -11.30 am Boardroom, DPOW 11.11.25 10.00 am -11.30 am Boardroom, Main Admin Block, CHH 19.11.25 10.00 am -11.30 am Boardroom, Main Admin Block, CHH 24.11.2025 10.00 am -11.30 am Boardroom, Main Admin Block, CHH 25.11.25 10.00 am -11.30 am Boardroom, Main Admin Block, CHH	10.00 - 11.30 am Boardroom, DPOW 04.12.25 10.00 am - 11.30 am Boardroom, HRI 08.12.2025 10.30 am - 12.00 pm Boardroom, DPOW 12.12.25 11.00 am - 12.30 am
Care Group for Theatres, Anaesthetic and Critical Care Community, Frailty and Therapy Care Group Head and Neck Care Group Digestive Diseases Acute and Emergency Medicine Care Group Pathology Care Group Specialist Medicine Specialist Surgery	2.30 pm -4.00 pm Boardroom, HRI 23.01.25 3.30 pm - 5.00 pm Boardroom, HRI 27.01.25 9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 27.01.25 11.00 - 12.30 pm	05.02.25 1.00 pm - 2.30 pm Boardroom, HRI 06.02.25 9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 11.02.25 9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 11.02.25 11.00 am - 11.30 am Boardroom, Main Admin Block, CHH 20.02.25 10.00 am - 11.30 am Boardroom, HRI 20.02.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH	11.00 am - 12.30 pm Boardroom, DPOW 06.03.25 11.00 am - 12.30 pm Boardroom, HRI 10.03.25 11.00 am - 12.30 pm Boardroom, DPOW 10.03.25 3.00 pm - 4.30 pm Boardroom, DPOW 19.03.25 11.00 am - 12.30 pm Boardroom, Main Admin Block, CHH 20.03.25 10.00 am - 11.30 am Boardroom, HRI 25.03.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 26.03.25 2.00 pm - 3.30 pm	9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 14.04.25 2.00 pm - 3.30 pm Boardroom, HRI 16.04.25 9.00 am - 10.30 am Boardroom, DPOW 23.04.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 32.04.25 2.00 pm - 3.30 pm Boardroom, Main Admin Block, CHH 0.00 am - 3.30 pm Boardroom, Main Admin Block, CHH 0.00 pm - 3.30 pm Boardroom, Main Admin Block, CHH 0.00 pm - 3.30 pm Boardroom, Main Admin Block, CHH 0.00 pm - 3.30 pm Exec Meeting Room, SGH 0.3.04.25 9.00 am - 10.30 am	10.00 am - 11.30 am Boardroom, HRI 20.05.25 2.00 pm - 3.30 pm Boardroom, DPOW 29.05.25 2.00 pm - 3.30 pm Boardroom, Main Admin Block, CHH 01.05.25 10.00 am - 11.30 am Boardroom, HRI 09.05.25 10.00 am - 11.30 am Boardroom, HRI 09.05.25 10.00 am - 11.30 am Boardroom, HRI 12.05.25 11.00 pm - 2.30 pm Boardroom, HRI 13.05.25 11.00 pm - 13.00 pm Boardroom, JPOW 15.05.25 11.00 am - 12.30 pm Boardroom, JPOW	9.00 am - 10.30 am Boardroom, DPOW 0.2.06.25 10.30 am - 12.00 pm Boardroom, DPOW 0.9.06.25 10.00 am - 11.30 am Boardroom, DPOWH 1.0.06.25 10.00 am - 11.30 am Boardroom, Alin Admin Block, CHH 18.06.25 3.00 pm - 4.30 pm Boardroom, SGH 24.06.25 10.00 am - 11.30 am Exec Meeting Room, SGH 24.06.25 10.00 am - 11.30 am Boardroom, Min Admin Block, CHH 26.06.25 3.00 pm - 4.30 pm Boardroom, Min Admin Block, CHH 26.06.25 3.00 pm - 4.30 pm	10.00 am - 11.30 am Boardroom, HRI 07.07.25 1.30 pm - 3.00 pm Boardroom, DPOW 07.07.25 3.30 pm - 5.00 pm Boardroom, DPOW 14.07.25 10.30 am - 12.00 pm Boardroom, DPOW 14.07.25 3.30 pm - 5.00 pm Boardroom, DPOW 23.07.25 2.00 pm - 3.30 pm Boardroom, HRI 30.07.25 10.00 am - 11.30 am Boardroom, HRI 30.07.25 2.00 pm - 3.30 pm	11.00 am - 12.30 pm Boardroom, Main Admin Block, CHH 20.08.25 2.00 pm - 3.30 pm Exec Meeting Room, SGH 21.08.25 9.00 am - 10.30 am Boardroom, HRI 27.08.25 2.00 pm - 3.30 pm Boardroom, Main Admin Block, CHH 28.08.25 2.00 pm - 3.30 pm Boardroom, DPOW 0.04.08.25 10.00 am - 11.30 am Boardroom, DPOW 0.70.8.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH	Boardroom, Main Admin Block, CHH 01.09.25 10.30 am - 12.00 pm Boardroom, DPOW 04.09.25 9.00 am - 10.30 am Boardroom, DPOWH 03.00 am Boardroom, DPOWH 0.09.25 10.30 am - 10.00 am Boardroom, Main Admin Block, CHH 15.09.25 11.00 am - 12.30 pm Boardroom, HRI 15.09.25 3.00 pm - 4.30 pm	9.00 am - 10.30 am Boardroom, Main Admin Block, CHH 0.2.10.25 9.00 am - 10.30 am Boardroom, HRI 0.00 am - 11.30 am Boardroom, DPOW 0.7.10.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 13.10.25 10.00 am - 11.30 am Boardroom, HRI 20.10.25 10.00 am - 11.30 am Boardroom, HRI	10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 10.11.25 10.00 am - 11.30 am Boardroom, DPOW 11.11.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 19.11.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH 24.11.2025 10.00 am - 11.30 am Boardroom, DPOW 25.11.25 10.00 am - 11.30 am Boardroom, Main Admin Block, CHH	10.00 - 11.30 am Boardroom, DPOW 04.12.25 10.00 am - 11.30 am Boardroom, HRI 08.12.2025 10.30 am - 12.00 pm Boardroom, DPOW 12.12.25 11.00 am - 12.30 am
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### Hull University Teaching Hospitals



#### MEETING SCHEDULE - 2026 - V4

		Quarter 4 (24/25)			Quarter 1 (25/26)			Quarter 2 (25/26)			Quarter 3 (25/26)	
MEETING	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Trust Board	oun	105	Indi	Арі	intery	Jun	UUI	Aug	CCP	001		Bee
Public & Private									HUTH Annual			
(Thursdays - 9.00 am - 5.00 pm)		12.02.26		09.04.26		11.06.26		13.08.26	General Meeting -	08.10.26		10.12.26
Board Development									TBC			
(Thursdays - 9.00 am - 5.00 pm)			12.03.26		14.05.26		09.07.26		10.09.26		12.11.26	
Committees in Common												
Performance, Estates & Finance										29.09.26		
(Tuesdays - 9.00 am - 12.30 pm)	06.01.26	03.02.26	03.03.26	07.04.26	05.05.26	02.06.26	07.07.26	04.08.26	01.09.26	(please note falls in September)	03.11.26	01.12.26
Capital & Major Projects (9.00 am - 12.00 pm)		18.02.26		21.04.26		17.06.26		19.08.26		21.10.26		15.12.26
Quality & Safety (Thursdays - 9.00 am - 12.30 pm with	29.01.26	26.02.26	26.03.26	30.04.26	28.05.26	25.06.26	23.07.26	27.08.26	24.09.26	29.10.26	26.11.26	17.12.26
exceptions as stated)												
Remuneration - (Virtual Meeting)		04.02.26			26.05.26			05.08.26			19.11.26	
(9.00 am - 11.30 am)						<u>↓</u>					-	
Workforce, Education & Culture	28.01.26	25.02.26	25.03.26	29.04.26	27.05.26	24.06.26	22.07.26	26.08.26	23.09.26	28.10.26	25.11.26	16.12.26
(Wednesdays - 9.00 am - 12.30 pm) Audit, Risk & Governance Committee						19.06.26						
(Thursdays - 9.00 am - 12.30 pm with						HUTH & NLaG						
						Annual Accounts					11.11.26	
exceptions as stated)	22.01.26			23.04.26		Friday - 9.00 am -	30.07.26				(Wednesday)	
						12.00 pm					(	
						Boardroom, HRI						
Charitable Funds												
NLAG												
(9.00 am - 12.00 pm)	15.01.26			01.04.26			08.07.26			07.10.26		
(9.00 am - 12.00 pm) HUTH												
(9.00 am - 12.00 pm)		05.02.26			06.05.26			06.08.26			10.11.26	
Free sections. To sure Manatine us												
Executive Team Meetings Group Cabinet Meeting	06.01.26	03.02.26	03.03.26	07.04.26	05.05.26	02.06.26	07.07.26	04.08.26	01.09.26	06.10.26	03.11.26	01.12.26
(Tuesdays - 2.00 pm - 5.00 pm)	13.01.26	10.02.26	10.03.26	14.04.26	12.05.26	09.06.26	14.07.26	11.08.26	08.09.26	13.10.26	10.11.26	08.12.26
(Tuesdays - 2.00 pm - 5.00 pm)		17.02.26	17.03.26	21.04.26	12.05.26	16.06.26	21.07.26	18.08.26	15.09.26	20.10.26	17.11.26	15.12.26
	20.01.26 27.01.26	24.02.26	24.03.26	28.04.26	26.05.26	23.06.26	28.07.26	25.08.26	22.09.26	20.10.26	24.11.26	22.12.26
	27.01.20	24.02.20	31.03.26	20.04.20	20.05.20	30.06.26	20.07.20	25.00.20	29.09.26	27.10.20	24.11.20	22.12.20
			31.03.20			30.00.20			29.09.20			
Governors												
Council of Governors		24.02.26							03.09.26			
(2.00 pm - 5.00 pm, with exceptions as	00.04.00	(9.00 am - 11.00 am)		45.04.00			40.07.00		(1.30 pm - 5.00 pm)		04.44.00	
stated)	08.01.26	NED & Governor		15.04.26			16.07.26		AMM & Highlight		04.11.26	
		only Meeting							Reports			
Member & Public Engagement & Assurance												
Group (MPEAG)			10.03.26			02.06.26				06.10.26		01.12.26
(Tuesdays - 5.30 pm - 7.00 pm)												
Appointments & Remuneration Committee (Thursdays - 3.00 pm - 4.30 pm)		19.02.26			28.05.26				24.09.26			
NED & CEO Meetings												
NED & CEO Meetings		I				Г			1		I	
(Tuesdavs - 10.00 am - 12.00 pm )	13.01.26	17.02.26	17.03.26	14.04.26	12.05.26	16.06.26	14.07.26	18.08.26	15.09.26	13.10.26	17.11.26	08.12.26
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Union Meetings					1							
JNCC - NLAG	19.01.26	16.02.26	16.03.26	20.04.26	18.05.26	15.06.26	20.07.26	17.08.26	14.09.26	19.10.26	16.11.26	14.12.26
(Mondays - 2.30 pm - 4.30 pm) JNCC - HUTH			· · · · ·								-	-
JNCC - HUTH (Thursdays - 10.45 am - 12.45 pm)	08.01.26		05.03.26		07.05.26		02.07.26		03.09.26		05.11.26	
Consultant Meetings												
JLNC - NLAG	00.01.55				(		0/					( <b>p</b> / <b>p</b> - <b>p</b> -
(Tuesdays - 12.30 pm - 2.00 pm)	20.01.26	17.02.26	17.03.26	21.04.26	19.05.26	16.06.26	21.07.26	18.08.26	15.09.26	20.10.26	17.11.26	15.12.26
LNC - HUTH (Wednesdays - 10.00 am - 1.00 pm)	14.01.26		18.03.26		20.05.26		15.07.26		16.09.26		18.11.26	
(weunesuays - 10.00 am - 1.00 pm)								1				









## **Trust Boards-in-Common Front Sheet**

## Agenda Item No: BIC(25)074

Name of the Meeting	Trust Boards-in-Common				
Date of the Meeting	10 April 2025				
Director Lead	David Sharif, Group Director of Assurance				
Contact Officer/Author	David Sharif, Group Director of Assurance				
Title of the Report	Sir James Mackey, Chief Executive, NHS England letter dated 1				
	April 2025 - Working together in 2025/26 to lay the foundations for reform				
Executive Summary	<ul> <li>The attached letter from the Chief Executive, NHS England sets out the planning steps to follow across the NHS. This letter provides important context for Board members following the planning discussions and work to date. It states that: <ul> <li>The NHS has a headline deficit of £311million</li> <li>A medium-term approach to planning will start work between June and September this year</li> <li>Strong Board accountability lays the foundation for a more devolved, rules-based system</li> <li>ICBs have a critical role to play in the future as strategic commissioners (and their costs will reduce by 50%)</li> <li>NHSE will determine a reasonable running cost per head of the population and the functional output of the Model ICB work will be shared by the end of April</li> <li>All NHS providers are requested to reduce their corporate cost growth by 50% during Quarter 3 2025/26 – and use the savings to reinvest in frontline services. The approval approach to creating Wholly Owned Subsidiaries will be adjusted to reduce the burden on providers</li> <li>Further guidance to follow on the approach to planning elective activity, including removing the elective payment limit, and proposals to strengthen the current activity management provisions within the standard NHS contract</li> <li>The updated NHS Performance Assessment Framework for 2025/26 will be consulted on and tested during Q1</li> </ul> </li> <li>It also provided detail on a range of funding metrics from the submissions to date: <ul> <li>The North East and Yorkshire region is £190m short of distance from target.</li> </ul> </li> <li>Within that, the Humber and North Yorkshire ICB is within range of a fair shares allocation (including specialist commissioning).</li> </ul>				
and/or Supporting Document(s) (if applicable)	N/A				

Prior Approval Process	N/A	
<b>Financial implication(s)</b> (if applicable)	See above for indication	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A	
Recommended action(s) required	<ul> <li>Approval</li> <li>Discussion</li> <li>Assurance</li> </ul>	<ul> <li>✓ Information</li> <li>□ Review</li> <li>□ Other – please detail below:</li> </ul>



Date published: 1 April, 2025 Date last updated: 1 April, 2025

# Working together in 2025/26 to lay the foundations for reform

Publication (/publication)

## Content

- Working together in 2025/26 to lay the foundations for reform
- 2025/26 planning
- Moving to a different way of working together as leaders
- Integrated care boards (ICBs) are central to future plans
- Reversing corporate cost growth in NHS providers
- Enabling recovery through the NHS Standard Contract
- Moving at pace to streamline the centre
- Appendix 1 2025/26 financial plan summary as at 31 March 2025
- <u>Appendix 2 Distance to fair shares allocation by system</u>

Classification: Official Publication reference: PRN01930

To:

- NHS trust and foundation trust chief executives
- NHS trust and foundation trust chairs
- Integrated care board chief executives
- Integrated care board chairs

CC.

• NHS England regional directors

Dear Colleague

## Working together in 2025/26 to lay the foundations for reform

When we met on 13 March, I committed to writing out on day one to help give more clarity on what we need to do in the coming weeks and months.

Before getting into the detail, I would like to thank you for your support over the last few tricky weeks. I've been really encouraged by both the recognition of the challenge we face and the collective response you've shown to it – most notably through the revised planning submissions. It is very much appreciated.

## 2025/26 planning

Your efforts over the past two weeks have put our plans for 2025/26 in a much stronger position, so please pass on my thanks to everyone who has worked so hard to make this improvement. As it stands, we have a headline deficit of £311 million (appendix 1 (https://www.england.nhs.uk/long-read/working-together-in-2025-26-to-lay-the-foundations-for-reform/#appendix-1-2025-26-financial-plan-summary-as-at-31-march-2025)) (after accounting for the £2.2 billion deficit support reflected in the allocations, so £2.5 billion versus the £6.6 billion referenced on 13 March). This is a significant shift, and there has also been positive progress on the key operational standards.

We are currently working through plans, and delivery confidence, and our regional teams will be working with you to finalise all of this over the next few weeks. Hopefully, this will build confidence and help establish a clear path to balancing the books in 2025/26 and delivering on our key operational imperatives.

Whilst the movement on the numbers is clearly very welcome, I'm even more encouraged by the broader leadership response from you all.

## Moving to a different way of working together as leaders

The publication of the 10 Year Health Plan and the outcome of the Spending Review will give us the ingredients to shift towards a medium-term approach to planning. We will initiate a process with you to shape how we make this work between June and September this year, when the outcome of the Spending Review is known. Ideally, I would also like to use that process to both set out parameters for 2026/27 and, as far as possible, obviate the need for further Planning Guidance later this year, leading to a smoother planning process for next year. Again, we will be discussing this with you in more detail over the coming weeks as part of our new way of working. This should help us get back to having honest and transparent conversations about how we're all going to lead the recovery across the service. When we met on 13 March, I committed to greater transparency and moving back to a fair shares allocation policy over time, while unravelling some of the complexities that now exist around the money. A schedule is attached to this letter to confirm what allocations would have been if we had distributed allocations on a fair share basis (appendix 2 (https://www.england.nhs.uk/long-read/working-together-in-2025-26-to-lay-the-foundations-for-reform/#appendix-2-distance-to-fair-shares-allocation-by-system)). We will need to develop an affordable pace of change policy, but I think it's important that you can see where we are heading.

Key to all of this is not just creating a fair playing field but also getting back to a place where the solutions to the challenges we face lie in our own hands as leaders. I think the shift to greater openness and transparency will help us become more accountable to our public and our staff and less so to the centre.

Ultimately, I'd like us to focus on more of a devolved, rules-based system that is built on strong Board accountability. We should target creating a net surplus going forward, so that we can shift away from focusing so much of our leadership energy on deficit reduction and create the bandwidth to do much more on quality (including wider population health), access and leading our organisations and local systems.

## Integrated care boards (ICBs) are central to future plans

ICBs have a critical role to play in the future as strategic commissioners and this is going to be central to realising the ambitions that will be set out in the 10 Year Health Plan.

The 10 Year Health Plan will also set out the key components of an operating model that is rules-based, provides earned autonomy and incentivises good financial and operational performance. Importantly, alongside Penny Dash's (NHS England's new Chair) great work on quality, I am confident it will help reset and restore the focus on quality that we all want to see.

Reducing costs of ICBs by 50% will be a challenge, but it's important we move on this as quickly as possible to retain talent and seize the opportunities of ICBs acting primarily as strategic commissioners.

