NHS
Northern Lincolnshire and Goole
NHS Foundation Trust

AGENDA

A meeting of the Council of Governors
to be held on Wednesday, 5 November 2025 at 14:00 to 17:00 hours
To be held in the Chamber, University Campus North Lincolnshire (UCNL), Ashby Road, Scunthorpe, DN16 1BU

For the purpose of transacting the business set out below:

No.	Agenda item	Format	Purpose	Time
1. CORE BUSINESS ITEMS				
1.1	**Welcome and Apologies for absence** Murray Macdonald, Interim Group Chair	Verbal	Information	**14:00**
1.2	**Declarations of Interest** Murray Macdonald, Interim Group Chair	Verbal	Information	
1.3	**Minutes of the previous meetings held on:** • **21 August 2025 – Business Meeting** • **22 October 2025 – Joint NLaG Annual Members Meeting (AMM) & HUTH Annual General Meeting (AGM)** Murray Macdonald, Interim Group Chair	CoG(25)085 CoG(25)086 Attached	Approval	
1.4	**Urgent Matters Arising** Murray Macdonald, Interim Group Chair	Verbal	Information	
1.5	**Action Tracker – Public** Murray Macdonald, Interim Group Chair	CoG(25)087 Attached	Approval	
2. REPORTS AND UPDATES				
2.1	**Interim Group Chair's Update** Murray Macdonald, Interim Group Chair	CoG(25)088 Attached	Information	**14:05**
2.2	**Interim Group Chief Executive's Update including Improvement Plan and Reflections** Lyn Simpson, Interim Group Chief Executive	CoG(25)089 Attached	Information	**14:15**
2.3 2.3.1 2.3.2	**Lead Governor's Update** Ian Reekie, Lead Governor **To include:** • **Membership and Public Engagement & Assurance Group (MPEAG) Highlight Report** • **Appointments and Remuneration Committee (ARC) Highlight Report**	CoG(25)090 Attached	Information / Assurance	**15:00**
3. BOARD COMMITTEES-IN-COMMON HIGHLIGHT / ESCALATION REPORTS				
3.1	**Audit, Risk & Governance Committees-in-Common (CiC) Highlight / Escalation Report** Simon Parkes, Non-Executive Director CiC Chair	No meeting since last CoG	Assurance	
3.2	**Capital & Major Projects CiC Highlight / Escalation Report** Gill Ponder, Non-Executive Director CiC Chair	Report for receipt at Jan 26 CoG	Assurance	
3.3	**Strategic Programmes and Partnerships CiC Highlight / Escalation Report** Gill Ponder, Non-Executive Director CiC Chair	Report for receipt at Jan 26 CoG	Assurance	

3.4	**Performance, Estates & Finance CiC Highlight / Escalation Report** Gill Ponder, Non-Executive Director CiC Chair	CoG(25)091 Attached	Assurance	**15:10**
BREAK - 15:20 – 15:30				
3.5	**Quality & Safety CiC Highlight Report / Escalation Report** Sue Liburd, Non-Executive Director CiC Chair	CoG(25)092 Attached	Assurance	**15:30**
3.6	**Workforce, Education & Culture CiC Highlight / Escalation Report** Julie Beilby, Non-Executive Director CiC Chair	CoG(25)093 Attached	Assurance	**15:40**
4. COG BUSINESS ITEMS				
4.1	**Group Strategy and Alignment with Associated Strategies** Lyn Simpson, Interim Group Chief Executive and David Sharif, Group Director of Assurance	CoG(25)094 Attached	Information	**15:50**
4.2	**Governor Elections Update** Alison Hurley, Deputy Director of Assurance	CoG(25)095 Attached	Information	**16:15**
5. OTHER				
5.1	**Questions from Governors** Murray Macdonald, Interim Group Chair	Verbal	Information	**16:25**
5.2	**Questions from the Public** Murray Macdonald, Interim Group Chair	Verbal	Information	
5.3	**Items for Information / To Note (as per Appendix A)** Murray Macdonald, Interim Group Chair	Verbal	Information	
5.4	**Any Other Urgent Business** Murray Macdonald, Interim Group Chair	Verbal	Information	
5.5	**Matters to be escalated to the Trust Board** Murray Macdonald, Interim Group Chair	Verbal	Information	
5.6	**Council Performance and Meeting Reflection** Murray Macdonald, Interim Group Chair	Verbal	Information	
6. DATE OF THE NEXT MEETING				
6.1	The next meetings of the Council of Governors will be held on: Council of Governors Business Meeting Thursday, 8 January 2026 from 14:00 – 17:00 hours To be held via MS Teams			

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

APPENDIX A

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

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

5.3.	**Items for Information**		
5.3.1	Governors, Executive Directors, Non-Executive Directors and Other Directors Register of Interests	David Sharif, Group Director of Assurance	CoG(25)096 Attached
5.3.2	Finance Report	Emma Sayner, Group Chief Financial Officer	CoG(25)097 Attached
5.3.3	Board Assurance Framework (BAF)	David Sharif, Group Director of Assurance	CoG(25)098 Attached
5.3.4	Integrated Performance Report (IPR)	Adam Creeggan, Group Director of Performance	CoG(25)099 Attached
5.3.5	Acronyms & Glossary of Terms	Alison Hurley, Deputy Director of Assurance	CoG(25)100 Attached

PROTOCOL FOR CONDUCT OF COUNCIL OF GOVERNOR BUSINESS

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

Staff charter

NHS
Humber Health
Partnership

COMPASSION

Put the safety and care of patients and colleagues at the heart of everything you do

Listen to your colleagues and patients, understand, empathise and take action to help

Treat everyone with kindness and support those who need assistance or guidance

Do the right thing, even if this is more difficult to do

HONESTY

Take responsibility for your actions, decisions and behaviours

Report concerns about safety, quality and negative behaviours as quickly as possible

Communicate constantly and clearly at all times ; create and respond to a constant loop of honest feedback

Be open about mistakes, apologise, learn and improve

RESPECT

Trust and appreciate your colleagues - say thank you and well done

Talk to everyone in a respectful and polite manner and listen when others want to speak

Understand and appreciate the perspectives, choices and beliefs of others and never discriminate against anyone

Respect and use each others' strengths; act respectfully by giving, receiving and acting on constructive feedback

TEAMWORK

Meet regularly as a whole team , discuss goals, actions and ideas for improvement. Commit to being good team members

Include all colleagues in key discussions about the team or service

Tackle poor behaviours as they arise

Agree high professional standards as a team; give yourselves time to reflect on how to constantly improve

COUNCIL OF GOVERNORS BUSINESS MEETING

Minutes of the meeting held on Thursday, 21 August 2025
at 16:00 to 17:30 hours via MS Teams

For the purpose of transacting the business set out below:

Present:

Core Members:

Sean Lyons	Group Chair
Mr Ahmed Aftab	Staff Governor
Kevin Allen	Public Governor
Diana Barnes	Public Governor
Jeremy Baskett	Public Governor
Mike Bateson	Public Governor
Cllr Linda Bayram	Stakeholder Governor
Brent Huntington	Public Governor
David James	Public Governor
Wendy Lawtey	Public Governor
Corrin Manaley	Staff Governor
Emma Mundey	Stakeholder Governor
Rob Pickersgill	Deputy Lead Governor
Ian Reekie	Lead Governor
Jackie Weavill	Staff Governor
Clare Woodard	Public Governor

In Attendance:

Julie Beilby	Non-Executive Director
Alison Hurley	Deputy Director of Assurance
Linda Jackson	Trust Vice Chair
Murray Macdonald	Associate Non-Executive Director
Simon Parkes	Non-Executive Director
Gill Ponder	Non-Executive Director
David Sharif	Group Director of Assurance
Lyn Simpson	Interim Group Chief Executive
Suzanne Maclennan	Corporate Governance Officer (minutes)

Public Members: John Palmer

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

1. CORE BUSINESS ITEMS

1.1 Welcome and Apologies for Absence

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

outlined that this was a short format CoG meeting primarily for Governors to receive the Committees-in-Common Highlight Reports and an introduction with newly appointed, Lyn Simpson, Interim Group Chief Executive.

Alison Hurley provided details of apologies for absence for Public Governors Dr Gorajala Vijay and Clare Woodard.

1.2 **Declarations of Interest**

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

1.3 **Minutes of the Previous Council of Governors Business Meeting 17 July 2025:**

The minutes of the Business Meeting held on the 17 July 2025 were reviewed and Ian Reekie requested a minor amendment to Section 2.2.1, third paragraph, second sentence on page four to read:

> This responsibility was normally performed with the benefit of assurance that the best available candidate had been selected through a competitive recruitment process which had not been the case on this occasion.

This amendment was agreed and the minutes were then accepted as a true and accurate record.

Action: 17 July 2025 CoG Business meeting minutes to be amended as noted above.

1.4 **Urgent Matters Arising**

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

Ian Reekie requested further clarification of the application of the NHS England (NHSE) National Oversight Framework (NOF) as noted in the 17 July 2025 Business meeting minutes under section 2.1. The outcome of the final decision as to whether NLaG & HUTH would be included in the new Tier 5 were unknown at the time. Concerns were raised that if HUTH were included in Tier 5 and supported by an intervention team, decisions could be made for HUTH which may negatively impact NLaG due to the Group's advanced clinical, managerial and governance integration.

Ian Reekie queried whether Sean Lyons was lobbying for the NHSE Regional Director to encompass the whole Group if Tier 5 escalation was deemed necessary for HUTH. Sean Lyons confirmed that no lobbying to the NHSE Regional Director had or would take place. It was currently unknown what resource was available for Trusts placed in Tier 5, and noted that care would be taken with any intervention that may risk disadvantaging either Trust. Sean Lyons highlighted that the important focus was to improve the Trusts' position for the benefit of our patients.

In the MS Teams chat David Sharif clarified the Framework classified Trusts into Segments rather than Tiers.

1.5 **Action Tracker**

The Council reviewed the Action Tracker and agreed that all actions had been completed, which should be noted and then moved to the closed section following the meeting.

Sean Lyons expressed appreciation and gratitude to Linda Jackson on behalf of the Boards-in-Common, the CoG and from himself personally for the eleven years service as a Non-Executive Director (NED), Chair of the Trust on two occasions and oversight of the regulatory regimes and structural changes. It was reported that this would be Linda Jackson's last CoG meeting before the term of office expired in September 2025 and despite the desire to retain Linda Jackson's expertise, energy and focus it was with a heavy heart that we must say goodbye and good luck for future endeavours. Linda Jackson was very grateful for the kind words and conveyed the joy in working alongside everyone over the years. Ian Reekie also expressed appreciation on behalf of all the Governors for Linda Jackson's outstanding contribution and encouragement of Governors and her prodigious organisational abilities.

Lyn Simpson joined the meeting at 16:18 hours

Sean Lyons warmly welcomed Lyn Simpson to the meeting which provided an introduction to Governors and allowed an outline of the main initial priorities to be addressed in the role of Interim Chief Executive.

Lyn Simpson was keen to hear the views of Members and the public from the Governors and how they could be actioned. Lyn Simpson informed Governors of the warm welcome received from all staff and outlined her personal experience of working in the NHS at national, regional and local level. It was reported that the four short term areas to focus on were improvements in performance standards, delivering the financial plan, engagement with staff including their welfare and patient engagement.

Rob Pickersgill sought the observations of Lyn Simpson on what characteristics were associated with successful organisations having previously worked with 78 organisations. Lyn Simpson reported that it was usually a combination of factors which included longevity of the teams in the organisations, belief in the leadership teams, a shared understanding of what success looks like and a common purpose on the delivery of success criteria, relationships internally and externally, being proactive wherever possible such as bidding for capital funding and celebration of successes and promotion of the organisation.

Jackie Weavill raised concerns regarding the outcome of the upcoming staff survey due to negative daily discussions with staff colleagues and the unstable working environment with many very senior managers in interim positions. Lyn Simpson shared a realistic opinion that it was unlikely substantial changes could be achieved before the next staff survey. Looking ahead the leadership team must be consistent with the message and delivery along with concrete examples of "you said, we did". Staff must be encouraged to complete the survey to enhance the feedback received with a hope that 50% of staff would take part. Lyn Simpson suggested more innovative ways were needed to encourage staff to complete the survey along with highlighting what the benefits would be. The responses both negative and positive outline the focus of future work.

Wendy Lawtey was heartened to hear of Lyn Simpson's initial four priorities having regularly raised concerns over continuous red rated Care Quality Commission (CQC) actions regarding patient safety and care. Lyn Simpson confirmed that time would be taken personally to review the CQC action log and reported that Amanda Stanford, Group Chief Nurse, had made positive progress to date and would continue to focus on this.

In response to a query from Mike Bateson, Lyn Simpson confirmed that in a previous organisation an effective incentive for completing the staff survey had been a prize draw with money legitimately taken from charitable funds.

Mike Bateson queried how both Trusts could significantly move forward without any huge financial impact as they were already challenged in this area. Lyn Simpson suggested a review of whether money was being used wisely and whether the Trusts were receiving good value for money. On comparing productivity with similar sized organisations it was reported that NLaG was quite unproductive which therefore costs more to provide the services.

Cllr Linda Bayram queried what plans were in place to boost staff morale. Lyn Simpson reiterated that happy staff were known to be far more productive and promotion of success stories created a positive competitive element. This together with clear expectations set helped to ensure a happy and productive workforce. Lyn Simpson recognised that many staff had been homegrown which was laudable and noted that further thought was required to develop refreshed ideas in relation to achievements.

Ahmed Aftab raised concerns on behalf of the majority of south bank consultants whose perception was that the Group structure had negatively affected the patient care and services on the south bank. Additionally, the reasons for changes to services had not been fully explained. Kevin Allen added a comment to the MS Teams chat which agreed with these thoughts and added from a patient perspective, that services were not being provided to meet the needs of the patient. Lyn Simpson suggested a separate conversation outside of the meeting to discuss this further and added that a person's perception was their reality. It was important to understand why a group of colleagues felt this way and work through any evidence to justify or dispel any myths or misconceptions. Lyn Simpson reported active engagement with colleagues to drive a clinically informed organisation, as clinicians must feel involved in the management of services and how decisions were made although this did not abdicate any responsibility. Sean Lyons agreed to share the consultants survey with Lyn Simpson and suggested further discussions were necessary as a process was agreed for the facts to be established.

Lyn Simpson left the meeting at 16:54 hours.

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

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

Simon Parkes provided a summary of the report, noted that the CiC had been in place over a year now and felt that the process had worked well and maintained the accountability to Governors of both sovereign organisations.

As Governor observer at the ARG CiC Mike Bateson echoed the sentiments of Simon Parkes regarding the workings of the CiC.

Mike Bateson queried what further work could be done to ensure that staff completed declarations of interest where necessary in line with the Standards of Business Conduct Policy. Simon Parkes reported the CiC was concerned and disappointed with the lack of compliance in declarations of interest and confirmed further work was required and this would remain a focus would for the ARG CiC.

Simon Parkes responded to a concern raised by Mike Bateson about the Group spend reported at £2.9 million on external consultancy advising that the Executive Team and Boards-in-Common had felt there was merit in receiving an external view on the challenges faced, although on reflection it had not been as successful as initially hoped. A different approach would be taken in the future. Sean Lyons reiterated the huge opportunity for improvement and noted the poor performance metrics which must be improved with a structured approach and the resources available.

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

Gill Ponder highlighted three points from the report which was taken as read and covered a Community Diagnostic Centre (CDC) update, the Digital Strategy and Partnership working. It was reported that a proposal was made to the Boards-in-Common to disband the C&MP CiC and replace it with Strategic Programmes and Partnerships CiC to undertake the transformation work to improve services. The terms of reference were being developed for the new CiC.

Simon Parkes left the meeting at 17:07 hours.

Kev Allen disagreed with the significant assurance received by the CiC in relation to the Digital Strategy due to the ongoing problems experienced by patients with the digital communications. Gill Ponder confirmed that C&MP CiC were strategically assured on delivery of the plan and were not responsible for Patient Experience which was covered by Quality and Safety (Q&S) CiC. Sue Liburd confirmed the Q&S CiC were sighted on patient communications and the issued raised. Sean Lyons enquired whether the Governor Briefing on 12 August had answered some of the queries raised by Kev Allen. It was reported that further queries had been submitted and were awaiting a response. David Sharif agreed to follow this up outside of the meeting.

Ian Reekie queried whether the Non-Executive Directors (NEDs) and Boards-in-Common were sighted on developments at Place, particularly with regards to the strategic importance of the roll out of neighbourhood health contracts and initiatives which were initially omitted from the draft terms of reference for the new Strategic Programmes and Partnerships CiC. Gill Ponder confirmed that the draft terms of reference were in development and required further work. It was reported that the Strategic Programmes and Partnerships CiC would review the strategic risk in the Board Assurance Framework (BAF) in relation to partnerships with the intention to gain assurance. Sean Lyons confirmed appropriate attention to these initiatives was required.

Action: David Sharif and Foundation Trust Office to follow up with queries raised by Kev Allen relating to patient communication.

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

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

Wendy Lawtey queried whether any timelines had been set in relation to identifying savings since the first quarter of the year had passed and £12 million of savings remained unidentified. Gill Ponder reported that the timeline for identified savings was due to be set by the end of May 2025 as outlined by NHS England (NHSE) and had been missed. The Programme Management Office (PMO) and Transformation team were working through a number of opportunities and submitting them through a gateway process to ensure they were safe from a patient perspective. An improvement was expected to be seen by PEF CiC at their meeting on 2 September 2025.

Wendy Lawtey queried when an improvement was expected to be seen in relation to performance metrics. Gill Ponder referred to the requirement for performance trajectories which were now available, and provided a visual aid to outline the actions and expectations which could be used to hold the Executives to account.

Brent Huntington raised a concern regarding the enhanced communication required to ensure patients were assured that CDC imaging was the same as in an acute setting, noting this was the responsibility of GP's and primary care and additionally queried whether the number of referrals to the CDCs was satisfactory. Gill Ponder reported that the number of referrals were not as high as anticipated and work was ongoing to improve this. Unfortunately, patients had been reluctant to use the CDC's despite them being purpose built with all new diagnostic imaging equipment.

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

Sue Liburd provided an overview of the report and drew the Council's attention to the NLaG Consultants dispute, Harms Review and Infections Prevention and Control where it was reported that active outbreak of Carbapenemase-Producing Enterobacterales (CPE) had started to show an improved position. Assurance was provided that the Q&S CiC were focussed on the patient communication issues and would be discussing this further at their September 2025 meeting for further feedback to the next CoG meeting. It was reported that the committee had enormous confidence in Sarah Tedford, Interim Group Chief Delivery Officer, who had a comprehensive understanding of cancer pathways and the required actions to improve wait times.

Ian Reekie was shocked to learn that there had been eleven Never Events across the Group over the last twelve months, of which three related to NLaG and was concerned that they had been completely unconnected which raised greater concern regarding the safety culture of the organisation. Sue Liburd echoed the concern that firstly these events had happened and reported that the committees had requested further details on the process, what lessons were being learned and for medical leadership to raise the priority of safety culture.

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

Julie Beilby drew out the key points from the report which was taken as read and welcomed any questions.

Wendy Lawtey queried why staff were not completing their mandatory training and requested further details on the barriers for staff. Julie Beilby reported that Amanda Stanford was compiling a detailed report with a specific action group and action plan in place as the WEC CiC shared this concern. At a national level discussions were taking place as to what was currently considered mandatory and the need for significant internal improvements were noted.

Rob Pickersgill queried whether the Pulse survey or the performance score cards which measured a number of Human Resources (HR) indicators could be used for metrics in relation to the roll out of the People Strategy. Julie Beilby was unable to comment on the predicted results of the Pulse survey at this time and would take an action to discuss the score cards further with Simon Nearney, Group Chief People Officer. Julie Beilby reported that WEC CiC had provided reasonable assurance to the inputs of the People Strategy although had not been able to provide assurance on the outcomes at this early stage.

Additionally, Rob Pickersgill questioned the validity of some of the mandatory training which was perhaps a reason why it had not been completed by some staff. Julie Beilby provided an overview of a report due at the next committee meeting which reviewed the transfer of mandatory training from previous employers and staff not feeling the training was relevant to their role. Ahmed Aftab suggested that staff felt the mandatory training was not important, it was a requirement of the organisation and reported that medical staff did not have enough time in their job plans to complete the mandatory training.

Kev Allen left the meeting at 17:38 hours.

Ahmed Aftab stressed that clinics must take place for the patients and there was no time or money to pay medical staff to complete the mandatory training. Julie Beilby noted the differences between HUTH and NLaG in respect of job planning and advised the matter was ongoing.

David Sharif agreed to take an action regarding the outcome of the consultants meeting as noted earlier in discussions with Lyn Simpson and provide an update to Governors.

Sean Lyons highlighted the need for Governors to see a balanced view of the Trust having heard a lot of negativity during the meeting. Governors were asked to note the huge effort undertaken daily by the staff despite the challenges faced and to celebrate staff successes where they were seen to support an improvement in staff morale.

Action: David Sharif to provide an update on the outcome of the consultants meeting in relation to mandatory training.

3. OTHER

3.1 Items for Information / To Note

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

3.2 Any other Urgent Business

Sean Lyons welcomed items to be discussed under Any other Urgent Business and none were received.

As there was no agenda item for questions from the public John Palmer was invited to raise any questions at this point. John Palmer presented a patient story in relation to dermatology and queried whether this service had been moved to the north bank. Sean Lyons requested that John Palmer request permission from the patient he had referred to and submit further details to the Foundation Trust Office who would facilitate a response.

Jackie Weavill left the meeting at 17:45 hours.

Brent Huntington queried what the demographics were for the Vitreo-retinal surgery and whether medical staff could be moved to Goole and District Hospital to cover staff absences. Sean Lyons reported that the demographics and clinical concerns were under review and communications would be appropriately considered.

Linda Jackson left the meeting at 17:47 hours.

Action: Alison Hurley and Foundation Trust Office to facilitate the dermatology query on behalf of John Palmer once permission had been granted by the patient.

4. DATE OF THE NEXT MEETING

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

The next Council of Governors Meeting will be the Joint NLaG Annual Members' Meeting and HUTH Annual General Meeting held on Wednesday, 22 October 2025, at 14:30 to 17:00 hours to be held via MS Teams.

The Group Chair thanked those present for their attendance and contributions and closed the meeting at 17:49 hours.

Cumulative Record of Governor / Executive and NED Attendance 2025/2026 - Public

Governors					
Name	**Possible**	**Actual**	**Name**	**Possible**	**Actual**
Ahmed Aftab	3	2	Wendy Lawtey	3	3
Kevin Allen	3	3	Corrin Manaley	3	3
Paula Ashcroft	3	0	Emma Mundey	3	2
Diana Barnes	3	3	Rob Pickersgill	3	3
Jeremy Baskett	3	2	Ian Reekie	3	3
Mike Bateson	3	3	Caroline Ridgway	3	2
Linda Bayram	2	2	Dr Sandeep Saxena	3	2
Paul Henderson	3	1	Dr Gorajala Vijay	3	2
David Howard	1	0	Jackie Weavill	3	3
Brent Huntington	3	3	Clare Woodard	3	3
David James	3	3			

Executives					
Name	**Possible**	**Actual**	**Name**	**Possible**	**Actual**
Jonathan Lofthouse	0	0	Lyn Simpson	1	1
Ivan McConnell	2	2	Amanda Stanford	2	1
Simon Nearney	2	2	Sarah Tedford	2	0
Emma Sayner	2	2	Dr Kate Wood	2	2
David Sharif	3	3			

Non-Executive Directors					
Name	**Possible**	**Actual**	**Name**	**Possible**	**Actual**
Julie Beilby	3	3	Murray Macdonald	3	2
Linda Jackson	3	2	Simon Parkes	3	2
Sue Liburd	3	3	Gill Ponder	3	3
Sean Lyons	3	3			

JOINT NLaG COUNCIL OF GOVERNORS ANNUAL MEMBERS' MEETING & HUTH ANNUAL GENERAL MEETING

Minutes of the meeting held on Wednesday, 22 October 2025
at 14:30 to 17:00 hours via MS Teams Live

For the purpose of transacting the business set out below:

Present:

Core Members:

Murray Macdonald	Interim Group Chair
Ahmed Aftab	Staff Governor
Kevin Allen	Public Governor
Paula Ashcroft	Public Governor
Diana Barnes	Public Governor
Jeremy Baskett	Public Governor
Mike Bateson	Public Governor
Cllr Paul Henderson	Stakeholder Governor
Brent Huntington	Public Governor
David James	Public Governor
Corrin Manaley	Staff Governor
Rob Pickersgill	Deputy Lead Governor
Ian Reekie	Lead Governor
Dr Sandeep Saxena	Staff Governor
Dr Gorajala Vijay	Public Governor
Jackie Weavill	Staff Governor

Executive & Non-Executive Directors, Guest Speakers and Production:

Dr Faisel Baig	GP & Medical Director for Primary Care – NHS England - North East & Yorkshire
Adrian Beddow	Associate Director of Communications & Engagement
Julie Beilby	Non-Executive Director
Brian Clerkin	Director, Sumer AuditCo NI Ltd
James Collins	Director, Forvis-Mazars LLP
Tony Curry	Non-Executive Director
Cristhine De Castro	Deputy Ward Manager (Ward 5)
Tegan Grey	Clinical Sister (Ward 5)
Andy Haywood	Group Chief Strategy, Partnerships & Digital Officer
Myles Howell	Group Director of Communications
Alison Hurley	Deputy Director of Assurance
Veronica Moya Del Saz	Ward Manager (Ward 5)
Simon Nearney	Group Chief People Officer
Sue Liburd	Non-Executive Director
Debbie Lowther-Dand	Care Navigator (Ward 5)
Gill Ponder	Non-Executive Director
Emma Sayner	Group Chief Financial Officer
David Sharif	Group Director of Assurance
Lyn Simpson	Interim Group Chief Executive
Rebecca Thompson	Deputy Director of Assurance

Dr Kate Wood	Group Chief Medical Officer
Simon Leonard	Communications Assistant (Teams Live Producer)
Suzanne Maclennan	Corporate Governance Officer (minutes)

Attendees:
Jennifer Allen, Rebecca Atkinson, Jennifer Clarke, David Cuckson, Marian Davison, Tega Eghagha, Adam Foster, David & Carol Hughes, Rachel Johnson, Jasmine Lee, John Palmer, Katrina Vorley, Mike Waites, Carol Wattam and Carl Wheatley.

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 Interim Group Chair, Murray Macdonald, welcomed those present to the first joint NLaG Council of Governors (CoG) Annual Members' Meeting (AMM) and HUTH Annual General Meeting (AGM) which was held virtually via Microsoft Teams Live. Those present were advised the meeting would be recorded and available to view on the websites of both Trusts. Murray Macdonald paid tribute to Sean Lyons, the former Group Chair, who had recently resigned and expressed sincere thanks for his leadership and guidance through the formation of Humber Health Partnership (HHP). An overview of the agenda was provided which outlined the focus of the meeting and notable key speakers. The ability to submit questions via the question and answer (Q&A) facility was noted, with confirmation that these would be addressed during the meeting where possible. Any questions not provided with a response during the meeting would be followed up after the meeting and all questions and answers would be published on the websites following the meeting.

Alison Hurley provided details of apologies for absence for Public Governors' Wendy Lawtey and Clare Woodard and Stakeholder Governor, Cllr Linda Bayram.

Apologies were also received for Amanda Stanford (Group Chief Nurse), Sarah Tedford (Interim Group Chief Delivery Officer) and David Sulch (Non-Executive Director).

It was noted that Dr Faisel Baig would be joining the meeting at 16:30 hours for agenda item 3.2

1.2 Declarations of Interest

No declarations of interests were received in respect of any of the agenda items.

1.3 a - To receive the approved minutes of the previous NLaG Council of Governors (CoG) Annual Members' Meeting (AMM) held on 12 September 2024

The minutes of the NLaG CoG AMM held on the 12 September 2024 were received and accepted for information (previously approved at the CoG Business meeting on 31 October 2024).

b - To receive the approved minutes of the previous HUTH Annual General Meeting (AGM) held on 16 October 2024

The minutes of the HUTH AGM held on the 12 September 2024 were received and accepted for information (previously approved at the Trust Boards-in-Common meeting on 12 December 2024).

1.4 **Urgent Matters Arising**

No urgent matters arising were received.

2. ANNUAL REPORTS AND ACCOUNTS

2.1 **Overview of the Annual Reports 2024/25 and Priorities for the Future (for NLaG & HUTH)**

Lyn Simpson provided an overview of 2024/2025 and key priorities for 2025/2026. The presentation included a timeline of recent and current national events, the Secretary of State's key messages, national priorities for the NHS in the rest of 2025/26, a year of transition for NLaG and HUTH, Group performance and finances, the National Oversight Framework and the Group Strategy. The presentation concluded with key priorities for 2025/26 along with a summary of Lyn Simpson's reflections.

Lyn Simpson echoed the gratitude to the former Group Chair and additionally to Amanda Stanford, Group Chief Nurse, for acting as Group Chief Executive earlier in the year.

During the presentation Lyn Simpson reported and reiterated that the Group were committed to keeping Goole & District Hospital open.

Murray Macdonald agreed that the focus over the next six months was to listen to the patients and staff alongside working with clinicians to drive the required improvements to ensure that the best quality patient care was provided.

Questions were welcomed and none were received. Murray Macdonald encouraged those present to submit questions using the Q&A function.

2.2 **Financial Report for 2024/25 (for NLaG & HUTH)**

Emma Sayner highlighted that this section of the meeting would cover the statutory responsibility of the NLaG CoG AMM and HUTH AGM which was to report on the financial accounts for each Trust for 2024/25. It was confirmed that the review of each Trust would be delivered separately as they remained two sovereign organisations.

Emma Sayner's presentation covered the external auditors report, delivery of the financial control totals, financial regime, the source of funding, how the money was spent, investments, balance sheet strengths, borrowing position and looking ahead to 2025/26 which included the underlying financial position for each Trust. The presentation concluded with the key financial risks for HHP.

Murray Macdonald advised that an anonymous question had been submitted which enquired whether emails could be sent privately instead of raising a question in the meeting. It was suggested that any such questions be submitted to the Communications Teams via nlg-tr.comms@nhs.net.

Cllr Paul Henderson queried whether there was a risk of funding being diverted from HUTH to NLaG to cover the cost of the capital programme. Emma Sayner confirmed that the use of resources is specific to the Trust in which it was allocated and would not be within the regulations to transfer between Trusts. It was reported that NHS England (NHSE) operates the capital programme at a national level, and along with the Integrated Care Board (ICB) manage resources between organisations. The external audit companies for each Trust monitor the allocations and how it was spent.

Brent Huntington wondered when the funding for the Community Diagnostic Centres (CDC) was due to expire. Emma Sayner reported there were two funding streams for the CDCs, the capital allocation to purchase and build the assets and a revenue stream which had been confirmed for 2025/26. Confirmation of the settlement and allocation for 2026/27 onwards remained outstanding although it was anticipated it would remain the same as 2025/26.

2.2.1 **Annual External Audit Reports for 2024/25**

a) Sumer AuditCo NI Limited for NLaG

Murray Macdonald introduced Brian Clerkin, Director of Sumer AuditCo NI Limited to the meeting.

Brain Clerkin explained that this was the third year of Sumer AuditCo NI Limited auditing NLaG's financial statements. A summary of the audit report was provided and five key points were highlighted:

- The audit opinion issued on 24 June 2025 was in line with agreed timelines
- The audit process went well
- There was an unqualified audit opinion on the financial statements, which means that Sumer AuditCo NI Limited were happy the financial statements show a true and fair view of the expenditure and of the assets and liabilities at 31 March 2025
- The Value for Money (VFM) report had not identified any significant weaknesses
- It was not considered necessary to use their auditor powers to report on other matters.

Brian Clerkin expressed thanks to Emma Sayner and the Finance team for ensuring the process was well supported and effective.

b) Forvis Mazars for HUTH

James Collins, Director of Forvis Mazars was introduced to the meeting. A summary of the audit report was provided and four key points were highlighted:

- The audit opinion issued on 26 June 2025 was in line with agreed timelines

- An unqualified audit opinion was given on the financial statements
- In relation to Value for Money (VFM, significant weaknesses identified were:
  - financial sustainability in relation to the underlying deficit, Cost Improvement Plan (CIP), reliance on non-recurrent savings and deficit funding
  - Care Quality Commission (CQC) inspection was rated as inadequate for the criteria in relation to whether services were safe.

Murray Macdonald thanked both Brian Clerkin & James Collins for their reports and presentations and welcomed any questions. None were received.

2.3 **Governor Elections**

Alison Hurley provided an update regarding the current Governor annual elections and provided details of the seven seats available within the four public constituencies. It was reported that voting was open for Goole and Howdenshire and North Lincolnshire and would remain open until 17:00 hours on 13 November 2025. Results had been confirmed for North East Lincolnshire with an uncontested election where all three vacant seats had been filled. Unfortunately, there would be two vacant seats for East & West Lindsey as no nominations had been received. Alison Hurley confirmed the final results of the elections would be declared and published on 14 November 2025 when all new Governors terms of office would commence.

Murray Macdonald highlighted the importance of the Governor role and encouraged members to vote where applicable to ensure the Trust was well represented by its constituencies.

A break took place at 15:48 hours and the meeting resumed at 16:02 hours.

3. SERVICE DEVELOPMENTS

3.1 **Scunthorpe General Hospital (SGH): Ward 5 Flow Project**

Murray Macdonald introduced Veronica Moya Del Saz, Ward 5 Manager to the meeting.

Veronica Moya Del Saz highlighted that Ward 5 at SGH was an acute short stay ward and introduced the other team members who would be delivering the presentation, Cristhine De Castro the Deputy Ward Manager, Debbie Lowther-Dand the Care Navigator and Tegan Grey the Clinical Sister. The presentation covered how Ward 5 ensured timely patient flow was conducted by gathering patient information, pre-planning, prioritising, communication and supporting the team. It was highlighted that three Board rounds took place throughout each day and planning for these included completion of a Discharge to Access (D2A) social assessment for all patients on admission. The remainder of the presentation covered the Flow Campaign, the use of a safe discharge board and the SHOP model template (S – Sick patients, H – Home patient, O – Other patient & P – Plan) for patient flow. The team highlighted that all staff within Ward 5 contributed to ensure effective patient flow and they were very proud of their achievements.

Murray Macdonald thanked the team for their work and noted it was encouraging to see the excellent teamwork to deliver such great results and improve the process.

Marian Davison raised a query with regards to the re-admission numbers and whether the Occupational Therapy (OT) and Safeguarding teams were involved in the process. Veronica Moya Del Saz reported that from July 2024 there were only 18.4% of patients who had been re-admitted. It was confirmed that OT were included in the daily Board rounds where the need was identified and assessments were completed in advance before discharge. Similarly, the Safeguarding teams were involved where needed if concerns were raised, for example if a patient lived alone or repeatedly had falls.

Murray Macdonald commended the partnership working displayed and the learning opportunity available from the project.

Veronica Moya Del Saz, Cristhine De Castro, Debbie Lowther-Dand and Tegan Grey left the meeting and Dr Faisel Baig joined the meeting at 16:26 hours

Murray Macdonald reminded attendees that any questions not responded to during the meeting would be provided with an answer after the meeting.

Cllr Paul Henderson commented that the presentation from the SGH Ward 5 team was superb.

3.2 **Neighbourhood Health**

Murray Macdonald introduced, Dr Faisel Baig, GP & Medical Director for Primary Care, NHS England for North East & Yorkshire to the meeting.

Dr Faisel Baig delivered the Neighbourhood Health presentation which covered the following:

- 10 Year Health Plan for England including the three shifts:
  - Hospital to Community Care
  - Analogue to Digital Transformation
  - Sickness to Prevention Focus
- What is Neighbourhood Health and why Neighbourhood Health?
- Examples of Neighbourhood teams and projects from our region
- The National Neighbourhood Health Implementation Programme (NNHIP) – a large-scale change programme
- North East & Yorkshire Regional Governance
- Next steps
- Neighbourhood working
- A patient story about Francine and improving the life of our patients.

Murray Macdonald noted the very clear message that all patients want to be treated as an individual, as close to home as possible and receive the best quality of care available.

Murray Macdonald queried what the two Trusts working together as one partnership could do to move the Neighbourhood Health agenda forward. Dr

Faisel Baig highlighted the primary and secondary care interface, to free up capacity and ensure colleagues are able to lead interface forums. Some of this work was already underway although prioritisation was required. Job plans which moved people into their respective neighbourhoods together with building relationships between primary and secondary care to embrace a different way of care which affected everyone were key elements.

Murray Macdonald thanked Dr Faisel Baig.

4. OTHER

4.1 Questions to the Board of Directors

Questions were being submitted and responded to throughout the meeting for publication on the website of both Trusts.

4.2 Reflection of Format for Future Annual Members' Meetings

Murray Macdonald welcomed feedback on the first joint NLaG CoG AMM and HUTH AGM format using Microsoft Teams Live which had been utilised to allow easier access for members and the public to join the meeting. None were received. Any comments or suggestions following the meeting were requested to be directed to the Foundation Trust Office (nlg-tr.FoundationTrustOffice@nhs.net).

4.3 Items for Information / To Note

The Acronyms and Glossary of Terms were noted at Appendix A.

4.4 Any other Urgent Business

No items were raised within any other urgent business.

5. DATE AND TIME OF THE NEXT MEETING

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

The next CoG Business Meeting will be held on:

Wednesday, 5 November 2025 at 14:00 - 17:00 hours
In the Chamber, University Campus North Lincolnshire (UCNL), Ashby Road, Scunthorpe, DN16 1BU

The next Group Trust Boards-in-Common meeting will be held on:

Thursday, 11 December 2025 at 09:00 – 17:00 hours
In the Boardroom at Diana, Princess of Wales Hospital, Grimsby, DN33 2BA

The Interim Group Chair thanked the Foundation Trust Office and Communications Team for the event along with everyone for attending and closed the meeting at 16:51 hours.

NLaG CoG Cumulative Record of Governor's / Executive's and NED Attendance 2025/2026 - Public

Name	Possible	Actual	Name	Possible	Actual
Ahmed Aftab	4	3	Wendy Lawtey	4	3
Kevin Allen	4	4	Corrin Manaley	4	4
Paula Ashcroft	4	1	Emma Mundey	4	2
Diana Barnes	4	4	Rob Pickersgill	4	4
Jeremy Baskett	4	3	Ian Reekie	4	4
Mike Bateson	4	4	Caroline Ridgway	4	2
Cllr Linda Bayram	3	2	Dr Sandeep Saxena	4	3
Cllr Paul Henderson	4	2	Dr Gorajala Vijay	4	3
Cllr David Howard	1	0	Clare Woodard	4	3
Brent Huntington	4	4	Jackie Weavill	4	4
David James	4	4			

Name	Possible	Actual	Name	Possible	Actual
Andy Haywood	1	1	David Sharif	4	4
Jonathan Lofthouse	0	0	Lyn Simpson	2	2
Ivan McConnell	2	2	Amanda Stanford	3	1
Simon Nearney	3	3	Sarah Tedford	3	0
Emma Sayner	3	3	Dr Kate Wood	3	3

Name	Possible	Actual	Name	Possible	Actual
Julie Beilby	4	4	Sean Lyons	3	3
Tony Curry	1	1	Murray Macdonald	4	3
Linda Jackson	3	2	Simon Parkes	4	2
Sue Liburd	4	4	Gill Ponder	4	4

NHS
Hull University Teaching Hospitals
NHS Trust

NHS
Northern Lincolnshire and Goole
NHS Foundation Trust

COUNCIL OF GOVERNORS
ACTION TRACKER

2025/26

ACTION TRACKER - CURRENT ACTIONS - 5 November 2025

COUNCIL OF GOVERNORS

NHS Hull University Teaching Hospitals NHS Trust

NHS Northern Lincolnshire and Goole NHS Foundation Trust

Minute Ref	Date / Month of Meeting	Subject	Action Ref (if different)	Action Point	Lead Officer	Target Date	Progress	Status	Evidence
COG(25)048	21/08/2025	Any other Urgent Business	3.2	Facilitate the dermatology query on behalf of John Palmer once permission had been granted by the patient.	Alison Hurley / Corporate Governance Officer	Sep-25	Emails from John Palmer shared with Jackie France and Dermatology on 26 August & 3 September. Dermatology to contact the patient for follow up discussion/review. Update provided to John Palmer via email on 22 September 2025.	Complete	Emails
COG(25)047	21/08/2025	Workforce, Education and Culture (WEC) Committees-in-Common Highlight Report	2.5	Provide an update on the outcome of the Consultants meeting	David Sharif	Aug-25	David Sharif provided an update via email to the CoG on 27 August 2025	Complete	Emails
COG(25)046	21/08/2025	Capital and Major Projects (C&MP) Committees-in-Common Highlight Report	2.2	Follow up with queries raised by Kev Allen relating to patient communication.	David Sharif / Corporate Governance Officer	Aug-25	Response provided by Jackie France and shared with Kev Allen on 26 August 2025	Complete	Emails
COG(25)045	21/08/2025	Minutes of the Previous Council of Governors Business Meeting 17 July 2025	1.3	Amend the wording in the 17 July 2025 business meeting minutes in Section 2.2.1, third paragraph, second sentence on page 4	Corporate Governance Officer	Aug-25	17 July 2025 Minutes updated 27 August 2025	Complete	Minutes

Key:

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

ACTION TRACKER - CLOSED ACTIONS

Council of Governors

NHS Hull University Teaching Hospitals NHS Trust

NHS Northern Lincolnshire and Goole NHS Foundation Trust

Minute Ref	Date / Month of Meeting	Subject	Action Ref (if different)	Action Point	Lead Officer	Target Date	Progress	Status	Evidence
COG(25)044	17/07/25	Lead Governor's Update	2.3	Submit approved ARC Terms of Reference to Document Control for processing.	Corporate Governance Officer	Jul-25	ARC Terms of Reference sent to Document Control for processing on 21 July 2025	Complete	Emails
COG(25)043	17/07/25	Minutes of the Previous Council of Governors Business Meeting 16 April 2025	1.3	Amend Emma Sayner's job role in the 16 April 2025 minutes.	Corporate Governance Officer	Jul-25	16 April 2025 Minutes updated 29 July 25	Complete	Minutes
COG(25)039	16/04/25	Performance, Esates & Finance Highlight Report	3.3	Cancer patients - Investigate what support mechanisms are in place	Simon Nearney	Jul-25	Simon Nearney to discuss with Dr James Bailey. Simon Nearney provided a written update and shared during the July CoG meeting.	Complete	Emails
COG(25)038	16/04/25	Performance, Esates & Finance Highlight Report	3.3	Digital letters - investigate missing information - location of appointments	Dr Kate Wood	Jul-25	Report provided by Dr Kate Wood and emailed to Governors and NEDs on 15 May 25 & 17 June 25 * Briefing session scheduled 12 August 25 for Patient Communication with Jackie France & Andy Haywood	Complete	Emails
COG(25)029	09/01/25	Council Performance, Meeting Reflection & Timings Review	5.6	Conduct 6 month review of CoG timings and format 2025	Corporate Governance Officer	Jun-25	MS Forms survey circulated, response requested and report to be presented at 17 July CoG (agenda item 4.3)	Complete	MS Forms & CoG report
COG(25)042	16/04/25	Member & Public Engagement Strategy	5.2	Seek expressions of interest for the Member and Public Engagement Working Group	Corporate Governance Officer	May-25	Expressions of interest sought via email on 23.04.25 - No expressions of interest received in addition to those already on the Editorial Board	Complete	Emails
COG(25)041	16/04/25	Trust Priorities 2025-26	4.3	Arrange briefing session for the deferred Trust Priorities 2025-26	Corporate Governance Officer	May-25	Briefing session scheduled on 22 May	Complete	Emails & Diary invite
COG(25)040	16/04/25	National Staff Survey Summary	4.2	Share the People Strategy with Governors	Simon Nearney	May-25	The NHS HHP People Strategy 2025-2028 emailed to Governors on 06.05.25	Complete	Email
COG(25)037	16/04/25	Lead Governor's Update	2.3	Arrange Governor briefings for the Operational & Financial Plan 2025-26 and NHS Finance and Business Skills	Corporate Governance Officer	Jun-25	Briefings scheduled as: *22 May - Operational & Financial Plan 2025-26 *9 July - NHS Finance & Busness Skills	Complete	Emails, diary invites & presentations
COG(25)036	16/04/25	Group Chair's Update	2.1	Theatre Utilisation at Goole and District Hospital	Ivan McConnell	May-25	Ivan Mconnell provided a written update on the recent theatre utilisation which was emailed to Governors on 17.04.25	Complete	Emails

COG(25)035	16/04/25	Group Chair's Update	2.1	Request further details of Ward 24 closure at Scunthorpe General Hospital	Emma Sayner	May-25	Response provided by Simon Tighe and emailed to Governors on 13.05.25	Complete	Emails
COG(25)034	25/02/25	Workforce, Education & Culture CiC Highlight Report	2.5	Add Staff Survey update to the April CoG agenda	Corporate Governance Officer	Apr-25	Staff Survey added to the April CoG agenda - Item 4.2	Complete	April CoG agenda
COG(25)033	25/02/25	Quality & Safety CiC Highlight Report	2.4	Circulate the Patient Experience Annual Report 2023/24	Corporate Governance Officer	Mar-25	Patient Experience Annual Report 2023/24 ditsributed to Governors via email on 13.03.25	Complete	Emails
COG(25)032	25/02/25	Performance, Estates & Finance CiC Highlight Report	2.3	Add the following to the April CoG Agenda: -Provide details of savings since introduction of one Executive -PA Consulting update by Ivan McConnell	Corporate Governance Officer	Apr-25	* Update requested from Emma Sayner on 01.04.25 for sharing at the April CoG meeting. * PA Consulting added to the April CoG agenda - Item 4.1 - Transformation and Sustainability Update.	Complete	April CoG agenda
COG(25)031	25/02/25	Audit, Risk & Governance CiC Highlight Report	2.1	Risk Register data request from Dr Saxena - Could we ask the Group Chief Nurse to identify the top 20% risks at the earliest?	Corporate Governance Officer	Apr-25	David Sharif provided the Open High Risk and Risk Register Summary Report - Emailed to Dr Saxena 14.04.25	Complete	Emails
COG(25)030	25/02/25	Action Tracker	1.5	Governor expressions of interest for patient feedback project	Cllr Paul Henderson	Apr-25	Cllr Paul Henderson requested expressions of interest from fellow Governors to work on the patient feedback project. Cllr Paul Henderson canvassed the views of fellow Governors and no tangible feedback was received. NLaG staff were very happy to support but there didn't seem to be any demand.	Complete	Minutes and emails

Key:

Grey	Completed - can be closed/archived following meeting

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(25)088

Name of the Meeting	**Council of Governors**
Date of the Meeting	5 November 2025
Director Lead	Murray Macdonald, Interim Group Chair
Contact Officer/Author	Murray Macdonald, Interim Group Chair
Title of the Report	**Interim Group Chair's Update**
Executive Summary	Briefing for the Council of Governors on the key highlights from the recent Trust Board and current issues
Background Information and/or Supporting Document(s) (if applicable)	N/A
Prior Approval Process	N/A
Financial implication(s) (if applicable)	N/A
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ☐ Assurance ☐ Other – please detail below:

Interim Group Chair's Update

Interim Group Chair's Report for Northern Lincolnshire & Goole (NLaG) NHS Foundation Trust Council of Governors meeting – 5 November 2025

I am pleased to present my report to Governors for the two weeks that I have been in post at the time of writing this report.

Introductions

In the short period that I have been in the role I have prioritised meetings with key internal stakeholders including the Interim Group Chief Executive, Lead Governor, Board Non-Executive Directors and Governors. The insight that these individuals have provided has been most welcome along with their support.

In the wider system I have had the opportunity to meet with Jason Stamp, Chair of the Integrated Care Board (ICB) who has helped me to start to orientate myself in the wider system. Over the coming weeks I will be meeting with the Chairs of our other system partners both within the NHS and across the wider partnerships.

I also had the pleasure of attending the Golden Stars Awards at Scunthorpe Baths Hall. This was a very positive event celebrating the great work and dedication of individuals and teams across the Group.

Council of Governors' Annual Members' Meeting (AMM)

The annual Members' meeting was held on the 22 October and for the first time the event contained both this and the Hull University Teaching Hospitals NHS Trust (HUTH) Annual General Meeting (AGM). As well as conducting the statutory business of both meetings we enjoyed two excellent presentations, the first from the team who delivered the Flow Project at Scunthorpe General Hospital (SGH) and the second from Dr Faisel Baig, GP and Medical Director for Primary Care, NHS England – North East and Yorkshire.

This was the first time that the two events have been combined and the Governors' feedback would be welcome.

Governor Elections

We are continuing to hold elections for Governors. All Trust members within Goole & Howdenshire and North Lincolnshire have received an email or information in the post on how to vote in our Governor elections. We need member votes to elect Governors in these two constituencies. No nominations were received for the East and West Lindsey constituency and the three seats in North East Lincolnshire were uncontested.

Voting closes 5pm on 13 November 2025.

Priority Areas

As the Interim Group Chair I have been tasked with specific areas of work to achieve over the next few months and I briefed Governors on the specifics of these when we met on the 20 October.

Since then, I have been able to feedback Governor thinking to the team undertaking the governance review (ValueCircle), and they have confirmed that they will fully consider the points made as they begin their work. It is planned that the outcome of their work will be considered by late January allowing us to implement any agreed changes by the new financial year. My thanks to Governors for agreeing to not make any changes to the current Non-Executive Director positions during this period.

Performance Scrutiny

Governors are well aware that NHS England (NHSE) have introduced a new framework for the assessment of provider performance (The NHS Oversight Framework) and that both NLaG and HUTH are in segment four.

Scrutiny of the Trusts is extensive although this has also included the provision of support from NHSE who have allocated national resources to the Trusts to help us accelerate our clinically led improvement journey. This support will focus on building capacity, strengthening systems, and supporting colleagues. Over the next few weeks the Executives will evaluate which areas would benefit most from external support direct from the national team.

At the time of writing the Interim Group Chief Executive and I had yet to attend the half year review meeting with the NHSE Regional Director and her team. I shall update Governors at the meeting.

Organisational Changes Within our Group

Sarah Tedford, Interim Group Chief Delivery Officer has left and been replaced by Matt Powls on an interim basis whilst the Trust recruit to the substantive role. I would like to formally acknowledge our thanks for the work that Sarah has done for the Trusts and wish her well in her future roles.

Amanda Stanford has been successful in an application to join the ICB on secondment for the next 6 months. The Trusts are currently seeking to fill the Group Chief Nurse position on a temporary basis whilst Amanda is with the ICB. I am sure I speak for all of us in wishing Amanda all the very best in her new position and the work she will be leading across the ICB system.

Earlier this year Simon Parkes, Non-Executive Director, indicated that he wished to step down from his role at the end of the calendar year, however in light of the governance review Simon has agreed to stay until the end of January 2026. My thanks to him for agreeing to this.

Murray Macdonald
Interim Group Chair

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(25)089

Name of the Meeting	**Council of Governors Business Meeting**
Date of the Meeting	5 November 2025
Director Lead	Interim Group Chief Executive
Contact Officer/Author	Interim Group Chief Executive
Title of the Report	Interim Group Chief Executive's Update including Improvement Plan and reflections
Executive Summary	In line with the newly published National Oversight Framework (NOF), the Humber Health Partnership (HHP) is progressing a dual-track approach to improvement: an Immediate Response and the development of a clinically led Improvement Plan. The Immediate Response aims to strengthen grip and control in the highest-risk areas, each led by an Executive Senior Responsible Officer (SRO) with improvement trajectories and oversight through the Programme Management Office (PMO). Running in parallel, the Improvement Plan is being developed as a clinically led roadmap for stabilisation, sustainability, and long-term improvement, structured around three anchors – Stabilise, Develop, and Connect. The Improvement Plan is being developed through a highly participative process involving senior clinicians and frontline teams. It will be finalised in December 2025 for submission to NHS England and Board approval, ensuring alignment with national timelines and system requirements.
Background Information and/or Supporting Document(s) (if applicable)	The Improvement Plan is being structured around three core anchors - Stabilise, Develop, and Connect - each underpinned by strong clinical leadership, and an emphasis on practical delivery. A defining feature of the Plan is the depth of clinical engagement supporting its development. The approach deliberately moves away from a top-down management model and towards one of shared ownership, ensuring that our experienced clinicians shape the solutions. **Clinical Engagement and Leadership Model** Clinical ownership is central to this approach. Feedback from colleagues has made clear that the clinical voice has not always been strong enough in decision-making, and the new Improvement Plan is deliberately designed to address this. It is being informed and shaped by the Partnership's experienced clinicians and the lived experience of frontline teams. In parallel, The Partnership's new Senior Leadership Team now includes our Chiefs of Service – some of our most experienced clinicians – ensuring that clinical perspectives are embedded in daily decision-making and directly shape how care is delivered.

	In addition, a new Clinical Policy Group (CPG) is being established, comprising senior doctors, nurses, midwives, and allied health professionals from across both Trusts. The CPG will provide a structured forum for clinicians to shape priorities, assess improvement options, and advise on service design. Members of the group are directly involved in drafting components of the Improvement Plan, reviewing proposals, and co-authoring key elements. **The Improvement Plan: Phased Approach and Assurance** The Improvement Plan will set out a structured, clinically led route to recovery and remains on track for completion in December 2025. ***Phase 1 – Stabilise*** **Focus:** Fix urgent issues linked to safety and service continuity, and provide support to the specialties and services that need it most. Group-wide actions include: • Addressing CQC Must Do/Should Do actions. • Strengthening infection-prevention and control. • Launching clinically led quality accreditation of wards and departments. • Developing bed modelling and demand-and-capacity frameworks by specialty. ***Phase 2 – Develop*** **Focus:** Build a sustainable clinical plan for 2026/27 through: • Working with our partners to unlock community services, helping more people receive the right care at home and community settings, and reduce avoidable hospital and emergency department attendances. • Supporting acute medicine through improved flow and right sized wards. • Ensuring every hospital has a surgical strength, so patients receive the right procedure in the right place at the right time - reducing the time patients have to wait for planned procedures • Supporting our tertiary services, which were created in Humber to meet the population's enduring need for highly specialised care, to thrive. ***Phase 3 – Connect*** **Focus:** Deliver a rolling programme of clinically led specialty reviews connecting tertiary, secondary, community and primary care to:

	• Strengthen how we work as one NHS and care system, delivering safe, high-quality care in a more joined-up and seamless way. Some changes will happen quickly, while others will take more time. But by ensuring clinicians lead these choices, we can ensure that we are making the right improvements for our patients and communities. END
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	☐ Approval ✓ Information ☐ Discussion ☐ Review ☐ Assurance ☐ Other – please detail below:

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(25)090

Name of the Meeting	**Council of Governors**
Date of the Meeting	5 November 2025
Director Lead	
Contact Officer/Author	Ian Reekie
Title of the Report	**Lead Governor's Update**
Executive Summary	The purpose of this report is to update governors on highlights from the Appointments & Remuneration Committee meeting held on 25 September 2025 and the Membership and Public Engagement & Assurance Group (MPEAG) meeting held on 7 October 2025. It is **recommended** to the Council of Governors: • that highlights from the ARC meeting held on 25 September 2025 be noted. • that highlights from the MPEAG meeting held on 7 October 2025 be noted. • that prior to their retirement on 13 November the very significant contributions made by Rob Pickersgill, Jeremy Baskett and Diana Barnes during their service as governors be recognised.
Background Information and/or Supporting Document(s) (if applicable)	None
Prior Approval Process	None
Financial implication(s) (if applicable)	None
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	None
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ☐ Assurance ☐ Other – please detail below:

COUNCIL OF GOVERNORS

5 November 2025

Lead Governor's Update

APPOINTMENTS & REMUNERATION COMMITTEE (ARC)

A meeting of ARC was held on Thursday 25 September when the following issues were discussed:

- Appointment of Interim Group Chair – Following the resignation of Sean Lyons as Group Chair with effect from 10 October ARC agreed to recommend to the Council of Governors that Murray Macdonald be appointed as Interim Group Chair effective from 13 October 2025. Governors subsequently endorsed this decision without any dissent.
- NED Resignation – It was reported that Simon Parkes had given notice of his intention to resign as a NED and Chair of the Audit, Risk and Governance Committees-in-Common with effect from 31 December. It was agreed that, prior to recruitment of a replacement NED, the Lead Governor would urgently engage with the new Interim Group Chair regarding the NED structure with a view to convening an additional ARC meeting should any changes be proposed to the status quo.

MEMBERSHIP AND PUBLIC ENGAGEMENT & ASSURANCE GROUP (MPEAG) HIGHLIGHTS

A meeting of MPEAG was held on Tuesday 7 October when issues discussed included:

- Group Chair Retirement – As this was the final governor meeting to be attended by the retiring Group Chair the opportunity was taken to pay tribute to the contribution made by Sean Lyons, particularly to the personal support he has given to governors individually and collectively.
- Member and Public Engagement Strategy Implementation – MPEAG received the latest iteration of an update report prepared by the Member & Public Engagement Working Group on action being taken to implement of the Member and Public Engagement Strategy which was adopted at the 16 April CoG meeting.

GOVERNOR RETIREMENTS

Rob Pickersgill and Jeremy Baskett are both due to retire as governors on 13 November having exceeded the maximum nine years of continuous service. Both have made outstanding contributions to the work of the Council of Governors and I particularly wish to thank Rob for his unstinting support to me as Deputy Lead Governor over the past five years. Diana Barnes has also decided to stand down after six years of dedicated service.

Shortly after newly elected governors take up their positions on 14 November nominations will be invited for the vacant Deputy Lead Governor role. I would welcome the opportunity to discuss with any interested governors what taking on this position would involve, including the need for a Lead Governor succession plan for when I retire in 2027.

Following the retirement of Rob Pickersgill a vacancy also exists for a governor to share the duties of observing the Workforce, Education and Culture Committees-in-Common with Clare Woodard.

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(25)091

Name of the Meeting	**Council of Governors Business Meeting**
Date of the Meeting	5 November 2025
Director Lead	Gill Ponder, Non-Executive Director and CIC Chair
Contact Officer/Author	Gill Ponder, Non-Executive Director and CIC Chair
Title of the Report	**Performance, Estates and Finance CIC Highlight/Escalation Report**
Executive Summary	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 2 September 2025 and Tuesday 30 September 2025 including those matters which the committees specifically wish to escalate to either or both Trust Boards. The Council of Governors are asked to note the issues highlighted in the reports.
Background Information and/or Supporting Document(s) (if applicable)	N/A
Prior Approval Process	Boards-in-Common
Financial implication(s) (if applicable)	Any financial implications are included in the report
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ✓ Assurance ☐ Other – please detail below:

CiC ESCALATION REPORT

Humber Health Partnership

PERFORMANCE, ESTATES AND FINANCE COMMITTEES-IN-COMMON – 2 September 2025

1. Matters for Reporting

The **Group finance** report noted a month 4 year-to-date deficit position of £12.2m which was ***£3m adverse to plan***. This also included £7.5m of non-recurrent balance sheet support. The Group had delivered £28.5m in CIP against a target of £34.3m; ***£5.8m behind target***. A £65.4m gap was expected based on the current adjusted run-rate.

The CIC agreed limited assurance due to the significant work required to reduce the unidentified CIP gap and given the 'high' risk profile of the overall plan. The committee requested a recovery action plan to include the Care Groups. The CIC acknowledged the amount of work and actions in place to address the issues, improved visibility in the transformation plans and additional care group support and interventions put in place.

On **Performance**, the CIC agreed limited assurance due to ongoing unsatisfactory performance delivery. It was acknowledged that whilst high quality plans were being developed and implemented, these were not yet embedded or sustained. Positive movement was noted on patient list total numbers and urgent care across July and August 2025. The move towards understanding future performance targets through trajectories was also welcomed.

The Winter Plan 2025/26 report was presented to the CiC. The CIC agreed reasonable assurance due to the robust plans in place despite the lack of funding. There was increased focus on maintaining flow, earlier discharges and reducing the number of patients with No Criteria To Reside by working with system partners which was having a positive impact.

2. Positive assurances

The CIC gave significant assurance to the **Estates and Facilities General Update** due to the grip and control being displayed. The CIC noted a delayed spend in comparison to planned spend. However, spend was expected to accelerate within the next six weeks.

3. Matters on which the committees have requested additional assurance

The Board Assurance Framework (including Risk Register Report) was presented to the CIC and further assurance was required regarding the high-level risks. The Group would ensure that responsible action owners were providing updates on the BAF actions.

The committee requested additional assurance around the ability to meet the financial plan targets for the year. A recovery plan was requested that balances back to the committed position.

4. Decisions made

The **Group Fire Annual Report and Workplan** was presented and **approved**. With some minor updates, the CiC were assured that the HRI Tower Block and fire warden provision was adequately covered. Work was ongoing to address the issues raised around the HRI Tower Block and it was advised that the Annual Report refer to the current issues. Further investigations have not increased the risk rating of this issue.

#	Agenda item	BAF mapping		Purpose	Assurance given
		#	Score		
1	Board Assurance Framework (including Risk Register Report)	-	-	Assurance	n/a
2	Winter Plan 2025/26	2	20	Assurance	Reasonable
3	Group Finance Report – Month 4	6	16	Assurance	Limited
4	Transformation Programme	2	20	Assurance	Limited
5	Integrated Performance Report	2	20	Assurance	Limited
6	Estates and Facilities – General Update including Risks	6	16	Assurance	Significant
7	Group Fire Annual Report and Work Plan	6	16	Approval	n/a
8	HUTH Catering Services	6	16	Assurance	n/a

CiC ESCALATION REPORT

PERFORMANCE, ESTATES AND FINANCE COMMITTEES-IN-COMMON – 30 September 2025

Humber Health Partnership

1. Matters for Reporting

The **Group finance** report for month 5 reflected a **£47m risk and £25m gap** to plan. Concerns were raised regarding delays in decision making by the leadership team as pace was needed to build on the early signs of improvements in run rates at Month 5.

As such, the Committees in Common gave limited assurance due to the level of risk, whilst recognizing positive improvements including focus on run rates, transparency and intervention with the Care Groups. The Committees acknowledged the significant improvement in overall grip and control and identification of further opportunities, However, the slow pace of change was flagged as a concern alongside the delay in gaining control on increasing agency spend.

Transformation Programme - a review of WLI and agency spend was being carried out by doctor, speciality, site and Care Group. Stock control and ward reviews are being worked through to reduce the risk gap. The CIC gave Limited assurance, although noted the amount of work being carried out which would increase assurance if results reflect activity in Months 6-7.

On **Performance**, RTT additional breaches noted on 52 week waits due to not tackling the waiting list in chronological order; LUNA ROVA will be instrumental in ensuring the lists are appropriate. Although the waiting lists had reduced there were still issues around diagnostics with a focus on ENT and CDC performance to address this.

Cancer 28-day performance flagged as a risk due to focus on clearing the back log

Urgent and emergency care 4hour standard performance had improved and was 61.9% although non-admitted performance was still a key concern as was pull out of the department. The CIC gave Limited assurance although noted the improvement in quality of plans. Areas of focus such as ambulance handovers were showing sustained improvement.