Our collective challenge over the coming weeks and months will be to manage the transition as carefully as we can while recognising:

• the need to maintain some core staff, such as recently delegated commissioning staff and, in the short term until further options are

considered, continuing healthcare staff

- the need to maintain or invest in core finance and contracting functions in the immediate term
- the need to invest in strategic commissioning functions, building skills and capabilities in analytics, strategy, market management and contracting
- the need to commission and develop neighbourhood health, with the delivery being a provider function over time (GPs, PCNs, community and mental health trusts, social care, acute trusts or others)

We will share soon what we think is a reasonable running cost per head of the population via regional directors and the functional output of the Model ICB work will be shared by the end of April. ICBs are expected to use this information to create bottom-up plans that are affordable within the reduced running cost envelope – for sign off by the end of May – and implement the plan during Quarter 3. ICBs are encouraged to expedite these changes as any in-year savings can be used on a non-recurrent basis to address in-year transition pressures or risks to delivery in wider system operational plans. We are in discussion with government colleagues about the impact this may have in terms of staffing reductions, and we are discussing the mechanisms this may entail, together with the costs and approvals of any exit arrangements. We will update you as soon as there is a clearer picture.

To meet this expectation, you should look carefully at functions where there is duplication. This includes:

- a number of assurance and regulatory functions (for example, safeguarding and infection control) where this is already done in providers and, in some cases, regions, without compromising statutory responsibilities
- wider performance management (as opposed to contract management) of providers which again already takes place in providers and at regional level
- comms and engagement which similarly exists in local authorities, providers and regions

Regional Directors will hold the ring with ICB Chief Executives on identifying how we are going to make the reductions, recognising that successfully reducing these costs will, in part, rely on cross-system arrangements going forward.

## Reversing corporate cost growth in NHS providers

Since 2018/19, corporate costs in NHS providers have risen by 40% (£1.85 billion), excluding pay and pensions (56% including pay and pensions). While some of this cost growth has likely been necessary to improve clinical efficiency, we are now requesting that

all NHS providers reduce their corporate cost growth by 50% during Quarter 3 2025/26. These savings should be reinvested locally to enhance frontline services.

Some of these savings will be most effectively realised at a geographical or system level. Regional Directors will share benchmarking data for each provider and lean into this work to ensure that systems are collaborating, where appropriate, to determine the best approach. Also, in future, we will collect corporate cost data monthly to track progress and ensure delivery against this requirement.

Since 2019, there has been a substantial increase in the number of non-patient facing corporate nursing roles across NHS providers and ICBs. These roles have supported significant improvements within the nursing workforce, such as sustained post pandemic low leaver rates and reductions in vacancy levels.

However, initial analysis indicates significant sector and regional variation with the deployment and proportion of these roles within NHS providers. To ensure optimal deployment of the corporate nursing workforce, Duncan Burton, Chief Nursing Officer for England, will lead a benchmarking analysis to identify potential unwarranted variation and utilise this knowledge to set an appropriate threshold which we will ask systems and providers to align to in 2025/26. We aim to complete this work by the end of April 2025.

With regard to Wholly Owned Subsidiaries, we have adjusted our approval approach to subsidiary transaction assurance to reduce the burden on providers while ensuring that certain conditions are met. We will provide guidance shortly, informed by discussions with Unions nationally.

#### **Enabling recovery through the NHS Standard Contract**

We will shortly be publishing the response to the NHS Standard Contract consultation and the payment rules consultation for 25/26, which will set out a much more flexible approach to planning elective activity, including removing the elective payment limit, and proposals to strengthen the current activity management provisions within the contract.

This will be a first step in developing and strengthening commissioning, where commissioners and providers, where possible, jointly agree on affordable activity levels to meet key standards at the start of the year. This activity plan will be the basis on which providers and commissioners will work together during the year.

We will run a series of webinars to provide further details of the changes to the contract and outline the escalation routes we are putting in place.

#### Moving at pace to streamline the centre

As announced previously, Penny and Alan Milburn are jointly sponsoring the programme to bring together NHS England and the Department of Health and Social Care to create a single aligned centre. It is very clear that our staff want and need to see things progress with speed and fairness, and we are all committed to deliver on this.

On Thursday, we had the last NHS England Board before the Interim NHS England Executive Team formally takes up their posts today. The Board was keen to publish the NHS Performance Assessment Framework for 2025/26, this being an important part of our oversight system and can be a useful instrument. This is very hard to get right given our current operational context. So, we agreed we would consult on the updated framework and allow some testing in Q1 before using the framework in earnest from then on.

We will also publish our Urgent and Emergency Care Delivery plan shortly, and it is essential that we are better prepared for winter this year. This will be a test of whether we are pivoting to the right approach, so I'd value your feedback. We'll use the UEC/winter planning activity to get some early conversations between the Interim NHS England Team and local leaders in the coming weeks and months.

Finally, I would like to reiterate how very grateful I am for Amanda's support through this transition and handover, and for all she did in her tenure. We all wish her well back at Guy's and St Thomas' when she starts there in the autumn.

I will do all I can in the time I am in this role to help lead us through this tricky phase, alongside all of you. It has been very clear to me in the few weeks I have been involved, before starting properly today, how committed you all are to helping get the NHS back on its feet and delivering all we want and need to for our patients and staff.

Thanks again, all the best and keep going.

Sir James Mackey, Chief Executive, NHS England

## Appendix 1 – 2025/26 financial plan summary as at 31 March 2025

## Table: Regional 2025/26 financial plan submissions

Region Position	27th March submission	Deficit support	Gross Position	DfT % (inc Spec comm)	DfT £m (inc Spec comm)
EoE	0	169	(169)	(6.28)%	(237,458)
London	(63)	221	(284)	4.15%	10,960
Midlands	0	620	(620)	(2.36)%	(161,289)
NE&Y	0	233	(233)	(6.13)%	(190,238)
NW	(171)	542	(714)	6.25%	378,873
SE	(39)	329	(368)	5.28%	146,266
SW	(38)	91	(129)	(3.57)%	122,371
Total	(311)	2,206	(2,518)		

Please note over consumption of NHS resources is a postive distance from target (DfT)

(https://www.england.nhs.uk/wp-content/uploads/2025/04/PRN01930-table-

<u>1.png)</u>

## Table: ICB 2025/26 financial plan submissions

		27th March	Deficit	Gross	DfT % (inc Spec	DfT £m (inc
Region	System	submission	support	Position	comm)	Spec comm)
EoE	NHS Bedfordshire, Luton and Milton Keynes ICB	0	0	0	(5.82)%	(157,595
EoE	NHS Cambridgeshire and Peterborough ICB	0			0.51%	within range
EoE	NHS Hertfordshire and West Essex ICB	0	12	(12)	0.07%	within range
EoE	NHS Mid and South Essex ICB	0	106	(106)	1.92%	within range
EoE	NHS Norfolk and Waveney ICB	0	51	(51)	(0.09)%	within range
EoE	NHS Suffolk and North East Essex ICB	0		0	(2.87)%	(79,862)
London	NHS North Central London ICB	0	0	0	1.75%	within range
London	NHS North East London ICB	0	42	(42)	(2.18)%	(130,062)
London	NHS North West London ICB	0	0	0	(4.30)%	(290,668)
London	NHS South East London ICB	0	75	(75)	5.81%	307,036
London	NHS South West London ICB	(63)	104	(167)	3.06%	124,654
Midlands	NHS Birmingham and Solihull ICB	0	0	0	(3.44)%	(146,543)
Midlands	NHS Black Country ICB	0	95	(95)	(0.85)%	within range
Midlands	NHS Coventry and Warwickshire ICB	0	13	(13)	(3.16)%	(85,235)
Midlands	NHS Derby and Derbyshire ICB	0	45	(45)	(2.12)%	(63,712)
Midlands	NHS Herefordshire and Worcestershire ICB	0	73	(73)	3.88%	82,284
Midlands	NHS Leicester, Leicestershire and Rutland ICB	0	80	(80)	1.84%	within range
Midlands	NHS Lincolnshire ICB	0	0	0	(0.64)%	within range
Midlands	NHS Northamptonshire ICB	0	65	(65)	(1.77)%	within range
Midlands	NHS Nottingham and Nottinghamshire ICB	0	70	(70)	(1.23)%	within range
Midlands	NHS Shropshire, Telford and Wrekin ICB	0	84	(84)	3.70%	51,917
Midlands	NHS Staffordshire and Stoke-on-Trent ICB	0	95	(95)	1.44%	within range
NE&Y	NHS Humber and North Yorkshire ICB	0	79	(79)	(0.93)%	within range
NE&Y	NHS North East and North Cumbria ICB	0		(33)	(1.87)%	within range
NE&Y	NHS South Yorkshire ICB	0	71	(71)	(0.57)%	within range
NE&Y	NHS West Yorkshire ICB	0	49	(49)	(2.77)%	(190,238)
NW	NHS Cheshire and Merseyside ICB	(77)	178	(255)	3.10%	242,847
NW	NHS Greater Manchester ICB	(95)	200	(295)	0.55%	within range
NW	NHS Lancashire and South Cumbria ICB	0	164	(164)	2.60%	136,026
SE	NHS Buckinghamshire, Oxfordshire and Berkshire West ICB	0	54	(54)	(2.14)%	(96,856)
SE	NHS Frimley ICB	0	24	(24)	(2.64)%	(51,035)
SE	NHS Hampshire and Isle Of Wight ICB	0	63	(63)	0.66%	within range
SE	NHS Kent and Medway ICB	0	118	(118)	1.45%	within range
SE	NHS Surrey Heartlands ICB	0	26	(26)	4.02%	108,072
SE	NHS Sussex ICB	(39)	44	(84)	3.93%	186,085
SW	NHS Bath and North East Somerset, Swindon and Wiltshire IC	0	23	(23)	(0.66)%	within range
SW	NHS Bristol, North Somerset and South Gloucestershire ICB	0	0	0	(0.84)%	within range
SW	NHS Cornwall and The Isles Of Scilly ICB	0			(1.42)%	within range
SW	NHS Devon ICB	(38)	54	(92)	4.81%	163,317
SW	NHS Dorset ICB	0	14	(14)	(1.01)%	within range
SW	NHS Gloucestershire ICB	0	0	0	(1.91)%	within range
SW	NHS Somerset ICB	0	0	0	(2.54)%	(40,946)
	Total	(311)	2,206	(2,518)		

Please note over consumption of NHS resources is a postive distance from target (DfT)

(https://www.england.nhs.uk/wp-content/uploads/2025/04/PRN01930-table-

<u>2.png)</u>

## Appendix 2 – Distance to fair shares allocation by system

		Including s commissio			-
Region	System name	Distance to target	Distance to target £m value (to +/- 2.5% range)	Distance to Target	Distance to Target £m value (to +/- 2.5% range)

EoE	NHS Bedfordshi re, Luton and Milton Keynes ICB	(5.8)%	(89.9)	(3.8)%	(29.3)
London	NHS North West London ICB	(4.3)%	(121.6)	(3.7)%	(71.8)
Midlands	NHS Birmingha m and Solihull ICB	(3.4)%	(40.1)	(5.9)%	(127.8)
Midlands	NHS Coventry and Warwicksh ire ICB	(3.2)%	(17.9)	(2.9)%	(9.4)
EoE	NHS Suffolk and North East Essex ICB	(2.9)%	(10.2)	Within Range	Within Range
NE&Y	NHS West Yorkshire ICB	(2.8)%	(18.3)	Within Range	Within Range
SE	NHS Frimley ICB	(2.6)%	(2.7)	Within Range	Within Range
sw	NHS Somerset ICB	(2.5)%	(0.6)	Within Range	Within Range

London	NHS North East London ICB	Within Range	Within Range	(2.6)%	(6.6)
SE	NHS Buckingha mshire, Oxfordshir e and Berkshire West ICB	Within Range	Within Range	(3.1)%	(23.5)
Midlands	NHS Derby and Derbyshire ICB	Within Range	Within Range	Within Range	Within Range
SW	NHS Gloucester shire ICB	Within Range	Within Range	Within Range	Within Range
NE&Y	NHS North East and North Cumbria ICB	Within Range	Within Range	Within Range	Within Range
Midlands	NHS Northampt onshire ICB	Within Range	Within Range	Within Range	Within Range
sw	NHS Cornwall and The Isles Of Scilly ICB	Within Range	Within Range	Within Range	Within Range

Midlands	NHS Nottingha m and Nottingha mshire ICB	Within Range	Within Range	Within Range	Within Range
SW	NHS Dorset ICB	Within Range	Within Range	Within Range	Within Range
NE&Y	NHS Humber and North Yorkshire ICB	Within Range	Within Range	Within Range	Within Range
Midlands	NHS Black Country ICB	Within Range	Within Range	Within Range	Within Range
SW	NHS Bristol, North Somerset and South Gloucester shire ICB	Within Range	Within Range	(4.3)%	(41.9)
SW	NHS Bath and North East Somerset, Swindon and Wiltshire ICB	Within Range	Within Range	Within Range	Within Range
Midlands	NHS Lincolnshir e ICB	Within Range	Within Range	Within Range	Within Range

NE&Y	NHS South Yorkshire ICB	Within Range	Within Range	Within Range	Within Range
EoE	NHS Norfolk and Waveney ICB	Within Range	Within Range	Within Range	Within Range
EoE	NHS Hertfordshi re and West Essex ICB	Within Range	Within Range	Within Range	Within Range
EoE	NHS Cambridge shire and Peterborou gh ICB	Within Range	Within Range	Within Range	Within Range
NW	NHS Greater Mancheste r ICB	Within Range	Within Range	Within Range	Within Range
SE	NHS Hampshire and Isle Of Wight ICB	Within Range	Within Range	Within Range	Within Range
Midlands	NHS Staffordshi re and Stoke-on- Trent ICB	Within Range	Within Range	Within Range	Within Range
SE	NHS Kent and Medway ICB	Within Range	Within Range	Within Range	Within Range

London	NHS North Central London ICB	Within Range	Within Range	Within Range	Within Range
Midlands	NHS Leicester, Leicesters hire and Rutland ICB	Within Range	Within Range	Within Range	Within Range
EoE	NHS Mid and South Essex ICB	Within Range	Within Range	3.0%	13.6
NW	NHS Lancashire and South Cumbria ICB	2.6%	5.2	4.0%	67.0
London	NHS South West London ICB	3.1%	23.0	2.9%	14.8
NW	NHS Cheshire and Merseysid e ICB	3.1%	47.1	2.8%	22.6
Midlands	NHS Shropshire , Telford and Wrekin ICB	3.7%	16.8	5.5%	36.2

Midlands	NHS Herefordsh ire and Worcester shire ICB	3.9%	29.3	4.6%	39.4
SE	NHS Sussex ICB	3.9%	67.8	3.8%	53.7
SE	NHS Surrey Heartlands ICB	4.0%	40.8	4.7%	50.0
SW	NHS Devon ICB	4.8%	78.5	4.8%	67.8
London	NHS South East London ICB	5.8%	174.9	3.3%	35.4

Date published: 1 April, 2025 Date last updated: 1 April, 2025



#### **Trust Boards-in-Common Front Sheet**

#### Agenda Item No: BIC(25)075

Name of the Meeting	Trust Boards-in-Common		
Date of the Meeting	10 April 2025		
Director Lead	David Sharif, Group Director of	Assurance	
Contact Officer/Author	David Sharif, Group Director of	Assurance	
Title of the Report	Board Member Appraisal Guidance		
Executive Summary	The document provides summa	• • • •	
	Guidance for Non-Executive Directors and Executive Directors		
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	<ul> <li>Approval</li> <li>Discussion</li> <li>Assurance</li> </ul>	<ul> <li>✓ Information</li> <li>□ Review</li> <li>□ Other – please detail below:</li> </ul>	



## Board member appraisal guidance

## Background

On 1 April 2025 NHS England (NHSE) published new board member appraisal guidance alongside forms for completion, gathering stakeholder feedback, and for the appraisee to use to prepare.

Intended to set clear expectations and enhance consistency in board member appraisals, the guidance applies to chairs, chief executives, non-executive directors (NEDs) and executive directors (EDs) in trusts, foundation trusts (FTs) and integrated care boards (ICBs).

The accompanying letter sent to chairs, chief executives and chief people officers of trusts, foundation trusts and ICBs sets out submission dates: ICB and NHS trust chair appraisals to be sent to NHSE by 30 June, and ICB and NHS trust NEDs' appraisals by 30 September. These will be sent on to and endorsed by regional directors. Appraisal forms for all other roles (including FT chairs and NEDs) should be held locally.

If appraisals have already been completed or are underway for this year, they do not need to be redone.

The guidance is part of a suite of tools to support leadership and management development following the recommendations of the independent review on Leadership for a collaborative and inclusive future undertaken by General Sir Gordon Messenger and Dame Linda Pollard and published in 2022. It supersedes the Framework for conducting annual appraisals of NHS chairs published in February 2024 and incorporates the NHS leadership competency framework (LCF) domains and Fit and proper persons test framework for board members requirements.

This briefing provides a summary of the guidance, highlighting the key requirements, and NHS Providers' view on them. For any questions about this briefing or feedback on the guidance, please get in touch with Izzy Allen at izzy.allen@nhsproviders.org.



## Board member appraisal guidance

## Introduction and principles

This guidance sets out NHSE's expectations and recommendations in the completion of board member appraisals and is intended to be adapted depending on the type of organisation and on whether the appraisee is an ED or NED.

The guidance sets out a number of 'what' principles, focused on what the appraisal should contain, and 'how' principles focused on how it should be undertaken.

The 'what' of appraisals is that they:

- Are the culmination of ongoing dialogue, reviews and check-ins over the year.
- Incorporate the six domains of the LCF and feedback from multiple sources.
- Should look forward to the coming year.
- Set SMART objectives and include an equality, diversity and inclusion-specific objective.
- Take a developmental approach.
- Focus on the interaction between chairs and chief executives in appraisals for those postholders.

The 'how' of appraisals:

- 'A partnership dialogue'.
- All stakeholders involved should conduct themselves in line with the values and behaviours of Our Leadership Way, the NHS People Promise, NHS values, the NHS Constitution, and the seven principles of public life (Nolan principles).
- Objective setting should be driven by the appraisee.
- Assessment should consider both the achievement of objectives and the behaviours and values displayed.
- A developmental review and plan should be agreed.

## Process

NHSE expects these principles to be adopted. Organisations may incorporate these principles into their existing processes or can choose to adopt NHSE's process and use the forms provided.