2. Positive assurances

Cancer 62-day performance had improved across the Group.

The CQC had visited the ED in September and positive feedback was received due to team identification of the deteriorating patient and the department being less chaotic than previously observed on inspections.

The Estates update noted that the closure of the 13th Floor at HRI was giving rise to decant opportunities, which had previously not been possible and flagged as a high risk for HRI .

The CIC gave Significant assurance over the EFD plans due to the grip and control being displayed.

3. Matters on which the committees have requested additional assurance

Monthly updates required with regards management of Tower Block fire risk and communications with Humberside Fire and Rescue.

Additional assurance still required around the ability to meet the financial plan targets for the year. A recovery plan has not yet been received that balances back to the committed position. An update on CIP programme progress and latest view of the financial gap will be covered at Board.

4. Decisions made – the Security LSMS report and workplan was **endorsed for approval.**

#	Agenda item	BAF mapping		Purpose	Assurance given
		#	Score		
1	Annual Business Plan - Timetable	-	-	Approval	n/a
2	Group Finance Report – Month 5	6	16	Assurance	Limited
3	Update and transformation Programmes	6	16	Assurance	Limited
4	Costing and benchmarking	6	16	Assurance	Limited
5	Group Performance Report	2	20	Assurance	Limited
6	UEC Improvement – LOS and Bed Modelling	2	20	Assurance	Limited
7	Estates and Facilities and Development Update	6	16	Assurance	Significant
8	Security LSMS Annual Report and Workplan	6	16	Review and Endorse	Approved
9	NHSE Self-Assessment on Provider Capabilities	-	-		Not Presented

5. Escalation to Trust Boards

Although the CIC gave limited assurance for the Month 5 Finance Position, it was noted that improved results were being delivered and continued improvements into Month 6 would suggest the assurance level could be moved to reasonable assurance.

6. Comments on the effectiveness of the meeting

Members welcomed the discussion held in accordance with the Group's values.

7. Escalation to CiCs

The Committees in Common received the operational/financial timetable and it was recommended that the Workforce plans be presented to the Workforce, Education and Culture Committees in Common.

The lack of weekend cover for consultants and senior staff was also referred to the WEC. This is deemed to be a barrier to delivering optimal patient care and performance standards.

8. Attendance record

Members / Attendees		A	M	J	J	A	S	S	N	D	J	F	M
Gill Ponder	NED (Chair)	✓	✓	✓	x	✓	✓	✓					
Helen Wright	NED (Chair)	✓	✓	✓	✓	✓	✓	✓					
David Sharif	Group Director of Assurance	✓	✓	RT	✓	✓	✓	✓					
Emma Sayner	Group Chief Finance Officer	✓	✓	✓	✓	✓	PR	✓					
Sarah Tedford	Group Chief Delivery Officer	✓	✓	AS	✓	✓	✓	✓					
Philippa Russell	Deputy Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓					
Andy Haywood	Chief of Strategy, Partnerships and Digital	-	-	-	✓	x	x	x					
Tom Myers	Group Chief of Estates and Facilities	✓	✓	✓	✓	✓	✓	✓					
Simon Parkes	Non Executive Director	✓	✓	✓	✓	✓	x	✓					
Jane Hawkard	Non Executive Director	✓	✓	✓	✓	✓	✓	✓					
Kate Wood	Group Chief Medical Officer	✓	✓	✓	✓	✓	✓	PS					

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(25)092

Name of the Meeting	**Council of Governors Business Meeting**
Date of the Meeting	5 November 2025
Director Lead	Sue Liburd, Non-Executive Director and Chair of the Quality and Safety Committees in Common (CIC)
Contact Officer/Author	Sue Liburd, Non-Executive Director and Chair of the Quality and Safety Committees in Common (CIC)
Title of the Report	**Quality and Safety Committees in Common Highlight and Escalation Report**
Executive Summary	The attached report for the Council of Governors, provides an update on the work of the Quality and Safety Committees-in-Common held on 25 September 2025. There was no meeting of the Committees in August. The Council of Governors are asked to note the issues and items highlighted in item 3.
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	☐ Approval ✓ Information ✓ Discussion ☐ Review ✓ Assurance ☐ Other – Detail below:

Northern Lincolnshire and Goole NHS Foundation Trust

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

Report for meeting of the Council of Governors:	5 November 2025
Report from:	Quality and Safety Committees-in-Common
Report from meeting(s) held on:	25 September 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 (CIC) at their meeting held on 25 September 2025 and those matters which the committees specifically wish to highlight to the Council of Governors. There was no Committees-in-Common meeting held in August to accommodate for annual leave and the management of seasonal operational pressures.

2.0 Matters considered by the Committees in Common

2.1 25 September 2025

The committees considered the following items of business:

- Operational pressures.
- Board Assurance Framework.
- High level risks.
- Never events - Emerging concerns.
- CQC Action Plan.
- Deteriorating patients and sepsis
- Maternity & Neonatal Assurance Report.
- Quarterly Patient Safety Report and Triangulation, Learning and Improvement plan (including Patient Safety themes & analysis, including PSII, PSIRF & legal).
- Learning from deaths.
- Equality and Quality Impact Assessment.
- Safeguarding.
- Transcatheter Aortic Valve Implantation (TAVI).
- Integrated Performance Review (IPR)
- Patients experience report (including learning from complaints).
- Clinical Strategy.
- Infection Control Annual Report & Workplan.

3.0 Matters for reporting / escalation to the Council of Governors

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

25 September 2025:

3.1 Board Assurance Framework (BAF)

The BAF including high level risks has been reviewed and updated. As part of the process, the risk score of 20 relating to patient safety remains unchanged, reflecting the ongoing significance and attention given to this area within the Group's risk management strategy.

3.2 Never Events and Surgical Safety Concerns

The CIC received a comprehensive report highlighting that fifteen Never Events have occurred since the Group's formation in April 2024. These incidents have prompted significant concern among Non-Executive Directors, especially regarding the recurrence of certain events, most notably those related to surgical safety and interventions. Specific issues identified include instances of wrong site surgery and cases where surgical swabs were retained post-operation. The report also noted a positive development: an increase in the reporting of near misses. This trend is viewed as an encouraging indication of a changing organisational culture, with staff members feeling more empowered to speak up or intervene when necessary.

In response to these events, immediate response meetings were convened. Additionally, a dedicated Task and Finish group has been established to address these concerns. A thorough review and revision of checklist compliance processes is underway to help prevent future occurrences. The CIC will continue to monitor progress closely and will receive an update on this issue at each subsequent meeting.

3.3 CQC Action Plan

NLaG has made progress on closing outstanding actions and has reduced the remaining actions to five key areas: medical staffing training, staff record keeping, medicines reconciliation in ED, 62-day cancer waiting times, and oxygen prescribing. Meeting the 62-day cancer target remains a challenge and is incomplete until national standards are achieved. Improvement is expected soon in oxygen prescribing, staff training, and record keeping. Assurance was noted as reasonable.

3.4 Patient Safety Report and Triangulation

The Patient Safety Report provides a comprehensive overview of all patient safety and experience activities across the Group. The report tracks progress and identifies key trends, with particular emphasis on the themes of patient experience, communication, and safety. Recent findings indicate there has been measurable improvement in these areas, reflecting ongoing efforts to enhance the quality of care and promote a positive experience for patients.

Continuous work is underway to audit and strengthen the management of missed results, with a particular focus on outpatient settings. Efforts are centred around the adoption of electronic solutions and the prioritisation of results to ensure timely follow-up and reduce the risk of missed or delayed diagnoses. This approach aims to streamline processes, enhance patient safety, and improve clinical outcomes. In response to identified areas of concern, strategic action plans are being developed to address issues related to pressure ulcers and falls. These plans are designed to implement targeted interventions, monitor progress, and ultimately reduce the incidence of these events. By focusing attention on these key safety priorities, the Group aims to cultivate an environment of continuous learning and improvement.

Assurance was noted as reasonable.

3.5 Learning from Deaths

The Learning from Deaths Report demonstrates that the process of learning from patient deaths is firmly embedded as a priority throughout the Group. This commitment ensures that the Group is fully compliant with the National Quality Board (NQB) Learning from Deaths framework.

For the period from March 2024 to February 2025, the Summary Hospital Level Mortality Indicator (SHMI) for the Trust was recorded at 1.0287. This figure falls within the 'as expected' banding, indicating that mortality rates are in line with national expectations. However, it should be noted that this represents a slight increase from the previous quarter, where the SHMI was 1.0078 (Q4 2024/25).

Analysis of SHMI diagnostic groups reveals that nine groups remain within the 'as expected' range for mortality. There is, however, one group – Septicaemia, where mortality is reported as 'higher than expected.' During Quarter 2, issues were identified relating to Sepsis coding, and these will be outlined in detail within the Q2 Learning from Deaths paper to be submitted to the Care and Improvement Committee (CiC). Assurance was noted as reasonable.

3.6 Clinical Strategy 2025 - 2030

The clinical strategy provides the framework to enable our clinical services and teams to adapt to changes in local and national policy, changes in the needs of our population and advances in treatments and healthcare technology. A presentation of the strategy for the Council of Governors will be planned.

3.7 Infection Prevention and Control (IPC)

The ongoing outbreak of Carbapenemase-Producing Enterobacterales (CPE) continues to affect both the Diana Princess of Wales Hospital (DPoW) and Scunthorpe General Hospital (SGH). CPE remains in DPoW and SGH with a total of 179 cases recorded to date. This situation remains a significant concern for infection prevention and control within these hospitals.

One of the primary challenges identified has been the lack of consistency in screening procedures. Additionally, there are ongoing issues with adherence to basic Infection Prevention and Control (IPC) principles among staff. These persistent problems have highlighted the necessity for these matters to be formally addressed within Human Resources (HR) policy. Furthermore, the involvement of Estates and Facilities is now required to address infrastructure shortcomings, particularly with regard to the improvement of sinks and drainage systems. Enhancing these facilities is considered essential for supporting effective IPC measures and mitigating the risk of further transmission. Assurance was noted as limited.

3.8 Annual Reports

The CIC received and recommended for Board Approval the 2024-25 Infection Prevention Control & Cleanliness Annual Report and workplan.

4.0 Matters on which the committees have requested additional assurance:

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

Never Events and Surgical Safety Concerns - The CIC will continue to monitor progress closely and receive an update on this issue at each subsequent meeting.

5.0 Council of Governors Actions Required

5.1 The Council of Governors is asked to:

- Note the reporting in item 3.

Sue Liburd
Non-Executive Director
28 October 2025

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(25)093

Name of the Meeting	**Council of Governors Business Meeting**
Date of the Meeting	5 November 2025
Director Lead	Julie Beilby, Non-Executive Director and CIC Chair
Contact Officer/Author	Julie Beilby, Non-Executive Director and CIC Chair
Title of the Report	**Workforce, Education and Culture CIC Highlight/Escalation Report**
Executive Summary	This report sets out the items of business considered by the Workforce, Education and Culture CIC Highlight/Escalation Report Committees-in-Common at their meeting(s) held on Wednesday 27 August 2025 and Wednesday 24 September 2025 including those matters which the committees specifically wish to escalate to either or both Trust Boards. The Council of Governors are asked to note the issues highlighted in the reports.
Background Information and/or Supporting Document(s) (if applicable)	N/A
Prior Approval Process	Boards-in-Common
Financial implication(s) (if applicable)	Any financial implications are included in the report
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ✓ Assurance ☐ Other – please detail below:

CiC ESCALATION REPORT

WORKFORCE, EDUCATION AND CULTURE COMMITTEES-IN-COMMON – 27 August 2025

Humber Health Partnership

1. Matters for Reporting

Job Planning compliance had improved by 11% from the last WECC meeting and the target of 90% was still on track for achievement in October 2025. Work was ongoing with the Care Groups to ensure the HUTH/NLAG licencing issues were resolved.

Learning and Organisational Development – work is ongoing to support Care Groups despite the reduction of staff in the OD Team.

2. Positive assurances

Health Care Support Workers/Unions have agreed the offer to move from band 2 to band 3. Implementation planned for October and pay back to commence shortly after.

Positive discussions continue with the NLAG consultants regarding WLI and emergency pay rates.

3. Matters on which the committees have requested additional assurance

The CIC will receive monthly updates regarding Job Planning.

The EDI Steering Group TOR would be presented to the CIC once agreed. Health Inequalities would be separated and discussed and monitored at the Strategic Programmes and Partnerships CIC.

4. Decisions made

Consideration was given to the triangulation of performance and workforce data. It was agreed that due to the amount of capacity required, Execs would escalate any workforce issues to the CIC.

5. Escalation to Trust Boards

Medical staff mandatory training compliance still needed addressing in relation to the CQC outstanding actions. Line managers are required to take responsibility to allow staff to have the time to carry out this training.

Quarterly Pulse Survey – Overall staff engagement results had slightly improved as at QTR 2. The CIC discussed transformation and the need for a more focussed effort. Reasonable assurance was given due to the halted decline and comparison with the national picture

#	Agenda item	BAF mapping		Purpose	Assurance given
		#	Score		
1	Board Assurance Framework	N/a	N/a	Approval	N/a
2	National Quarterly Pulse Survey Q1 and Q2 Report	1	20	Assurance	● Reasonable
3	Guardian of Safe Working Hours - HUTH	1	20	Assurance	● Reasonable
4	Guardian of Safe Working Hours – NLAG	1	20	Assurance	● Reasonable
5	Job Planning Monthly Update	1	20	Information	N/a
6	Learning and Organisational Development: August 2025	1	20	Assurance	Further review of reports
7	EDI Steering Group Time Out Update	1	20	Information	N/a
8	People Data Triangulation Discussion Paper	1	20	Assurance	

CiC ESCALATION REPORT

WORKFORCE, EDUCATION AND CULTURE COMMITTEES-IN-COMMON – 24 September 2025

Humber Health Partnership

1. Matters for Reporting

Band 2/3 Health Care Support Workers – all unions had agreed the payment and the back pay offer and a MOU was being developed. Payments would commence in October 2025 and would be phased.

2. Positive assurances

Improvement Team were in place and there was a statement of intent regarding clinical engagement and new ways of working in place.

Nursing Education – NHSE had visited NLAG and had given positive feedback regarding the processes in place for the student nurses. The CIC noted the HSJ award for the Practice Nurses relating to Health and Wellbeing.

Medical Education - HUTH Team have been nominated for a Medical Educator Award.

3. Matters on which the committees have requested additional assurance

Agency spend and the 30% reduction target was currently off plan. A strengthened authorisation process is now in place to address this. Due to the risk of achievement limited assurance was given.

Job Planning – 49% compliance. Clinical leads to take responsibility to sign off Job Plans. The target is 90% by the end of October 2025. Limited assurance was given due to current compliance and the risk to achievement of the target.

4. Decisions made

WRES – there are issues around patient and staff bullying and harassment, but zero tolerance was operating across the Group with support from the Circle Group. The composition of the Board was discussed and escalated for further Board discussion. The WRES was endorsed by the CIC.

WDES – Zero tolerance is in place across the Group and reporting was highlighting any issues. The WDES was endorsed by the CIC.

5. Escalation to Trust Boards

Nursing safe staffing paper highlighted gaps in general nursing, midwifery and neonatal to the level of approximately £14m. This investment was required to maintain compliance and would be a phased programme. This figure did not include any consultant investment. Limited assurance was recommended by the CIC due to the investment required.

NLAG Medical Education/supervision had been flagged by the GMC due to poor survey results. An action plan was in place to address the issues and support the resident doctors. Minimal assurance was recommended.

#	Agenda item	BAF mapping		Purpose	Assurance given
		#	Score		
1	Workforce Integrated Performance Report	1	20	Assurance	N/a
2	Registered Nursing and Midwifery Staffing HUTH/NLAG	1	20	Assurance	Limited
3	Nursing, Therapies and Midwifery Education Progress Report	1	20	Discussion	N/a
4	WRES	1	20	Approval	Endorsed
5	WDES	1	20	Approval	Endorsed
6	Staff Lottery Committee – Annual Report 2024-25	1	20	Information	N/a
7	Medical Education Annual Report HUTH	1	20	Assurance	Reasonable
8	Medical Education Annual Report NLAG	1	20	Assurance	Minimal
9	Guardian of Safe Working Hours Annual Report HUTH	1	20	Assurance	Reasonable
10	Guardian of Safe Working Hours Annual Report NLAG	1	20	Assurance	Reasonable
11	Health and Well-Being Progress Report Q2	1	20	Assurance	Significant
12	Temporary Staffing – Agency Usage	1	20	Assurance	Limited
13	Job Planning Monthly Update	1	20	Assurance	Limited
14	Mandatory Learning	1	20	Discussion	N/a
15	NLAG Resident Doctors GMC National Training Survey Results and Progress update	1	20	Assurance	Covered in Medical Education Report
16	NHSE Self-Assessment on Provider Capability	1	20	Discussion	N/a

6. Comments on the effectiveness of the meeting

Members welcomed the discussion held in accordance with the Group's values.

7. Escalation to CiCs

8. Attendance record

Members / Attendees		A	M	J	J	A	S	O	N	D	J	F	M
Julie Beilby	Non-Executive Director (NLAG) Chair	✓	✓	✓	✓	✓	✓						
Tony Curry	Non-Executive Director (HUTH) Chair	x	✓	MMc	✓	✓	✓						
Simon Nearney	Group Chief People Officer	✓	✓	✓	✓	✓	✓						
Amanda Stanford	Group Chief Nurse	✓	HMc	HMc	HMc	JL	✓						
Kate Wood	Group Chief Medical Officer	✓	PS	✓	✓	✓	x						
David Sulch	Non-Executive Director (HUTH)	x	✓	✓	✓	✓	✓						
Sue Liburd	Non-Executive Director (NLAG)	x	✓	✓	✓	✓	x						
Laura Treadgold	Non-Executive Director (HUTH)	✓	✓	✓	✓	x	x						
David Sharif	Group Director of Assurance	✓	✓	✓	✓	✓	✓						

Tony Curry, Chair of the Workforce, Education and Culture Committees-in-Common
Julie Beilby, Chair of the Workforce, Education and Culture Committees-in-Common

NHS
Humber Health
Partnership

Development of the Group Strategy and supporting strategies

October 2025

Strategy on a Page (2025 - 2030)

United by Compassion – Driving for Excellence

NHS Humber Health Partnership

In five years... we will be one of the leading hospital groups in the UK, delivering safe, sustainable and inclusive healthcare services

Guided by our values...

Compassion | Honesty
Respect | Teamwork

We will achieve this by focusing on our...

Patients

We will make sure our patients get the safe, quality care they need and have a good experience

People

We will put our people first, supporting our teams to be the best they can be and grow our future workforce

Population

We will focus our efforts on those with the greatest needs and help people in our communities to live well

To deliver our strategic goals...

Our Patients get the best care

CQC Outstanding

Top 25% performance

Our People feel proud to work here

75% recommend as a place to work and be treated

Our Population live more years in good health

Gap in access for people from deprived areas halved

We will strive to be...

Pioneers

We will embrace digital and tech, prioritise research and innovation and build skills for transformation

We push the boundaries

Partners

We will work well with others, build trust and develop ambitious partnerships for the future

We work in partnership

Guardians of the Public Purse

We will live within our means, deliver value-based care and reduce our impact on the planet

We use our resources well

Strategy development timeline

NHS Humber Health Partnership

Aug '23 | April '24 | July '24 | Feb '25 | July '25 | Aug '25 | Oct '25

Engagement on strategy

Development of supporting strategies

Formation of the Group

Group Leadership structure in place

Group Strategic Framework launched

People Strategy approved

Research & Innovation Strategy approved

Digital Strategy approved

Group Strategy approved

Clinical Strategy approved

Completing the supporting strategies

NHS Humber Health

Group Strategy

	Patients		People	Population	Public purse	Pioneers	Partners
Strategic themes							
Strategic Goal (desired outcome)	Our patients get the best care		Our people feel proud to work here	Our population live more years in good health	We use our resources well	We push the boundaries	We work in partnership
Strategic Document (how we will do it)	Quality and Safety Strategy	Clinical Strategy ✓	People Strategy ✓	Health Inequity Action Plan	Finance Strategy Estates Strategy Green Plan ✓	Digital Strategy ✓ Research & Innovation Strategy ✓	Partnerships Strategy

- **Most supporting strategies have been completed and approved. Indicative timetable, subject to co-production input:**
  - Quality and Safety and Partnerships Strategies - January 2026 Trust Board
  - A Health Inequity Action Plan – May 2026 Trust Board
  - Estates and Finance Strategy – later into 2026

Embedding the Group Strategy

NHS
Humber Health

In five years… we will be one of the leading hospital groups in the UK, delivering safe, sustainable and inclusive healthcare services.

Strategic themes	**Patients**		**People**	**Population**	**Public purse**	**Pioneers**	**Partners**
Strategic Goals (desired outcome)	Our patients get the best care		Our people feel proud to work here	Our population live more years in good health	We use our resources well	We push the boundaries	We work in partnership
5-year goal (how we define success)	CQC Outstanding	Upper quartile performance	75% recommend as a place to work and be treated	Gap in access for Core20 halved	Balanced budget	***enablers*	
Delivery dashboard (how we will measure it)	Quality and Safety	Performance	Workforce	Health Inequity Dashboard	Finance	***enablers*	

Committee coverage of objectives

Humber Health Partnership

Strategic objectives	Strategic Document (how we will do it)	Committee (who assures delivery)
Patients - Care	Quality and Safety Strategy; Clinical Strategy	Quality & Safety Committee
Patients - Access	Planned and Urgent Care Boards (inc Flow Programme, Cancer Board, RTT)	Performance, Estates and Finance
People	People Strategy	Workforce, Education and Culture
Population	Health Inequity Action Plan	Quality & Safety Committee
Public purse	Finance Strategy; Estates Strategy + Green Plan	Performance, Estates and Finance
Pioneers	Digital Strategy	Strategic Partnerships & Programmes
	Research & Innovation Strategy; Infrastructure; Population research; Equipped People	Quality & Safety Committee
Partners	Partnerships Strategy	Strategic Partnerships & Programmes

PEF, SPP and WEC have two strategic themes, Q&S, has three

R&I would be reported in one CiC with SPP and Q&S both reporting on Pioneers

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(25)095

Name of the Meeting	**Council of Governors**
Date of the Meeting	5 November 2025
Director Lead	David Sharif, Group Director of Assurance
Contact Officer/Author	Alison Hurley, Deputy Director of Assurance
Title of the Report	**Governor Elections Update including the Deputy Lead Governor Succession Plan**
Executive Summary	The annual Governor elections are underway and voting for public constituencies, Goole & Howdenshire and North Lincolnshire, commenced on 21 October and will close on 13 November 2025. The election for North East Lincolnshire public constituency was uncontested and all election candidates will commence in post as of 14 November 2025. Due to either reaching their maximum term of office or decision to stand down three Public Governors will retire on 13 November 2025. The term of office for the current Deputy Lead Governor is due to expire in November 2025, which means that the Deputy Lead Governor role will require appointment/election. **Recommendation** The Council of Governors is asked to note: • the elections update • the retirement of three Public Governors • the succession plans for the appointment/ election of the Deputy Lead Governor role • upcoming expressions of interest required for the Appointments and Remuneration Committee (ARC) and the Membership and Public Engagement and Assurance Group (MPEAG)
Background Information and/or Supporting Document(s) (if applicable)	Trust Constitution
Prior Approval Process	N/A
Financial implication(s) (if applicable)	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	
Recommended action(s) required	☐ Approval ✓ Information ✓ Discussion ☐ Review ☐ Assurance ☐ Other – please detail below:

1. Governor Elections Update

1.1 Introduction

Trust members from Goole & Howdenshire and North Lincolnshire are being asked to vote for the Governor they wish to represent them in the annual Governor elections which are underway and due to close at 5pm on 13 November 2025. The election for North East Lincolnshire public constituency was uncontested and candidates will commence in post as of 14 November 2025 when the full election results will be published. There were no vacant Staff Governor seats in the 2025 election.

1.2 Elections position to date

The North East Lincolnshire Public Governor constituency uncontested results cover three seats and are as follows:

Mike Bateson (re-elected)
Brian Ford
Cheryl George

These above results mean that two seats will remain vacant for the East & West Lindsey public constituency as no nominations were received despite various and several approaches being undertaken.

1.3 Retirement of Public Governors

The Council of Governors (CoG) are asked to note that three public Governors will be retiring from the Governor role in November 2025, and we would like to thank them for their excellent service as Governors over many years as follows:

Diana Barnes served 6 years
Jeremy Baskett served 9 years
Rob Pickersgill served 10 years

2. Deputy Lead Governor Succession Plan

2.1 Introduction

The term of office for the current Deputy Lead Governor, Rob Pickersgill is due to expire in November 2025, and the role will require appointment/election. This item addresses the approach to be utilised to appoint to this role, noting it only applies to Public Governors.

2.2 Background

The Role of the Lead Governor document at Appendix A details the requirements of the role and key examples of circumstances where the lead Governor would have a role which include:

- Ability to act as a point of contact for NHS England (NHSE) should the regulator wish to contact the Council of Governors on an issue for which the normal channels of communication are not appropriate (via the Trust Chair)
- Act as the conduit for raising any Governor concerns with NHSE that the Foundation Trust is at risk of significantly breaching the terms of its authorisation, having made every attempt to resolve any such concerns locally
- The Trust Constitution also refers to the responsibilities of the Lead Governor in section 1.9.4.

In addition to the above list the Lead Governor Chairs the Council of Governor (CoG) sub-groups which are the Appointments and Remuneration Committee (ARC) and the Membership and Public Engagement and Assurance Group (MPEAG).

The responsibilities of the Deputy Lead Governor are in line with the Lead Governor role and will follow the same process for appointment.

2.3 Proposed Approach

The current Governor election results will have been determined for public Governors via an uncontested report for North East Lincolnshire and a ballot for Goole & Howdenshire and North Lincolnshire. The results of which will be published and effective from the 14 November 2025. The current Deputy Lead Governor is now at the maximum term of office (nine years) plus an agreed extension of one year. It is therefore proposed to seek expressions of interest for the Deputy Lead Governor role in accordance with the Role of the Lead Governor document at Appendix A and the 'Criteria and Process for the Appointment of a Lead Governor' at Appendix B. The expressions of interest for this role will be sought via e-mail following the confirmed results of the election on 14 November 2025.

If more than one nomination is received, ballot papers showing the names of all the nominated candidates shall be electronically distributed to all current Governors to allow a secret ballot to be conducted. The Deputy Director of Assurance will then act as returning officer and shall announce the results of the election on Friday, 21 November 2025 when the collective ballot papers/tables will be made available for scrutiny by Governors as required. Where there is only one nomination, the Council of Governors shall be asked to electronically ratify the appointment.

Governors wishing to express their interest for this role need to be aware of the time commitment required which can be in excess of one day per week for meeting preparation and attendance in addition to the usual Governor role.

2.4 Conclusion

Once the appointment/election of the Deputy Lead Governor is confirmed, the new terms of office will commence from 21 November 2025 for a period of three years or until the end of the Governor's current term of office.

3. Expressions of Interest for Council of Governor Sub-groups

There will be upcoming vacancies within both the Appointments and Remuneration Committee (ARC) and the Membership and Public Engagement and Assurance Group (MPEAG).

Expressions of interest for these roles will be sought via e-mail following the confirmed results of the election on 14 November 2025. Governors wishing to express their interest for these sub-groups need to be aware of the time commitment to attend the relevant meetings.

4. Recommendation

The Council of Governors is asked to note:

- the elections update
- the retirement of three Public Governors
- succession plans for the appointment/ election of the Deputy Lead Governor role
- upcoming expressions of interest required for the ARC and the MPEAG.

APPENDIX A

The role of the Lead Governor

October 2025

The core role

The Code of Governance requests Foundation Trusts (FTs) to have a 'Lead Governor' who can be a point of contact for Monitor (now NHS England), and can liaise with NHSE on behalf of the Governors, in circumstances where it would be inappropriate for NHSE to contact the Chair, or vice versa.

Such contact is likely to be a rare event and would be seen, for example, should NHSE wish to understand the view of the Governors about the capability of the Chair, or be investigating some aspect of an appointment process of decision which may not have complied with the constitution. Communication through the normal channels in most cases will be via the FT Chair or the Group Director of Assurance/Trust Secretary.

It is important to note that the FT Chair leads the Council of Governors (CoG) and not the 'Lead Governor'. It is also worth remembering that it is the CoG *as a whole* (and no individual governor), that has the responsibilities and powers in statute.

It is not anticipated that there will be regular direct contact between NHSE and the CoG in the ordinary course of business. Where this is necessary, it is important that it happens quickly and in an effective manner. To this end a Lead Governor should be nominated and contact details provided to NHSE, and then updated as required. The Lead Governor will be appointed/elected from the public Governors of the CoG as per the Trust Constitution.

The main circumstances where NHSE will contact a Lead Governor are where NHSE has concerns as to Board leadership provided to an NHS FT, and those concerns may in time lead to the use by NHSE's Board of its formal powers to remove the Chair or Non-Executive Directors (NEDs). The CoG appoints the Group Chair and NEDs, and NHSE will wish to understand the views of Governors as to the capacity and capability of these individuals to lead the Trust, and to successfully rectify any issues, and also for the Governors to understand NHSE's concerns. In the Group model for NHS Humber Health Partnership, NHSE will be involved in NED and the Group Chair appointments.

NHSE does not, however, envisage direct communication with Governors until such time as there is a real risk that an NHS FT may be in significant breach of its terms of authorisation. Once there is a risk that this may be the case, and the likely issue is one of Board leadership, NHSE will often wish to have direct contact with the NHS FT's Governors, but at speed and through one established point of contact, the Trust's nominated Lead Governor. The Lead Governor should take steps to understand NHSE's role, the available guidance and the basis on which NHSE may take regulatory action. The Lead Governor will then be able to communicate more widely with other Governors. Similarly, where individual Governors wish to contact NHSE, this would be expected to be through the Lead Governor.

The other circumstance where NHSE may wish to contact a Lead Governor is where, as the regulator, they have been made aware that the process for the appointment of the Chair or other members of the Board, or elections for Governors, or other material decisions, may not have complied with the NHS FT's constitution, or alternatively, whilst complying with the Trust's constitution, may be inappropriate. In such circumstances, where the Chair, other members of the Board of Directors or the Trust Secretary may have been involved in the process by which these appointments or other decisions were made, a Lead Governor may provide a point of contact for NHSE.

Policy-Procedural Document (GP001A)

Humber Health Partnership

Criteria and Process for the Appointment of a Lead Governor

Document control use only	
Reference	DCM116
Directorate / Care Group	Corporate Assurance
Version	1.7
Result of last review	Minor changes
Issue date	28/07/25

Author / Owner Use Only	
Group or Trust specific document	NLaG
Date approved by owner (for minor changes only outside committee)	24/06/25
Date approved	16/04/19
Approving body	Council of Governors
Next full review date	June, 2028
Lead Director	David Sharif, Group Director of Assurance
Document type	Miscellaneous
Author / Contact	Alison Hurley, Deputy Director of Assurance
Key words	Criteria and Process for the Appointment of a Lead Governor

Printed copies valid only if separately controlled

Contents

Section Page

1. Introduction

1.1 The proposal to introduce Lead Governors, who would have a role in specific circumstances, was first suggested by Monitor in their consultation 'Guide for NHS Foundation Trust Governors: Meeting Your Statutory Responsibilities', which closed in July 2009.

1.2 Examples provided by Monitor* of the specific circumstances where the lead Governor would have a role include:

- Leading the Council of Governors in circumstances where it may not be considered appropriate for the Chair or another one of the Non-Executive Directors to lead. [Monitor suggests that these occasions are likely to be in-frequent but one example cited by Monitor is a meeting to discuss the appointment of the Chair]
- Where the Council of Governors decides that they wish to communicate directly with Monitor, but for whatever reason it is decided by the Governors that the usual channel (through the Chair) is not warranted. Likewise, where there is direct communication by Monitor with Governors, and in circumstances where for whatever reason this may not be appropriately channelled through the Chair (the normal route). Monitor plans to communicate through the Lead Governor. [Monitor have clarified that routine communication from Monitor to Governors will, as a matter of course, be disseminated via board secretaries. Further, that the existence of a Lead Governor does not, in itself, prevent any Governor from making contact directly with Monitor if they feel it is necessary.]

  *Monitor became part of NHS England as of 1 July 2022, and will be noted as NHSE for the remainder of the document.

1.3 The process and criteria for the appointment of a Lead Governor within Northern Lincolnshire & Goole NHS Foundation Trust (NLAG) is as outlined in the following sections.

Note: See annex 6 (Standing Orders for the Practice and Procedure of the Council of Governors).

2. Criteria

2.1 The Council of Governors shall select a public governor to undertake the role of Lead Governor of the NLAG. This will ensure greater independence, that adequate time is committed to this role (which may potentially be an issue for both Staff and Stakeholder Governors) and also avoid potential conflicts of interest which may arise for Staff Governors. An outline of the responsibilities of the Lead Governor is provided at **Appendix A**, although these are subject to change should further guidance be received from NHSE.

2.2 Governors wishing to undertake the role of Lead Governor must be:

- Able to commit time to this role
- Prepared to acquire a detailed knowledge and understanding of Foundation Trust governance arrangements/requirements and their role and responsibilities within those arrangements
- Prepared to acquire a detailed knowledge and understanding of current issues within the Trust and the wider Integrated Care System (ICS)
- Able to act as a point of contact for NHSE should the regulator wish to contact the Council of Governors on an issue for which the normal channels of communication are not appropriate
- The conduit for raising any Governor concerns with NHSE that the Foundation Trust is at risk of significantly breaching the terms of its authorisation, having made every attempt to resolve any such concerns locally

2.3 Desirable personal qualities for a Lead Governor include:

- Excellent interpersonal and communication skills
- The ability to deal with potential conflicts
- A willingness to challenge constructively
- The ability to influence and negotiate
- The ability to command the respect, confidence and support of their governor colleagues
- The ability to represent the views of governor colleagues and present a well- reasoned argument as required
- Be committed to the success of the Foundation Trust

3. Process

3.1 The Lead Governor shall be chosen by the Council of Governors, who will also approve the process for the appointment.

3.2 The process for the selection and appointment of the Lead Governor shall be as follows below.

3.2.1 The Lead Governor shall be elected by their peers at the last general meeting of the Council of Governors prior to the expiry of the incumbent Lead Governor's term of office or via e-mail if required due to timescales. Where there is to be a change of incumbent, the newly elected Governor shall hold office as shadow Lead Governor whilst the incumbent Lead Governor completes their term in office. Where a ballot is required, all Governors present shall be entitled to vote. The Group Chair (or Trust Vice Chair if presiding as Chair of the Council of Governors) shall not participate in the ballot but shall have a casting vote in the event of a tie.

3.2.2 At least one calendar month before the date of the meeting of the Council of Governors the Group Director of Assurance shall contact e-mail all Governors inviting nominations together with a short election statement.

3.2.3 Where more than one nomination is received, ballot papers showing the names of all the nominated candidates shall be distributed with the papers for the meeting and a secret ballot shall be conducted at the meeting. The Group Director of Assurance, or their nominee, shall act as returning officer and shall announce the results of the election before the close of the meeting when completed ballot papers will be made available for scrutiny by Governors as required. Where there is only one nomination, the Council of Governors shall be asked to ratify the appointment.

3.2.4 Once elected in accordance with paragraph 3.2.2 above, the shadow Lead Governor's term as Lead Governor shall commence upon the expiry of the incumbent Lead Governor's term of office.

3.2.5 The appointment as Lead Governor shall be for a period of three years or:

- Until the end of that Governor's current term of office whichever is the sooner; or
- Until they resign the position of Lead Governor by giving notice to the Group Chair in writing; or
- Until they are removed from the position of Lead Governor by a resolution passed by a two thirds majority of the remaining governors at a general meeting of the Council of Governors; or
- In the event of the term of office of the Lead Governor ending as a consequence of expiry of his/her term of office as a Governor, the retiring Lead Governor may stand for re-election if re-elected as a Governor.

3.2.6 The Group Director of Assurance shall be responsible for notifying NHSE of a change of Lead Governor.

4. References

Trust Constitution: Annex 6 (Standing Orders for the Practice and Procedure of the Council of Governors).

5. Equality Act (2010)

5.1 NHS Humber Health Partnership (the Hull University Teaching Hospitals NHS Trust and the Northern Lincolnshire and Goole NHS Foundation Trust) is committed to promoting a pro-active and inclusive approach to equality which supports and encourages an inclusive culture which values diversity.

5.2 The Partnership is committed to building a workforce which is valued and whose diversity reflects the community it serves, allowing the Trust to deliver the best possible healthcare service to the community. In doing so, the Trust will enable all staff to achieve their full potential in an environment characterised by dignity and mutual respect.

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

5.4 We therefore strive to ensure that in both employment and service provision no individual is discriminated against or treated less favourably for any reason, including the “protected characteristics” as defined in the Equality Act 2010 (such as by reason of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual Orientation). These principles will be expected to be upheld by all who act on behalf of the Trust, with respect to all aspects of Equality.

NB. It is the responsibility of the document author / contact to carry out an Equality Impact Assessment (EIA) and if there is no impact identified, it is recommended to include the following statement: ‘As part of its development this document and its impact on equality has been analysed and no detriment identified’.

6. Freedom to Speak Up

Where a member of staff has a safety or other concern about any arrangements or practices undertaken in accordance with this document, please speak in the first instance to your line manager (if appropriate). The different ways to speak up and guidance on raising concerns are available in the Freedom to Speak Up in the NHS and Raising Concerns at Work policies. Staff can also contact either the NLaG or HUTH Freedom to Speak Up Guardians in confidence. Further details about how to raise concerns and the contact details of the Guardians are available on the Group intranet, Bridget: Freedom to Speak Up Guardians - Bridget.

Appendix A

Responsibilities of the Lead Governor

An indicative outline of the responsibilities of the Lead Governor is detailed below. The Trust and the Lead Governor shall have reference to Appendix B of Monitor's publication "The Foundation Trust Code of Governance" March 2010 (as amended and/or reissued or revised from time to time) in respect of the responsibilities of the Lead Governor and the discharge of them:

- To lead the Council of Governors in circumstances where it may not be considered appropriate for the Chair or another one of the Non-Executive Directors to lead (e.g. chairing a meeting to discuss the appointment of a new chair) and to act as the point of contact with NHSE where it is decided by the Governors or NHSE that the usual channel (through the Chair) is not appropriate
- To chair the Membership and Public Engagement & Assurance Group MPEAG) and Appointments and Remuneration Committee
- On behalf of the Council of Governors, to attend the monthly meetings with the Group Chair and the Group Director of Assurance
- On behalf of the Council of Governors, to raise issues for discussion at the Trust Boards-in-Common
- To assist the Group Chair in facilitating the flow of information between the Trust Boards-in-Common and the Council of Governors
- Work with the Group Chair to draft the Council’s commentary for inclusion in the Quality Report

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(25)096

Name of the Meeting	**Council of Governors Business Meeting**
Date of the Meeting	5 November 2025
Director Lead	David Sharif, Group Director of Assurance
Contact Officer/Author	David Sharif, Group Director of Assurance
Title of the Report	**Governors, Executive Directors, Non-Executive Directors and Other Directors Register of Interests**
Executive Summary	The report provides the current Register of Interests for Governors, Executive Directors, Non-Executive Directors and Other Directors as of November 2025.
Background Information and/or Supporting Document(s) (if applicable)	Standards of Business Conduct Policy (DCP120) and Conflicts of Interest Policy for Governors (DCP228)
Prior Approval Process	Register of Interest (ROI) system
Financial implication(s) (if applicable)	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ☐ Assurance ☐ Other – please detail below:

NHS
Northern Lincolnshire and Goole
NHS Foundation Trust

REGISTER OF GOVERNORS' INTERESTS
NOV 2025 (v1.3)

GOVERNOR NAME	INTERESTS	DATE
PUBLIC GOVERNORS – EAST & WEST LINDSEY		
Jeremy Baskett	➢ Louth Town Councillor ➢ Working for Integrated Care Board (ICB) as an NHS Job Evaluator	21.08.2025 21.08.2025
Dr Gorajala Vijay	➢ None	27.11.2024
Vacancy		
PUBLIC GOVERNORS – GOOLE & HOWDENSHIRE		
Brent Huntington	➢ Trustee Friends of Oakhill, Goole ➢ Member of Montague Practice PPG ➢ Board member Goole & Airmyn IDB	16.12.2024
Rob Pickersgill	➢ Chair – Asselby Parish Council, Howden, East Yorkshire ➢ Managing Director and 50% shareholder at W Hallam Castings Ltd, Thorne, Doncaster (private company) ➢ Member of Howden Medical Practice PPG ➢ Fellow, Chartered Institute of Public Finance and Accountancy (CIPFA) ➢ Member of National Economic Policy Committee, MAKE UK (UK Manufacturers' representative body)	02.01.2025
Clare Woodard	➢ Deputy Chief Executive Officer for HEY Smile Foundation	16.12.2024
PUBLIC GOVERNORS – NORTH LINCOLNSHIRE		
Kevin Allen	➢ Volunteer worker at SGH ➢ Local Authority Governor at Scunthorpe C E Primary School ➢ Local Authority Governor at Enderby Road Infants School	19.12.2024
Paula Ashcroft	➢ Persons Voice Co-ordinator for North Lincolnshire Council	06.01.2025
Wendy Lawtey	➢ None	19.11.2024
Caroline Ridgway	➢ Employed by City Health Care Partnership as a Podiatrist	16.12.2024
Vacancy		
PUBLIC GOVERNORS – NORTH EAST LINCOLNSHIRE		
Diana Barnes	➢ None	02.01.2025
Michael Bateson	➢ Board member/Trustee of local charity Friendship at Home and Niece employed as a Midwife by NLaG	29.10.2024

David James	➢ Military Care Navigator for Lincolnshire Maternity and Neonatal Programme (Better Births Team)	06.01.2025
Ian Reekie	➢ Director of Lincs Inspire Venues & Enterprises and Member of the Board of Trustees at Lincs Inspire	23.04.2025
Vacancy		

STAKEHOLDER GOVERNORS		
Cllr Linda Bayram – East Riding of Yorkshire Council	➢ Councillor for East Riding of Yorkshire Council (Conservative Group)	24.09.25
Vacancy – North East Lincolnshire Place		
Emma Mundey – North Lincolnshire Place	➢ Assistant Director of Transformation & Integration within N Lincs for Humber & North Yorkshire Integrated Care Board	30.12.2024
Cllr Paul Henderson – North East Lincolnshire Council	➢ None	02.07.2025
Vacancy – North Lincolnshire Council		
Vacancy – Lincolnshire Council		

STAFF GOVERNORS		
Ahmed Aftab	➢ Director of Sazin Eyecare Limited and Director of Sazin Estates Limited ➢ Consultant Ophthalmologist - St Hugh's Hospital, Grimsby: Spamedica, Bolton: Lindsey Suite and Inspire Health, Scunthorpe ➢ Member of British Medical Association (BMA) with different local, regional and national roles ➢ Staff Governor	24.04.2025 24.12.2024
Corrin Manaley	➢ Staff Governor	17.12.2024
Dr Sandeep Saxena	➢ Staff Governor ➢ Member of Local Negotiating Committee (LNC) for NLaG	29.11.2024 01.04.2025
Jackie Weavill	➢ Staff Governor	16.12.2024

Register of Interests

Name and position	Interests
Executive and Other Directors	
Adam Creeggan, Group Director of Performance	None.
Amanda Stanford, Acting Group Chief Executive Officer	None.
Andy Haywood, Group Chief Strategy, Partnerships and Digital 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.
David Sharif, Group Director of Assurance	Trustee of WISHH Charity (HUTH).
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 Transformation Director	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.
Lyn Simpson, Interim Group Chief Executive Officer	TBC
Myles Howell, Group Director of Communications	Wife works as Divisional General Manager in the UEC Care Group.
Matt Powls, Interim Group Chief Delivery Officer	Wife is an employee of George Eliot Hospital NHS Trust
Simon Nearney, Group Chief People Officer	Director at Cleethorpes Town FC / The Linden Club. Family members working at NLAG and HUTH. Family member working at Hull City Council.
Tom Myers, Group Director of Estates	None.

Non-Executive Directors at HUTH and NLAG	
Murray Macdonald, Interim Group Chair	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.
Non-Executive Directors at NLAG	
Gillian Ponder, Non-Executive Director and Senior Independent Director	None.
Julie Beilby, Non-Executive Director	South Cockerington Parish Councillor.
Simon Parkes, Non-Executive Director	Lay Canon and Chair of the Finance Committee of Lincoln Cathedral.
Susan Liburd, Non-Executive Director	Managing Director and Principal Consultant of Sage Blue. Director and Trustee of British West India Regiments Heritage Trust CIC. Member of the Advisory Council for the University College Harlaxton Grantham.
Non-Executive Directors at HUTH	
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 1st September 2024.
Jane Hawkard, Non-Executive Director	Director of JJJ+L Holdings Ltd (July 2020).
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.
Tony Curry, Non-Executive Director	None.

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business

Meeting Agenda Item No: CoG(25)097

Name of the Meeting	**Council of Governors Business Meeting**
Date of the Meeting	5 November 2025
Director Lead	Emma Sayner, Group Chief Financial Officer
Contact Officer/Author	Philippa Russell, Group Deputy Director of Finance
Title of the Report	**Group Finance Report – Month 5**
Executive Summary	This report highlights the reported financial position at month 5 of the 2025/26 reporting period.
Background Information and/or Supporting Document(s) (if applicable)	-
Prior Approval Process	-
Financial implication(s) (if applicable)	Contained within the report.
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	-
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ☐ Assurance ☐ Other – please detail below:

NHS
Humber Health
Partnership

Finance Report Month 5
August – 2025/26

Finance Overview

In-month I&E Performance – page 3

(£0.0m)

The Group reported an in-month deficit for month 5 of (£1.9m), (£0.0m) adverse to plan.

Year to Date I&E Performance – page 3

(£3.0m)

The Group reported a (£14.1m) year to date deficit for month 5, (£3.0m) adverse to plan. This also includes £8.5m of non-recurrent balance sheet support.

I&E Forecast Outturn – page 4

(£17.1m)

The Group is forecasting a deficit of (£61.8m) based on an adjusted straight-line projection. Mitigating actions are forecast to reduce the deficit leaving an unidentified gap of (£17.1m) across the Group.

YTD Cost Improvement Plan – page 5 to 6

(£6.5m)

The Group has delivered £37.2m in CIP against a YTD target of £43.8m, (£6.5m) behind target. The Group are forecasting CIP delivery of £114.6m, (£15.4m) adverse to plan. High risk schemes have reduced from £52.3m to £40.0m.

Underlying I&E – page 7

(£74.0m)

The Group's underlying position is estimated at a deficit of circa (£74.0m). Recurrent CIP and FYE of in year schemes will be the key variable to the Group's underlying position.

System Performance – page 8

(£3.2m)

The ICS reported a YTD deficit of (£20.3m), (£3.2m) adverse to plan at month 5. The ICS is forecasting a break-even position as planned.
.

Capital Expenditure – page 9

(£10.9m)

The Group has spent £20.9m on capital expenditure against a plan of £31.8m, (£10.9m) behind plan.

Balance Sheet & Cash – pages 10 to 11

£55.2m

The Group's cash balance at the end of month 5 was £55.2m. CIP delivery will be the key variable in determining if external cash support will be required in year. This will be monitored closely.

Elective Recovery Performance – page 12

£1.3m

The Group is currently over-performing against ERF baselines by £1.3m. Due to the block income arrangements so additional income or penalties have been assumed year-to-date.

Temporary Staffing – pages 13 to 16

(£0.3m)

The Group has spent £29.0m on agency and bank pay YTD. This is (£1.0m) more than the same period in 2024/25.

Key Risks

- ❑ Unidentified CIP and reliance on Non-Recurrent schemes.
- ❑ ICS Risk share arrangement for CDC and HCDs growth.
- ❑ Winter pressures / unfunded Escalation Beds.
- ❑ Unidentified stretch income target
- ❑ Capital Expenditure profile
- ❑ Requirement for Revenue Cash Support if CIP not fully identified

Key Actions

- ❑ Reducing cost pressures: reliance on premium bank and agency; minimising escalation beds; and greater control of non-pay expenditure.
- ❑ Maximising planned care activity within core capacity, reducing reliance on Independent Sector (IS) and Waiting List Initiative (WLI) premium costs.
- ❑ Delivering a challenging CIP programme – conversion of non-recurrent savings into recurrent delivery schemes and identifying additional schemes to close the gap to target.
- ❑ Reduce underlying run rate spend within Care Groups.

Financial Performance Summary

The Group ended August with a year-to-date (YTD) deficit at month 5 of (£14.1m), (£3.0m) in adverse to plan.

£million	HUTH £m						NLAG £m						Group £m					
	CM			YTD			CM			YTD			CM			YTD		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Income																		
Clinical Income	74.7	76.1	1.4	376.7	379.0	2.3	46.6	46.8	0.2	232.8	232.8	0.0	121.3	122.9	1.6	609.4	611.8	2.3
Other Income	6.9	18.3	11.3	44.9	45.0	0.0	6.7	6.0	(0.6)	31.1	26.5	(4.6)	13.6	24.3	10.7	76.1	71.5	(4.6)
Total Operating Income	**81.7**	**94.4**	**12.7**	**421.6**	**423.9**	**2.3**	**53.2**	**52.8**	**(0.4)**	**263.9**	**259.3**	**(4.5)**	**134.9**	**147.2**	**12.3**	**685.5**	**683.3**	**(2.2)**
Pay Costs																		
Clinical Pay	(39.2)	(40.5)	(1.4)	(196.0)	(202.5)	(6.6)	(27.8)	(28.8)	(1.0)	(140.2)	(142.1)	(1.9)	(67.0)	(69.3)	(2.3)	(336.2)	(344.6)	(8.5)
Other Pay	(8.4)	(8.4)	(0.0)	(41.4)	(42.0)	(0.6)	(7.3)	(7.1)	0.2	(36.4)	(35.6)	0.8	(15.7)	(15.5)	0.2	(77.8)	(77.7)	0.2
Total Pay Costs	**(47.5)**	**(49.0)**	**(1.4)**	**(237.4)**	**(244.6)**	**(7.2)**	**(35.1)**	**(35.9)**	**(0.7)**	**(176.6)**	**(177.7)**	**(1.1)**	**(82.7)**	**(84.8)**	**(2.2)**	**(414.0)**	**(422.3)**	**(8.3)**
Clinical Non Pay	(18.3)	(19.2)	(0.9)	(91.2)	(97.0)	(5.8)	(7.3)	(7.0)	0.3	(37.3)	(38.1)	(0.8)	(25.6)	(26.3)	(0.6)	(128.5)	(135.1)	(6.6)
Other Non Pay	(12.0)	(11.3)	0.7	(63.8)	(57.6)	6.2	(7.4)	(7.0)	0.4	(34.9)	(34.4)	0.5	(19.3)	(18.3)	1.1	(98.7)	(91.9)	6.8
Total Non Pay Costs	**(30.3)**	**(30.5)**	**(0.3)**	**(155.0)**	**(154.6)**	**0.4**	**(14.7)**	**(14.0)**	**0.7**	**(72.2)**	**(72.4)**	**(0.2)**	**(45.0)**	**(44.5)**	**0.4**	**(227.2)**	**(227.0)**	**0.2**
Total Operating Expenditure	**(77.8)**	**(79.5)**	**(1.7)**	**(392.4)**	**(399.1)**	**(6.8)**	**(49.9)**	**(49.9)**	**(0.1)**	**(248.8)**	**(250.1)**	**(1.3)**	**(127.7)**	**(129.4)**	**(1.7)**	**(641.2)**	**(649.3)**	**(8.1)**
EBITDA	**3.9**	**14.9**	**11.0**	**29.2**	**24.8**	**(4.4)**	**3.4**	**2.9**	**(0.4)**	**15.1**	**9.2**	**(5.9)**	**7.2**	**17.8**	**10.6**	**44.3**	**34.0**	**(10.3)**
Depreciation	(2.5)	(2.5)	0.0	(12.3)	(12.2)	0.1	(2.1)	(1.9)	0.2	(10.4)	(9.5)	0.8	(4.6)	(4.4)	0.2	(22.7)	(21.7)	1.0
Non Operating Items	(1.4)	(1.4)	0.0	(7.0)	(6.8)	0.2	(0.7)	(0.6)	0.1	(3.4)	(3.0)	0.3	(2.1)	(1.9)	0.1	(10.3)	(9.8)	0.6
Surplus/(Deficit)	**(0.0)**	**11.1**	**11.1**	**9.9**	**5.8**	**(4.1)**	**0.6**	**0.5**	**(0.1)**	**1.4**	**(3.3)**	**(4.7)**	**0.6**	**11.5**	**11.0**	**11.3**	**2.5**	**(8.8)**
NHSE Allowable Adjustments	(0.9)	(12.0)	(11.0)	(14.8)	(13.5)	1.3	(1.5)	(1.4)	0.1	(7.5)	(3.1)	4.5	(2.4)	(13.4)	(11.0)	(22.3)	(16.6)	5.7
Adjusted Surplus / (Deficit)	**(1.0)**	**(0.9)**	**0.0**	**(4.9)**	**(7.7)**	**(2.8)**	**(0.9)**	**(1.0)**	**(0.1)**	**(6.2)**	**(6.4)**	**(0.2)**	**(1.9)**	**(1.9)**	**(0.0)**	**(11.0)**	**(14.1)**	**(3.0)**

- **The Group reported a (£1.9m) deficit for August 2025, (£0.0m) adverse to plan. However, an extra £1.0m of non-recurrent technical balance sheet was released in month to support the financial position. £8.5m of balance sheet has now been released year-to-date to support the Groups financial position.**
- The Group is behind on its CIP programme by (£6.5m). The programme has £40.0m of schemes rated as high risk with £35.7m rated as an opportunity or unidentified.
- The Group cash balance decreased by £10.5m in month to £55.2m (£30.3m HUTH / £24.9m NLAG). CIP delivery will be the key risk to cash flow for the remainder of the year and will be monitored closely.

See Appendix A on Page 19 to 20 for Detailed I&E Position

Financial Performance – Forecast Outturn (FOT)

The Group is forecasting a deficit of (£61.8m) based on an adjusted straight-line projection. Mitigating actions are expected to reduce the deficit leaving an unidentified gap of (£17.1m) across the Group.

A straight-line forecast based on the M1-5 deficit position would leave the group with a £33.8m deficit by year end. When adjusted for seasonality, expenditure that has not yet started and non recurrent benefits in the year-to-date position, this deficit increases to £61.8m, a £3.5m improvement vs the M4 forecast.

To achieve the planned break-even position, the group will need to:

- Significantly improve efficiency delivery including delivery of £20.2m of 'opportunity' that is yet to progress to in year delivery.
- Identify a further £15.4m of efficiency that is currently unidentified and unmitigated.
- Develop recovery plans of at least £6.6m to offset the additional pressure in the run-rate due to Care Group overspends.
- Secure £6.8m of unidentified income.

Forecast Bridge (Group)	HUTH £'m	NLAG £'m	Group £'m
YTD deficit (M5)	(7.7)	(6.4)	(14.1)
Straight line forecast	**(18.4)**	**(15.4)**	**(33.8)**
Seasonality	(4.9)	(1.5)	(6.4)
Industrial Action	1.0	0.3	1.2
CDC	(3.6)	-	(3.6)
Daycase Unit	(0.9)	-	(0.9)
CPE & Opthalmology (Ironstone/Freshney)	-	(1.4)	(1.4)
Expected changes to run-rate	(5.1)	0.5	(4.6)
Non Recurrent Flexibility in YTD position	(9.7)	(1.4)	(11.1)
Depreciation, Interest Received & PDC	-	(1.3)	(1.3)
Adjusted Run Rate	**(41.6)**	**(20.2)**	**(61.8)**
Forecast CIP delivery (improvement in run-rate)	19.4	7.2	26.6
Non recurrent mitigation	3.2	1.6	4.7
Care Group Recovery Plans	6.6		6.6
Income target	3.4	3.4	6.8
Unidentified Gap	9.0	8.0	17.1
Reported Forecast deficit	**-**	**-**	**-**
Plan	**-**	**-**	**-**
Variance	**-**	**-**	**-**

Financial Performance – Forecast Outturn (FOT) - RISKS

At Month 5 the Group reported a net risk to delivery of the forecast break-even position of £39.8m.

Updated Risk Position	Plan 31/03/2026 Year Ending £'000	Forecast 31/03/2026 Year Ending £'000	Forecast 31/03/2026 Year Ending £'000	Forecast 31/03/2026 Year Ending £'000	Comments	Current risk status	Risk adjusted £'000
Risks and mitigations	Group	HUTH	NLAG	Group		RAG	Group
(Risks)/(Offsets to benefits):							
Additional cost risk - HCD growth (ICS block funded)	(5,000)	(4,000)	(500)	(4,500)	ICS Risk Share: Growth		(1,300)
Additional cost risk - CDC 15% cost reduction	(3,000)	(1,840)	0	(1,840)	ICS Risk Share: CDC		0
Additional Cost risk - emerging			(2,389)	(2,389)	CPE outbreak, Esclation beds, Medical staffing pressures		(750)
Additional Cost risk - Industrial Action		0	0	0	Assumes no further risks		0
Additional cost risk (NP inflation)	(3,500)	(1,000)	0	(1,000)	Inflationary pressures above CUF		(200)
Efficiency risk	(47,072)	(6,398)	(9,030)	(15,428)	Unidentified CIP		(15,428)
Efficiency risk		(13,226)	(5,031)	(18,257)	very high risk - including potential double counts		(10,632)
Further recovery actions to be identified		(6,400)		(6,400)	Additional unmitigated gap to recover due to: YTD cost pressures, Pay Award funding gap and Industrial action		(6,400)
Income risk	(13,950)	(3,400)	(3,400)	(6,800)	Income target - not yet indentified		(5,100)
Income risk - Contract Dispute		0		0	Lincs ICB (now included in core forecast)		0
Mitigations/benefits:							
Additional cost control or income	7,050	0	0	0	Opportunity to review costs not yet fully implemented / income generation (Growth)		0
Transformational / Pathway changes	8,000	0	0	0	Utilisation of additional capacity to facilitate repatriation of Independent Sector activity (subject to agreement of funding mechanism)		0
Total Provider Net Risk	**(47,072)**	**(36,264)**	**(20,350)**	**(56,614)**			**(39,810)**

Financial Performance – CIP Delivery

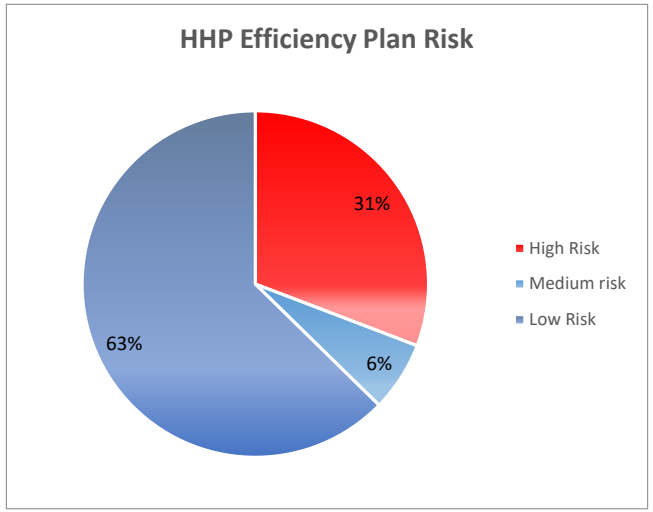
The Group has delivered £37.2m CIP year-to-date against a target of £43.4m, (£6.5m) adverse. The Group is forecasting CIP delivery of £114.6m, (£15.4m) adverse to plan. However, the forecast is inherently high risk an heavily reliant on NR schemes.