For those fully adopting NHSE's process, it is clearly explained, and set out again in brief at the end of the guidance, along with related resources:

- Appraiser sets up appraisal meeting and requests feedback from multiple stakeholders.
- Stakeholder feedback is against the six domains of the LCF and the form provided can be used.
- The Scope for growth framework is suggested as helpful for both parties to review in advance.
- The performance expectations and professional responsibilities of the appraisee must be made clear.
- The meeting itself should include:
- Performance review against LCF domains and previous year's objectives.
- Discussion and agreement of next year's objectives and a personal development plan.
- Assessment and declaration under the Fit and proper persons test framework for board members.
- Completion of the form by both parties.
- For ICB and NHS trust chairs and NEDs a copy should be sent to NHSE's senior appointments and assessment team. For other roles, including chairs and NEDs in FTs, a copy should be kept locally.

## Appraisal rating

A rating should be jointly agreed by the appraiser and appraisee. There are four rating levels for **performance against objectives**:

- Improvement needed some objectives met
- Satisfactory met all or most objectives
- Good partially exceed performance standards
- Outstanding Exceeds performance standards

There are suggested ratings to ensure the appraisal is approached holistically and values and behaviours are considered:

- **Recognises** understands the importance of values and behaviours.
- Engages upholds them in their role.
- Integrates integrates them in decision-making.
- Advocates champions and actively promotes them.

For executives only, there are **ratings assessing the contribution to improvement** (linked to NHS Impact):



- New to role/requires improvement sometimes delivers improvement.
- Progressor regularly delivers.
- Improver consistently delivers.
- Sustainer exceptionally delivers.

There follows brief commentary on the role of the senior independent director (SID) in chair appraisals. All trusts and FTs are asked to submit chair appraisals to the senior appointments team, and these will be signed off by the regional director, who may set up a review meeting if concerns are raised or if the organisation is in the recovery support programme.

The appraisal summary form provided requires appraisee and appraiser to agree a single summary rating based on performance against objectives only.

## Our view

Effective management and leadership are essential to better outcomes for patients, better working conditions for staff, and well-functioning organisations. It is welcome that NHSE recognises this and is seeking to provide tools and frameworks to give board members the best chance to succeed.

The light-touch and flexible approach adopted in the guidance is a welcome response to feedback on what was seen by some as an over-complicated chair appraisal framework in 2024, and makes sense when many organisations will already have well established, effective processes in place. Trusts will wish to check their processes against the principles in the guidance. Both the 'what' and the 'how' should help ensure the appraisal process is valuable, constructive, and enables both recognition of an individual's contribution and identification of any development needs.

The appraisal process set out is also straightforward and for the most part clear. There is currently some contradiction within the guidance about whether FT chair appraisals must be submitted to NHSE: in the 'process' section it is clear that only NHS trust chair and NED appraisals should be submitted, but this appears to be contradicted in the wording of the 'chair appraisal' section later on. Likewise, the role of the regional director in signing off FT appraisals is confused in this later section. It remains the case that NHSE has no statutory responsibility for the appraisal of FT chairs and NEDs. The option to submit these appraisals should FTs wish is a sensible position (as set out in the letter accompanying the guidance).



The clarity provided by linking expected behavioural and performance standards with the LCF is helpful, as is the explicit inclusion of the FPPT review within the appraisal and, for EDs, links to NHS Impact. While it is unhelpful to have too many competing standards in play, the requirements of the well-led Care Quality Commission assessment and the Code of Governance are also important and could be referenced somewhere within the document.

It is particularly helpful to have a more consistent approach to appraisals at a time when the government is considering a new form of performance-related pay. While appraisals will always involve a degree of subjectivity, it is helpful to use the LCF as a standard framework, though worth noting again here, as per our briefing on the LCF, that the competencies do not lend themselves to simple nor consistent measurement.

The reference to inclusion of a specific EDI objective is also welcome, though the summary form does not remind the user of this fact. The EDI improvement plan is helpfully linked in a 'useful links' section but could have been referenced, including the potential to link more explicitly to its 'high impact actions', where objective setting was outlined.

There are also a few more detailed areas for consideration by boards implementing the guidance:

- Trust leaders will wish to consider which elements are applicable to NEDs and chairs and which to executives only, and take a proportionate approach based on roles and responsibilities. Members will also wish to review whether alignment to the LCF enables full conversations about some of the technical skills required of chairs and NEDs in particular, for example chairing effective meetings and board development.
- The appraisal summary form only provides space for rating performance against objectives. Since a holistic approach includes values and behaviours, and the form provides an important record for the appraisee, trusts may wish to think about how they reflect values and behaviours in their paperwork or in individuals' objectives, if using NHSE's forms.
- Trusts that currently stagger NED appraisals based on appointment date may wish to think through the benefits versus disadvantages of this approach, and seek clarity from NHSE, if applicable, about whether trusts might conduct appraisals throughout the year and then submit the form to meet an annual deadline.

We are keen to receive feedback from our members on whether the guidance meets your needs and will share any feedback with NHSE.





#### **Committees-in-Common Front Sheet**

#### Agenda Item No: BIC(25)76

Name of the Meeting         Trust Boards-in-Common - Public           Date of the Meeting         10 April 2025           Director Lead         Dr Kate Wood, Group Chief Medical Officer           Contact Officer/Author         Professor Thozhukat Sathyapalan, Research, Development and Innovation Director           Title of the Report         Research, Innovation and Development Annual Report 2024-2025 (including quarterly update)           A 'Group Research and Innovation' leadership and management structure has commenced from 1st April 2024. The 2024-25 Annual Report highlights areas of success and notable outcomes.           Key points to note are:         • Recruited over 9,300 participants to NIHR Portfolio research across 187 studies – ranked 3rd for volume in Yorkshire)           • Recruited 166 participants to commercial trials since 1st April 2024 (ranked 4th in Yorkshire) and recruited at least one new patient to 40 new commercial studies since 1st April 2024 (ranked 4th in Yorkshire).           • Achieved a significant number of European and UK first participants recruited across our commercial portfolio.           • Delivered feedback from neary 188 research experience Survey (PRES).           • HHP continues to support research delivery activities to over 700 projects at any one time.           • HHP continues to support research study opportunities across 27 research active specialties.           • Staff development opportunities in research have been supported across a range of staff groups and disciplines (PhDs, fellowships).
Director Lead         Dr Kate Wood, Group Chief Medical Officer           Contact Officer/Author         Professor Thozhukat Sathyapalan, Research, Development and Innovation Director           Title of the Report         Research, Innovation and Development Annual Report 2024-2025 (including quarterly update)           A 'Group Research and Innovation' leadership and management structure has commenced from 1st April 2024. The 2024-25 Annual Report highlights areas of success and notable outcomes.           Key points to note are:         • Recruited over 9,300 participants to NIHR Portfolio research across 187 studies – ranked 3rd for volume in Yorkshire)           • Recruited over 9,300 participants to commercial trials since 1st April 2024 (ranked 4th in Yorkshire) and recruited at least one new patient to 40 new commercial studies since 1st April 2024 (ranked 4th in Yorkshire).           • Achieved a significant number of European and UK first participants recruited across our commercial portfolio.           • Delivered feedback from nearly 188 research participants as part of the annual NIHR Participant Research Experience Survey (PRES).           • HHP continues to support research delivery activities to over 700 projects at any one time.           • HHP provides a range of research study opportunities across 27 research active specialties.           • Staff development opportunities in research have been supported across a range of staff groups and disciplines
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<ul> <li>Academic and commercial partnerships remain strong and are expanding, attracting funding, recognition and highlighting areas of research excellence.</li> <li>Grant award success (specifically NIHR) continued to be strong.</li> <li>HHP has produced over 520 publications from the HUTH and NLaG in 2024/25 (Medline and Embase).</li> <li>The Innovation pipeline is emerging in HHP with a number</li> </ul>

	<ul> <li>Recommendation:</li> <li>The Q&amp;S CIC is asked to recognise the hard work and dedication of the research and non-research staff that have</li> </ul>
Background Information and/or Supporting Document(s) (if applicable)	<ul> <li>dedication of the research and non-research staff that have supported excellence in research delivery in 2024/25.</li> <li>HUTH and NLaG Research Activity, 2024-25 Performance Summary (as at 07.03.2025 is attached at Appendix 1.</li> <li>Research Activity by study type, 2024-25 (as at 07.03.2025) is attached at Appendix 2.</li> <li>Commercial Research Activity 2024-25 (as at 07.03.25) is attached at Appendix 3.</li> <li>Research recruitment by Specialty and Trust 2024-25 (as at 07.03.25) is attached at Appendix 4.</li> <li>IQVIA cumulative commercial trial recruitment for phase 1 – 4 studies at HUTH; cumulative commercial trial recruitment for phase 1 – 4 studies at HUTH and IQVIA cumulative commercial trial recruitment for phase 1 – 3b studies at HUTH and IQVIA cumulative commercial trial recruitment for phase 5.</li> <li>Patient Research Experience Summary 2024-25 (as at 07.03.25) is attached at Appendix 6.</li> <li>Patient Research Experience HUTH breakdown 2024-25 (as at 07.03.25 – n=171) is attached at Appendix 7.</li> <li>Patient Research Experience NLAG breakdown 2024-25 (as at 07.03.25 – n=171)</li> </ul>
	<ul> <li>07.03.25 – n=17) is attached at Appendix 8.</li> <li>EU Clinical Trials Publication Transparency (as at 07.03.25) is attached at Appendix 9.</li> <li>HHP Publications 2024-25 (Medline and Embase as at 07.03.2025) is attached at Appendix 10.</li> </ul>
Prior Approval Process	Quality and Safety Committees-in-Common meeting on Thursday, 27 March 2025
Financial implication(s) (if applicable)	There are no immediate financial implications identified in this update paper.
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	There are no immediate concerns identified in this update paper.
Recommended action(s) required	<ul> <li>□ Approval</li> <li>□ Discussion</li> <li>□ Assurance</li> <li>✓ Information</li> <li>□ Review</li> <li>□ Other – please detail below:</li> </ul>

#### HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST

#### **RESEARCH DEVELOPMENT AND INNOVATION UPDATE**

#### 1. PURPOSE OF PAPER

The purpose of this paper is to provide the Quality and Safety Committee in Common (CIC) with a Research, Development and Innovation (RDI) Annual Report for 2024-25.

#### 2. BACKGROUND

2024/25 saw a number of major internal and external changes relating to the delivery of research and innovation activities:

- A 'Group Research and Innovation' leadership and management structure commenced from 1<sup>st</sup> April 2024.
- The Y&H RRDN hosted by Leeds Teaching Hospitals NHS Trust commenced from 1<sup>st</sup> October 2024 – transitioned from the former Clinical Research Network hosted by Sheffield Teaching Hospitals Foundation NHS Trust.
- Further development and participation in the Y&H Cancer Alliance.
- The rebranding of the YHAHSN to Health Improvement Yorkshire and Humber

2024/25 focussed on implementing plans to pool resources, expand research programmes across both sites and streamline governance pathways and specifically:

- Development of a Group Research and Innovation Strategy.
- Alignment of research governance, finance, engagement and promotion activities
- Increasing joint capability and capacity to maximise opportunities for patients (including 'home-grown' research for vulnerable patient cohorts).

#### 3. RESEARCH ACTIVITY PERFORMANCE

#### a) Group Clinical Research Activity data for 2024-25 (as at 07.03.2025)\*:

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

\*Appendices 1–4 provide an overview of the Group's current research activity as of 07.03.2025. Final 2024-25 figures are expected mid-April 2025. Y&H – Yorkshire and Humber Research Delivery Network (formerly Clinical Research Network) \*\*target is the cumulative target expected at 31<sup>st</sup> March 2025.

#### 4. NOTABLE OUTCOMES

There are a number of notable initiatives and achievements that are currently supporting the delivery of research and innovation activities across the NHS Humber Health Partnership:

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

#### The strategic framework:

- We will build the infrastructure we need to deliver excellent clinical research.
- We will align our research efforts to the big questions facing our population
- We will equip our people to innovate and transform.
- b) NLaG: We have worked to try and stabilise NLaG R&D finances for end of March 2025. This means difficult decisions with the discontinuation of some fixed-term staff at the end of December. 2024/25 has involved a focus on ensuring activities are focussed on generating income, where possible. Emergency Department (ED), Hepatology and Gastroenterology, reproductive health and paediatrics are all working on plans to integrate research delivery across the Group. These areas have provided peer support and are now routinely assessing new studies to open at all hospital sites where possible.
- c) Major research grant success for Hull IBD team: The integrated clinical and research IBD service in HUTH led by Professor Sebastian, Consultant Gastroenterologist were awarded a large international grant to study specific phenotypes of Inflammatory Bowel Disease. The US\$3.1m grant, awarded by the Helmsley Charitable Trust, will enable the team to study immune-phenotyping and multiomics data in a large cohort of Crohn's disease patients with perianal fistulae called the GONDOMAR cohort platform underpinning treatment response to identify novel pathways. This work is being done in collaboration with basic scientists in Imperial College London. The research will hopefully advance the field for this devastating complication of Crohn's disease.

The Team also secured a £3.8m Investigator Initiated Study Grant with AbbVie. The ACESO trial: UpAdacitinib Co-therapy with Corticosteroids in Early Acute Severe Ulcerative Colitis (A Phase III randomised placebo controlled double blinded trial) will be delivered with the Hull Health Trials Unit with Hull anticipated to be open as a recruiting site by April 2025.

d) Hull Inflammatory Bowel Disease clinician elected to the Governing Board of major global organisation: Professor Sebastian has been elected to the governing board of the prestigious global organisation in IBD, the European Crohn's and Colitis Organisation (ECCO). ECCO is the largest professional organisation of experts involved in research and clinical care of patients with Colitis and Crohn's disease. While 'European' in name it is a global organisation with members from 91 countries across the world and is the voice of IBD across the globe in promoting high quality equitable care, education and research. Professor Sebastian is the first non-European in the ECCO board in its 20-year history and was elected to the role after a competitive election among ECCO members. e) Academic Respiratory Research Team: The Respiratory Trials Unit were the winners of the highly competitive Excellence in Research, Development and Innovation category at the Golden Stars Awards that took place in September. They continue to achieve great success and receive recognition both nationally and globally as a leader in their sector.

More recently, they have received parliamentary recognition for their COPD work and have also received accolades from the AstraZeneca Global MIRANDA Study Team for their successful enrolment rate to the MIRANDA study. This is an immensely important clinical trial, aiming to make a difference and bring new treatment options for patients with COPD, which is a true medical unmet need. Thanks to the team's success, the trial has seen a significant acceleration in recruitment and the UK has met its target ahead of schedule.

- f) Cancer Alliance Award: In April 2024, the Cancer Alliance launched its first-ever Cancer Innovation Grants programme, setting aside £400,000 to fund a wide variety of projects to improve early cancer detection or improve treatment or recovery for cancer patients in Humber and North Yorkshire. This scheme, created in partnership with Health Innovation Yorkshire & Humber and the Humber and North Yorkshire ICB received applications from a wide variety of teams and sectors, ranging from small, grassroots projects to large-scale innovation schemes. The funding was allocated to 12 winning projects including an at-home chemotherapy service, plus two projects based at Castle Hill; a clinic for Vulvovaginal Atrophy (a common post-treatment late effect for women with Breast, Gynaecological and some Colorectal cancers) and a project which uses virtual reality (VR) to reduce anxiety in young cancer patients.
- **g)** Academic Vascular Research Team: 2024/25 has seen a number vascular research staff received national recognition:
  - Academic Vascular Research Nurse, Josie Hatfield, has won the Silver Award for Wound Care Nurse of the Year.
  - Ross Lathan, NIHR Academic Clinical Fellow, received the prestigious ASiT prize (Association of Surgeons in Training) for his work on the ASSIST project - Validation of a novel hybrid clinician-patient remote outcome measure for diagnosis of surgical site infection.
  - Louise Hitchman, NIHR Doctoral Research Fellow, was named joint HYMS Researcher of the Year 2024 at the Postgraduate Research Conference in June for her work on NIHR DRF project, "Evaluating extracorporeal shockwave therapy in diabetic foot ulcer healing".
  - Bharadhwaj Ravindhran, NIHR Academic Clinical Fellow, won the Peripheral Prize Abstract session at the British Society of Endovascular Therapy Annual Meeting for his work on "Tailored risk assessment and forecasting in intermittent claudication using machine learning".
  - An NIHR Doctoral Fellowship was awarded to Misha Sidapra in April. This highly competitive funding stream granted her £487,460 for her project, SWHSI-3 (Surgical Wounds Healing by Secondary Intention: Development of a Core Outcome Set, and Psychometric Evaluation and Mapping of the WoundQoL Wound-specific Quality of Life Questionnaire), which will contribute valuable insights and advancements in the treatment and quality of life of patients with these types of wounds.
- h) Paediatric research team (NLaG): Members of the NLaG research team, Jasmine Stares, Alice Rae and Kelly Deakins, attended the fourth annual "We are STILL not mini adults" paediatric conference at Diana Princess of Wales Hospital,

Grimsby, on Thursday 9th May 2024, to showcase and promote paediatric research. A brightly coloured and informative research stand was set up at the back of the conference room which included information about past paediatric studies, present studies, future studies, Good Clinical Practice (GCP), plus paediatric research in general and national achievements.

- i) PhD Success: In 2019, HUTH in partnership with the University of Hull created scholarships for PhD research projects in recognition of the joint commitment to research locally between the Trust and the University. 4 members of staff were awarded scholarships, 2 of whom (Pamela Parker, Consultant Practitioner Radiographer and John Naylor, Clinical Lead Physiotherapist) have recently completed and passed their PhDs. Pamela's research has focussed on supporting the surveillance of men diagnosed with low-grade prostate cancer. John's project explored person-centred practices among emergency department physiotherapists.
- j) Pharmacy Research Internships: The Pharmacy team, led by Dr Kristina Medlinskiene, Principal Pharmacist for Education and Training, was successful in receiving funding for two 6-week undergraduate pharmacy research internships at HUTH in collaboration with the University of Bradford. Two students have been working on several projects within the pharmacy, including NIHR CHARMER and NIHR "Me and My Medicines" studies and assisting advanced clinical pharmacists with projects in clinical practice. Interns not only supported the projects but also gained lots of knowledge about research conduct in HUTH, encouraging them to consider embedding research into their future careers.
- k) Allied Health Professionals (AHP) Fellowships: As part of a strategic ambition to increase the number of NMAHP staff delivering research, an internal call for AHP staff to bid for 0.2 WTE for 12 month research placements was facilitated. We have appointed two successful staff that commence specific research projects from April 2025 including work on the pathway for facial palsy patients exploring the impact on the person, their clinical outcomes, cost effectiveness and potential to save clinic/ theatre time.
- I) NIHR funding: 2024/25 saw the Group awarded over £180,000 for the purchase of two Mobile Research Units (MRUs) fully equipped with a blood sampling chair, centrifuge and two domestic fridges. The utilisation of MRUs forms part of our ambitious plans to provide increased access to research participant opportunities for cohorts in remote or underserved areas, bringing the research to communities that traditionally struggle to access health services or where research infrastructure is not sufficiently established.