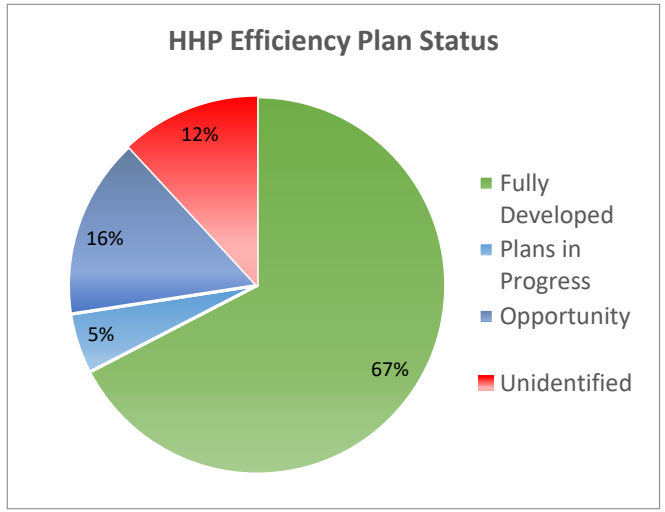
		HUTH						NLAG						Humber Health Partnership					
		Year to Date			Forecast Year-end			Year to Date			Forecast Year-end			Year to Date			Forecast Year-end		
£000		Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance
Operations	Acute And Emergency Medicine	693	343	(350)	1,376	1,122	(254)	1,918	1,797	(121)	4,068	4,285	217	2,612	2,141	(471)	5,444	5,406	(37)
	Cancer Network	69	38	(31)	166	99	(66)	52	51	(1)	125	122	(3)	121	89	(32)	291	221	(69)
	Cardiovascular	624	1,268	644	1,453	2,863	1,410	175	415	239	433	650	217	799	1,683	884	1,886	3,513	1,627
	Chief Delivery Officer	16	8	(8)	38	20	(18)	15	117	102	37	149	113	31	126	95	75	169	95
	Community, Frailty & Therapy	423	225	(198)	1,016	1,114	98	1,028	858	(169)	2,253	2,184	(69)	1,451	1,084	(367)	3,269	3,298	29
	Digestive Diseases	338	52	(286)	812	415	(396)	1,088	1,229	141	1,785	2,531	746	1,426	1,281	(145)	2,597	2,946	350
	Family Services	1,018	1,101	83	2,191	2,026	(165)	1,173	1,348	175	2,495	2,145	(351)	2,191	2,449	258	4,687	4,170	(516)
	Head & Neck	784	672	(112)	1,709	1,311	(398)	315	464	149	730	1,181	451	1,099	1,135	36	2,439	2,492	53
	Major Trauma Network	49	110	61	117	265	148	29	7	(21)	69	18	(51)	77	117	40	185	283	97
	Neuroscience	245	551	306	589	1,165	577	142	135	(7)	310	212	(98)	387	685	298	899	1,378	479
	Pathology Network Group	231	258	27	521	529	8	899	803	(96)	2,120	2,098	(23)	1,130	1,061	(69)	2,641	2,627	(14)
	Patient Services	398	21	(377)	955	194	(761)	346	102	(244)	830	445	(385)	744	123	(621)	1,785	639	(1,146)
	Site Management & Discharge Teams	44	12	(32)	101	41	(60)	110	103	(7)	229	170	(59)	154	115	(39)	330	211	(119)
	Specialist Cancer And Support Services	2,749	2,959	210	6,598	6,567	(31)	969	1,035	66	2,325	2,675	350	3,718	3,994	277	8,923	9,241	318
	Specialist Medicine	657	603	(55)	1,395	1,199	(195)	438	390	(48)	836	755	(81)	1,095	993	(103)	2,231	1,955	(276)
	Specialist Surgery	553	470	(83)	1,262	955	(307)	249	531	282	608	734	126	802	1,001	199	1,870	1,689	(181)
	Theatres, Anaesthetics And Critical Care	1,265	1,173	(92)	2,842	3,332	490	662	467	(195)	1,728	1,546	(182)	1,927	1,640	(287)	4,570	4,878	308
Total Operations		**10,157**	**9,864**	**(293)**	**23,138**	**23,216**	**78**	**9,607**	**9,852**	**245**	**20,981**	**21,899**	**918**	**19,764**	**19,716**	**(48)**	**44,119**	**45,115**	**996**
Corporate	Chief Executive	22	21	(1)	52	40	(12)	19	15	(5)	46	38	(8)	41	35	(6)	98	78	(20)
	Chief Medical Officer	390	244	(145)	935	641	(295)	325	485	160	781	1,015	234	715	729	14	1,716	1,655	(61)
	Chief Nurse	184	223	39	442	496	54	162	314	153	388	614	227	346	537	192	829	1,110	281
	Director Of Assurance	5	0	(5)	11	0	(11)	19	5	(15)	46	11	(35)	24	5	(19)	57	11	(46)
	Director Of People	276	335	59	662	707	44	244	430	186	586	932	346	520	765	245	1,249	1,639	390
	Finance - E&F	1,087	772	(315)	2,873	2,851	(22)	618	508	(111)	1,219	1,588	369	1,705	1,279	(426)	4,092	4,439	347
	Finance - Finance	167	227	60	401	455	54	117	146	29	280	269	(12)	284	374	90	681	724	42
	Strategy And Partnerships	155	258	104	371	515	143	99	291	192	237	598	361	254	549	296	609	1,113	504
Total Corporate		**2,285**	**2,080**	**(204)**	**5,748**	**5,704**	**(44)**	**1,603**	**2,193**	**590**	**3,583**	**5,065**	**1,482**	**3,888**	**4,273**	**385**	**9,331**	**10,768**	**1,437**
Total Allocated CIPCore Programme		**12,442**	**11,944**	**(498)**	**28,886**	**28,920**	**34**	**11,210**	**12,045**	**835**	**24,564**	**26,963**	**2,400**	**23,652**	**23,989**	**337**	**53,450**	**55,883**	**2,433**
Trustwide	Reserves	4,543	5,300	757	12,053	12,946	894	4,436	7,244	2,808	10,647	16,398	5,751	8,980	12,545	3,565	22,700	29,344	6,645
	Technical	263	304	41	630	671	41	194	194	0	466	466	0	456	498	41	1,096	1,137	41
	Unallocated	6,067	183	(5,884)	26,751	19,385	(7,367)	4,604	29	(4,575)	26,003	8,815	(17,188)	10,672	213	(10,459)	52,755	28,200	(24,555)
Total Technical & Unallocated		**10,873**	**5,787**	**(5,086)**	**39,434**	**33,002**	**(6,432)**	**9,235**	**7,468**	**(1,767)**	**37,116**	**25,679**	**(11,437)**	**20,108**	**13,255**	**(6,853)**	**76,550**	**58,681**	**(17,869)**
TOTAL		**23,315**	**17,731**	**(5,584)**	**68,320**	**61,922**	**(6,398)**	**20,445**	**19,513**	**(932)**	**61,680**	**52,642**	**(9,038)**	**43,760**	**37,244**	**(6,516)**	**130,000**	**114,564**	**(15,436)**

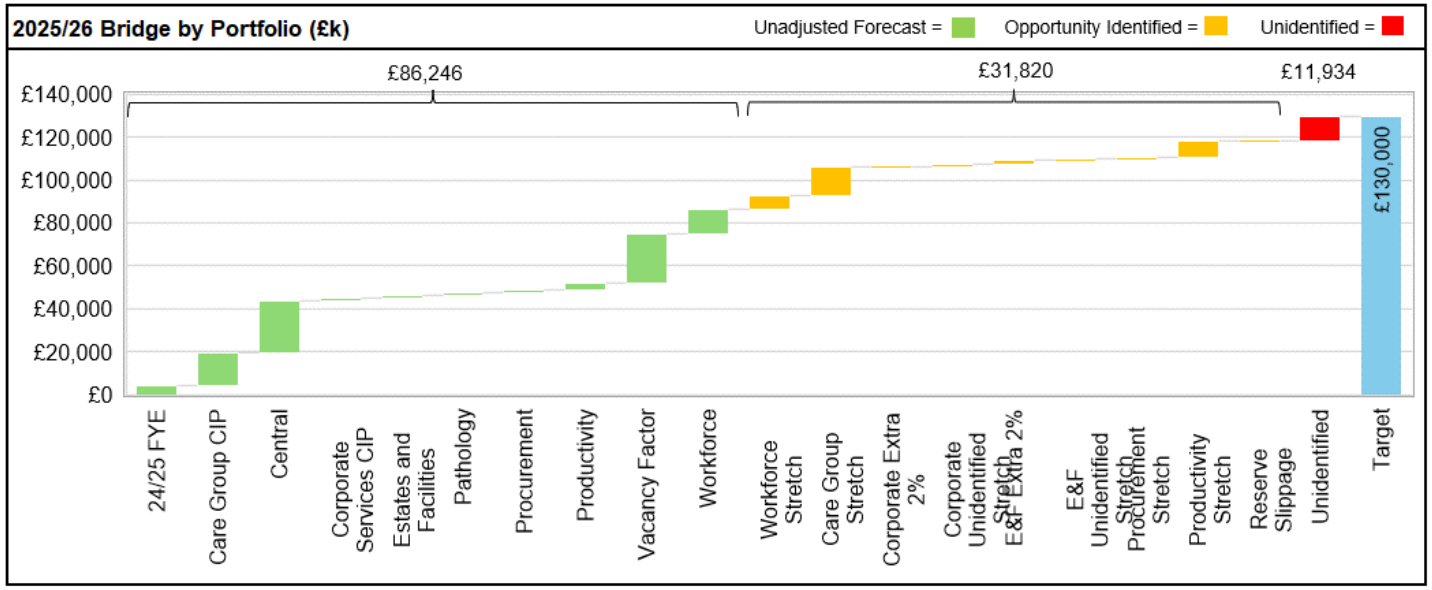
Financial Performance – CIP Planning Progress

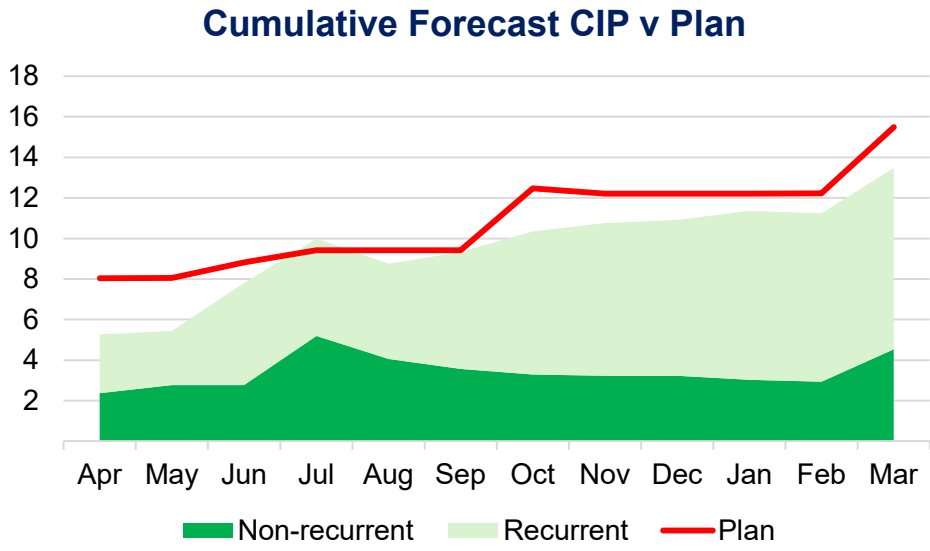
Efficiency Plan Status	HUTH	NLAG	HHP
Fully Developed	42,313	45,310	87,622
Plans in Progress	4,259	2,462	6,721
Opportunity	15,350	4,879	20,229
Unidentified	6,398	9,030	15,428
TOTAL	**68,320**	**61,680**	**130,000**

Efficiency Plan Risk	HUTH	NLAG	HHP
High Risk	26,055	13,983	40,038
Medium risk	5,235	3,256	8,491
Low Risk	37,031	44,441	81,471
TOTAL	**68,320**	**61,680**	**130,000**









Underlying Position

The Group's underlying financial position is estimated at a deficit of (£74.m)

- The Groups estimated underlying deficit is estimated to be (£74.0m).
- Bridging from the balanced planned for 2025-26 the below are the main drivers:

1. The Group is in receipt of specific Non-Recurrent Income support totalling (£26.9m).
2. Non-Recurrent Deficit funding received in 2025/26 of (£29.1m).
3. The Group has historically relied on Non-Recurrent savings delivery to achieve its financial targets. This is forecast to be (£29.6m) within the current year's savings plan. The Group must look to convert non-recurrent savings schemes into recurrent schemes where possible.
4. In addition, the Group currently has unidentified CIP of (£15.4m).
5. The in year CIP schemes have a potential FYE of £32.2m if delivered in full in year.

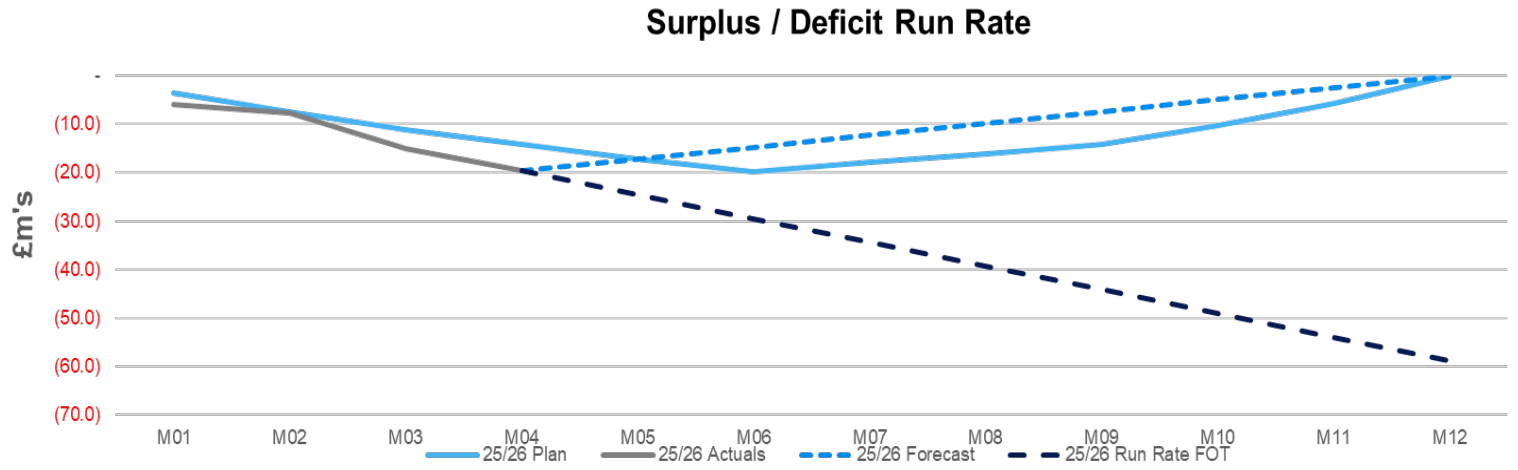
CIP delivery will be the key driver for the Trust's underlying financial position both in year and the potential full year effects of in year schemes. These are currently high risk and therefore the full year effects have been risk adjusted resulting in a risk adjusted underlying deficit of (£94.6m).

£million	NLAG	HUTH	Group
2025/26 - Surplus/(Deficit) Plan	**0.0**	**0.0**	**0.0**
Non-recurrent Adjustments			
NR Additional Stretch Income Support	(1.4)	(25.6)	(26.9)
NR 25/26 Deficit Funding	(14.9)	(14.2)	(29.1)
NR CIP (Forecast)	(15.5)	(14.1)	(29.6)
Undidentified CIP (Forecast)	(9.0)	(6.4)	(15.4)
FYE 25/26 CIP	9.8	22.4	32.2
NR Flexibility	0.0	(5.1)	(5.1)
Underlying Deficit	**(31.0)**	**(42.9)**	**(74.0)**

System Financial Performance – August 2025

The ICS reported a YTD deficit of (£20.3m), (£3.2m) adverse to plan. The ICS is forecasting a break-even position as planned.

	YTD			Forecast		
Care Group	Plan	Actual	Variance	Plan	Actual	Variance
Harrogate And District NHS Foundation Trust	(4.5)	(7.3)	(2.9)	0.0	0.0	0.0
Hull University Teaching Hospitals NHS Trust	(4.9)	(7.7)	(2.8)	0.0	0.0	0.0
Humber Teaching NHS Foundation Trust	(0.8)	2.2	3.0	0.0	0.0	0.0
Northern Lincolnshire And Goole NHS Foundation Trust	(6.2)	(6.4)	(0.2)	0.0	0.0	0.0
York And Scarborough Teaching Hospitals NHS Foundation Trust	(0.9)	(1.2)	(0.2)	0.0	0.0	0.0
Humber & North Yorkshire ICB	0.0	0.0	0.0	0.0	0.0	0.0
Total	**(17.2)**	**(20.3)**	**(3.2)**	**0.0**	**0.0**	**0.0**



Capital Expenditure

The Group has spent £5.3m on capital expenditure against a plan of £26.0m plan, (£20.8m) behind plan.

£million	NLAG Year to Date			HUTH Year to Date			GROUP Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.	Plan	Actual	Var.
Estates Major Schemes									
Ward/Department Refurbishment/Development	0.3	0.0	(0.2)	0.0	0.0	0.0	0.3	0.0	(0.2)
Day Surgery CHH	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Theatres & IRT	0.0	0.0	0.0	1.2	0.2	(1.0)	1.2	0.2	(1.0)
Community Diagnostic Centres	0.0	0.0	0.0	1.7	1.4	(0.3)	1.7	1.4	(0.3)
Estates Safety Funding	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
NEEF 4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Estates Major Schemes	**0.3**	**0.0**	**(0.2)**	**2.9**	**1.6**	**(1.3)**	**3.2**	**1.6**	**(1.5)**
Other Estates Schemes	0.0	0.0	(0.0)	0.0	0.0	0.0	0.0	0.0	(0.0)
IM&T Programme	0.3	0.1	(0.2)	0.3	0.3	0.0	0.6	0.4	(0.1)
EPR	0.4	0.0	(0.4)	0.0	0.1	0.1	0.4	0.1	(0.3)
Equipment Renewal	0.4	0.1	(0.3)	0.5	0.0	(0.5)	0.9	0.1	(0.8)
Facilities Maintenance	1.0	0.1	(0.9)	0.3	0.4	0.1	1.3	0.5	(0.8)
Other Capital Expenditure	5.7	1.9	(3.7)	14.0	0.6	(13.4)	19.7	2.6	(17.1)
Total Capital Programme	**8.0**	**2.2**	**(5.8)**	**18.0**	**3.0**	**(15.0)**	**26.0**	**5.2**	**(20.8)**
Funded By:									
Internally Generated	2.3	0.3	(2.0)	4.2	1.4	(2.7)	6.5	1.8	(4.8)
PDC Funded	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Donated	5.2	1.9	(3.2)	1.5	1.5	(0.0)	6.6	3.4	(3.2)
IFRS16	0.5	0.0	(0.5)	12.4	0.1	(12.3)	12.9	0.1	(12.8)
Disposals - Net Book Value	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Funding	**8.0**	**2.2**	**(5.8)**	**18.0**	**3.0**	**(15.0)**	**26.0**	**5.3**	**(20.8)**

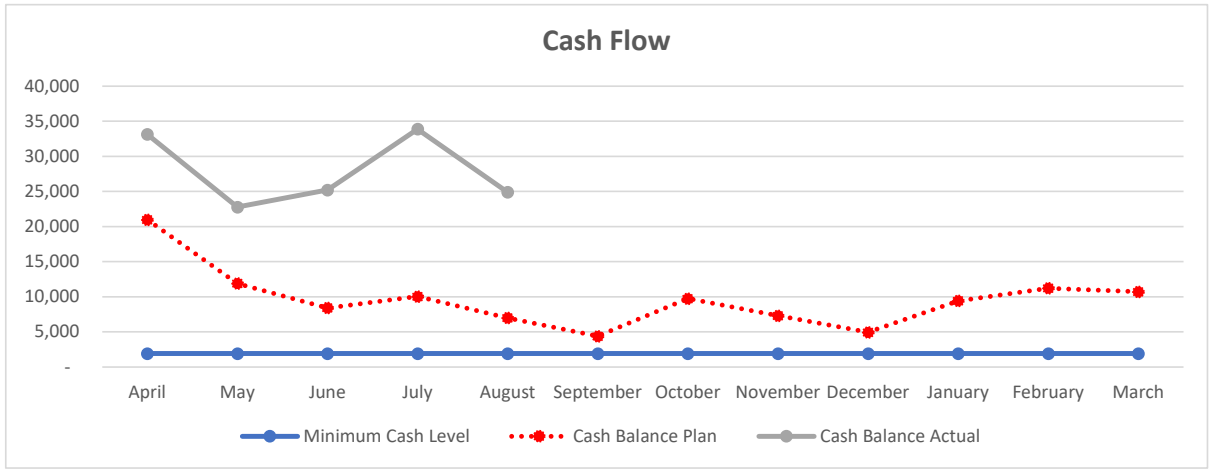
Balance Sheet

£ million	NLAG			HUTH			GROUP		
	Actual 31-Jul-25	Actual 31-Aug-25	In month movement	Actual 31-Jul-25	Actual 31-Aug-25	In month movement	Actual 31-Jul-25	Actual 31-Aug-25	In month movement
Fixed Assets	295.3	295.5	0.2	477.6	488.9	11.3	772.9	784.4	11.5
Other Investments	0.0	0.0	0.0	0.6	0.6	0.0	0.6	0.6	0.0
Current Assets	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Inventories	4.3	4.4	0.1	20.9	21.1	0.2	25.2	25.5	0.4
Trade and Other Debtors	23.9	23.6	(0.3)	37.4	34.3	(3.1)	61.3	57.9	(3.4)
Cash	33.9	24.9	(9.0)	31.8	30.3	(1.5)	65.7	55.2	(10.5)
Total Current Assets	**62.1**	**52.9**	**(9.2)**	**90.1**	**85.7**	**(4.4)**	**152.2**	**138.6**	**(13.6)**
Current Liabilities									
Trade and Other Creditors	(51.9)	(42.5)	9.4	(72.9)	(60.6)	12.3	(124.8)	(103.1)	21.7
Accruals	(23.0)	(24.7)	(1.6)	(45.1)	(50.3)	(5.2)	(68.1)	(75.0)	(6.9)
Other Current Liabilities	(11.9)	(10.2)	1.7	(18.3)	(20.8)	(2.5)	(30.2)	(31.0)	(0.8)
Total Current Liabilities	**(86.8)**	**(77.4)**	**9.4**	**(136.3)**	**(131.7)**	**4.6**	**(223.1)**	**(209.1)**	**14.0**
Net Current Liabilities	**(24.7)**	**(24.5)**	**0.3**	**(46.2)**	**(46.0)**	**0.2**	**(70.9)**	**(70.5)**	**0.4**
Debtors Due > 1 Year	0.8	0.8	0.0	2.3	2.3	0.0	3.0	3.0	0.0
Creditors Due > 1 Year	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Loans > 1 Year	(4.2)	(4.2)	0.0	(4.4)	(4.4)	0.0	(8.6)	(8.6)	0.0
Finance Lease Obligations > 1 Year	(7.8)	(7.7)	0.0	(72.8)	(73.2)	(0.4)	(80.5)	(80.9)	(0.4)
Provisions - Non Current	(3.6)	(3.6)	0.0	(2.3)	(2.3)	0.0	(5.9)	(5.9)	0.0
Total Assets/(Liabilities)	**255.7**	**256.2**	**0.5**	**354.8**	**365.8**	**11.1**	**610.5**	**622.1**	**11.5**
TOTAL CAPITAL & RESERVES	**255.7**	**256.2**	**0.5**	**354.8**	**365.8**	**11.1**	**610.5**	**622.1**	**11.5**

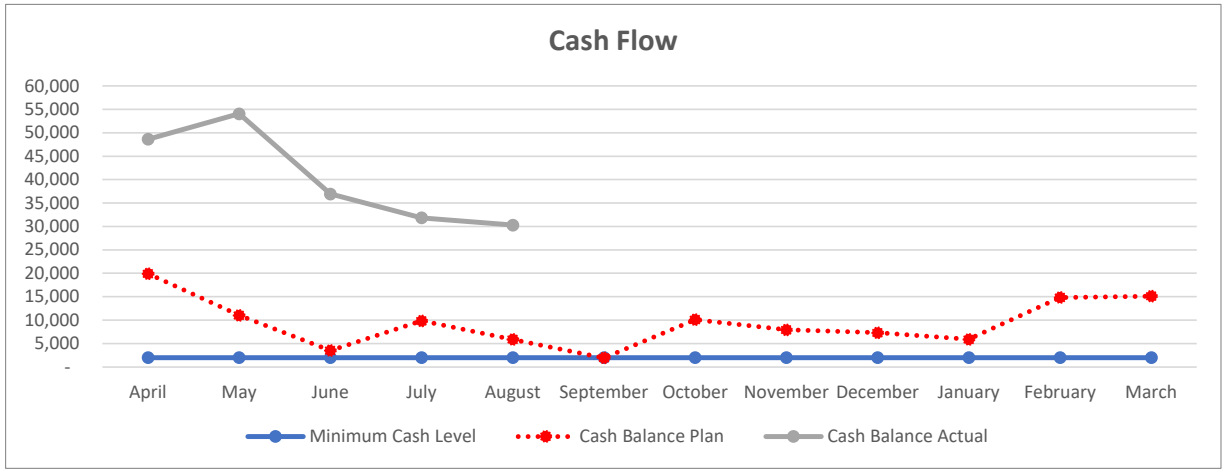
Cash Flow

The Group's cash balance at month 5 was £55.2m. CIP delivery will be the key variable in minimising any cash support requirements in year. The Group's cash position will be monitored closely each month.

NLAG



HUTH



Elective Recovery

The Group is currently over-performing against ERF baselines by £1.3m. Due to the block income arrangements so additional income or penalties have been assumed year-to-date.

	YTD											
£000's	NLAG				HUTH				Group Total			
	Target	Actual	Variance	%	Target	Actual	Variance	%	Target	Actual	Variance	%
H&NY Contracts	29,729	31,598	1,869	106%	64,656	65,174	518	101%	94,385	96,772	2,387	103%
External Contracts	4,120	4,425	305	107%	1,180	1,123	(57)	95%	5,300	5,548	248	105%
Specialist	746	803	57	108%	18,809	17,370	(1,439)	92%	19,555	18,173	(1,382)	93%
Sub Total ERF	**34,595**	**36,826**	**2,231**	**106.4%**	**84,645**	**83,668**	**(977)**	**98.8%**	**119,240**	**120,493**	**1,253**	**101.1%**
A&G	375	375	0	N/A	1,550	1,550	0	N/A	1,925	1,925	0	N/A
Total	**34,970**	**37,201**	**2,231**	**106.4%**	**86,195**	**85,218**	**(977)**	**98.8%**	**121,165**	**122,418**	**1,253**	**101.1%**

	Forecast											
£000's	NLAG				HUTH				Group Total			
	Target	Actual	Variance	%	Target	Actual	Variance	%	Target	Actual	Variance	%
H&NY Contracts	72,322	76,511	4,189	106%	157,287	158,549	1,262	101%	229,609	235,060	5,451	102%
External Contracts	9,888	10,765	877	109%	2,832	2,731	(101)	96%	12,720	13,496	776	106%
Specialist	1,790	1,950	160	109%	45,142	42,257	(2,885)	94%	46,932	44,207	(2,725)	94%
Sub Total ERF	**84,000**	**89,226**	**5,226**	**106.2%**	**205,261**	**203,538**	**(1,723)**	**99.2%**	**289,261**	**292,763**	**3,502**	**101.2%**
A&G	912	912	0	N/A	3,771	3,771	0	N/A	4,683	4,683	0	N/A
Total	**84,912**	**90,138**	**5,226**	**106.2%**	**209,032**	**207,309**	**(1,723)**	**99.2%**	**293,944**	**297,446**	**3,502**	**101.2%**

Temporary Staffing Summary

The Group has spent £29.0m on agency and bank YTD. This is (£1.0m) more than the same period in 2024/25 and remains below the NHSE Target of 3.2% of total pay expenditure at 2.9%.

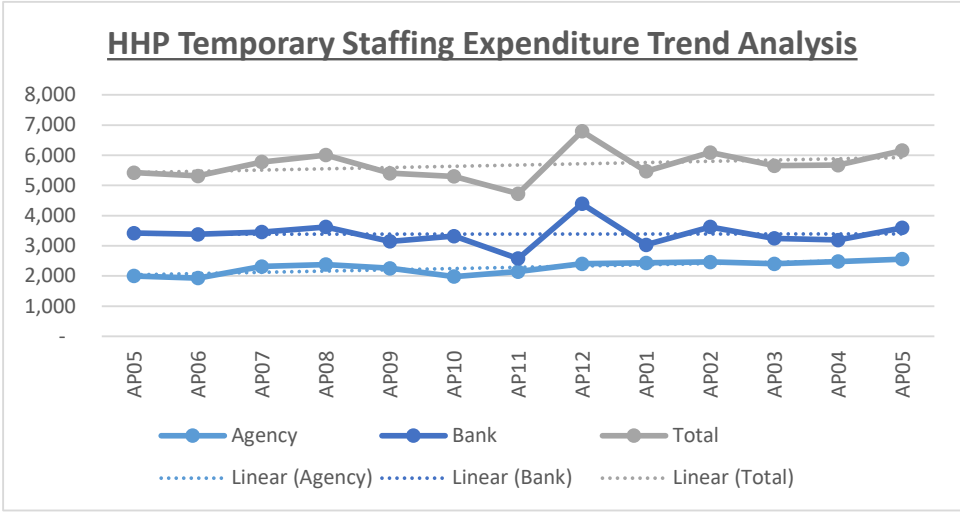
		HUTH (£000s)			NLAG (£000's)			Group Total (£000's)		
Type	Subjective Sub category	2024/25	2025/26	Variance	2024/25	2025/26	Variance	2024/25	2025/26	Variance
Agency	Medical Staff	3,950	3,817	133	4,830	5,559	(729)	8,780	9,376	(596)
	Nursing Staff	64	618	(554)	1,453	1,488	(35)	1,517	2,106	(589)
	Scientific, Therapeutic & Technical Staff	375	114	261	768	696	73	1,143	809	334
	Admin & Clerical Staff	202	(12)	214	166	34	131	368	23	345
	Maintenance Staff	0	0	0	0	0	0	0	0	0
	Support Staff	0	0	0	0	0	0	0	0	0
	Other Staff	0	22	(22)	1	2	(1)	1	24	(22)
Agency Total		**4,591**	**4,560**	**32**	**7,219**	**7,779**	**(560)**	**11,810**	**12,338**	**(529)**
Bank	Medical Staff	1,578	2,037	(459)	4,901	4,056	845	6,479	6,092	386
	Nursing Staff	2,125	1,874	251	5,119	5,406	(288)	7,244	7,280	(37)
	Scientific, Therapeutic & Technical Staff	190	308	(118)	485	607	(122)	675	914	(239)
	Admin & Clerical Staff	1	447	(445)	843	758	85	844	1,205	(360)
	Maintenance Staff	0	0	0	0	0	0	0	0	0
	Support Staff	23	74	(51)	945	1,137	(193)	968	1,212	(244)
	Other Staff	0	0	0	0	0	0	0	0	0
Bank Total		**3,917**	**4,739**	**(822)**	**12,292**	**11,964**	**328**	**16,209**	**16,703**	**(494)**
Grand Total		**8,508**	**9,299**	**(790)**	**19,511**	**19,743**	**(232)**	**28,019**	**29,042**	**(1,023)**

Agency Spend as % Total Pay (3.2% is the NHSE Target)	1.9%	4.4%	2.9%

Temporary Staffing Summary – Directorate / Care Group

The Group has spent £29.0m on all agency and bank pay YTD. This is (£1.0m) more than the same period in 2024/25.

		HUTH (£000s)			NLAG (£000's)			Group Total (£000's)		
Directorate	**Care Group**	**2024/25**	**2025/26**	**Variance**	**2024/25**	**2025/26**	**Variance**	**2024/25**	**2025/26**	**Variance**
Operations	Chief Delivery Officer	0	0	0	0	0	0	0	0	0
	Cancer Network	0	22	(22)	19	23	(4)	19	45	(26)
	Cardiovascular	178	307	(128)	210	184	26	388	491	(103)
	Digestive Diseases	410	336	74	983	933	50	1,393	1,269	124
	Head & Neck	522	608	(87)	1,063	897	166	1,585	1,506	79
	Major Trauma Network	36	72	(35)	78	92	(14)	114	164	(50)
	Patient Services	4	365	(361)	493	442	51	497	807	(310)
	Specialist Cancer and Support Services	1,254	1,023	231	1,075	1,248	(173)	2,330	2,272	58
	Theatres, Anaesthetics and Critical Care	1,139	1,070	69	1,503	1,449	54	2,642	2,519	123
	Sub Total Operations North	**3,545**	**3,803**	**(259)**	**5,424**	**5,269**	**155**	**8,968**	**9,072**	**(104)**
	Chief Delivery Officer	0	0	0	9	0	9	9	0	9
	Acute and Emergency Medicine	1,849	2,065	(216)	5,533	5,915	(383)	7,382	7,981	(599)
	Community, Frailty & Therapy	675	1,318	(643)	1,573	1,526	48	2,249	2,844	(595)
	Family Services	880	590	290	2,245	1,911	334	3,124	2,500	624
	Neuroscience	524	253	271	489	525	(36)	1,014	779	235
	Pathology Network Group	4	6	(2)	429	373	56	433	379	54
	Site Management & Discharge teams	22	202	(181)	125	120	5	147	322	(175)
	Specialist Medicine	427	304	123	1,134	1,540	(406)	1,561	1,844	(283)
	Specialist Surgery	471	501	(30)	1,137	1,016	121	1,608	1,517	91
	Sub Total Operations South	**4,852**	**5,240**	**(388)**	**12,674**	**12,926**	**(253)**	**17,526**	**18,166**	**(641)**
Total Operations		**8,397**	**9,043**	**(647)**	**18,098**	**18,195**	**(98)**	**26,494**	**27,239**	**(745)**
Corporate	Chief Executive	12	0	12	7	0	7	19	0	19
	Chief Medical Officer	1	0	1	110	16	94	111	16	95
	Chief Nurse Office	1	26	(25)	48	57	(9)	49	83	(34)
	Director of Assurance	0	0	0	0	0	0	0	0	0
	Director of People	10	65	(55)	35	14	20	45	80	(35)
	Director of Finance, Estates & Facilities	210	83	127	967	1,145	(178)	1,177	1,228	(51)
	Strategy and Partnerships	0	3	(3)	42	52	(11)	42	55	(13)
Total Corporate		**235**	**177**	**58**	**1,208**	**1,284**	**(76)**	**1,443**	**1,461**	**(19)**
Central Income, Reserves & Technical	Central Income	0	0	0	0	0	0	0	0	0
	Central Technical	(91)	79	(170)	61	263	(203)	(31)	342	(373)
	Reserves	(32)	(0)	(32)	145	(0)	145	113	(0)	113
Total Central Income, Reserves & Technical		**(123)**	**79**	**(202)**	**205**	**263**	**(58)**	**82**	**342**	**(259)**
Surplus / (Deficit)		**8,508**	**9,299**	**(790)**	**19,511**	**19,743**	**(232)**	**28,019**	**29,042**	**(1,023)**

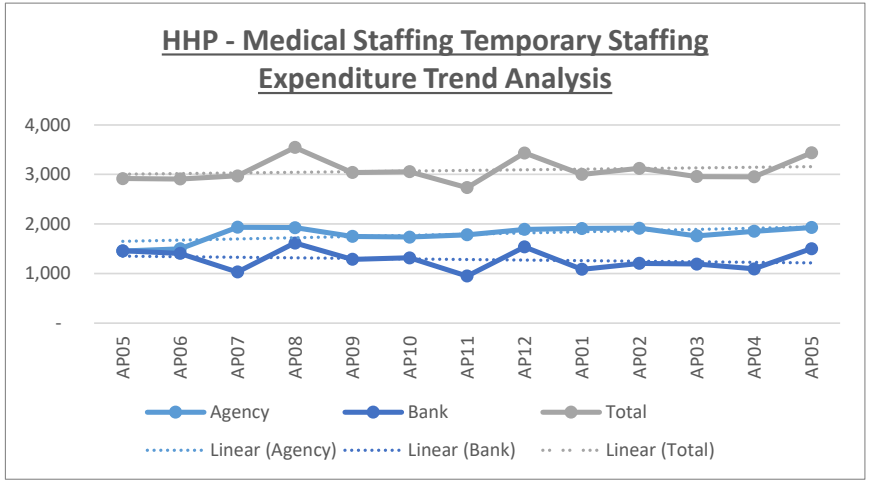


Type	AP05	AP06	AP07	AP08	AP09	AP10	AP11	AP12	AP01	AP02	AP03	AP04	AP05
Agency	2,000	1,934	2,317	2,378	2,255	1,980	2,147	2,403	2,433	2,465	2,405	2,478	2,558
Bank	3,423	3,383	3,459	3,628	3,150	3,322	2,579	4,391	3,035	3,627	3,249	3,195	3,598
Total	**5,423**	**5,317**	**5,776**	**6,006**	**5,405**	**5,302**	**4,726**	**6,794**	**5,468**	**6,092**	**5,654**	**5,673**	**6,156**

Temporary Staffing Summary – Medical Staffing

The Group has spent £15.5m on Medical Staffing agency and bank pay YTD. This is (£0.2m) more than the same period in 2024/25.

		HUTH (£000s)			NLAG (£000's)			Group Total (£000's)		
Directorate	**Care Group**	**2024/25**	**2025/26**	**Variance**	**2024/25**	**2025/26**	**Variance**	**2024/25**	**2025/26**	**Variance**
Operations	Chief Delivery Officer	0	0	0	0	0	0	0	0	0
	Cancer Network	0	0	0	0	0	0	0	0	0
	Cardiovascular	37	209	(173)	21	19	2	57	228	(171)
	Digestive Diseases	166	120	46	455	394	61	621	514	108
	Head & Neck	486	560	(74)	929	706	223	1,415	1,267	148
	Major Trauma Network	0	20	(20)	0	0	0	0	20	(20)
	Patient Services	0	0	0	0	0	0	0	0	0
	Specialist Cancer and Support Services	507	547	(40)	355	393	(38)	862	940	(78)
	Theatres, Anaesthetics and Critical Care	1,103	1,025	78	952	1,123	(171)	2,055	2,148	(93)
	Sub Total Operations North	**2,299**	**2,481**	**(182)**	**2,712**	**2,635**	**77**	**5,011**	**5,116**	**(105)**
	Chief Delivery Officer	0	0	0	0	0	0	0	0	0
	Acute and Emergency Medicine	1,451	1,561	(109)	3,528	3,717	(188)	4,980	5,277	(298)
	Community, Frailty & Therapy	283	652	(369)	591	616	(25)	874	1,268	(394)
	Family Services	680	382	299	898	500	398	1,578	881	697
	Neuroscience	388	176	212	253	266	(13)	641	442	199
	Pathology Network Group	0	0	0	220	144	77	220	144	77
	Site Management & Discharge teams	0	0	0	0	0	0	0	0	0
	Specialist Medicine	193	147	46	598	976	(377)	791	1,122	(331)
	Specialist Surgery	264	388	(124)	945	773	173	1,209	1,161	49
	Sub Total Operations South	**3,259**	**3,305**	**(45)**	**7,035**	**6,991**	**44**	**10,294**	**10,296**	**(2)**
Total Operations		**5,558**	**5,786**	**(228)**	**9,746**	**9,625**	**121**	**15,304**	**15,411**	**(107)**
Corporate	Chief Executive	0	0	0	0	0	0	0	0	0
	Chief Medical Officer	1	0	1	0	0	0	1	0	1
	Chief Nurse Office	0	6	(6)	0	0	0	0	6	(6)
	Director of Assurance	0	0	0	0	0	0	0	0	0
	Director of People	0	0	0	0	0	0	0	0	0
	Director of Finance, Estates & Facilities	0	0	0	0	0	0	0	0	0
	Strategy and Partnerships	0	0	0	0	0	0	0	0	0
Total Corporate		**1**	**6**	**(4)**	**0**	**0**	**0**	**1**	**6**	**(4)**
Central Income, Reserves & Technical	Central Income	0	0	0	0	0	0	0	0	0
	Central Technical Reserves	0	62	(62)	(15)	(10)	(5)	(15)	52	(67)
		(32)	(0)	(32)	0	0	0	(32)	(0)	(32)
Total Central Income, Reserves & Technical		**(32)**	**62**	**(94)**	**(15)**	**(10)**	**(5)**	**(47)**	**52**	**(99)**
Surplus / (Deficit)		**5,528**	**5,854**	**(326)**	**9,731**	**9,615**	**116**	**15,258**	**15,469**	**(210)**

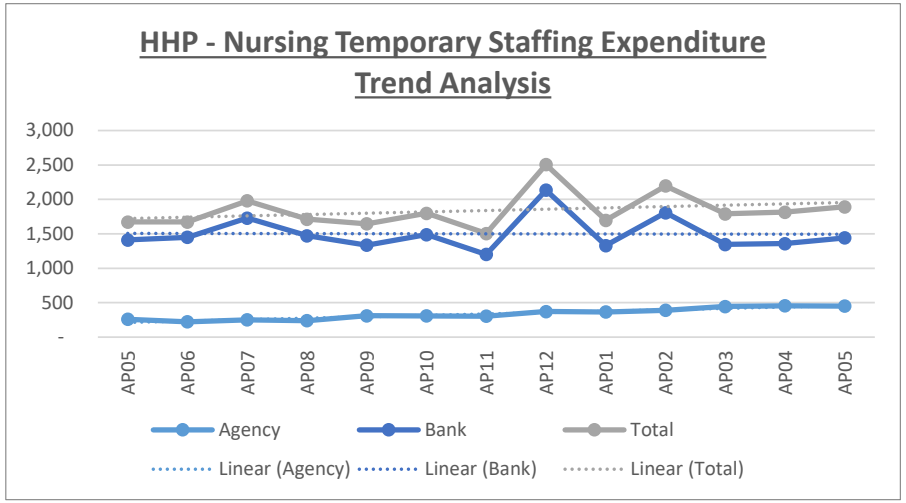


Type	AP05	AP06	AP07	AP08	AP09	AP10	AP11	AP12	AP01	AP02	AP03	AP04	AP05
Agency	1,457	1,502	1,936	1,927	1,750	1,737	1,783	1,892	1,911	1,917	1,763	1,854	1,930
Bank	1,461	1,408	1,034	1,618	1,289	1,319	952	1,540	1,089	1,208	1,194	1,097	1,505
Total	**2,918**	**2,909**	**2,971**	**3,545**	**3,040**	**3,056**	**2,735**	**3,432**	**3,000**	**3,125**	**2,957**	**2,951**	**3,435**

Temporary Staffing Summary - Nursing

The Group has spent £9.4m on Nursing agency and bank pay YTD. This is (£0.6m) more than the same period in 2024/25.

		HUTH (£000s)			NLAG (£000's)			Group Total (£000's)		
Directorate	**Care Group**	**2024/25**	**2025/26**	**Variance**	**2024/25**	**2025/26**	**Variance**	**2024/25**	**2025/26**	**Variance**
Operations	Chief Delivery Officer	0	0	0	0	0	0	0	0	0
	Cancer Network	0	0	0	8	0	8	8	0	8
	Cardiovascular	75	87	(13)	120	141	(21)	195	228	(34)
	Digestive Diseases	244	216	28	526	540	(14)	770	755	15
	Head & Neck	36	18	17	32	6	26	67	24	43
	Major Trauma Network	36	52	(16)	75	92	(17)	111	144	(33)
	Patient Services	4	4	(1)	83	65	18	87	69	17
	Specialist Cancer and Support Services	345	222	123	85	79	6	429	300	129
	Theatres, Anaesthetics and Critical Care	36	46	(9)	480	298	182	517	344	173
	Sub Total Operations North	**775**	**645**	**130**	**1,409**	**1,221**	**188**	**2,184**	**1,866**	**319**
	Chief Delivery Officer	0	0	0	0	0	0	0	0	0
	Acute and Emergency Medicine	397	505	(108)	1,948	2,120	(173)	2,345	2,625	(280)
	Community, Frailty & Therapy	306	562	(257)	722	733	(12)	1,027	1,296	(268)
	Family Services	199	206	(7)	1,316	1,380	(65)	1,515	1,586	(72)
	Neuroscience	136	77	59	224	227	(3)	360	304	56
	Pathology Network Group	1	0	1	0	0	0	1	0	1
	Site Management & Discharge teams	22	197	(176)	123	117	7	145	314	(169)
	Specialist Medicine	234	158	76	527	550	(23)	761	708	53
	Specialist Surgery	208	113	95	183	240	(58)	390	353	37
	Sub Total Operations South	**1,502**	**1,818**	**(316)**	**5,042**	**5,368**	**(326)**	**6,544**	**7,186**	**(642)**
Total Operations		**2,278**	**2,463**	**(185)**	**6,451**	**6,589**	**(138)**	**8,728**	**9,052**	**(323)**
Corporate	Chief Executive	0	0	0	0	0	0	0	0	0
	Chief Medical Officer	0	0	0	0	0	0	0	0	0
	Chief Nurse Office	0	1	(1)	12	23	(11)	12	24	(12)
	Director of Assurance	0	0	0	0	0	0	0	0	0
	Director of People	3	12	(9)	8	6	2	11	18	(7)
	Director of Finance, Estates & Facilities	0	0	0	0	0	(0)	0	0	(0)
	Strategy and Partnerships	0	0	0	0	0	0	0	0	0
Total Corporate		**3**	**13**	**(10)**	**20**	**28**	**(8)**	**23**	**42**	**(18)**
Central Income, Reserves & Technical	Central Income	0	0	0	0	0	0	0	0	0
	Central Technical	(91)	16	(108)	0	277	(277)	(91)	293	(385)
	Reserves	0	0	0	100	0	100	100	0	100
Total Central Income, Reserves & Technical		**(91)**	**16**	**(108)**	**100**	**277**	**(176)**	**9**	**293**	**(284)**
Surplus / (Deficit)		**2,189**	**2,493**	**(304)**	**6,572**	**6,894**	**(322)**	**8,761**	**9,387**	**(626)**



Type	AP05	AP06	AP07	AP08	AP09	AP10	AP11	AP12	AP01	AP02	AP03	AP04	AP05
Agency	260	222	251	239	310	309	304	372	366	391	444	456	450
Bank	1,411	1,450	1,729	1,473	1,335	1,489	1,201	2,134	1,330	1,806	1,345	1,358	1,442
Total	**1,671**	**1,672**	**1,980**	**1,712**	**1,645**	**1,797**	**1,505**	**2,505**	**1,696**	**2,196**	**1,789**	**1,814**	**1,892**

Appendices

Appendix A – Trust I&E & Divisional Budgetary Performance

Income & Expenditure

£million	HUTH £m						NLAG £m						Group £m					
	CM			YTD			CM			YTD			CM			YTD		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Income																		
Clinical Income	74.7	76.1	1.4	376.7	379.0	2.3	46.6	46.8	0.2	232.8	232.8	0.0	121.3	122.9	1.6	609.4	611.8	2.3
Other Income	6.9	18.3	11.3	44.9	45.0	0.0	6.7	6.0	(0.6)	31.1	26.5	(4.6)	13.6	24.3	10.7	76.1	71.5	(4.6)
Total Operating Income	**81.7**	**94.4**	**12.7**	**421.6**	**423.9**	**2.3**	**53.2**	**52.8**	**(0.4)**	**263.9**	**259.3**	**(4.5)**	**134.9**	**147.2**	**12.3**	**685.5**	**683.3**	**(2.2)**
Pay Costs																		
Medical Staff	(17.4)	(18.3)	(1.0)	(87.9)	(89.9)	(2.0)	(10.0)	(10.8)	(0.8)	(50.9)	(52.0)	(1.1)	(27.4)	(29.2)	(1.8)	(138.8)	(141.9)	(3.1)
Nursing Staff	(14.8)	(15.1)	(0.3)	(73.6)	(77.1)	(3.5)	(12.8)	(12.7)	0.1	(64.2)	(64.1)	0.1	(27.6)	(27.8)	(0.3)	(137.9)	(141.2)	(3.4)
Scientific Therapeutic & Technical Staff	(7.0)	(7.1)	(0.1)	(34.4)	(35.5)	(1.0)	(5.0)	(5.2)	(0.2)	(25.0)	(26.0)	(0.9)	(12.0)	(12.3)	(0.3)	(59.5)	(61.5)	(2.0)
Total Clincial Pay	**(39.2)**	**(40.5)**	**(1.4)**	**(196.0)**	**(202.5)**	**(6.6)**	**(27.8)**	**(28.8)**	**(1.0)**	**(140.2)**	**(142.1)**	**(1.9)**	**(67.0)**	**(69.3)**	**(2.3)**	**(336.2)**	**(344.6)**	**(8.5)**
Admin & Clerical Staff	(6.2)	(6.3)	(0.1)	(30.7)	(31.4)	(0.8)	(5.4)	(5.2)	0.2	(26.6)	(26.0)	0.6	(11.6)	(11.5)	0.1	(57.2)	(57.4)	(0.2)
Maintenance Staff	(0.3)	(0.3)	0.0	(1.6)	(1.5)	0.1	(0.2)	(0.2)	0.0	(0.9)	(0.8)	0.1	(0.5)	(0.5)	0.0	(2.5)	(2.4)	0.2
Support Staff	(1.7)	(1.6)	0.1	(8.2)	(8.1)	0.1	(1.6)	(1.6)	0.0	(8.2)	(8.1)	0.1	(3.3)	(3.2)	0.1	(16.4)	(16.1)	0.2
Other Staff	(0.0)	0.0	0.0	(0.1)	(0.1)	(0.0)	(0.0)	(0.0)	0.0	(0.1)	(0.0)	0.0	(0.0)	(0.0)	0.0	(0.1)	(0.1)	0.0
Apprentice Levy	0.0	0.0	0.0	0.0	(0.0)	(0.0)	(0.1)	(0.2)	(0.0)	(0.7)	(0.7)	0.0	(0.1)	(0.2)	(0.0)	(0.7)	(0.7)	0.0
Total Other Pay	**(8.4)**	**(8.4)**	**(0.0)**	**(41.4)**	**(42.0)**	**(0.6)**	**(7.3)**	**(7.1)**	**0.2**	**(36.4)**	**(35.6)**	**0.8**	**(15.7)**	**(15.5)**	**0.2**	**(77.8)**	**(77.7)**	**0.2**
Total Pay Costs	**(47.5)**	**(49.0)**	**(1.4)**	**(237.4)**	**(244.6)**	**(7.2)**	**(35.1)**	**(35.9)**	**(0.7)**	**(176.6)**	**(177.7)**	**(1.1)**	**(82.7)**	**(84.8)**	**(2.2)**	**(414.0)**	**(422.3)**	**(8.3)**
Drugs	(10.9)	(12.6)	(1.7)	(54.7)	(58.4)	(3.7)	(3.4)	(3.2)	0.2	(17.5)	(16.6)	0.9	(14.4)	(15.8)	(1.5)	(72.2)	(75.0)	(2.8)
Clinical Supplies & Services	(7.4)	(6.6)	0.7	(36.5)	(38.6)	(2.1)	(3.9)	(3.8)	0.1	(19.8)	(21.4)	(1.7)	(11.3)	(10.4)	0.9	(56.3)	(60.1)	(3.8)
Total Clinical Non Pay	**(18.3)**	**(19.2)**	**(0.9)**	**(91.2)**	**(97.0)**	**(5.8)**	**(7.3)**	**(7.0)**	**0.3**	**(37.3)**	**(38.1)**	**(0.8)**	**(25.6)**	**(26.3)**	**(0.6)**	**(128.5)**	**(135.1)**	**(6.6)**
General Supplies & Services	(1.9)	(1.6)	0.3	(9.5)	(9.7)	(0.2)	(0.5)	(0.7)	(0.2)	(2.6)	(3.6)	(1.1)	(2.5)	(2.3)	0.1	(12.1)	(13.3)	(1.2)
Establishment Expenses	(0.5)	(0.6)	(0.0)	(2.6)	(2.9)	(0.3)	(0.8)	(0.6)	0.2	(3.4)	(3.0)	0.3	(1.3)	(1.1)	0.2	(6.0)	(6.0)	0.0
Other Establishment Costs	(2.4)	(2.4)	0.0	(12.1)	(12.0)	0.0	(1.5)	(1.5)	0.0	(7.5)	(7.4)	0.0	(3.9)	(3.9)	0.0	(19.6)	(19.5)	0.1
Premises and Fixed Plant	(2.8)	(3.5)	(0.6)	(16.7)	(12.5)	4.2	(2.1)	(2.1)	(0.0)	(10.8)	(10.0)	0.8	(4.9)	(5.6)	(0.7)	(27.5)	(22.5)	5.0
Purchase of Healthcare Services	(3.6)	(2.8)	0.8	(19.5)	(17.2)	2.2	(1.7)	(1.6)	0.0	(8.6)	(8.1)	0.6	(5.3)	(4.4)	0.9	(28.1)	(25.3)	2.8
Miscellaneous Expenditure	(0.0)	(0.0)	(0.0)	(0.1)	(0.2)	(0.1)	(0.2)	(0.1)	0.1	(0.5)	(0.7)	(0.2)	(0.2)	(0.2)	0.1	(0.6)	(0.8)	(0.2)
Education Expenditure	(0.6)	(0.4)	0.2	(3.3)	(2.9)	0.4	(0.6)	(0.3)	0.3	(1.4)	(1.3)	0.2	(1.2)	(0.6)	0.5	(4.7)	(4.2)	0.5
Consultancy Expenditure	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.1)	(0.1)	(0.0)	(0.2)	(0.3)	(0.1)	(0.1)	(0.1)	(0.0)	(0.2)	(0.3)	(0.1)
Total Other Non Pay	**(12.0)**	**(11.3)**	**0.7**	**(63.8)**	**(57.6)**	**6.2**	**(7.4)**	**(7.0)**	**0.4**	**(34.9)**	**(34.4)**	**0.5**	**(19.3)**	**(18.3)**	**1.1**	**(98.7)**	**(91.9)**	**6.8**
Total Non Pay Costs	**(30.3)**	**(30.5)**	**(0.3)**	**(155.0)**	**(154.6)**	**0.4**	**(14.7)**	**(14.0)**	**0.7**	**(72.2)**	**(72.4)**	**(0.2)**	**(45.0)**	**(44.5)**	**0.4**	**(227.2)**	**(227.0)**	**0.2**
Total Operating Expenditure	**(77.8)**	**(79.5)**	**(1.7)**	**(392.4)**	**(399.1)**	**(6.8)**	**(49.9)**	**(49.9)**	**(0.1)**	**(248.8)**	**(250.1)**	**(1.3)**	**(127.7)**	**(129.4)**	**(1.7)**	**(641.2)**	**(649.3)**	**(8.1)**
EBITDA	**3.9**	**14.9**	**11.0**	**29.2**	**24.8**	**(4.4)**	**3.4**	**2.9**	**(0.4)**	**15.1**	**9.2**	**(5.9)**	**7.2**	**17.8**	**10.6**	**44.3**	**34.0**	**(10.3)**
Depreciation	(2.5)	(2.5)	0.0	(12.3)	(12.2)	0.1	(2.1)	(1.9)	0.2	(10.4)	(9.5)	0.8	(4.6)	(4.4)	0.2	(22.7)	(21.7)	1.0
Non Operating Items	(1.4)	(1.4)	0.0	(7.0)	(6.8)	0.2	(0.7)	(0.6)	0.1	(3.4)	(3.0)	0.3	(2.1)	(1.9)	0.1	(10.3)	(9.8)	0.6
Surplus/(Deficit)	**(0.0)**	**11.1**	**11.1**	**9.9**	**5.8**	**(4.1)**	**0.6**	**0.5**	**(0.1)**	**1.4**	**(3.3)**	**(4.7)**	**0.6**	**11.5**	**11.0**	**11.3**	**2.5**	**(8.8)**
NHSE Allowable Adjustments	(0.9)	(12.0)	(11.0)	(14.8)	(13.5)	1.3	(1.5)	(1.4)	0.1	(7.5)	(3.1)	4.5	(2.4)	(13.4)	(11.0)	(22.3)	(16.6)	5.7
Adjusted Surplus / (Deficit)	**(1.0)**	**(0.9)**	**0.0**	**(4.9)**	**(7.7)**	**(2.8)**	**(0.9)**	**(1.0)**	**(0.1)**	**(6.2)**	**(6.4)**	**(0.2)**	**(1.9)**	**(1.9)**	**(0.0)**	**(11.0)**	**(14.1)**	**(3.0)**

Appendix A – Trust I&E & Divisional Budgetary Performance

		HUTH (£m)						NLAG (£m)						GROUP (£m)					
		CM			YTD			CM			YTD			CM			YTD		
Directorate	Care Group	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Operations	Chief Delivery Officer	(0.1)	(0.1)	(0.0)	(0.4)	(0.4)	(0.0)	0.0	0.0	0.0	0.0	0.0	0.0	(0.1)	(0.1)	(0.0)	(0.4)	(0.4)	(0.0)
	Cancer Network	(0.5)	(0.4)	0.1	(2.1)	(2.1)	(0.1)	(0.3)	(0.3)	0.0	(1.4)	(1.3)	0.1	(0.8)	(0.7)	0.1	(3.5)	(3.4)	0.1
	Cardiovascular	(3.8)	(2.8)	1.0	(17.3)	(17.4)	(0.1)	(1.0)	(1.0)	0.1	(4.7)	(4.7)	0.0	(4.8)	(3.7)	1.1	(22.0)	(22.1)	(0.1)
	Digestive Diseases	(3.3)	(3.5)	(0.2)	(14.6)	(15.9)	(1.3)	(2.9)	(2.9)	0.0	(12.7)	(12.4)	0.3	(6.1)	(6.4)	(0.2)	(27.3)	(28.3)	(1.1)
	Head & Neck	(3.9)	(4.0)	(0.1)	(17.5)	(18.0)	(0.5)	(1.4)	(1.6)	(0.2)	(6.5)	(6.8)	(0.3)	(5.3)	(5.6)	(0.3)	(24.0)	(24.8)	(0.9)
	Major Trauma Network	(0.6)	(0.5)	0.0	(2.4)	(2.4)	(0.0)	(0.2)	(0.2)	0.0	(1.0)	(1.0)	0.0	(0.8)	(0.7)	0.1	(3.4)	(3.4)	0.0
	Patient Services	(2.5)	(2.4)	0.1	(11.0)	(11.3)	(0.2)	(2.0)	(1.8)	0.2	(8.4)	(8.4)	0.1	(4.4)	(4.2)	0.3	(19.5)	(19.6)	(0.2)
	Specialist Cancer and Support Services	(19.1)	(19.3)	(0.2)	(90.6)	(90.0)	0.6	(6.6)	(6.4)	0.2	(30.4)	(30.1)	0.3	(25.7)	(25.7)	(0.0)	(121.0)	(120.1)	0.9
	Theatres, Anaesthetics and Critical Care	(8.3)	(8.0)	0.3	(36.8)	(37.8)	(0.9)	(4.6)	(4.3)	0.3	(21.1)	(21.0)	0.1	(12.9)	(12.3)	0.5	(57.9)	(58.8)	(0.9)
	Sub Total Operations North	**(41.9)**	**(41.0)**	**0.9**	**(192.6)**	**(195.3)**	**(2.7)**	**(19.0)**	**(18.5)**	**0.5**	**(86.1)**	**(85.6)**	**0.6**	**(60.9)**	**(59.5)**	**1.4**	**(278.8)**	**(280.9)**	**(2.1)**
	Chief Delivery Officer	0.0	0.0	0.0	0.0	0.0	0.0	(0.1)	(0.1)	0.0	(0.4)	(0.3)	0.1	(0.1)	(0.1)	0.0	(0.4)	(0.3)	0.1
	Acute and Emergency Medicine	(3.8)	(4.1)	(0.3)	(16.7)	(18.2)	(1.5)	(6.4)	(6.1)	0.3	(27.8)	(27.9)	(0.1)	(10.2)	(10.2)	0.0	(44.6)	(46.2)	(1.6)
	Community, Frailty & Therapy	(4.1)	(4.1)	(0.0)	(17.8)	(18.6)	(0.8)	(4.6)	(4.5)	0.1	(20.7)	(21.1)	(0.4)	(8.7)	(8.6)	0.1	(38.5)	(39.7)	(1.2)
	Family Services	(5.4)	(5.6)	(0.3)	(23.7)	(25.3)	(1.6)	(5.1)	(4.9)	0.2	(22.2)	(22.6)	(0.4)	(10.4)	(10.5)	(0.1)	(45.9)	(47.8)	(1.9)
	Neuroscience	(2.5)	(2.3)	0.2	(11.2)	(11.0)	0.1	(0.7)	(0.8)	(0.1)	(3.2)	(3.5)	(0.2)	(3.2)	(3.1)	0.1	(14.4)	(14.5)	(0.1)
	Pathology Network Group	(2.1)	(2.0)	0.1	(9.7)	(9.9)	(0.2)	(2.4)	(2.3)	0.1	(10.6)	(10.6)	(0.1)	(4.5)	(4.3)	0.2	(20.2)	(20.5)	(0.2)
	Site Management & Discharge teams	(0.3)	(0.3)	(0.0)	(1.4)	(1.6)	(0.2)	(0.4)	(0.4)	0.0	(1.7)	(1.8)	(0.0)	(0.7)	(0.7)	(0.0)	(3.1)	(3.4)	(0.3)
	Specialist Medicine	(4.2)	(4.0)	0.2	(19.2)	(19.3)	(0.1)	(2.3)	(2.2)	0.1	(9.8)	(10.2)	(0.4)	(6.5)	(6.3)	0.2	(29.0)	(29.5)	(0.5)
	Specialist Surgery	(4.0)	(4.3)	(0.3)	(17.7)	(18.6)	(0.9)	(2.1)	(2.0)	0.1	(9.1)	(9.1)	0.0	(6.0)	(6.3)	(0.3)	(26.8)	(27.7)	(0.9)
	Sub Total Operations South	**(26.2)**	**(26.8)**	**(0.6)**	**(117.3)**	**(122.5)**	**(5.2)**	**(24.1)**	**(23.3)**	**0.8**	**(105.6)**	**(107.0)**	**(1.4)**	**(50.3)**	**(50.1)**	**0.2**	**(222.9)**	**(229.5)**	**(6.6)**
Total Operations		**(68.2)**	**(67.8)**	**0.3**	**(310.0)**	**(317.8)**	**(7.8)**	**(43.1)**	**(41.8)**	**1.3**	**(191.7)**	**(192.6)**	**(0.9)**	**(111.3)**	**(109.6)**	**1.6**	**(501.7)**	**(510.4)**	**(8.7)**
Corporate	Chief Executive	(0.1)	(0.1)	(0.0)	(0.6)	(0.7)	(0.1)	(0.1)	(0.1)	(0.0)	(0.5)	(0.6)	(0.1)	(0.2)	(0.3)	(0.1)	(1.1)	(1.3)	(0.2)
	Chief Medical Officer	(1.5)	(1.7)	(0.2)	(6.7)	(6.8)	(0.1)	(1.5)	(1.5)	(0.0)	(6.8)	(6.5)	0.3	(3.0)	(3.3)	(0.2)	(13.5)	(13.2)	0.3
	Chief Nurse Office	(3.0)	(3.2)	(0.2)	(14.9)	(15.3)	(0.4)	(2.3)	(2.3)	0.0	(11.2)	(11.0)	0.2	(5.3)	(5.5)	(0.2)	(26.1)	(26.3)	(0.2)
	Director of Assurance	(0.0)	(0.0)	(0.0)	(0.1)	(0.1)	(0.0)	(0.1)	(0.1)	0.0	(0.4)	(0.4)	(0.0)	(0.1)	(0.1)	0.0	(0.4)	(0.5)	(0.0)
	Director of People	(0.9)	(0.9)	(0.0)	(4.4)	(4.1)	0.3	(0.8)	(0.8)	0.0	(4.1)	(3.9)	0.2	(1.8)	(1.8)	0.0	(8.5)	(8.0)	0.5
	Director of Finance, Estates & Facilities	(6.2)	(5.6)	0.6	(29.2)	(27.9)	1.2	(4.3)	(4.2)	0.2	(19.8)	(19.9)	(0.1)	(10.5)	(9.7)	0.8	(49.0)	(47.9)	1.1
	Strategy and Partnerships	(0.5)	(0.5)	(0.0)	(2.6)	(2.4)	0.2	(0.4)	(0.3)	0.0	(1.7)	(1.5)	0.2	(0.9)	(0.9)	0.0	(4.4)	(4.0)	0.4
Total Corporate		**(12.4)**	**(12.2)**	**0.2**	**(58.5)**	**(57.4)**	**1.2**	**(9.5)**	**(9.4)**	**0.2**	**(44.5)**	**(43.8)**	**0.7**	**(21.9)**	**(21.5)**	**0.3**	**(103.1)**	**(101.2)**	**1.9**
Central Income, Reserves & Technical	Central Income	76.9	87.7	10.8	397.2	394.5	(2.7)	48.3	48.2	(0.0)	241.1	240.3	(0.7)	125.2	135.9	10.8	638.2	634.8	(3.4)
	Central Technical	(3.5)	(3.2)	0.3	(20.2)	(13.3)	6.8	(1.1)	(0.8)	0.3	(5.3)	(7.2)	(1.9)	(4.6)	(4.0)	0.6	(25.5)	(20.5)	4.9
	Reserves	7.1	6.6	(0.5)	1.4	(0.2)	(1.5)	6.0	4.2	(1.8)	1.9	(0.1)	(1.9)	13.1	10.8	(2.4)	3.2	(0.2)	(3.5)
Total Central Income, Reserves & Technical		**80.5**	**91.1**	**10.6**	**378.4**	**381.0**	**2.6**	**53.2**	**51.6**	**(1.6)**	**237.6**	**233.1**	**(4.6)**	**133.7**	**142.7**	**9.0**	**616.0**	**614.1**	**(1.9)**
Surplus / (Deficit)		**(0.0)**	**11.1**	**11.1**	**9.9**	**5.8**	**(4.1)**	**0.6**	**0.5**	**(0.1)**	**1.4**	**(3.3)**	**(4.7)**	**0.6**	**11.5**	**11.0**	**11.3**	**2.5**	**(8.8)**
Adjustments to adjusted financial performance		(0.9)	(12.0)	(11.0)	(14.8)	(13.5)	1.3	(1.5)	(1.4)	0.1	(7.5)	(3.1)	4.5	(2.4)	(13.4)	(11.0)	(22.3)	(16.6)	5.7
Adjusted financial performance Surplus / (Deficit)		**(1.0)**	**(0.9)**	**0.0**	**(4.9)**	**(7.7)**	**(2.8)**	**(0.9)**	**(1.0)**	**(0.1)**	**(6.2)**	**(6.4)**	**(0.2)**	**(1.9)**	**(1.9)**	**(0.0)**	**(11.0)**	**(14.1)**	**(3.0)**

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Council of Governors Business Meeting

Agenda Item No: CoG(25)098

Name of the Meeting	**Council of Governors Business Meeting**
Date of the Meeting	5 November 2025
Director Lead	David Sharif, Group Director of Assurance
Contact Officer/Author	David Sharif, Group Director of Assurance
Title of the Report	**Board Assurance Framework**
Executive Summary	The following report highlights the Q3 current risks and scores: 1. People – 20 2. Performance – 20 3. Patients – 20 4. Pioneer – 12 5. Partnerships – 12 6. Public Purse – 16 7. Population – TBC There are actions underway addressing all of the BAF risks. For all Group risks, both individually and in combination more generally for all strategic risks, robust management and oversight is required to preserve and nurture the Group's reputation and credibility for patients and broader stakeholders. The risk appetite levels agreed by the Boards-in-Common are now included in this report as a prompt. No proposed changes to risk appetites were deemed necessary. Each CiC receives a quarterly update on the BAF for review and approval, this round will inform the October CICs. **The COG is asked to:** • Note and review the BAF risks • Note that the risks have been reviewed by the Executive Team
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.
Financial implication(s) (if applicable)	The actions being taken to mitigate the risks should produce more efficient systems and processes across the Group
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	No immediate EDI Concerns
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ☐ Assurance ☐ Other – please detail below:

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Front Sheet
Boards-in-Common
Board Assurance Framework

Meeting name	Boards-in-Common
Meeting date	10 October 2025
Director Lead	David Sharif, Group Director of Assurance
Contact Officer / Author	Rebecca Thompson, Deputy Director of Assurance
Title of the Report	Board Assurance Framework (BAF)
Executive Summary	The following report highlights the Q3 current risks and scores: 1. People – 20 2. Performance – 20 3. Patients – 20 4. Pioneer – 12 5. Partnerships – 12 6. Public Purse – 16 7. Population – TBC The BAF has been reviewed to align with the Strategic Objectives (the 6 Ps). At this stage, the previous risk ratings, controls and assurances have not changed and the Executive Team will review again through the next round of meetings. No proposed changes to risk appetites were deemed necessary.