Other NIHR funding success commencing in 2024/25:

- Through knee Amputations impact on Quality of Life compared to Above Knee Amputations - The HAMLET Trial - £2.8m
- Preparatory work for a multi-arm, multi-stage trial of adjuncts to diuretic therapy in patients admitted with heart failure (MAMS-HF) – value TBC
- Development and refinement of a clinician consultation-aide intervention to support effective chronic breathlessness discussions with patients and their family carers – value TBC
- **m) Other Grant funding:** Over £1.5m grant funding was received by the Group in 2024/25 (including NIHR funding).
- n) Cancer Vaccine Launch Pad (CVLP) update: In 2024/25 HUTH and NLaG became a part of the NHS Cancer Vaccine Launch Pad (CVLP). CVLP is a

platform that will speed up access to personalised cancer vaccine clinical trials for people diagnosed with cancer. It will also accelerate the development of cancer vaccines as a form of cancer treatment. Through the CVLP, eligible people with cancer who are receiving treatment in the NHS in England can join a cancer vaccine clinical trial.

In 2024/25 we opened 5 cancer vaccine trials (4 in collaboration with pharmaceutical company BioNTech) across lung, breast and colorectal tumour sites and currently have a further 4 trials in setup covering endometrial and head and neck cancer. We are establishing a Humber and North Yorkshire Cancer Alliance footprint to accept patient referrals from neighbouring Trusts, including York, Scarborough and NLaG under the CVLP arrangements.

- **o) Network partnerships:** 2024/25 has seen the start of new relationships as a Group:
  - Y&H Regional Research Delivery Networks (RRDN) main funding route, hosted by Leeds Teaching Hospitals NHS Trust;
  - Health Improvement Yorkshire and Humber supporting the adoption of innovation and strategic development;
  - The Northern Health Science Alliance (NHSA) working to establish the concept of an 'Institute for Preventative Health Research';
  - Yorkshire and Humber Patient Safety Research Collaborative focussing on medicines management. This has come on the back of the successful partnership that delivered the Partners At Care Transitions (PACT) study at HUTH on wards H8 and H9 looking at the transitions of care from hospital to home for older people with multiple health conditions.
  - Humber and North Yorkshire Innovation, Research and Improvement System – representing the Groups in Innovation and Research Communities of Practice – focussing on large cohort study delivery (BaBi) and the utilisation of Secure Data Environments (SDE).
  - Humber and North Yorkshire Cancer Alliance supporting the uptake of cancer vaccine study roll-out across a number of tumour sites and establishing as a lead for patient referrals across York, Scarborough, Harrogate and NLaG.
- p) Commercial Partnerships: We continue to build on our commercial partnerships. We remain an IQVIA Northern Prime site, which has given us access to increased research opportunities. Feedback from our recent IQVIA review (25/02/25) is that performance is on track, we are opening numerous studies across multiple therapeutic areas and are achieving the agreed target.

HUTH currently ranks 6<sup>th</sup> (out of 15) in terms of cumulative IQVIA recruitment (studies in phase 1- 4) and ranked 3<sup>rd</sup> (out of 14) for phase 1 – 3b studies across the northern sites (see *Appendix 5*). This relationship will extend to NLaG and we expect to see an increase in commercial research opportunities across the Group. Our 'Prime Site' status has also afforded us access to 'Patient Finder'. The Patient Finder Solution will harness the data contained within our Electronic Medical Records to help staff undertake accurate feasibility and easily identify eligible participants. We expect Patient Finder to launch in Q1 25/26.

We have also been recognised as a key site by both Novartis and AstraZeneca who are working closely with us to build collaborative links.

**q)** Commercial research success: In 2024/25, HUTH achieved 2 UK and 3 European 'firsts' for commercial research across Respiratory, Hepatology and

Diabetes. This shows that we were able to mobile study delivery quicker than any other sites to recruit the first trial participant. This is a fantastic achievement that has helped increase commercial activities and interest at HHP.

- r) Academic Partnerships: In 2024, colleagues at the University of Hull were awarded £11m from the National Institute for Health and Care Research (NIHR) to establish a world-leading centre to carry out essential research into addiction and mental health. The Centre for Addiction and Mental Health Research combines expertise from the University of Hull with those of partners and collaborators to increase capacity of research, both regionally and nationally. HUTH and NLaG hope to play a significant role in supporting this programme of research.
- s) Aligned Sponsorship Request Process: We implemented a digital Group study sponsorship request process which is ensuing a consistent approach across the Group. This has already stimulated more 'in-house' research projects being submitted from NLaG staff. The standardised approach builds in a risk assessment of the research governance and oversight processes required and helps the Quality Assurance Team to allocate proportionate and pragmatic monitoring plans.
- t) Improvement in study set-up timeline: The use of the Monday.com (MDC) platform at HUTH to conduct study set-up reviews has seen a 40% improvement in study approvals timelines. Furthermore, the feedback from both commercial and non-commercial study sponsors has been overwhelmingly positive. NLaG has piloted the system in Q4 and will go live from 1<sup>st</sup> April 2025. Group data on approval activities and timelines will be available from the end of Q1 2025/26.
- u) Medipex Service Level Agreement and Group Intellectual Property Rights Policy: Working with our local NHS Innovation Hub, Medipex, we secured a revised Service Level Agreement ensuring colleagues at NLaG will have access to membership benefits of expert advice and hands-on support to individuals and teams that are developing novel healthcare interventions designed to deliver patient benefit. Medipex's experienced multi-disciplinary team are able to help innovators assess, develop and commercialise their ideas. To complement this provision we have also aligned HUTH and NLaG Intellectual Property policies into a harmonised single Group policy.
- v) HaPPI Innovation Project: We commenced a project plan to implement the Harrogate Post Procedure Patient Innovation (HaPPi) project within the Orthopaedic teams across the Group. The project aims to transform day case surgery for patients through personalised post-surgery video reports, feedback and consultation process. Supported by project management from HNY ICB (IRIS), the tool gives patients the information they need at a time of their choice, and helps reduce the demand on services at the hospital, meaning that clinical time can be repurposed. The videos are securely delivered to our patients using our patient portal, Patients Know Best. It is anticipated that this project will be live from April 2025 with a view to expansion into other surgical areas.
- w) Publications: Between April 2024 and March 2025 there has been over 520 publications from the HUTH and NLaG search of Medline and Embase. Details can be found in *Appendix 10*. For HUTH, all sponsored drug studies have been published in accordance with transparency requirements (*see Appendix 9*).
- x) Group Research Events: In March an Omics Showcase, hosted by Oxford Nanopore Technologies in partnership with Hull University Teaching Hospitals

NHS Trust (HUTH) and the University of Hull, highlighted the impact of use of newly acquired multi-scale analysis technology PROMETHION that was awarded to HUTH by the Medical Research Council. This also showcased our incredible clinical, academic and industry partnerships and introduced opportunities for collaboration with other national centres of excellence in this field.

In September our research teams across HUTH and NLaG took part in the #Red4ResearchDay. Our fabulous research staff held stands and visited different parts of the Trust to engage with staff and patients to highlight the amazing research activity we are involved with.

In October Academic Diabetes Endocrinology and Metabolism held their annual Research Patient Celebration event at the University of Hull. More than 100 patients and their guests were thanked for their support.

In December, the Academic Diabetes, Endocrinology, and Metabolism department held its much-anticipated Annual Allam Research Update, led by Prof Sathyapalan at the Allam Diabetes Centre. The event was a vibrant showcase of the ground-breaking work and remarkable achievements of researchers and students from the past year.

y) Participant Research Experience Survey: Both HUTH and NLaG are contractually obligated to seek feedback from the participants we recruit.

From 171 HUTH responses, 97% 'strongly agreed or agreed' research staff valued their participation in the study and 90% 'strongly agreed or agreed' that they would consider taking part in research again.

From 17 NLaG responses, 88% 'strongly agreed or agreed' research staff valued their participation in the study and 88% 'strongly agreed or agreed' that they would consider taking part in research again.

See Appendix 6, 7 and 8 for all response data.

z) BaBi study: The 'Born and Bred in' family wellbeing cohort study has recruited over 2,100 participants in just 12 months at HUTH and 279 at NLaG in only a few months since opening. The BaBi study has received such a positive response from local families and looks at both maternal health and children's health in their early years. A Group-wide approach to utilising the data generated from this study will be implemented with partners in the integrated care system (ICS) so that we can build up a much clearer picture of people's lives and answer questions that may help to improve health, care and services through research and planning.

#### 5. IMPACT

The Group leadership and management model is stimulating increased research awareness and appetite amongst our staff. It is anticipated that this will increase the volume of our research activity overall. This can then stimulate an upsurge in research income for reinvestment and growth. In turn, this will enhance opportunities for more of our patients to take part in research and benefit from the adoption of innovative healthcare delivery.

#### 6. CHALLENGES AND RISKS

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. We want to get even better at what we do well. We want to improve in the areas of greatest challenge in meeting the expectations of our local population. Embracing the concept of continuous improvement and innovation is fundamental in ensuring new ways of thinking and working to address the problems faced by our staff in delivering optimal care to our patients. The challenge we face is in supporting our staff to transform with the appropriate infrastructure, offer of support and recognition of a need for a change in culture. Our strategic plan will outline the steps we will take to make this happen.

#### 7. RECOMMENDATION

The Quality and Safety Committee in Common is asked to acknowledge the tireless efforts of all staff (research and non-research) in 2024/25 ensuring all possible opportunities to participate have been made available for our patients, staff and carers.

#### Prof Thozhukat Sathyapalan

Group Director (Research & Innovation), NHS Humber Health Partnership March 2025

#### Appendix 1: HUTH and NLaG Research Activity, 2024-25 Performance Summary as at 07.03.2025 Source: NIHR Open Data Platform 07.03.2025

Yorkshire and Humber RRDN Performance Summary FY2425 Hull University Teaching Hospitals NHS Trust

#### Recruitment Summary to end of Feb FY2425 (data cut 07/03/2025)

Recruitment	Total: 8,514 Queried: 44
Percentage of Target to end of Feb	193%
Percentage of Recruitment Targets *	177%
Trust Share of RRDN Recruitment	9.3%
Commercial : Non-Commercial Recruitment Ratio	2% : 98%
Trust Share of RRDN Commercial Recruitment	1.9%
PRES: Responses Vs. Target	111.76% (171/153)
* Local Target = 4.800 92% of FY elaged	(

#### Yorkshire and Humber RRDN Performance Summary FY2425 Northern Lincolnshire and Goole NHS Foundation Trust

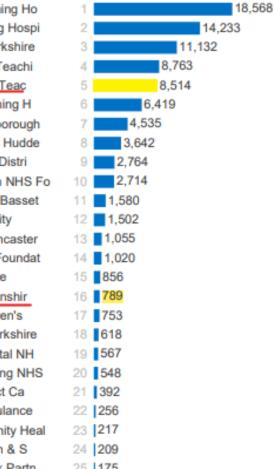
#### Recruitment Summary to end of Feb FY2425 (data cut 07/03/2025)

Recruitment	Total: 789 Queried: 0
Percentage of Target to end of Feb	86%
Percentage of Recruitment Targets *	79%
Trust Share of RRDN Recruitment	0.9%
Commercial : Non-Commercial Recruitment Ratio	1% : 99%
Trust Share of RRDN Commercial Recruitment	0.1%
PRES: Responses Vs. Target	53.13% (17/32)

## RRDN Recruitment FY2425 (data cut 07/03/2025)

#### Recruitment

Bradford Teaching Ho Leeds Teaching Hospi 2 NIHR RDN: Yorkshire 3 Mid Yorkshire Teachi 4 Hull University Teac 5 Sheffield Teaching H 6 York and Scarborough Calderdale and Hudde 8 Harrogate and Distri The Rotherham NHS Fo Doncaster and Basset Non-NHS Activity Rotherham Doncaster Airedale NHS Foundat All Primary Care Northern Lincolnshir Sheffield Children's South West Yorkshire Barnsley Hospital NH Humber Teaching NHS Bradford District Ca Yorkshire Ambulance Leeds Community Heal Sheffield Health & S 25 175 Leeds and York Partn



#### Appendix 2: Research Activity by study type, 2024-25 as at 07.03.2025

Source: NIHR Open Data Platform 07.03.2025

## RRDN Recruitment by Complexity Category Year: Apr 2024 to Mar 2025

TrustName	Large Observational	Observational	Large Interventional	Interventional	Commercial	Total Recruitment
Total						91,823
Bradford Teaching Hospitals N	15,220	551	1,273	1,465	59	18,568
Leeds Teaching Hospitals NHS	2,920	2,219	5,775	2,385	934	14,233
NIHR RDN: Yorkshire and Humber	675	1,366	768	1,557	6,766	11,132
Mid Yorkshire Teaching NHS Trust	3,689	83	4,451	491	49	8,763
Hull University Teaching Hosp	3,108	588	4,014	643	161	8,514
Sheffield Teaching Hospitals N	196	2,735	1,866	1,343	279	6,419
York and Scarborough Teaching	2,675	849	155	801	55	4,535
Calderdale and Huddersfield N	77	346	2,912	286	21	3,642
Harrogate and District NHS Fou	953	290	1,469	36	16	2,764
The Rotherham NHS Foundation	239	101	2,186	188	0	2,714
Ooncaster and Bassetlaw Teach	1,011	88	246	232	3	1,580
Non-NHS Activity in Yorkshire a	79	186	0	1,174	12	1,451
Rotherham Doncaster and South	70	98	771	116	0	1,055
Airedale NHS Foundation Trust	28	127	648	217	0	1,020
orthern Lincolnshire and Go	538	16	197	33	5	789
Sheffield Children's NHS Found	90	397	0	204	62	753
CGs	639	3	26	3	0	671
South West Yorkshire Partnersh	321	104	0	192	1	618
arnsley Hospital NHS Foundat	163	150	156	97	1	567
lumber Teaching NHS Foundat	212	144	0	192	0	548
Bradford District Care NHS Fou	63	249	0	80	0	392
forkshire Ambulance Service N	0	61	166	29	0	256
eeds Community Healthcare	0	36	0	181	0	217
Sheffield Health & Social Care	24	113	0	69	3	209
IIHR CRN: Yorkshire and Humber	0	15	0	170	0	185
eeds and York Partnership NHS	26	85	0	64	0	175
Ion-NHS Activity in Yorkshire a	0	51	0	0	0	51
-	0	2	0	0	0	2

#### **Recruiting Studies**

412 303 159 10	08 74 71	68 62	42 38 36	33 33 32	28 27 26 24	21 19 18	16 10 6 6 5	1
Leeds Teaching Sheffield Teach Hull University	Diadrord reach Mid Yorkshire T Sheffield Child	York and Scarbo Calderdale and	Doncaster and B NIHR RDN: Yorks The Rotherham N	Non-NHS Activit Harrogate and D Airedale NHS Fo	Northern Lincol Barnsley Hospit South West York Bradford Distri	Humber Teaching Rotherham Donca Sheffield Healt	Leeds and York Leeds Community NIHR CRN: Yorks Yorkshire Ambul CCGs	

#### Appendix 3: Commercial Research Activity 2024-25 as at 07.03.25

Recruitment by Trust FY2425 (data cut 07/03/2025)

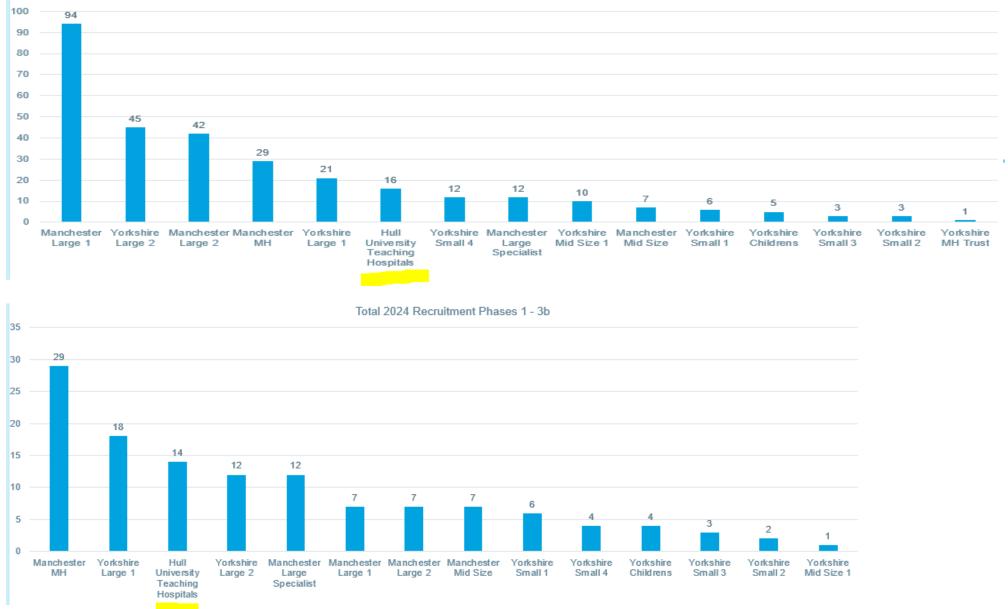
#### Recruitment 6,766 934 279 161 62 55 21 5 3 59 49 16 12 3 1 1 NIHR RDN: Yorks South West York York and Scarbo Harrogate and D Doncaster and B Non-NHS Activit Leeds Teaching Bradford Teachi Barnsley Hospit Sheffield Teach Mid Yorkshire T Calderdale and Northern Lincol Sheffield Healt Sheffield Child Hull University **Recruiting Studies** 91 45 38 22 14 10 7 8 8 3 3 2 1 1 1 1 NIHR RDN: Yorks Doncaster and B York and Scarbo Harrogate and D South West York Non-NHS Activit Leeds Teaching Bradford Teachi Barnsley Hospit Sheffield Teach Mid Yorkshire T Calderdale and Northern Lincol Sheffield Healt Sheffield Child Hull University

Source: NIHR Open Data Platform 07.03.2025

## Yorkshire and Humber Recruitment FY2425 to end of Apr Apr by Main Specialty and Trust

Group	StudyManaging Specialty	BTH	DBTH	LTH	STH	YTH	SCH	Aired	Barnsl øy	CHFT	HDFT	HEY	MYH	NLaG	Rothe	BOCT	Humber	LYP	RDaSH	SHSC	SWYPT	LCH	YAS	CCGs	Non- NHS	TOTAL
	and the second s	1784	21	1155	1451	759	50	30	61	35	15	3157	15	21	20		8		34		261	20		612	91	19372
	Diabetes, Met	28	19	894	1176	4	12		1	1		62		1					8			20			11	2237
	Gastroenterol	37	2	243	271	755	31	30	60	13	15	266	15	20	20				26							1804
	General Practice	1719		18			7			21		2829					8				260			612	17	15261
	Social Care				4												1.1.1				1				63	70
Group 1		71	64	5776	998	702	144	76	80	365	146	1311	202	40	73	24									79	10170
	Cancer	34	47	4937	459	516	125	72	59	315	146	181	117	6	58										67	7143
	Genetics			90	11		19																			120
	Haematology			143	74							18														235
	Infection			375	236				3	16		-44	12		6	24									12	742
	Ophthalmology	6		43	54	153						13		1												270
	Respiratory	31	17	188	164	33		4	18	34		1055	73	33	9											1660
Group 2		357	122	2143	1299	356	2	43	317	203	16	590	393	132	406								29		27	7625
	Anaesthesia,	3	11	183	48	55			134			7	27		220											688
	Cardiovascular	173	2	1078	396	13		23		125		227	163	2	12											3395
	Critical Care	27	8	189	44	72	2	2	45	14		52	71	3	82											611
	Diabetes	2	1	40	12								16													77
	Metabolic and				61							1														62
	Renal	85	9	122	224	112						15													27	594
	Stroke	50	41	53	172	12		1.1		1	16	41	23										29			438
	Surgery	17	50	478	342	92		18	138	63		247	93	127	92											1760
Group 3		15213	1236	3648	1726	2554	118	643		32	2314	3174	3655	515	80	355	540	170	1000	209	357	41	123	59	1232	39357
	Ageing	73		1090				640			1447	1017	5				3				1					4300
	Dementia and			54	1164	28	31			5	27				4	107	151	7	28	4	41				276	1927
	Health Servic		224		156	100000	2.52										1003	1.30	771	21			123		26	1321
	Mental Health		44	10000	17		86	50				55	13		73	135	268	163	201	184	315	41		59	21	1778
	Neurology	9		125	171		1	3		27		8	20	236												607
	Oral and Dental			2	218	4										79									178	658
	Primary Care											12													74	116
	Public Health	15131	968	2377		2522					840	2082	3617	279	3	34	118								657	28650
Group 4		1143	137	1511	945	164	439	228	109	3007	273	282	4498	81	2135	13		5	21			156	104		22	15299
2012/02	Children	167	59	282	174	7	420	13	8	5	5	118	14	62	19	1 22		212	21			24			18	1422
	Dermatology	23	10	35	2	15	5		1	5	72	7	27		15				201							217
	Ear, Nose and	208			65				8				163													444
	Gastroenterology	11			28	13																				52
	Hepatology	0.0		0.04					0.5	40	400	2							-	_		100	-			2
	Musculoskele	38	5	681	124	90		144	85	42	188	20	63	10	40	13	-	5	-			132				1690
	Reproductive	692	46	429	464	28	2	14	-	2895	2	84	4219	19	2061	1.11	-			_			-			10955
	Trauma and	4	17	84	88	11	12	57	7	60	6	51	12				-						104		4	517

## Appendix 5: IQVIA cumulative commercial trial recruitment for phase 1 – 4 studies at HUTH and cumulative commercial trial recruitment for phase 1 – 3b studies at HUTH (as at 25.02.25) Source: IQVIA



Total 2024 Recruitment Phases 1 - 4

Appendix 5: IQVIA cumulative commercial trial recruitment for phase 1 – 4 studies at HUTH and NLaG from 2020 – 2024 (as at 25.02.25) Source: IQVIA

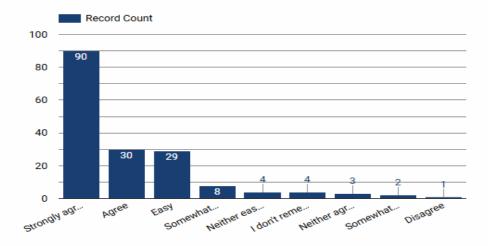


### Appendix 6: Patient Research Experience Summary 2024-25 (as at 07.03.25) Source: NIHR Open Data Platform 07.03.2025

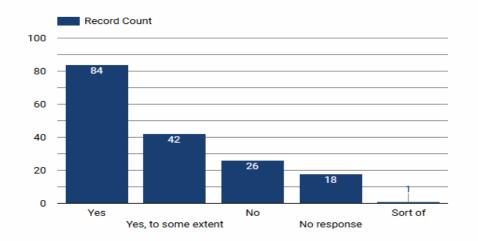
TrustName	PRES Q1 Total	PRES Q2 Total	PRES Q3 Total	PRES Q4 Total	PRES Total	PRES Target	PRES % Target
Leeds Teaching Hospitals NHS Trust	167	187	155	361	870	718	121.17%
Bradford Teaching Hospitals NHS Foundation Trust (Inc. NIHR PRC Bradford)	162	129	146	102	539	850	63.41%
Sheffield Teaching Hospitals NHS Foundation Trust	89	72	57	74	292	215	135.81%
Hull University Teaching Hospitals NHS Trust	58	47	25	41	171	153	111.76%
Mid Yorkshire Hospitals NHS Trust	5	93	12	58	168	245	68.57%
Calderdale and Huddersfield NHS Foundation Trust	27	46	57	26	156	135	115.56%
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	58	15	24	8	105	73	143.84%
Non-Trust	28	42	8	11	89	100	89.00%
Rotherham Doncaster and South Humber NHS Foundation Trust	19	24	35	7	85	55	154.55%
York and Scarborough Teaching Hospitals NHS Foundation Trust	19	5	21	26	71	105	67.62%
Humber Teaching NHS Foundation Trust	17	9	25	20	71	50	142.00%
Airedale NHS Foundation Trust	6	5	24	27	62	55	112.73%
Leeds Community Healthcare NHS Trust	24	7	11	13	55	10	550.00%
The Rotherham NHS Foundation Trust	13	0	30	7	50	43	116.28%
Sheffield Children's NHS Foundation Trust	14	3	5	11	33	20	165.00%
Barnsley Hospital NHS Foundation Trust	3	14	12	2	31	22	140.91%
Yorkshire Ambulance Service NHS Trust	5	7	12	6	30	15	200.00%
Leeds and York Partnership NHS Foundation Trust	11	7	4	3	25	10	250.00%
South West Yorkshire Partnership NHS Foundation Trust	0	15	3	2	20	17	117.65%
Bradford District Care NHS Foundation Trust	13	0	3	2	18	5	360.00%
Northern Lincolnshire and Goole NHS Foundation Trust	7	4	6	0	17	32	53.13%
Harrogate and District NHS Foundation Trust	4	7	0	4	15	60	25.00%
Sheffield Health & Social Care NHS Foundation Trust	0	6	3	3	12	12	100.00%

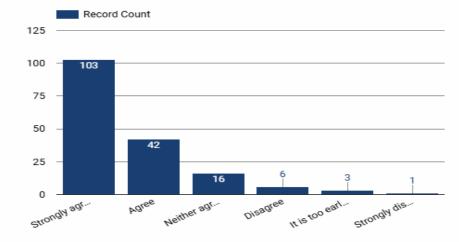
1)The information that I received before taking part prepared me for my experience on the study



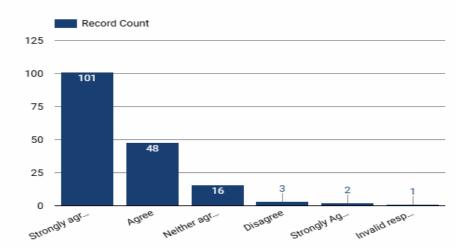


3)I know how I will receive the results of this research study

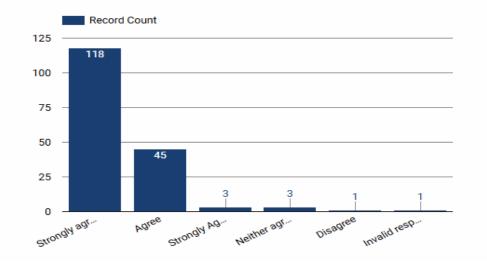




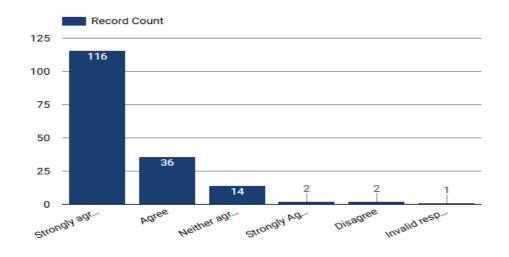
4)I know how to contact someone from the research team if I have any questions or concerns



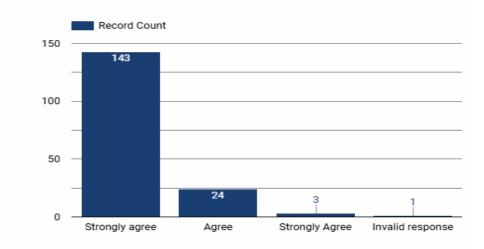
### 5)I feel research staff have valued my taking part in this research study



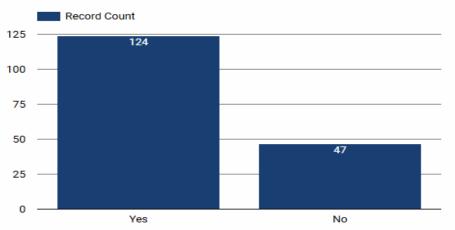
### 7)I would consider taking part in research again



### 6)Research staff have always treated me with courtesy and respect

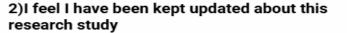


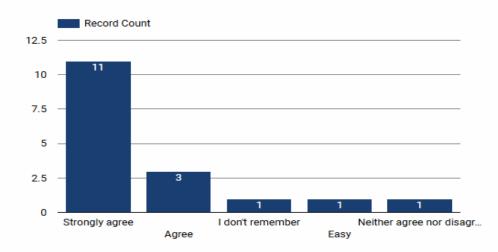
### 11)Is this the first research study you have taken part in?



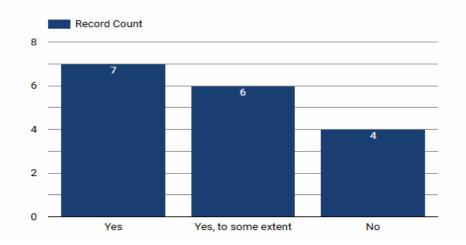
Appendix 8: Patient Research Experience NLAG breakdown 2024-25 (as at 07.03.25 – n=17) Source: NIHR Open Data Platform 07.03.2025

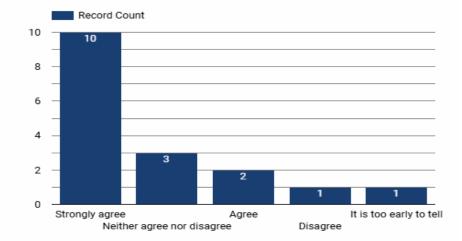
1)The information that I received before taking part prepared me for my experience on the study



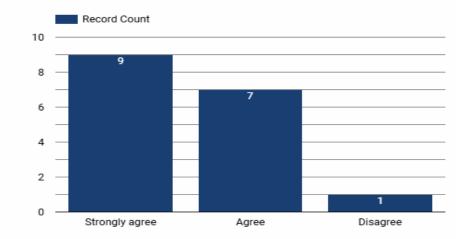


### 3)I know how I will receive the results of this research study



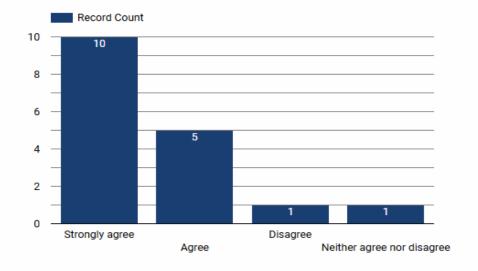


# 4)I know how to contact someone from the research team if I have any questions or concerns

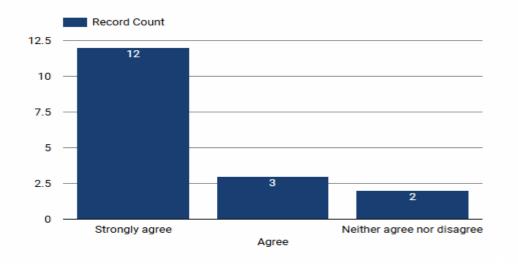


Overall page 684 of 773

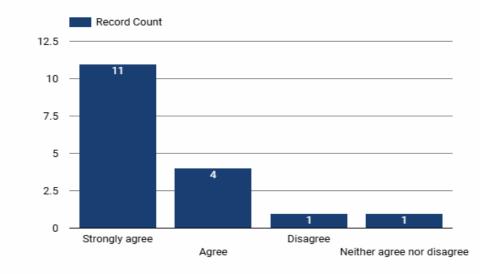
## 5)I feel research staff have valued my taking part in this research study



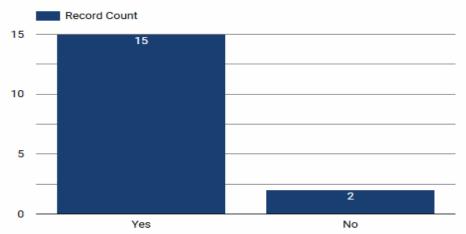
### 7)I would consider taking part in research again

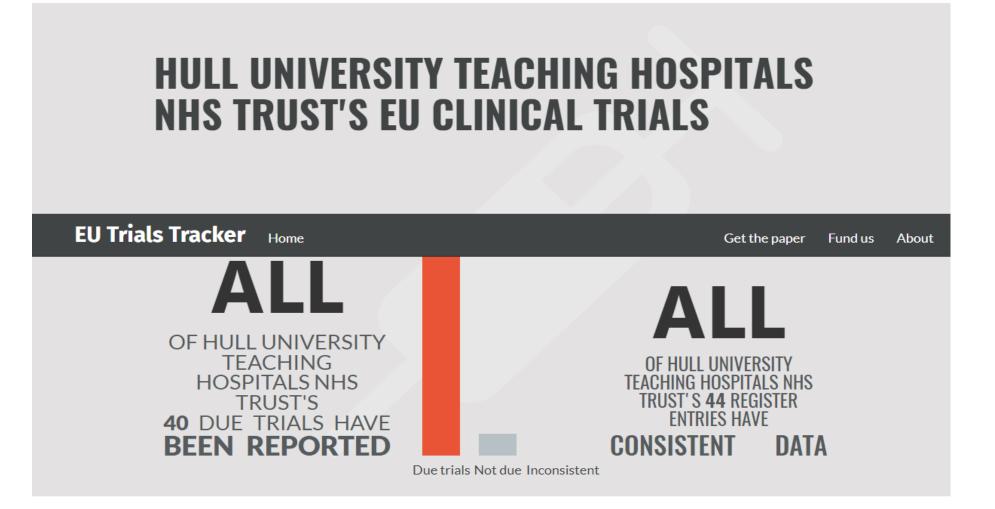


### 6)Research staff have always treated me with courtesy and respect



### 11)Is this the first research study you have taken part in?





All clinical trials on the **European Union Clinical Trials Register (EUCTR) must** report their results in the registry within a year of completion. This site tracks who's doing this and who isn't. **Learn more** »

#### Appendix 10: HHP Publications 2024-25 (Medline and Embase)

#### <u>2025</u>

Liver International Communications,

Primary Hepatic Neuroendocrine Carcinoma Associated With Carcinoid Syndrome and Pellagra: A Case Report. Author: Abdo A.E., Caminada S., Mudawi S.B., Elwahab S.M.A., Rafei A., Vosinakis C., Pizzol D. and L. Smith. Publication Year: 2025

Biosensors & bioelectronics,

Disposable and sensitive electrochemical magneto-immunosensor for point-of-care HCV diagnostics: Targeting HCVcAg, the active viremia biomarker, in patient samples. Author: Abo-Zeid,Mohammad Nabil, Cheryl Walter, Katie Kitchman, Kirstine Eastick, Lynsey Corless and John Greenman. Publication Year: Mar 15 2025

Journal of Orthopaedics, Fracture related infection - Evolving concepts, definitions, treatment options and healthcare costs. Author: Ahluwalia,Raju and Hemant Sharma. Publication Year: 2025

Journal of Occupational & Environmental Hygiene,

Prevalence of interdigital pilonidal sinus in hair professionals during the COVID-19 pandemic: A cross-sectional study. Author: Al Shenawi,Hamdi, Suhair Al Saad, Noor Al Shenawi, Noor Al Rumaihi, Zainab Salmeen, Noora Al Sadeh, Ali M. Alfehaid, Musab Alshelali, Mohammed A. Bin-Jabr, Hasheem A. Alzeyadi and Rabbani M. Daoud. Publication Year: Jan 2025

Perception of Nephrology Practice and Attitude in a sample of Iraqi medical Specialists Author: Ali A., ALOmar D. and S. Bhandari.