A narrative for the Population risk has been developed and its controls, assurances and actions will be developed through the same process:

We aim to help those with the greatest needs and help everyone to live well. However, if we fail to work with partners to tackle inequity in care delivery, listen to the patient's voice and choice, and embed new models of care, we will not address growing demand and improve the life chances of those living in the most deprived communities.

For all Group risks, both individually and in combination more generally for all strategic risks, robust management and oversight is required to preserve and nurture the Group's reputation and credibility for patients and broader stakeholders.

Each CiC receives a quarterly update on the BAF for review and approval, this round will inform the October CiCs and bring all reviews up to date. The number of controls and assurances without an indication of their strength continues to reduce with each review.

There are actions underway addressing all the listed BAF risks. The Boards are invited to consider the risk score factors.

Recommendations:

The Boards-in-Common are asked to:

- Note and review the BAF risks
- Note that the risks have been aligned to the Strategic Objectives (6 Ps)
- Note that the risks have been reviewed by the Executive Team

Background information and/or Supporting Document(s) (if applicable)	All BAF risks are updated following discussion between the Executive Team and the Group Director of Assurance. Due to leave and sickness absence, the risk updates for patients – access, partnerships and public purse remain as at June 2025.
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	☑ Approval ☑ Information ☐ Discussion ☐ Review ☐ Assurance ☐ Other

Board Assurance Framework

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Partnership

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):

#1

- The strategic risk description;
- 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) with a circle indicated for each of the risk scores; current, tolerable and target.

#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.

Summary

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The following table summarises the 6 strategic risks facing the Group and the key aspects including their current score with current mitigations towards the target score. There are 4 risks scoring 15 or over. The risks coloured red indicate those risks scoring above the maximum score set by the appetite score.

ID	Heading	CiC	Strategic risk	Risk owner/s	Latest score	Score change	Scored date	Appetite	Max target score	Optimal risk	Last reviewed
1	People	WEC	We aim to support our staff. However, if we fail to embed compassionate and inspirational leadership and fail to address our working environments, then staff engagement scores (from staff surveys) will not improve and our staff retention and attendance rates will decline.	Simon Nearney, Group Chief People Officer	20		30/04/2025	Balanced	12	8	15/07/2025
2	Patients - Access	PEF	We aim to achieve upper quartile performance. However, if we fail to develop the necessary skills and capabilities in our teams and have access to information to drive change, we will fail to give patients access to care they need, when they need it.	Sarah Tedford, Interim Group Chief Delivery Officer	20	0	24/01/2025	Open	16	4	17/06/2025
3	Patients - Safety	QS	We aim to make sure our patients get the safe, quality care they need and have a good experience. However, if we do not transform our clinical services and keep our patients safe, we will fail to become a CQC outstanding organisation, delivering safe, sustainable and inclusive healthcare services.	Kate Wood, Group Chief Medical Officer, Amanda Stanford, Group Chief Nursing Officer	20		12/09/2025	Cautious	9	4	12/09/2025
4	Pioneers	SPP	We aim to invest in robust digital foundations, a virtual hospital and research and innovation infrastructure. However, if we fail to embrace digital and tech, prioritise research and innovation and build skills for transformation, we will fail to adopt new technologies and ways of working for the benefit of our patients and our population.	Andy Haywood, Group Chief Strategy, Partnerships and Digital Officer, Kate Wood, Group Chief Medical Officer	12		05/09/2025	Open	12	4	05/09/2025
5	Partnerships	SPP	We aim to work well with others, build trust and develop ambitious partnerships for the future. However, if we lack credibility and fail to communicate our offer and where we need support, we will not become an outward-looking organisation that is genuinely collaborative in all that we do.	Lyn Simpson, Interim Group Chief Executive Officer, Andy Haywood, Group Chief Strategy, Partnerships and Digital Officer	12		28/04/2025	Balanced	12	4	30/06/2025
8	Public Purse	PEF	We aim to achieve financial sustainability through streamlining processes and removing duplication. However, if we fail to live within our means, address our estates utilisation, deliver value-based care and reduce our impact on the planet, we will become unsustainable and be subject to regulatory action.	Emma Sayner, Group Chief Financial Officer	16	-4	04/02/2025	Open	15	9	23/06/2025

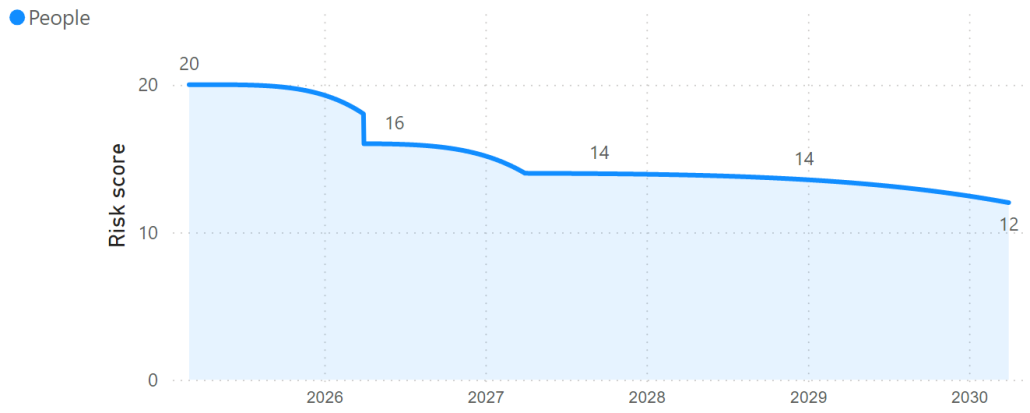
1. People

The strategic risk affecting our objective, 'People' is led by Simon Nearney, Group Chief People Officer and reported to the Workforce, Education and Culture Committees-in-Common. Under the risk category of People, the risk's current score is 20 and its score last changed on 23/09/2025. The actions were last reviewed on 23 September 2025. In full, the risk is:

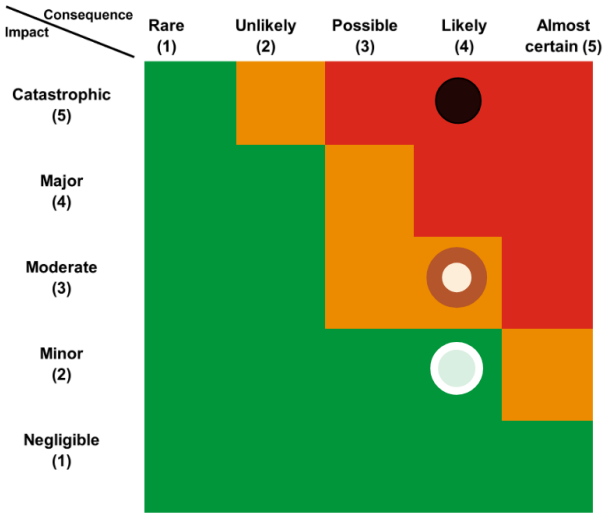
We aim to support our staff. However, if we fail to embed compassionate and inspirational leadership and fail to address our working environments, then staff engagement scores (from staff surveys) will not improve and our staff retention and attendance rates will decline.

The graphic opposite shows the current risk score (the filled black marker), the tolerable score (dark amber circle) and the optimal risk score (the hollow white marker) against the matrix relevant to the risk's appetite (Balanced). The risk appetite statement is shown below the graphic.

The chart below shows the expected risk score trajectory towards the tolerable score given the actions being taken and detailed later in this report.



Current score and risk appetite



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

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

Risk appetite statement (Balanced)

Our staff are the most important ingredient to deliver safe and effective care 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.

1. People

The tables opposite detail the high-level Controls in operation (left) and the gaps in control that currently exist (right) together with references to the actions being taken to address those gaps (see over for action details).
The figures in the total column indicate the number of actions addressing that gap. The figures in the total row indicate the number of gaps being addressed by that action.

Control	Rating
Annual Care Group Workforce plans	Limited
Care Group Performance and Accountability	Limited
CESR Programme	Significant
Cultural transformation programme	Limited
EDI Steering Group	Reasonable
E-Rostering for clinical staff	Reasonable
Group Leadership Strategy (in development)	Limited
Group People Strategy 2025-28	Reasonable
Group Senior Management Team (was EMC)	Reasonable
International recruitment drives	Reasonable
Medical Workforce Strategy 2025-28	Limited
Required Learning Steering Group	Limited
Talent management team for international recruitment	Limited
Workforce Transformation Committee	Reasonable

Gaps in control (and Action ID)	5	6	7	8	38	Total
Hard to recruit roles in medical specialities	1	1	1			3
Management and Leadership consistency in delivering the People Promise to staff				1	1	2
Sufficient attraction, to recruit and retain staff to work in the area	1	1	1	1		4
Total	**2**	**2**	**2**	**2**	**1**	**9**

The tables opposite detail the high-level Assurances (left) and the assurance gaps that currently exist (right) together with references to the actions being taken to address those gaps (see over for action details).
The figures in the total column indicate the number of actions addressing that gap. The figures in the total row indicate the number of gaps being addressed by that action.

Source	Assurance	Rating
Internal	Bi-annual Safer Staffing Report	Limited
Internal	Certificate of Eligibility for Specialist Registration metrics to Group Workforce Transformation Committee	Reasonable
Internal	Integrated Performance Report	Reasonable
External	Staff survey and quarterly pulse surveys	Limited
External	Workforce Report to Pay and Agency meetings	Reasonable
External	WRES / WDES reports	Limited

Assurance gaps (and Action ID)	5	7	Total
Frequent culture and staff experience measures		1	1
Lack of assurance re short term additional hours / overtime from Care Groups	1		1
Manual triangulation of KPIs across Care Groups, Corporate and locations	1		1
Plans to address ageing workforce profile		1	1
Total	**2**	**1**	**4**

1. People

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The table below details the 4 actions underway to reduce the current risk score of 20. The completion date is the estimated date for the action to be substantively ended or become a business as usual activity. The benefits date is the point at which there is no more risk reduction anticipated from the action. A closed action may continue to contribute to a risk score reduction, hence its inclusion here where appropriate. Where a primary action is true, it contributes to the risk reduction trajectory shown earlier.

ID	Action	Completion date	Benefits date	Update	Last updated	Action owner/s	Delivery assurance
6	Recruitment drives using the Group values to attract high calibre candidates - focussed on medical staff and other key areas	31/03/26	01/04/26	Focus currently on medical staff.	23/09/25	Simon Nearney, Group Chief People Officer	Significant
7	Cultural Transformation action plan development	31/03/26	01/04/30	Care Groups / Corporates implementing actions plans. Some Corporate decisions are likely to have a detrimaentla impact on future engagement scores (e.g. car parking space / charges, food availability and prices)	23/09/25	Simon Nearney, Group Chief People Officer	Reasonable
8	Group Leadership network and training programme - November 2024	30/12/25	01/04/27	New leadership programme for the Group launched (bitesize programme). Putting People First in Q2 phase. Focus required on strengthening performance management and transformation whilst balancing support to staff where required.	23/09/25	Simon Nearney, Group Chief People Officer	Reasonable
38	Group Well-being platform live and being maintained	28/02/25	01/04/26	Went live with platform - now responding to requests from staff accessing the offer	23/09/25	Simon Nearney, Group Chief People Officer	Significant

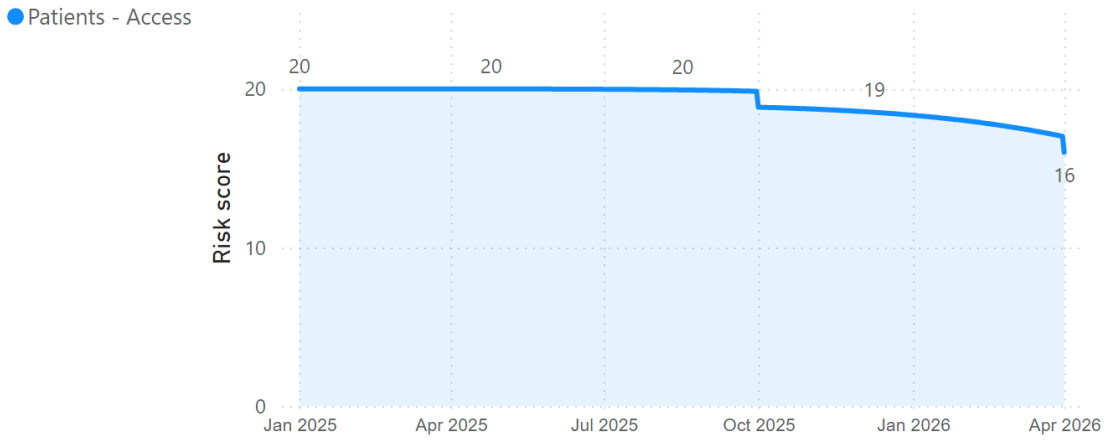
2. Patients - Access

The strategic risk affecting our objective, 'Patients - Access' is led by Sarah Tedford, Group Chief Delivery Officer and reported to the Performance, Estates and Finance Committees-in-Common. Under the risk category of Patients - Access, the risk's current score is 20 and its score last changed on 24/01/2025. The actions were last reviewed on 17 June 2025. In full, the risk is:

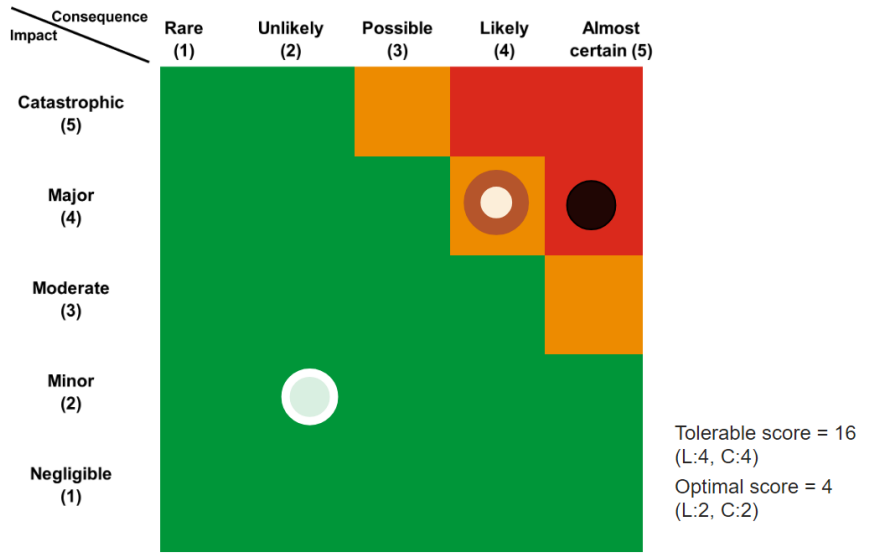
We aim to achieve upper quartile performance. However, if we fail to develop the necessary skills and capabilities in our teams and have access to information to drive change, we will fail to give patients access to care they need, when they need it.

The graphic opposite shows the current risk score (the filled black marker), the tolerable score (dark amber circle) and the optimal risk score (the hollow white marker) against the matrix relevant to the risk's appetite (Open). The risk appetite statement is shown below the graphic.

The chart below shows the expected risk score trajectory towards the tolerable score given the actions being taken and detailed later in this report.



Current score and risk appetite



Risk appetite statement (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.

2. Patients - Access

The tables opposite detail the high-level Controls in operation (left) and the gaps in control that currently exist (right) together with references to the actions being taken to address those gaps (see over for action details).
The figures in the total column indicate the number of actions addressing that gap. The figures in the total row indicate the number of gaps being addressed by that action.

Control	Rating
Care Group Performance and Accountability	Limited
Financial Planning Improvement Board	Limited
Flow programme	Reasonable
National performance framework for support and scrutiny	Limited
Operating plan 2025-26	Limited
Planned Care Board	Reasonable
Tier 1 review processes - UEC and Cancer	Significant
Unplanned Care Board	Reasonable

Gaps in control (and Action ID)	21	31	37	41	53	Total
Challenge in resolving numerous national expectations / targets with available finance, degrading or overriding control				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
Weak culture of improvement/change management and siloed working	1			1		2
Total	**1**	**1**		**2**	**1**	**1**	**6**

The tables opposite detail the high-level Assurances (left) and the assurance gaps that currently exist (right) together with references to the actions being taken to address those gaps (see over for action details).
The figures in the total column indicate the number of actions addressing that gap. The figures in the total row indicate the number of gaps being addressed by that action.

Source and assurance
External
Acute Provider collaboration reports
GIRFT reviews - identifying progress towards modernising services and improving experiences and outcomes for patients
ICU Network review
NHS tiering arrangements and support or freedoms
Internal
2025-26 Operational Plan Assurance Statement
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)	20	31	42	53	Total
Absence of a comprehensive demand and capacity (bed) model that supports scenario analysis and planning	1			1	2
Absence of routine data quality monitoring and patient record validation		1	1		2
Total	**1**	**1**	**1**	**1**	**4**

2. Patients - Access

NHS Humber Health Partnership

The table below details the 7 actions underway to reduce the current risk score of 20. The completion date is the estimated date for the action to be substantively ended or become a business as usual activity. The benefits date is the point at which there is no more risk reduction anticipated from the action. A closed action may continue to contribute to a risk score reduction, hence its inclusion here where appropriate. Where a primary action is true, it contributes to the risk reduction trajectory shown earlier.

ID	Action	Completion date	Benefits date	Update	Last updated	Action owner/s	Delivery assurance
20	Strategic Bed Review (based on optimum LoS)	31/12/24	01/04/26	Deep dive LOS and bed work in progress report presented to PEF on 4/3/25. PA Consulting to undertake a bed utilisation review (ahead of developing in-house modelling capacity)	04/03/25	Andy Haywood, Group Chief Strategy, Partnerships and Digital Officer, Adam Creeggan, Group Director of Performance, Sarah Tedford, Group Chief Delivery Officer	Limited
21	Embed QI Methodology		01/04/26			Andy Haywood, Group Chief Strategy, Partnerships and Digital Officer, Heather McNair, Interim Group Chief Nurse	
31	Standing up revised organisational data quality governance		01/04/26		18/02/25	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	31/03/26	01/04/26	Appointed Site Director of Operations and Transformation - due to start July-25	17/06/25	Simon Nearney, Group Chief People Officer, Sarah Tedford, Group Chief Delivery Officer	Limited
41	Delivery of BI investment		01/04/26		18/02/25	Adam Creeggan, Group Director of Performance	
42	External PTL validation exercise (using AI) to help cleanse PTL and ensure future booking capacity is optimised	30/09/25	01/10/25	Internal exercise underway at present with plan to engage AI later	01/05/25	Adam Creeggan, Group Director of Performance	
53	Develop and embed Care Group integrated plans aligning expendture, activity and workforce	31/05/25	31/03/26	Set clear and individual objectives across four domains of finance, activity and workforce	01/05/25	Emma Sayner, Group Chief Financial Officer, Sarah Tedford, Group Chief Delivery Officer	Significant

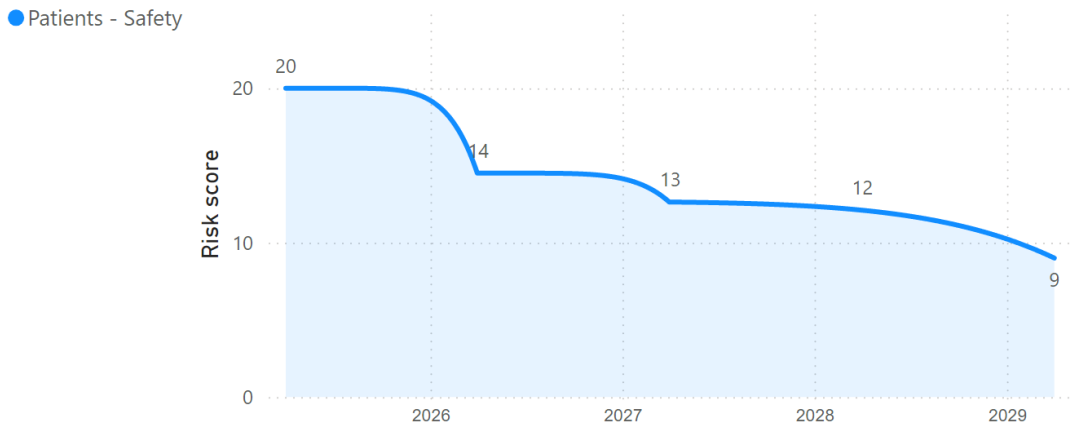
3. Patients - Safety

The strategic risk affecting our objective, 'Patients - Safety' is led by Amanda Stanford, Group Chief Nursing Officer and reported to the Quality and Safety Committees-in-Common. Under the risk category of Patients - Safety, the risk's current score is 20 and its score last changed on 12/09/2025. The actions were last reviewed on 12 September 2025. In full, the risk is:

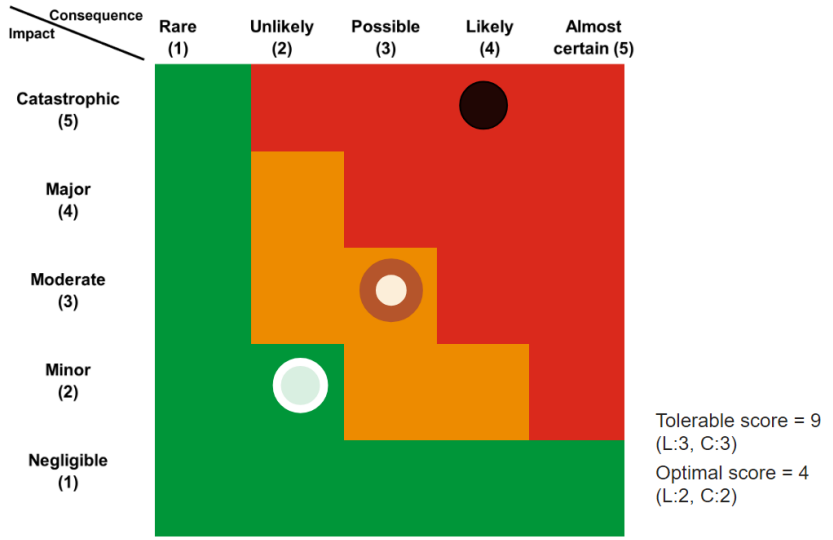
We aim to make sure our patients get the safe, quality care they need and have a good experience. However, if we do not transform our clinical services and keep our patients safe, we will fail to become a CQC outstanding organisation, delivering safe, sustainable and inclusive healthcare services.

The graphic opposite shows the current risk score (the filled black marker), the tolerable score (dark amber circle) and the optimal risk score (the hollow white marker) against the matrix relevant to the risk's appetite (Cautious). The risk appetite statement is shown below the graphic.

The chart below shows the expected risk score trajectory towards the tolerable score given the actions being taken and detailed later in this report.



Current score and risk appetite



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

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

Risk appetite statement (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.

3. Patients - Safety

The tables opposite detail the high-level Controls in operation (left) and the gaps in control that currently exist (right) together with references to the actions being taken to address those gaps (see over for action details).
The figures in the total column indicate the number of actions addressing that gap. The figures in the total row indicate the number of gaps being addressed by that action.

Control	Rating
Accreditation Frameworks	Significant
Care Group Performance and Accountability	Limited
Continuous Professional Development for all health professionals and mapped to Quality Priorities	
Freedom to Speak Up Guardian	Reasonable
Incident Reporting culture	Limited
Infection Control Committee	
Martha's Rule Compliance	Limited
Maternity and Neonatal Assurance Group	Reasonable
Mortality Improvement Group	Reasonable
National Best Practice for Audits	Reasonable
National NICE Guidance	Reasonable
Patient Experience and Learning	
Patient Safety and Learning Group	
Patient Safety Partners involvement	
Peer Review Process	
Quality and Safety Strategy	
Risk and Compliance Group	Reasonable
Safe Staffing Models	Reasonable
Statutory and Mandatory Training	Limited
Strategic Safeguarding Board	

Gaps in control (and Action ID)	12	13	14	15	52	54	Total
Comprehensive safety culture	1	1		1		1	**4**
Data quality issues in supporting metrics	1						**1**
Embedded awareness of requirement to fulfill EQIA process			1				**1**
Fully safe staffing levels (North)		1					**1**
Inconsistent evidence of embedded improved processes	1						**1**
Lack of consistent basic hygiene compliance				1			**1**
Lack of involvement in national quality audits					1		**1**
Lack of positive medical engagment in delivery						1	**1**
Martha's Rule compliance						1	**1**
Strong speak up and reporting culture				1			**1**
Weak quality governance from ward to board	1						**1**
Total	**2**	**2**	**2**	**1**	**3**	**1**	**3**	**14**

The tables opposite detail the high-level Assurances (left) and the assurance gaps that currently exist (right) together with references to the actions being taken to address those gaps (see over for action details).
The figures in the total column indicate the number of actions addressing that gap. The figures in the total row indicate the number of gaps being addressed by that action.

Source	Assurance	Rating
Internal	Bi-annual Safer Staffing Report	Limited
Internal	Clinical audit outcomes	Reasonable
Internal	Complaint levels	Limited
Internal	CQC Action Plan	
External	External agency visit and inspection reports	Limited
Internal	Friends and Family Test reporting	Reasonable
External	GIRFT reviews - identifying progress towards modernising services and improving experiences and outcomes for patients	Limited
Internal	Incident reporting	Limited
Internal	Integrated Performance Report	Reasonable
Internal	Maternity Neonatal Dashboard	
External	National Patient Survey	
Internal	Ouputs from QI Programme	Limited
Internal	Risk Management metrics	
Internal	Statutory and mandatory compliance levels	Limited
Internal	Ward accreditation metrics	

Assurance gaps (and Action ID)	11	12	13	15	Total
Absence of routine data quality monitoring and patient record validation	1				**1**
Poor regulatory status		1	1		**2**
Poor triangulation of KPIs across Care Groups, Corporate and locations	1				**1**
PSIRF Processes not fully embedded		1		1	**2**
Risk Management process not fully embedded	1				**1**
Total	**2**	**1**	**2**	**1**	**1**	**7**

3. Patients - Safety

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The table below details the 9 actions underway to reduce the current risk score of 20. The completion date is the estimated date for the action to be substantively ended or become a business as usual activity. The benefits date is the point at which there is no more risk reduction anticipated from the action. A closed action may continue to contribute to a risk score reduction, hence its inclusion here where appropriate. Where a primary action is true, it contributes to the risk reduction trajectory shown earlier.