Publication Year: 2025

Acta Paediatrica, EBNEO Commentary: Risk stratification of sensorineural hearing impairment in preterm infants. Author: Anakebe,Chidi, Sohaib Bin Nawaz and Haji Sheeraz Khan. Publication Year: Feb 2025

Bowel damage and its correlation with the disability index in patients with recently diagnosed Crohn's disease Author: Arebi N., Fadra A., Reves J., Burisch J., Madsen G.R., Buisson A., BonnetDodel M., Vieujean S., Monin L., Cravo M., Duricova D., Ellul P., Kaimakliotis I., Sebastian S., Ordas I., et al. Publication Year: 2025

medRxiv, Long COVID affects working memory: Assessment using a single rapid online test. Author: Asghar A.U.R., Yuen H.K., Aksoy M., Salawu A. and H. A. Baseler. Publication Year: 2025

Annals of Oncology,

A phase III randomised trial on the addition of a contact X-ray brachytherapy boost to standard neoadjuvant chemo-radiotherapy for organ preservation in early rectal adenocarcinoma: 5 year results of the OPERA trial. Author: Baron, D., T. Pace Loscos, R. Schiappa, N. Barbet, E. Dost, S. Ben Dhia, S. Soltani, L. Mineur, I. Martel, S. Horn, C. Picardi, A. Stewart, E. Cotte, R. Coquard, G. Baudin, et al. Publication Year: Feb 2025

BMJ Evidence-based Medicine,

Pilot study on large language models for risk-of-bias assessments in systematic reviews: A(I) new type of bias?. Author: Barsby,Joseph, Samuel Hume, Hamish Al Lemmey, Joseph Cutteridge, Regent Lee and Katarzyna D. Bera. Publication Year: Jan 22 2025

#### Heart,

Risk stratification and exercise recommendations in cardiomyopathies and channelopathies: a practical guide for the multidisciplinary team. Author: Basu,Joyee, Hamish MacLachlan, Raghav Bhatia, Helen Alexander, Robert Cooper and Nabeel Sheikh. Publication Year: 2025

Arthroscopy - Journal of Arthroscopic and Related Surgery,

Extrusion After Meniscal Allograft Transplantation Is Lower or Equal With Bony Compared With Soft-Tissue Root Fixation: A Systematic Review. Author: Beel W., Firth A.D., Tulloch S., Abdelrehman T., Olotu O., Bryant D. and A. Getgood. Publication Year: 2025

Impact of loop diuretic use at baseline on kidney outcomes; a post-hoc analysis in the STOP-ACEi Trial Author: Bhandari S., Mehta S., Ives N., Cleland J.G. and P. Cockwell. Publication Year: 2025

European Journal of Vascular and Endovascular Surgery,

Delays to Revascularisation and Outcomes of Non-Elective Admissions for Chronic Limb Threatening Ischaemia: a UK Population Based Cohort Study. Author: Birmpili P., Li Q., Johal A.S., Atkins E., Waton S., Pherwani A.D., Williams R., Chetter I., Boyle J.R. and D. A. Cromwell. Publication Year: 2025

Evolution of the IBD-Disability Index in a cohort of recently diagnosed CD patients: results from the prospective CROCO (Crohn's Disease Cohort) Study Author: Buisson A., BonnetDodel M., Reves J., Burisch J., Madsen G.R., Arebi N., Fadra A., Vieujean S., Monin L., Cravo M., Duricova D., Ellul P., Kaimakliotis I., Sebastian S., Ordas I., et al. Publication Year: 2025

Fublication fear. 2025

Plastic and Reconstructive Surgery - Global Open, Biodegradable Temporizing Matrix in Postoncological Scalp Reconstruction: A Case Series. Author: Calderbank,Tom, Emma Turner, Mohaned Mohamed, Dimitrios Kanakopoulos and Noemi Kelemen. Publication Year: Jan 2025

JACC Heart Failure,

Heart Failure Specialist Care and Long-Term Outcomes for Patients Admitted With Acute Heart Failure. Author: Cannata, Antonio, Mehrdad A. Mizani, Daniel I. Bromage, Susan E. Piper, Suzanna M. C. Hardman, Cathie Sudlow, Mark de Belder, Paul A. Scott, John Deanfield, Roy S. Gardner, Andrew L. Clark, John G. F. Cleland and Theresa A. McDonagh. Publication Year: Mar 2025

BJU international,

Recent advancements in the Ward AdmSsion of Haematuria: an Observational mUlticentre sTudy (WASHOUT)-a large-scale observational multicentre study of inpatient haematuria.

Author: Chow, Bing Jie, Raghav Varma, Nikita Bhatt, Kevin Byrnes, Simona Ippoliti, Nikki Kerdegari, Quentin Mak, Aqua Asif, Alexander Ng, Arjun Nathan, Kevin Gallagher,

Sinan Khadhouri and Veeru Kasivisvinathan. Publication Year: Jan 2025

Neuro-Chirurgie,

Differences in internal carotid artery tortuosity in ruptured and unruptured anterior circulation aneurysms. A matched case-control study. Author: Cinti,Noemi, Paul J. McKeegan, Peter J. Bazira, Aubrey Smith, Paul Maliakal, Mihai Danciut and Hamed Nejadhamzeeigilani. Publication Year: Jan 2025

#### Brain and Spine,

Neuropathic pain appears to be the main symptom associated with higher disease burden and lower pain alleviation in degenerative lumbar disease fusion patients. Author: Cristea A., Heijnen B.F.J., Park S.W., Krutko A., Santos C., Senker W., Arzoglou V. and P. Pereira. Publication Year: 2025

Journal of cardiac failure,

Point: Natriuresis Guided Diuresis in Patients Admitted to Hospital With Heart Failure - Barking up the Wrong Tree. Author: Cuthbert,J. J., Jgf Cleland, P. Pellicori and A. L. Clark. Publication Year: Feb 2025

#### Canadian Journal of Respiratory Therapy,

Is CT pulmonary angiography overutilized in the evaluation of patients with suspected pulmonary embolism? A retrospective study. Author: Daoud,Rabbani Mahmoud, Ahmed Majeed Mohamed, Muath Salahuddin Almajthoob, Salim Fredericks, Israa ElSayed Daoud, Moath Mahmoud Daoud and Mahmood AlSaeed. Publication Year: 2025

Physica Medica,

Assessment and improvement of the quality of radiotherapy treatment planning CT images using a clinically validated phantom based method and a multicentre intercomparison.

Author: Davis, Anne T., Andrew Bird, Lorraine Cowley, Oliver Donnelly, Mostafa ELHaddad, Cheryl Evans, Tracey Kearton, Rachel Morrison, David Nash, Joshua Naylor, Joel Palmer, Katherine Potterton, Anand M. Ravindran, Daniel Sandys, Athina Sdrolia, et al. Publication Year: Feb 14 2025

Gut Microbes,

Profiling the gut microbiota to assess infection risk in Klebsiella pneumoniae-colonized patients. Author: De Maio, Flavio, Delia Mercedes Bianco, Giulia Santarelli, Roberto Rosato, Francesca Romana Monzo, Barbara Fiori, Maurizio Sanguinetti and Brunella Posteraro. Publication Year: 2025

Diabetes care,

Time Below Range and Its Influence on Hypoglycemia Awareness and Severe Hypoglycemia: Insights From the Association of British Clinical Diabetologists Study. Author: Deshmukh,Harshal, Emma G. Wilmot, Pratik Choudhary, Emmanuel Ssemmondo, Dennis Barnes, Neil Walker, Chris Walton, Robert E. J. Ryder and Thozhukat Sathyapalan.

Publication Year: Mar 01 2025

Physica Medica,

Cone beam CT (CBCT) in radiotherapy: Assessment of doses using a pragmatic setup in an international setting. Author: Djukelic,Mario, Colin John Martin, Abdullah Abuhaimed, Tomas Kron, Sebastien Gros, Tim Wood, Piotr Pankowski, Ngie Min Ung, Jenia Vassileva, Maria Cristina Plazas, Snezana Vostinic, Anja Lazovic, Ana Cravo Sa, Isabelle Nilsson, Marianna Koutrouli, et al. Publication Year: Feb 21 2025 Clinical symptoms, C-reactive protein and albumin at admission to hospital poorly correlate with refractoriness to intravenous steroids in Acute Severe Ulcerative Colitis - posthoc analysis of the IASO trial

Author: Drobne D., Vaja S., Qian W., Pavey H., Subramanian S., Brezina B., Steel A., Speight A., Lamb C., Sebastian S., Din S., Arnott I., Galea J., Hendy P., Selinger C., et al.

Publication Year: 2025

PLoS ONE [Electronic Resource], Exploring knowledge of first aid in epistaxis-25 years on. Author: Dunne,Henry, Michael Abouabdallah, Joseph Roscamp, Samuel Birks, Kate Mcgibbon, Sam Dewhurst, David Strachan and Rishi Sharma. Publication Year: 2025

Real-world effectiveness of risankizumab in Crohn's Disease: The UK Experience Author: Elford A., Plevris N., ConstantineCooke N., Shah K., Faloon S., Colwill M., Akbani U., Morgan H., Ghoda A., Radia C., Young D., Morris S., AnwarHashim Z., Hassall J., Thomas M., et al. Publication Year: 2025

Air Medical Journal,

Contextualizing Pseudo-Pulseless Electrical Activity in Cardiac Arrest: A Meta-Analysis and Systematic Review Author: Elhalwagy,Omar, Ben Singer, Gareth Grier and Abilius Wong. Publication Year: 2025

Current eye research,

Outcomes of Cataract Surgery Complicated With Zonular Dialysis: A Multicenter Comparative Study. Author: Elhusseiny,Abdelrahman M., Joseph Toma, Yousef A. Fouad, Mohamed K. Soliman, S. Nazem Ibrahim, Ahmed F. Shakarchi, Abdallah A. Ellabban, Yit C. Yang and Ahmed B. Sallam. Publication Year: Mar 2025

Cureus,

Atrial Septal Defect in a Young Boy Presenting With a Rare Crochetage Sign: A Case Report. Author: Faisal,Abdullah Al, Kainat Ferdous, Harsimran Kaur Surinder Singh and Faisal Ahmed. Publication Year: Jan 2025

Patient perspectives of switch in route of administration among patients established on long term intravenous Infliximab therapy Author: Fitzgerald A.L., McBride J., Ibrahim F., Whitehead E. and S. Sebastian. Publication Year: 2025

Switching from intravenous to subcutaneous infliximab enhances trough levels and can facilitate de-escalation of concomitant immunomodulation, irrespective of the HLA DQA1\*05 status: a prospective real-world study Author: Fitzgerald A.L., McBride J., Robertson H., Turnbull J., Talbot A., Whitehead E. and S. Sebastian. Publication Year: 2025

BMC Nephrology,

Commentary: Tolvaptan for Autosomal Dominant Polycystic Kidney Disease (ADPKD) - an update Author: Gittus,Matt, Helen Haley, Tess Harris, Sarah Borrows, Neal Padmanabhan, Danny Gale, Roslyn Simms, Terri Williams, Aaron Acquaye, Alisa Wong, Melanie Chan, Eduardo Lee and Albert Cm Ong. Publication Year: Feb 14 2025

#### Journal of Geriatric Oncology,

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# **Committees-in-Common Front Sheet**

# Agenda Item No: BIC(25)77

Name of the Meeting	Trust Boards-in-Common - Public
Date of the Meeting	10 April 2025
Director Lead	Dr Kate Wood, Group Chief Medical Officer
Contact Officer/Author	Dr Wajiha Arshad, Guardian of Safe Working Hours, HUTH
	Joey Robson, Group Medical Staffing Manager
	Rose Bundy, Guardian of Safe Working Hours Analyst, HUTH
Title of the Report	Quarterly Report on Safe Working Hours (Doctors and Dentists in Training) Hull University Teaching Hospitals NHS Trust - 1 <sup>st</sup> October to 31 <sup>st</sup> December 2024
Executive Summary	Exception reports: 155 exception reports submitted over the quarter, with 93 submitted by F1 trainees.
	<u>Fines:</u> 8 fines issued over the quarter totaling £6,751.68. 5 to Paediatric Surgery; 1 to Oncology & Haematology; 1 to Urology; 1 to Vascular Surgery.
	<u>eRoster Rollout:</u> Since the last Quarterly Report, of the remaining rotas that were yet to be implemented onto e-Roster, please see update below:
	Plastic Surgery - This has gone live effective October 2024
	Neonates - This has gone live effective March 2025
	Ongoing work with the Care Groups continues with ENT and OMFS to develop a compliant rota pattern to be implemented on the system at Blue by 31st March 2025
	<u>Trainee Doctor Fill Rate:</u> Over the quarter, 93.2% of NHSE appointed doctor in training posts were filled, a decrease from 94.1% last quarter.
	Immunology and Stroke Medicine have fill rates of 0% due to their establishment consisting of 1 doctor which NHSE were unable to recruit to.
	Neuro-rehab has a 40% fill rate due to an NHSE vacancy and a 0.8 less than full time trainee.

Background Information and/or Supporting Document(s) (if applicable)	<ul> <li>Emergency Medicine is the department with the highest bank and agency usage over the quarter, with a fill rate of 90.9%.</li> <li>Doctors and Dentists in Training Terms and Conditions (England) 2016 available on NHS Employers website.</li> </ul>		
Prior Approval Process	Workforce, Education and Culture Committees-in-Common meeting on Wednesday, 26 February 2025		
Financial implication(s) (if applicable)	<ul> <li>8 fines issued over the quarter totaling £6,751.68.</li> <li>The Guardian of Safe Working Hours Funds stands at £65,764.00 at the time of the report being written and plans to utilise these funds are detailed in this report.</li> </ul>		
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A		
Recommended action(s) required	<ul><li>☐ Approval</li><li>☐ Discussion</li><li>☐ Assurance</li></ul>	<ul> <li>✓ Information</li> <li>□ Review</li> <li>□ Other – please detail below:</li> </ul>	

# Hull University Teaching Hospitals NHS Trust

## Quarterly Report on Safe Working Hours Doctors and Dentists in Training 1<sup>st</sup> October to 31<sup>st</sup> December 2024

## 1. Purpose of this Report

Under the Doctors and Dentists in Training Terms and Conditions (England) 2016 the Guardian of Safe Working Hours must report to the Board at least once per quarter. This report sets out data from 1<sup>st</sup> October to 31<sup>st</sup> December 2024.

- Exception reports and monitoring
- Locum usage
- Vacancy levels amongst doctors in training
- Work schedule reviews and fines

# 2. High Level Data

Number of doctors / dentists in training (total):	672.20
(establishment)	719
Amount of time available in job plan for Guardian of Safe	1 PA (4 hours per week)
Working Hours to do the role:	
Admin support provided to the guardian (if any):	1 WTE
Amount of job-planned time for educational supervisors:	0.25 PAs per trainee (max;
	varies between care groups)

Information on exception reporting is detailed within the Doctors and Dentists in Training Terms and Conditions (England) 2016 (pages 37-39) which can be found on the NHS Employers website.

## 3. Immediate Safety Concerns

Resident doctors are able to escalate exception reports as immediate safety concern (ISC) where they feel appropriate. Over the quarter, there has been 2 exception reports escalated as an immediate safety concern. One related to one doctor having had to cover more than one ward with a high number of patients which they felt was unsafe for patient safety. The second ISC also related to understaffing and the effect that this may have on patient safety and staff well-being.

## 4. Exception Reports

There has been a total of 155 exception reports (155 episodes) reported by resident doctors this quarter highlighting a wide range of themes further detailed in this report.

## 4.1 Exception reports (episodes) by department 1<sup>st</sup> October – 31<sup>st</sup> December 2024

General Medicine, Medical Oncology, and General Surgery have had the highest number of exception reports submitted over the quarter.

Within General Medicine, out of the 88 exception reports submitted, 81 were due to hours (overtime), 1 was due to educational reasons, 2 were related to the rota pattern, and 4 for service support.

Medical Oncology and General Surgery had significantly less exception reports submitted compared to General Medicine.

Out of the 16 exception reports submitted within Medical Oncology, 13 were for hours (overtime), 2 were related to the rota pattern, and 1 was due to educational reasons.

Out of the 15 exception reports submitted for General Surgery, 14 were for hours (overtime) and only 1 related to service support.

Specialty (Where exception occurred)	No. exceptions raised (episodes)	No. exceptions closed	No. exceptions outstanding
General medicine	88	73	15
Medical oncology	16	10	6
General surgery	15	14	1
Paediatric surgery	10	9	1
Vascular Surgery	7	6	1
Obstetrics and gynaecology	4	1	3
Ophthalmology	4		4
Gastroenterology	3	3	0
Paediatrics	3		3
Accident and emergency	1	1	0
Acute Medicine	1		1
Cardiology	1		1
Plastic surgery	1	1	0
Surgical specialties	1	1	0
Total	155	119	36

Table A: Exception Reports by Department 01/10/2024-31/12/2024

# 4.2 Exception reports (episodes) by grade 1<sup>st</sup> October – 31<sup>st</sup> December 2024

The highest number of exception reports were submitted by FY1 trainees. 93 exception reports were submitted by FY1 trainees in the quarter, and of those, 91 were submitted in relation to additional hours (overtime) worked, 1 was for educational reasons and 1 for service support.

Grade of Doctor submitting ER	No. exceptions raised (episodes)	No. exceptions closed	No. exceptions outstanding
FY1	93	85	8
FY2	24	18	6
ST1/CT1	20	9	11
ST3+	18	7	11
Grand Total	155	119	36

# 4.3 Exception reports (episodes) by rota 1<sup>st</sup> October – 31<sup>st</sup> December 2024

Rota 18 (Oncology F1), Rota 8 (Oncology and Haematology F2/CT) and Rota 4B (Gastroenterology F1) were the rotas with the highest number of exception reports over the quarter.

Rota 18 (Oncology F1) had 32 exception reports submitted in total, with 30 relating to additional hours (overtime) worked and 1 for missed educational opportunities.

Rota 8 (Oncology & Haematology F2/CT) had 16 exception reports submitted, 13 relating to additional hours (overtime) worked, 2 for pattern and 1 for missed educational opportunities.

Rota 4B (Gastroenterology F1) had 16 exception reports submitted, all 16 were in relation to additional hours (overtime) worked.

## Table C: Exception Reports by Rota 01/10/2024-31/12/2024

	No. exceptions raised	No. exceptions	No. exceptions
Rota Number & Department	(episodes)	closed	outstanding
Rota 18 - Medicine F1	32	25	7
Rota 8 - Oncology and Haematology	16	10	6
Rota 4B - Medicine F1	16	15	1
Rota 25 - Acute/Elective F1	10	13	1
Rota 4 - Medicine F1	14	13	0
Rota 4 - Medicine F I Rota 13 - Acute & General	13	13	0
Medicine IMT	12	7	5
Rota 18B - Medicine F1	10	10	0
Rota 66 - Paediatric Surgery	10	9	1
Rota 23 - Surgery F1	7	6	1
Rota 9 - Chest/Renal	4	3	1
Rota 36 - Ophthalmology T2	4		4
Rota 52 - O&G SpR	3		3
Rota 59 - Paediatrics	3		3
Rota 15 - Gastro/Endo/Renal/ID (Blp 450)	2	1	1
Rota 40 - Plastic Surgery SpR	1	1	0
Rota 19 - AAU SHO	1		1
Rota 51 - O&G ST1-2	1	1	0
Rota 124a - General Surgery (acute)	1	1	0
Rota 18 - Medicine F1 Renal	1	1	0
Rota 27 - Acute & Elective Surgery			
SPR	1	1	0
Rota 1 - A&E F2	1	1	0
Rota 14 - DME (Blp 431)	1	1	0
Rota 20 - Cardiology	1		1
Total	155	119	36

# 4.4 Exception reports (episodes) - response time 1<sup>st</sup> October – 31<sup>st</sup> December 2024

The Doctors and Dentists in Training Terms and Conditions (England) 2016 require that the supervisor meets with the resident doctor to discuss an exception report within seven days.

It has continually been identified that meeting within seven days is often difficult for resident doctors and supervisors. The Guardian of Safe Working Hours continues to educate both resident doctors and supervisors on the importance of exception reporting and meeting in a timely manner.

Grade	Addressed within 48hrs	Addressed within 7 days	Addressed in 7+ days	No. outstanding
FY1	11	14	60	8
FY2	3	7	8	6
ST1/CT1	7	0	2	11
ST3/CT3+	6	0	1	11
Total	27	21	71	36

Table D: Exception Reports Response Time by Grade 01/10/2024-31/12/2024

## 5. Work Schedule Reviews

There are a high number of rotas currently being reviewed across the Trust. The 2 major reviews taking place are detailed below:

## F2/CT Level Tower Block Rotas at Hull Royal Infirmary covering Medical Specialities

Feedback was received via the HUTH Resident Doctors' Forum in relation to the following rotas that cover Medical Wards in the Tower Block at Hull Royal Infirmary:

- Rota 14 Elderly Medicine
- Rota 15 Gastroenterology, Endocrinology, Rheumatology
- Rota 5 Neurology and Elderly Medicine
- Rota 9 Chest and Renal Medicine
- Rota 130 & 129 General Medicine and NCTR

Resident Doctors advised that:

- Handover time between long days and nights did not include sufficient time (currently rostered as 15 minutes)
- Handover to the out of hours team at 17:00 is not rostered into the working pattern resulting in some doctors being required to stay at work after 17:00
- Taking leave over multiple weeks was not possible in the current patterns without needing to swap shifts

Dr Caroline Hibbert (Medical Director, North Bank) is leading a working group in conjunction with the Guardian of Safe Working, Medical Staffing and Human Resources to design alternate rota patterns whilst still providing the level of cover for the Medical Wards as is currently in place. The need to standardise working hours across the rotas (and at different grades) has also been identified as part of this work.

Work is ongoing with a view to implement new rota patterns as soon as practically possible in within the Trust's Organisational Change policy (including working with Resident Doctors currently working on these rotas).

## F2/CT Level Surgical Rotas working across multiple specialities and sites

There are a number of rotas across Hull Royal Infirmary and Castle Hill Hospital that provide cover at F2 and CT level with an intricate level of cross cover between surgical specialities. The rotas in question are:

- Rota 124a General and Elective Surgery
- Rota 124b Urology & ENT
- Rota 134 Orthopaedics
- Rota 135 Orthopaedics & Plastic Surgery
- Rota 133 Neurosurgery

Feedback has been received that the current cross cover arrangements in place may no longer be fit for purpose with some specialities no longer able to support in the long term due to increased workloads.

Alternate Rota patterns have been developed and presented to the impacted departments and Care Groups but work is ongoing in regards to implementation as this may require investment in new roles to support the new rotas. Any change will be managed via the Trust's Organisational Change policy (including working with Resident Doctors currently working on these rotas).

# 6. Locum bookings 1<sup>st</sup> October to 31<sup>st</sup> December 2024

This section details the use of bank and agency doctors to backfill vacant shifts, this is broken down into bank (not including additional hours) and agency bookings. This is also presented by department, grade and reason for booking.

# 6.1 Bank 1<sup>st</sup> October to 31<sup>st</sup> December 2024

Bank usage shown below does not include additional hours worked by substantive resident doctors. HUTH utilises the Remarkable Bank to cover bank shifts and this is detailed below.

## Table E: Locum Bookings Bank by Grade 01/10/2024-31/12/2024

	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
F1	214	31	1179.33	255.5
F2	2237	894	21565.1	8858.49
CT/GPSTR/ST1-2	412	39	2729.5	437.99
ST3+	1213	307	10303	2816.5
Total	4076	1271	35776.93	12368.48

Table F: Locum Bookings Bank by Reason 01/10/2024-31/12/	2024
--	------

	Number of shifts	Number of	Number of	Number of
	requested	shifts worked	hours requested	hours worked
Annual Leave	75	7	711	56
Extra Cover	287	0	2119.5	0
Other Leave	567	163	5439.25	1658.41
Sickness	556	88	4314.83	895.92
Study Leave	33	6	163.5	58.5
Vacancy	2558	997	23028.85	9573.15
Total	4076	1271	35776.93	12368.48

	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Acute Medicine	419	212	3967	2034.08
Cardiology	74	17	605.75	174.75
Cardiothoracic Surgery	19	0	212.5	0
Colorectal/Upper GI Surgery	1182	90	7746.93	862.5
Elderly Care	358	173	3115.25	1522.34
Emergency Medicine	1176	367	11669	3689.74
Endocrinology and Diabetes	5	4	51.75	43.25
ENT	69	48	796.5	568.25
Gastroenterology	30	9	267.5	80.5
Haematology	2	0	0	0
Infectious Diseases	35	20	280	238
Neonatal Medicine	28	11	364	143
Neurology	53	24	495	218
Neuro-Rehab	15	13	130	108
Neurosurgery	86	12	957.5	135.92
Obstetrics & Gynaecology	76	15	913.25	158.25
Oncology	78	39	733.5	437.25
Ophthalmology	8	0	162	0
Oral and Maxillofacial Surgery	96	90	812.5	763
Paediatric Surgery	19	10	172.5	58
Paediatrics	34	17	354.5	192
Plastic Surgery	3	2	39	26
Radiology	1	0	0	0
Renal Medicine	1	0	8	0
Respiratory Medicine	24	0	229	0
Rheumatology	21	11	170	90.33
Stroke Medicine	53	40	424	320
Trauma & Orthopaedics	63	31	642.5	356.32
Urology	29	11	325.5	118
Vascular Surgery	19	5	132	31
Total	4076	1271	35776.93	12368.48

# 6.2 Agency 1<sup>st</sup> October to 31<sup>st</sup> December 2024

Use of Agency staff to backfill vacancies is a last resort once all other avenues (ie. Additional Hours, Bank, Alternate Staff roles) have been exhausted. Clear Agency approval processes are in place across all Care Groups and all agency bookings are managed by the central Medical Staffing Team.

# Table H: Locum Bookings Agency by Grade 01/10/2024-31/12/2024

	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
F1	214	0	1179.33	0
F2	2237	366	21565.1	3465.17
CT/GPSTR/ST1-2	412	0	2729.5	0
ST3+	1213	180	10303	2008.67
Total	4076	546	35776.93	5473.84

# Table I: Locum Bookings Agency by Reason 01/10/2024-31/12/2024

	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Annual Leave	75	49	711	444.83
Extra Cover	287	0	2119.5	0
Other Leave	567	81	5439.25	806.67
Sickness	556	30	4314.83	296.25
Study Leave	33	0	163.5	0
Vacancy	2558	386	23028.85	3926.09
Total	4076	546	35776.93	5473.84

Table J: Locum Boo	kinas Aaencv bv D	Department 01/10/2024-31/1	2/2024

	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Acute Medicine	419	19	3967	168.5
Cardiology	74	1	605.75	11.5
Cardiothoracic Surgery	19	16	212.5	176
Colorectal/Upper GI Surgery	1182	75	7746.93	922.5
Elderly Care	358	23	3115.25	264.5
Emergency Medicine	1176	320	11669	2983.92
Endocrinology and Diabetes	5	0	51.75	0
ENT	69	0	796.5	0
Gastroenterology	30	1	267.5	11.25
Haematology	2	0	0	0
Infectious Diseases	35	0	280	0
Neonatal Medicine	28	4	364	49.25
Neurology	53	0	495	0
Neuro-Rehab	15	0	130	0
Neurosurgery	86	47	957.5	513.42
Obstetrics & Gynaecology	76	0	913.25	0
Oncology	78	0	733.5	0
Ophthalmology	8	0	162	0
Oral and Maxillofacial Surgery	96	0	812.5	0
Paediatric Surgery	19	0	172.5	0
Paediatrics	34	0	354.5	0
Plastic Surgery	3	1	39	11
Radiology	1	0	0	0
Renal Medicine	1	0	8	0
Respiratory Medicine	24	17	229	145
Rheumatology	21	0	170	0
Stroke Medicine	53	0	424	0
Trauma & Orthopaedics	63	22	642.5	217
Urology	29	0	325.5	0
Vascular Surgery	19	0	132	0
Total	4076	546	35776.93	5473.84

# 6.3 Locum work carried out by doctors in training 1<sup>st</sup> October to 31<sup>st</sup> December 2024

This data is collected to help assess where individual doctors in training are working the most additional hours so that any breaches of the Working Time Directive (WTD) and the 2016 Terms and Conditions can be explored.

The table represents the top 10 doctors in training that have worked the most extra hours.

Base Speciality	Grade	Number of Locum Hours Worked	Number of hours rostered per week
General Practice	GP Trainee	156	40:00
Gastroenterology	F2	150	46:00
OMFS	ST6	135	46:00
Upper GI Surgery	F1	107.83	46:45
General Practice	GP Trainee	102.5	40:00
Upper GI Surgery	ST3	92	47:15
Trauma & Orthopaedics	F2	82	46:00
General Practice	GP Trainee	80	40:00
General Practice	GP Trainee	74	40:00
Emergency Medicine	GP Trainee	74	44:15

# Table K: Additional Hours worked by Doctors in Training 01/10/2024-31/12/2024

# 7. Vacancies: The below table details the Doctors and Dentists in training establishment and current doctors in training in post as appointed by NHS England (formerly Health Education England). Hull University Teaching Hospitals NHS Trust - Resident Doctor Trainee Establishment October to December 2024

		1	Frainee Est	ablishmen	nt		Trainee In Post			1				
													% Filled	September
Department	F1	F2	CT/ST1-2	GPSTR	ST	Total	F1	F2	CT/ST1-2	GPSTR	ST	Total	December 2024	2024
Academic, GP, Psych & Community	9	33	0	109	0	151	8	33.5	0	95.1	C	136.6	5 90.5%	91.1%
Acute Medicine	4	1 7	8	0	7	26	4	7	7.7	0	4.8	3 23.5	5 <b>90.4%</b>	87.0%
Anaesthetics	5	5 4	23	0	31	63	5	4	21.7	0	32.5	63.2	2 100.3%	105.1%
Breast Surgery	1	2 0	1	0	2	5	2	0	1	0	1	L 4	1 80.0%	80.0%
Cardiology	3	3 2	3	1	8	17	3	2	3	1	9.6	5 18.6	5 109.4%	112.9%
Cardiothroacic Surgery	(	) 3	0	0	4	7	0	2.8	0	0	3	5.8	82.9%	85.7%
Chemical Pathology	(	) 0	0	0	1	1	0	0	0	0	1	L 1	L 100.0%	100.0%
Colorectal Surgery	9	) 0	2	0	4	15	9	0	1	0	3.6	i 13.0	5 <b>90.7%</b>	85.7%
Dermatology	1	L 0	0	1	0	2	1	0	0	0	C	1	L 50.0%	50.0%
Elderly Medicine		7 3	5	7	6	28	6	4	5	6.6	5.2	2 26.8	3 <b>95.7%</b>	98.6%
Emergency Medicine	(	) 14	17	6	18	55	0	14	16.7	6.4	12.9	50	90.9%	91.1%
Endocrinology	3	3 0	2	0	4	9	3	0	1.8	0	4	8.8	3 <b>97.8%</b>	100.0%
ENT	1	2 2	2	3	5	14	2	2	2	3	5	5 14	1 100.0%	90.0%
Gastroenterology	3	3 1	2	0	7	13	3	0	3	0	6.8	3 12.8	98.5%	98.5%
General Surgery	(	) 1	0	0	0	1	0	1	0	0	C	1	L 100.0%	100.0%
Haematology	1	2 2	2	0	5	11	2	2	2	0	5.6	5 11.6	5 105.5%	112.7%
Histopathology	(	) 0	0	0	7	7	0	0	0	0	5.8	5.8	82.9%	82.9%
Immunology	(	) 0	0	0	1	1	0	0	0	0	C	) (	0.0%	0.0%
Infectious Diseases	1	2 1	1	2	6	12	2	0	1	1	6.6	5 10.6	5 88.3%	96.7%
Neuro-Rehab	(	) 0	0	2	0	2	0	0	0	0.8	C	0.8	3 <b>40.0%</b>	40.0%
Neurology	4	1 3	3	0	5	15	4	3	3	0	3	3 13	86.7%	80.0%
Neurosurgery	1	l 1	2	0	4	8	1	1	2	0	4	1 8	3 100.0%	100.0%
Obstetrics & Gynaecology	(	) 4	6	4	13	27	0	4	5	5	12.6	5 26.6	5 98.5%	98.5%
Oncology		3 1	2	4	12	22	3	1	2	3	10.6	i 19.6	5 <b>89.1%</b>	88.6%
Ophthalmology	1	l 1	0	0	6	8	1	1	0	0	6.8	8.8	3 110.0%	105.0%
Oral & Maxillofacial Surgery	(	) 0	10	0	2		0	0	4	0	2	2 6	5 <b>50.0%</b>	50.0%
Paediatric Neonatal Medicine	(	0 0	9	0	5	14	0	0	8.4	0	6	5 14.4	102.9%	102.9%
Paediatric Surgery	(	) 1	2	0	0	3	0	1	1	0	C	) 2	2 <b>66.7%</b>	66.7%
Palliative Care	(	) 0	0	2	0	2	0	0	0	2	C	) 2	2 100.0%	100.0%
Plastic Surgery	(	0 0	3	0	6	9	0	0	3	0	6	5 9	100.0%	100.0%
Paediatrics	4	1 4	4	2	9	23	3	4	4.6	2	10.1	23.7		112.3%
Radiology	(	) 1	0	0	39	40	0	1	0	0	38.4	4 39.4	4 98.5%	98.5%
Renal Medicine	1	2 1	2	0	6	11	2	1	2	0	5.6	5 10.6	5 96.4%	96.4%
Respiratory Medicine	(	5 2	2	2	8	20	5	2	2	2	7.6	i 18.6	5 93.0%	93.0%
Rheumatology		3 1	1	2	3	10	1.8	1	1	2	3.6	j 9.4	<sup>1</sup> 94.0%	106.0%
Stroke Medicine	(	) 0	0	0	1	1	0	0	0	0	C	) (	0.0%	0.0%
Trauma & Orthopaedics	(	) 5	3	1	9	18	0	5	3	1	8	3 17	7 94.4%	94.4%
Upper GI	9	) 0	2	0	4	15	9	0	1	0	2.6	i 12.6	5 84.0%	98.7%
Urology	:	L 3	2	0	3	9	1	3	1	0	3	8 8	88.9%	88.9%
Vascular Surgery	(	5 0	1	0	5	12	6	0	1	0	5	i 12	2 100.0%	81.7%
TOTAL	92	2 101	122	148	256	719	86.8	100.3	109.9	130.9	242.3	670.2	93.2%	94.1%

# 8. Fines

The Doctors and Dentists in Training Terms and Conditions (England) 2016 states fines should be issued for the following breaches:

- A breach of the 48-hour average working week (across the reference period agreed for that placement in the work schedule);
- A breach of the maximum 13-hour shift
- A breach of the maximum of 72 hours worked across any consecutive 168-hour period.
- Where 11 hours' rest within a 24-hour period has not been achieved (excluding oncall shifts);
- Where five hours of continuous rest between 22:00 and 07:00 during a non-resident on-call shift has not been achieved;
- Where 8 hours of total rest per 24-hour non-resident on-call shift has not been achieved
- Where a concern is raised that breaks have been missed on at least 25% of occasions across a four-week reference period, and the concern is validated and shown to be correct, the Guardian of Safe Working Hours will levy a fine.

Standard rates are outlined in the Doctors and Dentists in Training Terms and Conditions.

## 8.1 Summary of fines issued 1<sup>st</sup> October to 31<sup>st</sup> December 2024

	GOSW			Grade	Department	Breach
Doctor	Fund		Date fine			
Awarded	Awarded	Total Fine	Issued			
£311.74	£519.53	£831.27	02/10/2024	ST3+	Paediatric	Hours &
					Surgery	Rest
£240.89	£401.46	£642.35	02/10/2024	ST3+	Paediatric	Hours &
					Surgery	Rest
£9.45	£15.75	£25.2	02/10/2024	F2	Oncology &	Hours
					Haematology	
£28.34	£47.24	£75.58	02/10/2024	F2	Urology	Hours
£671.12	£1118.28	£1789.4	16/10/2024	ST3+	Paediatric	Hours &
					Surgery	Rest
£32.64	£54.44	£87.08	22/10/2024	F1	Vascular	Hours
					Surgery	
£283.4	£472.3	£755.7	13/11/2024	ST3+	Paediatric	Hours &
					Surgery	Rest
£954.52	£1590.58	£2545.1	14/11/2024	ST3+	Paediatric	Hours &
					Surgery	Rest

8 fines issued over the quarter totaling £6,751.68. 5 to Paediatric Surgery; 1 to Oncology & Haematology; 1 to Urology; 1 to Vascular Surgery.

5 of the fines issued within the quarter relate to non-resident on call shifts and trainees remaining on site or returning to site due to a variety of reasons, resulting in breaches of maximum shift length and required rest.

The fines issued to Paediatric Surgery were all in relation to non-resident on call shifts where the resident doctors remained on site breaching 13 hour maximum shift length, and returned to site for a variety of call outs throughout the night, breaching the minimum rest required.

The fines issued to Oncology & Haematology, Vascular Surgery and Acute Surgery were in relation to a day shift where a resident doctor worked greater than 13 hours, breaching the maximum shift length, incurring a fine.

#### Steps taken to resolve issues:

Fines in Paediatric Surgery are an ongoing issue sighted to the Care Group Chief of Service and Clinical Lead amongst others. The department has produced several business cases to combat rota issues which have resulted in breaches by increasing the number of Resident Doctors in the Department to amend the rota pattern but this work is ongoing.

In addition to the fine above for the Oncology & Haematology rota, there have been a significant number of exception reports received as well as direct feedback from doctors working on this rota. The Guardian is working with the department to resolve issues highlighted. An updated on the progress of this work will be provided in the next quarterly report.

#### **GOSW Funds Expenditure**

The Guardian of Safe Working Hours Funds stands at £65,764.00 at the time of the report being written. Over the quarter there have been several purchases made to benefit the Resident Doctor cohort using Guardian of Safe Working Hours funds, totalling £6,178.

The Guardian of Safe Working Hours funds have been used to provide refreshments at a wide range of resident doctor teaching events over the quarter.

The Guardian of Safe Working Hours has plans to run a series of Vascular Access Courses using the funds to purchase necessary equipment.

All expenditure from the GOSW Funds is agreed at the Resident Doctors' Forum.

Officer to contact: Dr Wajiha Arshad, Guardian of Safe Working Hours Joey Robson, Group Medical Staffing Manager Rose Bundy, Medical Staffing Analyst February 2025





## **Committees-in-Common Front Sheet**

# Agenda Item No: BIC(25)77

Name of the Meeting	Trust Board Committe	es-in-Common - Public			
Date of the Meeting	10 April 2025				
Director Lead	Dr Kate Wood, Group C	Chief Medical Officer			
Contact Officer/Author	Dr Liz Evans, Guardian	of Safe Working Hours, NLaG			
	Helen Fitzpatrick, Reva	lidation & Appraisal Coordinator and			
	Admin for Guardian of S	-			
		edical Staffing Manager			
Title of the Report		afe Working Hours (Doctors and			
		Northern Lincolnshire & Goole NHS			
		October 2024 to 31 <sup>st</sup> December 2024			
Executive Summary	The quarterly report for the GoSW for NLaG. This report details the number of exception reports, along with the reasons behind them and details the fines imposed for contract breeches. There is also information contained concerning locum usage and fill rates per department by Doctors in Training. The number of reports in this quarter was similar to the preceding quarter and is in keeping with what we expect at this time of year. There were five immediate safety concerns raised, and two fines imposed. There has been a change in the name to the doctors in training posts- in line with NHS Employers, they are now referred to as Resident Doctors.				
Background Information and/or Supporting	Doctors and Dentists in 2016 available on NHS	Training Terms and Conditions (England) Employers website.			
Document(s) (if applicable)					
Prior Approval Process	Workforce, Education a meeting on Wednesday	nd Culture Committees-in-Common v, 26 February 2025			
Financial implication(s)	Fines levied during this	quarter in total is £833.63.			
(if applicable)	£521.01 of this remain i paid directly to the doct	n the GOSWH funds and £312.62 was ors involved.			
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A				
Recommended action(s)	□ Approval	✓ Information			
required	□ Discussion	□ Review			
	□ Assurance	☐ Other – please detail below:			

#### Northern Lincolnshire and Goole NHS Foundation Trust Quarterly Report on Safe Working Hours (Doctors and Dentists in Training) 1st October 2024 – 31<sup>st</sup> December 2024 Quarter Three

#### 1. Purpose of this Report

Under the terms of the Doctors and Dentists in Training Terms and Conditions (England) 2016, the Guardian of Safe Working Hours must report to the Board at least once per quarter. This report sets out data from 1st October 2024 – 31<sup>st</sup> December 2024.

- Exception reports and monitoring
- Locum usage, both bank and agency
- Vacancy levels amongst doctors in training
- Work schedule reviews and fines

## 2. High Level Data

Number of doctors / dentists in training (total):	275
(establishment)	310
Amount of time available in job plan for guardian to do the role:	2 PA (8 hours per week)
Admin support provided to the guardian (if any):	8 hours per week.
Amount of job-planned time for educational supervisors:	0.25 PAs per trainee (max; varies between health groups)

Information on exception reporting is detailed within the Doctors and Dentists in Training Terms and Conditions (England) 2016 (pages 37-39) which can be found on the NHS Employers website.

## 3. Immediate Safety Concerns

There have been 5 reports this quarter with an immediate safety concern highlighted. Within the system, an exception report relating to hours of work, work pattern, educational opportunities or service support has the option for the doctor to specify if they feel there is an immediate safety concern. An immediate safety concern is not an exception field on its own. Any exception report which flags an immediate safety concern is investigated by the Guardian of Safe Working administration and escalated appropriately.

This quarter the immediate safety concerns are within medical specialities and have occurred across both sites in NLAG. The themes of these concerns include lack of bleep cover and insufficient staffing impacting on patient safety. All issues have been escalated to the areas concerns and have been addressed appropriately.

## 4. Exception Reports

There were a total of 108 exception reports reported by Resident Doctors in this quarter. This represents a slight increase from the 107-report received in the preceding quarter, which is the norm for this time of year. There was a wide range of themes highlighted from exception reports this quarter, further details are provided in this report.

General Medicine and accident and Emergency had the highest number of exception reports submitted over the quarter.

Specialty (Where exception occurred)	No. exceptions carried over	No. exceptions raised (episodes)	No. exceptions closed	No exceptions outstanding	
Accident and emergency	3	10	13	0	
Acute Medicine	0	7	7	1	
Anaesthetics	0	5	5	0	
Cardiology	0	1	1	0	
Gastroenterology	0	9	9	0	
General medicine	1	54	49	9	
General surgery	0	9	6	3	
Geriatric medicine	0	1	1	0	
Obstetrics and gynaecology	0	8	7	0	
Paediatrics	0	1	1	0	
Respiratory Medicine	1	0	1	0	
Trauma & Orthopaedic Surgery	0	3	0	0	
Total	5	108	100	13	

# Table A: Exception reports (episodes) by department

# Table B: Exception reports (episodes) by grade

<u>Grade</u>	No. exeptions carried over	<u>No. exceptions</u> raised (episodes)	<u>No.</u> exceptions closed	No exceptions outstsanding
F1	2	51	52	2
F2	3	17	15	5
CT1	0	28	22	5
CT3	0	2	1	1
ST2	0	2	2	0
ST3	0	1	1	0
ST4	0	2	2	0
ST5	0	5	5	0
Total	5	108	100	13

Table C: Exception reports (episodes) by rota

Rota	No. exceptions raised (episodes)	No. exceptions closed	No exceptions outstsanding
AAU SGH May 2024	1	1	0
AAU SGH Sept 2024	1	1	0
Acute SpD Rota DPoW	3	3	0
Acute SpD Rota SGH Jan 24	1	1	0
DPoW A&E FY2 ST1/2 1 in Dec 24	2	2	0

DPOW A&E FY1 August 24	2	2	0
DPOW Anaesthetics F1- F2 Dec 24	2	2	0
DPOW Anaesthetics Resident Feb 24	1	1	0
DPOW Anaesthetics Resident Feb 25	1	1	0
DPOW Gen Surg Resident Aug 24	4	4	0
DPOW Gen Surg Resident Dec 24	3	0	3
DPOW Medicine Acute FY2 CT1-2 Aug 23	4	5	1
DPOW Medicine CT/ST1-2 1 in 14 April 24	4	4	0
DPOW Medicine FY1 FY2 August 24	15	16	1
DPOW Medicine FY1 FY2 December 24	8	7	1
DPOW Medicine IMT in 14 Dec 24	6	0	3
DPOW O&G RESIDENT Sept 24	3	3	0
DPOW O&G St3+ SAS Sep 24	1	1	0
DPoW Paediatrics Aug 24 1in12	1	1	0
DPOW T&O FY1	4	4	0
SGH A&E FY1 Aug 24	6	6	0
SGH Anesthetics Resident Aug 24	1	1	0
SGH Gen Med FY1 F2 Aug 24	15	19	0
SGH Gen Med FY1 F2 Dec 24	2	0	2
SGH Gen Med FY1 F2 Dec 23	4	4	0
SGH Gen Med ST3+ SAS Sept 24	1	1	0
SGH Gen Surg FY2 Dr Buttar	1	1	0
SGH Gen Surg Resident April 24	1	1	0
SGH Med Rota IMT Aug 24	5	5	0

SGH Med Rota IMT Dec 24	2	0	2
SGH O&G Resident Aug 24	1	1	0
SGH O&G Resident Nov 24	2	2	0
Total	108	100	13

The 2016 TCS require that the supervisor meets with the Resident Doctor to discuss an exception report within seven days.

It has continually been identified that meting within seven days is often difficult for trainees and supervisors. Guardian of Safe Working continues to educate both resident doctors and supervisors on the importance of exception reporting and meeting in a timely manner, however the overwhelming majority of the reports were closed down by the Guardian of Safe Working.

Grade	Addressed within 48hrs	Addressed within 7 days	Addressed in 7+ days	Outstanding
F1	3	34	23	3
F2	7	9	1	4
CT1	9	13	23	7
CT3	0	0	1	2
ST2	1	0	1	0
ST3	0	0	1	0
ST4	0	0	1	0
ST5	1	4	1	0
Total	21	60	52	16

## Table D: Exception reports (episodes) - response time

#### 5. Work Schedule Reviews

No work schedule reviews have been requested or carried out during this quarter.

#### 6. Locum bookings 1<sup>st</sup> October 2024 to 31<sup>st</sup> December 2024

This section details the use of Bank and Agency doctors to backfill vacant shifts. This is broken down into Bank (not including additional hours) and Agency bookings. This is also presented via department, grade and reason for booking.

# 6.1 Bank 1<sup>st</sup> October 2024 to 31<sup>st</sup> December 2024

The Trust has several avenues to fill rota gaps with post gaps filled by doctors working within the Trust initially either as overtime or via our Medical Bank. The bank data details bookings made with doctors working through the Trust's 'Care 1 Bank and Agile Bank' and does not include data on any rotational doctors working additional hours/overtime above their base working hours.

The information covers shifts that have been booked by the Rota coordinators for all Care Groups.

# Table E: Locum Bookings (Bank) by Grade

Locum Bookings Bank by Grade						
Grade	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked		
F1	113	1	1029	13		
F2	173	30	1829.45	332		
CT/GPSTR/ST1-2	1425	424	13435.29	3990		
ST3+	2036	382	19785.94	3756		
Total	3747	837	35750.18	8091		

# Table F: Locum bookings Bank by Department

Locum Bookings Bank by Department						
	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked		
Acute Medicine	552	101	5242.15	1132		
Anaesthetics	347	0	3507.25	0		
Breast Surgery	3	0	27.5	0		
Cardiology	8	8	100	100		
Elderly Medicine	62	9	542	77		
Emergency Medicine	1297	282	11691.86	2595		
ENT	86	63	790.75	514		
Gastroenterology	18	0	175.5	0		
General Medicine	250	74	2774.5	902		
General Surgery	181	2	1706	21		
Obstetrics & Gynaecology	210	80	1986.92	666		
Ophthalmology	39	0	516	0		
Trauma & Orthopaedics	182	34	2187.5	393		
Paediatrics & Neonates	187	70	1831.75	677		
Respiratory Medicine	151	94	1257	805		
Rheumatology	2	0	11	0		
Stroke Medicine	64	0	513.5	0		
Urology	108	20	1020.5	212		
Total	3747	837	35750.18	8091		

# Table G: Locum Bookings (Bank) by Reason

Locum Bookings Bank by Reason						
	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked		
Annual Leave	122	27	1156.45	254		
Extra Cover	283	40	2604.92	368.5		
Other Leave	77	33	896.25	376		
Sickness	482	69	4761.06	682.5		
Study Leave	15	0	112.02	0		
Vacancy	2750	668	26219.48	6409.75		
Total	3747	837	35750.18	8091		

# 6.2 Agency Quarter 3: 1<sup>st</sup> October 2024 to 31<sup>st</sup> December 2024

The Trust also uses limited amount of agency staff. All agency bookings are managed by the Rota coordinators across all Care Groups, however, are only used when internal and bank routes are exhausted.

## Table H: Locum Bookings (Agency) by Grade

Locum Bookings Agency by Grade						
	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked		
F1	113	77	1029	737		
F2	173	53	1829.45	547		
CT/GPSTR/ST1-2	1425	462	13435.29	4761		
ST3+	2036	611	19785.94	6041		
Total	3747	1203	35750.18	12086		

#### Table I: Locum Bookings (Agency) by Department

Locum Bookings Agency by Department						
	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked		
Acute Medicine	552	189	5242.15	2034		
Anaesthetics	347	16	3507.25	184		
Breast Surgery	3	0	27.5	0		
Cardiology	8	0	100	0		
Elderly Medicine	62	53	542	466		
Emergency Medicine	1297	286	11691.86	2813		
ENT	86	12	790.75	120		
Gastroenterology	18	18	175.5	176		
General Medicine	250	176	2774.5	1873		

Obstetrics & Gynaecology Ophthalmology	210 39	<u>63</u> 0	1986.92 516	<u>722</u> 0
Trauma & Orthopaedics	182	80	2187.5	837
Paediatrics & Neonates	187	53	1831.75	640
Respiratory Medicine	151	57	1257	452
Rheumatology	2	2	11	11
Stroke Medicine	64	64	513.5	514
Urology	108	83	1020.5	749
Total	3747	1203	35750.18	12086

#### Table J: Locum Bookings (Agency) by Reason:

Locum Bookings Agency by Reason						
	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked		
Annual Leave	122	6	1156.45	60.5		
Extra Cover	283	29	2604.92	327		
Other Leave	77	7	896.25	87.5		
Sickness	482	228	4761.06	2365.5		
Study Leave	15	2	112.02	18		
Vacancy	2750	931	26219.48	9226.75		
Total	3747	1203	35750.18	12086		

# <u>Table K: Locum work carried out by doctors in resident quarter 3 - 1<sup>st</sup> October 2024 to 31<sup>st</sup> December 2024</u>

This data is collected to help assess whether individual doctors in resident are in breach of the WTR and the 2016 TCS, or at significant risk of breaching.

The table represents the top 10 doctors in resident that have worked the most extra hours and whether they have opted out of the WTD.

Base Specialty	Grade	Number of hours worked	Number of hours rostered per week		
General Medicine	Specialist Registrar	23.01	40		
Respiratory Medicine	CT2	60	40		
Emergency Medicine	Specialist Registrar	110	40		
Acute Medicine	CT2	180	40		
Emergency Medicine	CT1	38.5	40		
Acute Medicine	CT1	96.25	40		
Care of the Elderly	CT1	189.5	40		
Emergency Medicine	Specialist Registrar	60	40		
Emergency Medicine	Specialist Registrar	144	40		
General Medicine	Specialist Registrar	51.25	40		

#### 7. Vacancies:

The below table details the Doctors and Dentists in Training establishment and currently in post as appointed by NHS England (formerly Health Education England).

													_	
	Trainee Establishment					Trainee In Post								
													% Fill Rate Feb	% Fill Rate
Department	F1	F2	CT/ST1-2	GPSTR	ST	Total	F1	F2	CT/ST1-2	GPSTR	ST	Total	2025	August 2024
Academic, GP, Psych & Community	8	17	0	89	0	114	6	16.4	0	75.9	0	98.3	86.2%	84.6%
Acute Medicine	1	. 0	2	0	2	5	1	0	2	0	2	5	100.0%	97.5%
Anaesthetics	1	. 4	8	0	2	15	1	4	7.3	0	1.8	14.1	94.0%	95.5%
Cardiology	1	. 0	3	0	4	8	1	0	2.8	0	4	7.8	97.5%	97.5%
Elderly Medicine	6	1	5	0	1	13	5	1	5	0	0.8	11.8	90.8%	94.7%
Emergency Medicine	7	6	1	0	8	22	6	6	1	0	6.9	19.9	90.5%	94.5%
Endocrinology	7	2	3	0	0	12	5.5	1	3	0	0	9.5	79.2%	80.8%
ENT	0	3	0	0	0	3	0	2	0	0	0	2	66.7%	100.0%
Gastroenterology	2	1	1	0	1	5	1	1	1	0	1	4	80.0%	100.0%
General Surgery	12	6	1	0	6	25	11	6	1	0	4	22	88.0%	92.0%
Obstetrics & Gynaecology	3	3	4	0	12	22	3	3	2.7	0	10.2	18.9	85.9%	87.0%
Ophthalmology	1	. 1	0	0	2	4	0.8	1	0	0	2	3.8	95.0%	75.0%
Paediatrics	2	10	7	0	9	28	2	8.6	7	0	7	24.6	87.9%	87.6%
Radiology	0	0	1	0	3	4	0	0	1	0	3	4	100.0%	100.0%
Respiratory Medicine	8	3	4	0	0	15	7	3	4	0	0	14	93.3%	93.8%
Rheumatology	1	. 0	2	0	0	3	1	0	2	0	0	3	100.0%	100.0%
Trauma & Orthopaedics	2	2	1	0	3	8	2	2	1	0	3	8	100.0%	100.0%
Urology	3	1	0	0	0	4	3	1	0	0	0	4	100.0%	100.0%
TOTAL	65	60	43	89	53	310	56.3	56	40.8	75.9	45.7	274.7	88.6%	89.8%

Northern Lincolnshire & Goole NHS Foundation Trust - Junior Doctor Trainee Establishment Feb 2025

## 8. Fines

The 2016 Medical and Dental T&C's contract states fines should be issued for the following breaches:

- A breach of the 48-hour average working week (across the reference period agreed for that placement in the work schedule);
- A breach of the maximum 13-hour shift
- A breach of the maximum of 72 hours worked across any consecutive 168-hour period.
- Where 11 hours' rest within a 24-hour period has not been achieved (excluding on-call shifts);
- Where five hours of continuous rest between 22:00 and 07:00 during a non-resident oncall shift has not been achieved;
- Where 8 hours of total rest per 24-hour non-resident on-call shift has not been achieved
- Where a concern is raised that breaks have been missed on at least 25% of occasions across a four-week reference period, and the concern is validated and shown to be correct, the Guardian of Safe Working hours will levy a fine.

Standard rates are outlined in the Terms and Conditions.

Dr Awarded	GoSW Awarded	Total Fine	Date Fine Issued	Grade	Specialty	Breach
£114.24	£190.40	£304.64	14/10/2024	CT1	General Medicine	Hours
£198.38	£330.61	£528.99	13/11/2024	ST3	Anaesthetics	Hours

#### Table L: Summary of fines issued quarter 3

#### Steps taken to resolve issues:

Both fines issued were due to a one-off occurrence within these specialities. Changes within the rota design was not needed, repeat occurrences of such fines are unlikely.

#### 9. GOSW Funds Expenditure

No purchases have been made during this quarter. Resident Doctors have been asked their thoughts on how they would like to spend these funds, however, this has yet to be agreed. All expenditure from the GOSW Funds is agreed at the Resident Doctors' Forum.

#### 10. Resident Doctors' Forum

The Guardian of Safe Working runs a monthly Resident Doctors Forum in line with the Terms and Conditions of service. This is attended by the Resident Doctors and representatives from PGME, Medical Rostering, and higher management. This allows issues raised to be effectively dealt with and provides the Resident Doctors a supportive environment in which to air their concerns. In the last quarter the forum has changed its name in line with the updates from NHS Employers - from the Junior Doctors Forum to the Resident Doctors Forum. An issue which has been raised concerning the working environment in general medicine has been escalated to the Medical Director for further action- the forum provides a valuable opportunity for the Resident doctors to raise concerns at a high level.

#### **Officer to Contact**

Dr Liz Evans, Guardian of Safe Working Hours NLaG Helen Fitzpatrick, Revalidation & Appraisal Coordinator and Admin for Guardian of Safe Working Joey Robson, Group Medical Staffing Manager

# 7 - ANY OTHER URGENT BUSINESS

💄 Sean Lyons, Group Chair

# 8 - QUESTIONS FROM THE PUBLIC & GOVERNORS

Lyons, Group Chair

9 - MATTERS FOR REFERRAL TO BOARD COMMITTEES-IN-COMMON

💄 Sean Lyons, Group Chair

# 10 - DATE OF THE NEXT MEETING

💄 Sean Lyons, Group Chair

Thursday, 12 June 2025 at 9.00 am