ID	Action	Completion date	Benefits date	Update	Last updated	Action owner/s	Delivery assurance
55	***** QS ***** Patient decision-making						
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 Nursing Officer	
15	Develop and embed the Ward Accreditation programme	31/03/25	01/04/29	Action complete. 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 Nursing Officer	Significant
11	Develop and publish Risk Management strategy	01/05/25	31/03/26	Draft anticipated during October 2025, with copy to ARG before Nov meeting	12/09/25	Amanda Stanford, Group Chief Nursing Officer	Limited
12	Develop and publish Quality and Safety Strategy	01/06/25	31/03/26	Draft presented to 29 May Q&S with further draft planned for Sep copy following comments from CiC members	12/09/25	Amanda Stanford, Group Chief Nursing Officer	Reasonable
14	Embed EQIA process (outlined in six-month finance report for 2024-25)	01/05/25	31/03/26	EQIA team well established within PMO. Completed full EQIA process as part of Winter Plan submission. Need to continually raise awareness among staff more broadly through FPIB.	12/09/25	Kate Wood, Group Chief Medical Officer, Amanda Stanford, Group Chief Nursing Officer	Reasonable
39	CQC preparations for Care Groups	30/09/25	01/04/29	On hold given changes in regulatory provider framework	01/10/25	Amanda Stanford, Group Chief Nursing Officer	
54	Implementing programme of Martha's Rule actions	31/03/26	01/04/27	Piloting six wards, using feedback to inform rollout for organisation. Phase 2 in operation (to Mar 26). Patient Well Being questionnaire already implemented across the group - reporting to Q&S - except for staff gaps to enable paediatric second opinion	12/09/25	Kate Wood, Group Chief Medical Officer	Reasonable
52	Developing and implementing a robust clinical audit programme	31/03/26	31/03/27	Programme developed, now in process of implementation	12/09/25	Kate Wood, Group Chief Medical Officer	Reasonable

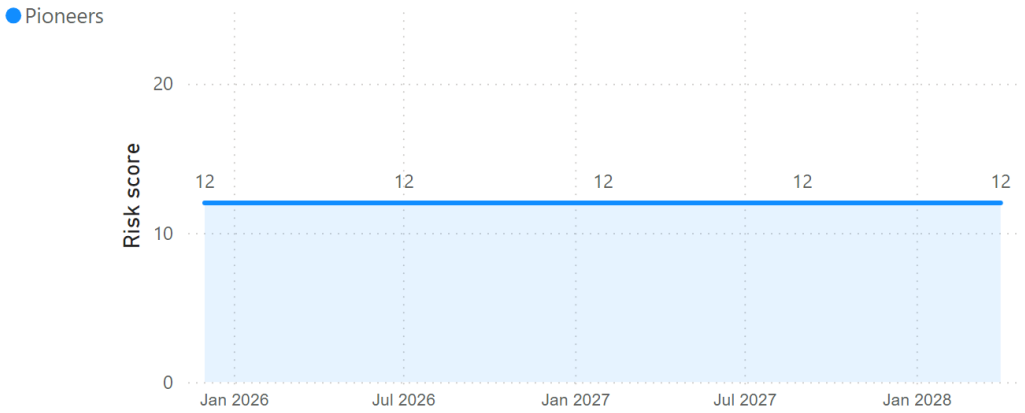
4. Pioneers

The strategic risk affecting our objective, 'Pioneers' is led by Andy Haywood, Group Chief Strategy, Partnerships and Digital Officer and reported to the Strategic Programmes and Partnerships Committees-in-Common. Under the risk category of Pioneers, the risk's current score is 12 and its score last changed on 05/09/2025. The actions were last reviewed on 05 September 2025. In full, the risk is:

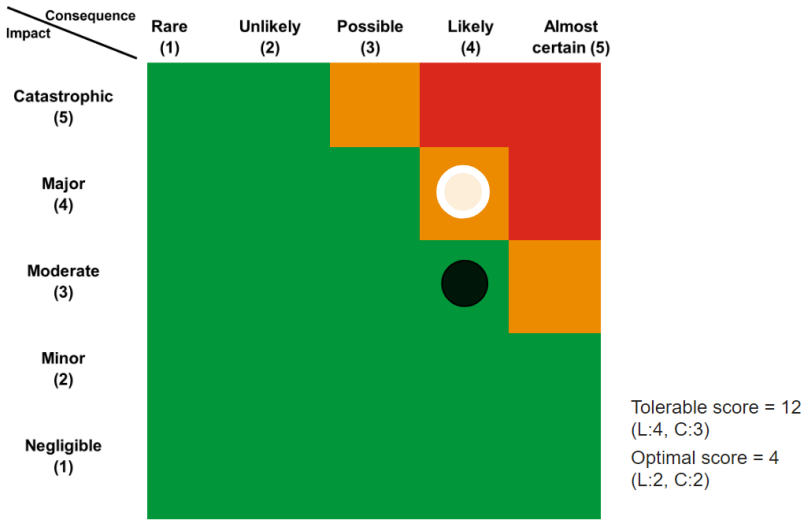
We aim to invest in robust digital foundations, a virtual hospital and research and innovation infrastructure. However, if we fail to embrace digital and tech, prioritise research and innovation and build skills for transformation, we will fail to adopt new technologies and ways of working for the benefit of our patients and our population.

The graphic opposite shows the current risk score (the filled black marker), the tolerable score (dark amber circle) and the optimal risk score (the hollow white marker) against the matrix relevant to the risk's appetite (Open). The risk appetite statement is shown below the graphic.

The chart below shows the expected risk score trajectory towards the tolerable score given the actions being taken and detailed later in this report.



Current score and risk appetite



Risk appetite statement (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.

4. Pioneers

The tables opposite detail the high-level Controls in operation (left) and the gaps in control that currently exist (right) together with references to the actions being taken to address those gaps (see over for action details).
The figures in the total column indicate the number of actions addressing that gap. The figures in the total row indicate the number of gaps being addressed by that action.

Control	Rating
Available research service capacity eg labs	Limited
Business cases for investment / disinvestment decisions	Reasonable
Digital governance group	Reasonable
Digital Strategy	Significant
EPR Programme Board	Reasonable
Financial clarity over existing research resources	Reasonable
Financial management education for directors and budget holders	Reasonable
Financial Strategy	Limited
Full EPR Business Case	Limited
ICB / CAP Digital Governance	Limited
Innovation infrastructure	Limited
Long term Financial Model	Limited
Outline EPR Business case	Significant
Protected time	Limited
Research and innovation strategy	Significant
Research Committee	Limited
Senior digital leadership team	Reasonable
Senior research team	Reasonable

Gaps in control (and Action ID)	29	56	57	64	65	66	Total
Insufficient capacity within research team for expansion		1					1
Lack of comprehensive digital asset register					1		1
Lack of comprehensive oversight of all digital investment and management				1	1		2
Lack of innovation infrastructure	1		1				2
Out of date Long Term Financial Model inc investments						1	1
Research resources being part of CIP	1						1
Weak commercial and contractual grip and control	1						1
Weak culture of improvement/change management and siloed working		1	1	1		1	4
Total	**2**	**1**	**2**	**2**	**2**	**2**	**13**

The tables opposite detail the high-level Assurances (left) and the assurance gaps that currently exist (right) together with references to the actions being taken to address those gaps (see over for action details).
The figures in the total column indicate the number of actions addressing that gap. The figures in the total row indicate the number of gaps being addressed by that action.

Source	Assurance	Rating
External	DSPT IA led	Limited
External	External agency visit and inspection reports	Limited
External	External support to the EPR programme	Reasonable
External	North Yorkshire and Humber Research Delivery Network reports	Reasonable
External	Numerous research publications	Reasonable
Internal	Self-assessment of CAF	Reasonable

Assurance gaps (and Action ID)	29	56	57	Total
Gaps in financial tracking and funding	1			1
Lack of available protected time for research		1	1	2
Lack of skilled resources to develop innovation			1	1	2
Poor framework to assess digital procurement performance and security	1				1
Weak understanding and resources from ICB and broader external relationships	1				1
Total	**3**	**1**	**2**	**1**	**7**

4. Pioneers

NHS Humber Health Partnership

The table below details the 5 actions underway to reduce the current risk score of 12. The completion date is the estimated date for the action to be substantively ended or become a business as usual activity. The benefits date is the point at which there is no more risk reduction anticipated from the action. A closed action may continue to contribute to a risk score reduction, hence its inclusion here where appropriate. Where a primary action is true, it contributes to the risk reduction trajectory shown earlier.

ID	Action	Completion date	Benefits date	Update	Last updated	Action owner/s	Delivery assurance
56	Launch and continuous support via Comms to Partnership over R&I strategy	31/03/26	31/03/28	Post Board approval, discussing with Comms launch support	05/09/25	Kate Wood, Group Chief Medical Officer	Reasonable
57	Pilot Innovation Hub (12 month period)	31/05/26	31/05/26	Project manager appointed (and a lead professor), awaiting start.	05/09/25	Kate Wood, Group Chief Medical Officer	Reasonable
64	Digital Foundations Business case	30/11/25	30/09/26	financial profile piece - no template readily available for 5 year investment	05/09/25	Andy Haywood, Group Chief Strategy, Partnerships and Digital Officer	Limited
65	Centralisation of digital resource, governance and oversight, including a single group-wide asset register	31/03/26	31/03/27	Paper to Execs (Sep)	05/09/25	Andy Haywood, Group Chief Strategy, Partnerships and Digital Officer	Limited
66	EPR Full Business case production	28/02/26	31/03/28	Progressing well	05/09/25	Andy Haywood, Group Chief Strategy, Partnerships and Digital Officer	Reasonable

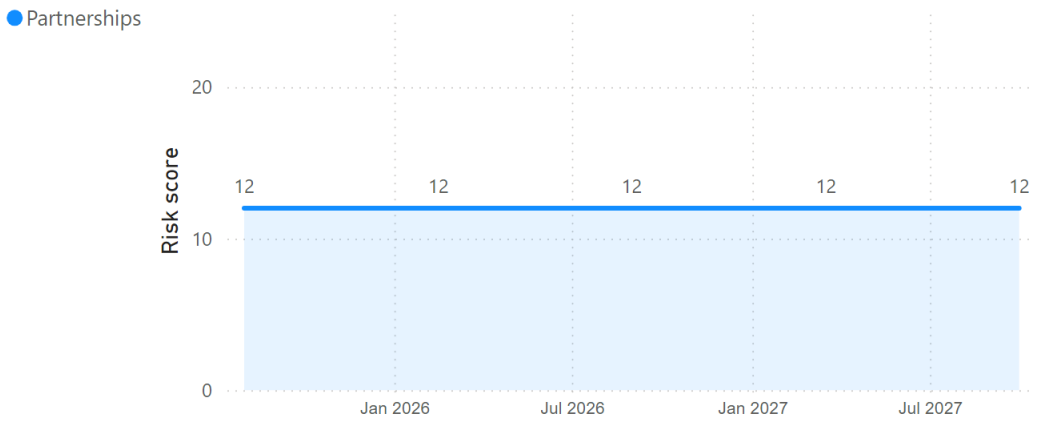
5. Partnerships

The strategic risk affecting our objective, 'Partners' is led by Amanda Stanford, Acting Group Chief Executive and reported to the Committees-in-Common. Under the risk category of Partnerships, the risk's current score is 12 and its score last changed on 28/04/2025. The actions were last reviewed on 30 June 2025. In full, the risk is:

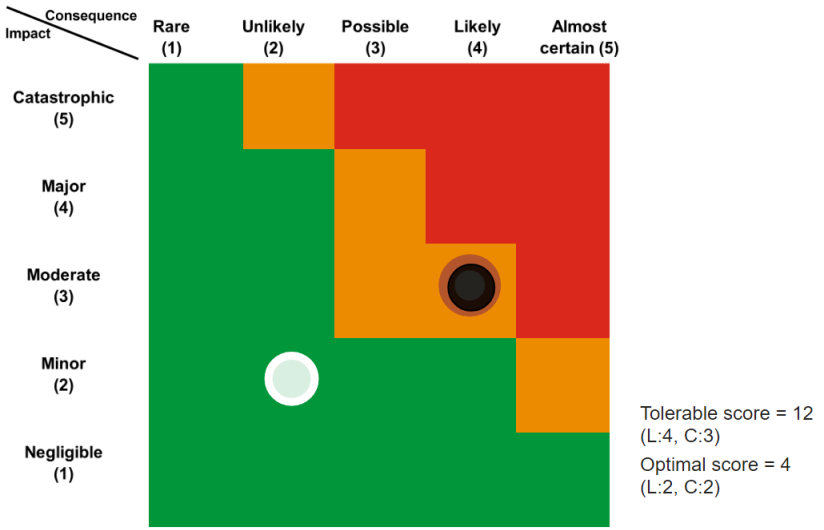
We aim to work well with others, build trust and develop ambitious partnerships for the future. However, if we lack credibility and fail to communicate our offer and where we need support, we will not become an outward-looking organisation that is genuinely collaborative in all that we do.

The graphic opposite shows the current risk score (the filled black marker), the tolerable score (dark amber circle) and the optimal risk score (the hollow white marker) against the matrix relevant to the risk's appetite (Balanced). The risk appetite statement is shown below the graphic.

The chart below shows the expected risk score trajectory towards the tolerable score given the actions being taken and detailed later in this report.



Current score and risk appetite



Risk appetite statement (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.

5. Partnerships

The tables opposite detail the high-level Controls in operation (left) and the gaps in control that currently exist (right) together with references to the actions being taken to address those gaps (see over for action details).
The figures in the total column indicate the number of actions addressing that gap. The figures in the total row indicate the number of gaps being addressed by that action.

Control	Rating
Goole service review	Reasonable
Health and Overview Scrutiny Committees	Reasonable
Humber and North Yorkshire Collaboration of Acute Providers	Limited
Integrated Care Board	Limited
Place Boards	Limited

Gaps in control (and Action ID)	32	Total
Ad hoc and limited partnerships / relationships with local academic bodies and businesses	1	1
Lack of continuous leadership plus inconsistent engagement across region	1	1
Total	**2**	**2**

The tables opposite detail the high-level Assurances (left) and the assurance gaps that currently exist (right) together with references to the actions being taken to address those gaps (see over for action details).
The figures in the total column indicate the number of actions addressing that gap. The figures in the total row indicate the number of gaps being addressed by that action.

Source and assurance
External
Establishment of operational CDC (vs strategic build) and financial delivery through PFIB
Positive Task and finish participation from Place Boards

Assurance gaps (and Action ID)	32	Total
Lack of shared areas of work and priorities	1	1
Weak partnership approach embedded in Group strategies	1	1
Total	**2**	**2**

5. Partnerships

NHS Humber Health Partnership

The table below details the 2 actions underway to reduce the current risk score of 12. The completion date is the estimated date for the action to be substantively ended or become a business as usual activity. The benefits date is the point at which there is no more risk reduction anticipated from the action. A closed action may continue to contribute to a risk score reduction, hence its inclusion here where appropriate. Where a primary action is true, it contributes to the risk reduction trajectory shown earlier.

ID	Action	Completion date	Benefits date	Update	Last updated	Action owner/s	Delivery assurance
32	Develop and publish partnership strategy	31/07/25	30/09/27	On course for completion	30/06/25	Andy Haywood, Group Chief Strategy, Partnerships and Digital Officer	Significant
59	Align partership reporting to governance arrangements internally	30/09/25	31/03/26		30/06/25	Andy Haywood, Group Chief Strategy, Partnerships and Digital Officer, David Sharif, Group Director of Assurance	Reasonable

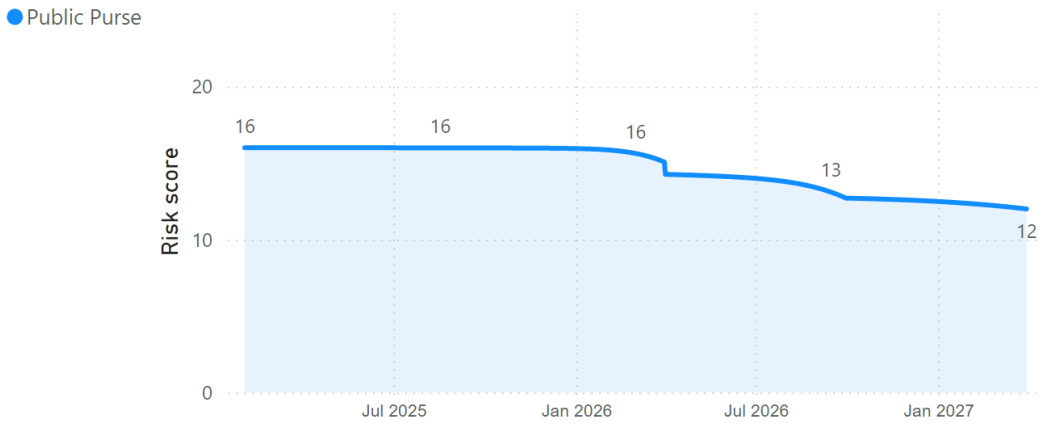
6. Public Purse

The strategic risk affecting our objective, 'Public purse' is led by Emma Sayner, Group Chief Financial Officer and reported to the Performance, Estates and Finance Committees-in-Common. Under the risk category of Public Purse, the risk's current score is 16 and its score last changed on 04/02/2025. The actions were last reviewed on 23 June 2025. In full, the risk is:

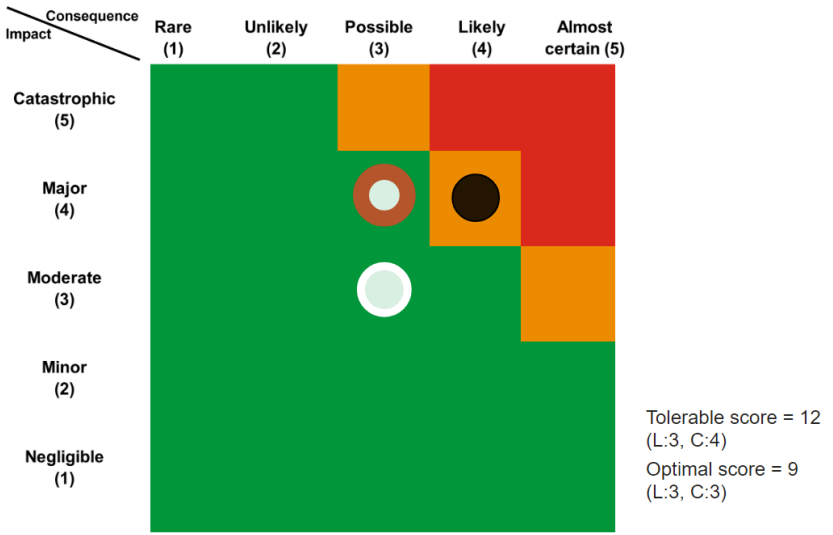
We aim to achieve financial sustainability through streamlining processes and removing duplication. However, if we fail to live within our means, address our estates utilisation, deliver value-based care and reduce our impact on the planet, we will become unsustainable and be subject to regulatory action.

The graphic opposite shows the current risk score (the filled black marker), the tolerable score (dark amber circle) and the optimal risk score (the hollow white marker) against the matrix relevant to the risk's appetite (Open). The risk appetite statement is shown below the graphic.

The chart below shows the expected risk score trajectory towards the tolerable score given the actions being taken and detailed later in this report.



Current score and risk appetite



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

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

Risk appetite statement (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.

6. Public Purse

The tables opposite detail the high-level Controls in operation (left) and the gaps in control that currently exist (right) together with references to the actions being taken to address those gaps (see over for action details).
The figures in the total column indicate the number of actions addressing that gap. The figures in the total row indicate the number of gaps being addressed by that action.

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

Gaps in control (and Action ID)	22	23	33	35	36	46	49	Total
Absence of Group Finance Strategy founded on clinical and estates strategies		1	1					2
Lack of understanding of current financial pressure and need to live within means				1	1			2
Out of date Long Term Financial Model	1							1
Weak culture of improvement/change management and siloed working				1	1	1	1	4
Total	**1**	**1**	**1**	**2**	**2**	**1**	**1**	**9**

The tables opposite detail the high-level Assurances (left) and the assurance gaps that currently exist (right) together with references to the actions being taken to address those gaps (see over for action details).
The figures in the total column indicate the number of actions addressing that gap. The figures in the total row indicate the number of gaps being addressed by that action.

Source and assurance
External
Internal audit review of key financial systems
NHSE external assurance reviews
Internal
2025-26 Operational Plan Assurance Statement
Budget control reports
Exception reporting on Standing Financial Instructions and Standing Orders compliance
FPIB and PMO reporting on transformation and run-rate
In-year operational plan progress
Service Line Reporting
Vacancy control and Discretionary Spend Panel
Workforce planning updates

Assurance gaps (and Action ID)	Total
Total	

6. Public Purse

NHS Humber Health Partnership

The table below details the 9 actions underway to reduce the current risk score of 16. The completion date is the estimated date for the action to be substantively ended or become a business as usual activity. The benefits date is the point at which there is no more risk reduction anticipated from the action. A closed action may continue to contribute to a risk score reduction, hence its inclusion here where appropriate. Where a primary action is true, it contributes to the risk reduction trajectory shown earlier.

ID	Action	Completion date	Benefits date	Update	Last updated	Action owner/s	Delivery assurance
22	Develop a five-year long term financial model	31/10/25	31/03/27	Linked to Finance strategy development. Progress with meeting national model by Sep-25	06/08/25	Emma Sayner, Group Chief Financial Officer	Limited
23	Develop a comprehensive finance strategy	31/10/25	31/03/26	Draft financial strategy to PEF in Jul-25 and final planned for Sep-25	06/08/25	Emma Sayner, Group Chief Financial Officer	Reasonable
33	Business Case Review Group	31/01/25	30/09/26	Started w/c 20/1/25, now fully operational	23/06/25	Emma Sayner, Group Chief Financial Officer	Significant
35	Utilise the Care Group Performance and Accountability Groups to focus and deliver on transformation	31/03/26	31/03/26		23/06/25	Sarah Tedford, Interim Site Chief Executive - North, Sarah Tedford, Interim Group Chief Delivery Officer	Limited
36	Develop a positive challenge culture within Finance e.g. to query why we do things and where we need value	31/03/26	30/09/26		23/06/25	Emma Sayner, Group Chief Financial Officer	Reasonable
46	Embedding a transformation plan / product with an external learning focus	31/03/26	01/04/26	to refresh each year	23/04/25	Andy Haywood, Group Chief Strategy, Partnerships and Digital Officer, Emma Sayner, Group Chief Financial Officer, Sarah Tedford, Interim Group Chief Delivery Officer	
49	Establish Group PMO approach with specialised transformation programme and resources	30/06/25	31/03/26		22/04/25	Andy Haywood, Group Chief Strategy, Partnerships and Digital Officer	
62	Workforce pay and agency control programme	31/03/26	31/03/26	Lack of transformation impact on staffing and difficulties in medical recruitment, in certain specialties, and safer staffing requirements preventing further efficiencies.	23/09/25	Simon Nearney, Group Chief People Officer	Limited
63	Corporate services efficiency programme	31/03/26	31/03/26	Progress becoming more complex and lengthy. People Services reducing to staff (thereby giving leaders less capacity to transform)	23/09/25	Simon Nearney, Group Chief People Officer	Reasonable

Board Assurance Framework
Next steps and recommendations

Next steps

Audit, Risk and Governance Committees-in-Common received a detailed presentation on 24 April 2025 on the status and actions being taken to strengthen the Group's risk management system. This included 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 high risks are illustrated opposite. The advent of the single group-wide risk register will support this development in future reporting.

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 Boards-in-Common are asked to:

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

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(25)099

Name of the Meeting	**Council of Governors Business Meeting**
Date of the Meeting	5 November 2025
Director Lead	Matt Powls, Interim Group Chief Delivery Officer and Emma Sayner, Group Chief Finance Officer
Contact Officer/Author	Adam Creeggan, Group Director of Performance Jackie Railton, Deputy Director, Planning and Performance Louise Topliss, Head of Performance
Title of the Report	**Integrated Performance Report**
Executive Summary	Council of Governors are asked to receive and accept this update on key performance issues as presented to the Trust Boards-in-Common.
Background Information and/or Supporting Document(s) (if applicable)	N/A
Prior Approval Process	N/A
Financial implication(s) (if applicable)	Report references delivery of activity versus plan with inherent links to income generation via block contract or Elective Recovery Fund
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	Report references delivery of access targets, with inherent links to equity of access across the Group
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ☐ Assurance ☐ Other – please detail below:

Integrated Performance Report

MONTH 6: September 2025 Performance

August 2025 for Cancer data
Produced October 2025

Table of Contents

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	**September 2025** **0** **2** **85** **3,216**	**September 2025** **0** **3** **64** **1,045**	• Increase in 65w breaches for NLAG (+10) and increase at HUTH (+23) on previous month • Increase in 52w breaches for NLAG (+20) and decrease at HUTH (-45) on previous month • Increases in total waiting list size at both HUTH and NLAG • Operational Improvement Plan enacted by Sarah Tedford. Detail of programme relayed to PEF in Elective Deep Dive paper.
Diagnostic 6w Performance	**September 2025** **30.0%**	**September 2025** **35.9%**	• HUTH performance improved by 2.4% with notable variations in performance against plan in Gastroscopy, Echo, MRI, CT and Flexible Sigmoidoscopy. • NLaG performance improved by 2.8%, with notable variations in performance against plan for Gastroscopy, Flexible Sigmoidoscopy, MRI and Colonoscopy. • Operational Improvement Plan enacted by Sarah Tedford. Detail of programme relayed to PEF in Elective Deep Dive paper.
Cancer 62-day Performance (all sources)	**August 2025** **44.8%**	**August 2025** **70.9%**	• Both Trusts are in Tier 1 for Cancer delivery, working with NE&Y Regional Office on recovery assurance • 62-day performance at HUTH deteriorated by 10.5%. • 62-day performance at NLaG improved by 16.4% - however, the >65 backlog increased in month. • Delays in the front of pathway (outpatient and diagnostics) driving increases in the total volume of patients waiting for Cancer assessment or treatment. The >104-day backlog is above trajectory. • Operational Improvement Plan enacted by Sarah Tedford. Detail of programme relayed to PEF in Elective Deep Dive paper.
ED: 4-hour standard (Type 1 & 3)	**September 2025** **58.5%** **Trust compliance inclusive of on-campus UTCs**	**September 2025** **70.5%** **Trust compliance inclusive of on-campus UTCs**	• HUTH A&E 4 Hour standard (all types) was 58.5% in September 2025 (plan 71.5%). Type 1 performance of 42.1% was below the 25/26 operating plan target of 60.3%. Type 3 performance (HRI UTC) was 93.8% against the 95% target. Type 1 attends were above plan whilst Type 3 attendances were below planned levels. • NLaG combined type 1 and 3 performance was 70.5% against a target of 75.6%. Type 1 performance = 48.7% (Target 59.9%) and Type 3 performance = 99.4% (Target 99%). Type 1 attendances were lower than planned levels and Type 3 attendances were above planned levels for September 2025.

2. Pathway Summary – Benchmark Report – Elective Care

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

HUTH

Key Performance Indicator	Period	Target		SPC	Last 12 Months	Centile
RTT 52 Week Breach	Aug 25	0	3,261			5
RTT 65 Week Breach	Aug 25	-	62			30
RTT 95th Percentile Admitted Waiting Time	Aug 25	18.0	62.3			29
RTT 95th Percentile Non-Admitted Waiting Time	Aug 25	18.0	55.1			32
RTT Admitted Treatment Within 18 Weeks	Aug 25	90.0%	58.9%			58
RTT Average (Median) Admitted Waiting Time	Aug 25	9.0	12.7			57
RTT Average (Median) Non-Admitted Waiting Time	Aug 25	5.0	6.7			77
RTT Average Wait for Incomplete	Aug 25	7.00	14.99			23
RTT Incomplete 18 Week Standard	Aug 25	-	56.73%			21
RTT Incomplete 92nd Percentile	Aug 25	-	45.8			14
RTT Incomplete Pathways With a DTA	Aug 25	25.0%	18.3%			27
RTT Non-Admitted Treatment Within 18 Weeks	Aug 25	95.0%	70.6%			61
RTT Total Clock Starts	Aug 25	-	18,422			89
RTT Total Clock Stops	Aug 25	-	17,020			92
RTT Total Incompletes	Aug 25	-	80,655			13

NLAG

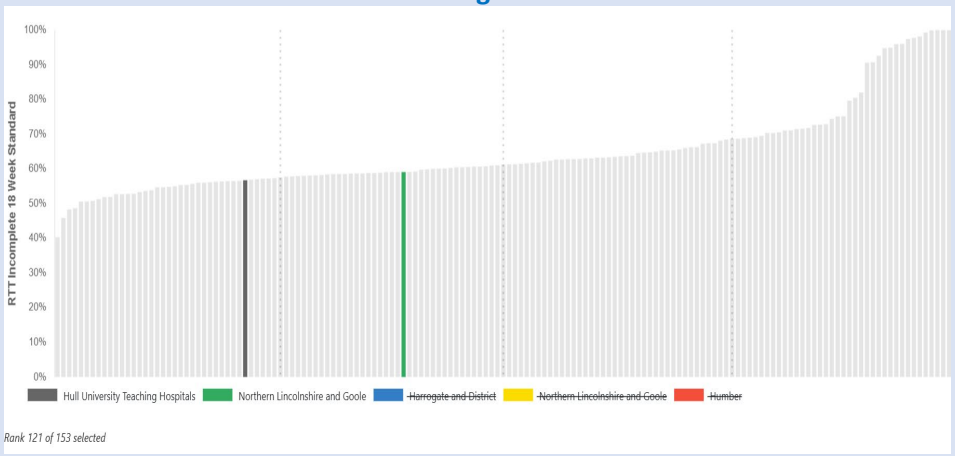
Key Performance Indicator	Period	Target		SPC	Last 12 Months	Centile
RTT 52 Week Breach	Aug 25	0	1,025			46
RTT 65 Week Breach	Aug 25	-	54			32
RTT 78 Week Breach	Aug 25	0	2			36
RTT 95th Percentile Admitted Waiting Time	Aug 25	18.0	58.7			55
RTT 95th Percentile Non-Admitted Waiting Time	Aug 25	18.0	50.1			53
RTT Admitted Treatment Within 18 Weeks	Aug 25	90.0%	57.4%			51
RTT Average (Median) Admitted Waiting Time	Aug 25	9.0	13.3			53
RTT Average (Median) Non-Admitted Waiting Time	Aug 25	5.0	8.1			58
RTT Average Wait for Incomplete	Aug 25	7.00	14.09			38
RTT Incomplete 18 Week Standard	Aug 25	-	59.09%			39
RTT Incomplete 92nd Percentile	Aug 25	-	42.6			37
RTT Incomplete Pathways With a DTA	Aug 25	25.0%	16.4%			39
RTT Non-Admitted Treatment Within 18 Weeks	Aug 25	95.0%	69.5%			53
RTT Total Clock Starts	Aug 25	-	8,694			51
RTT Total Clock Stops	Aug 25	-	7,569			55
RTT Total Incompletes	Aug 25	-	39,698			50

2. Pathway Benchmarking & Trend – Elective Care

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

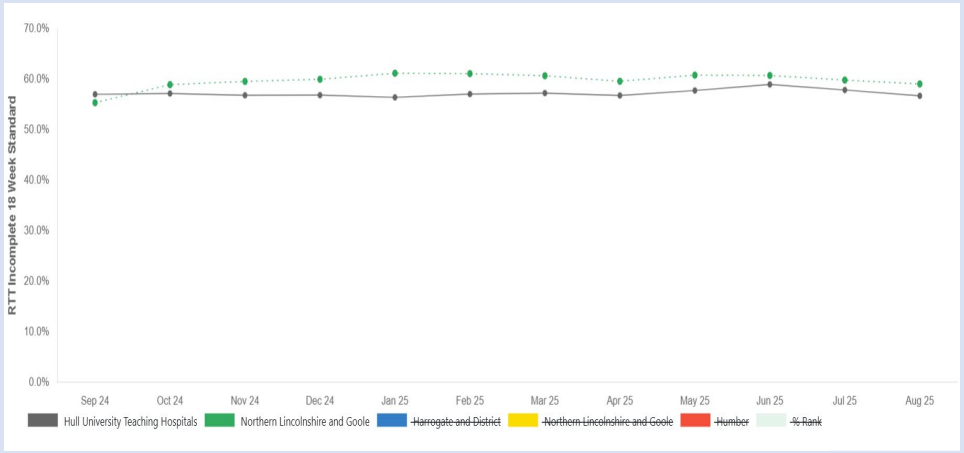
RTT – Incomplete Standard

Ranking Chart



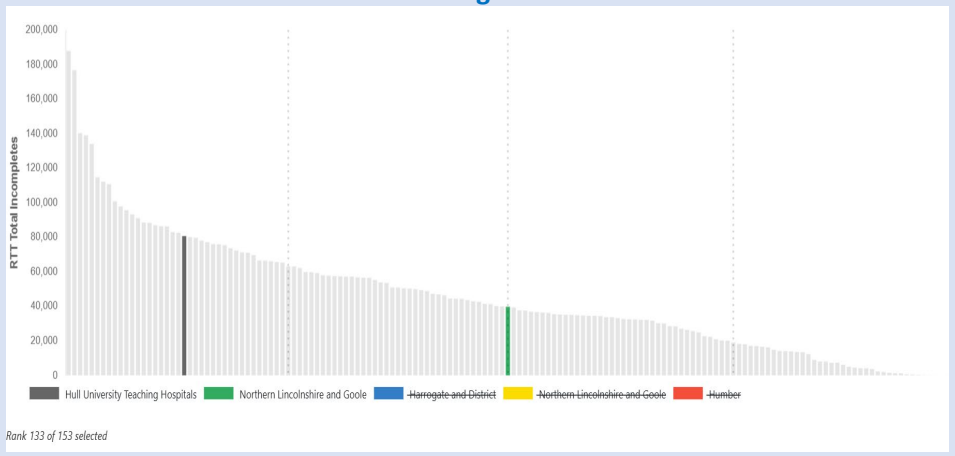
Rank 121 of 153 selected

Trend Chart



RTT – Total Waiting List Volume

Ranking Chart



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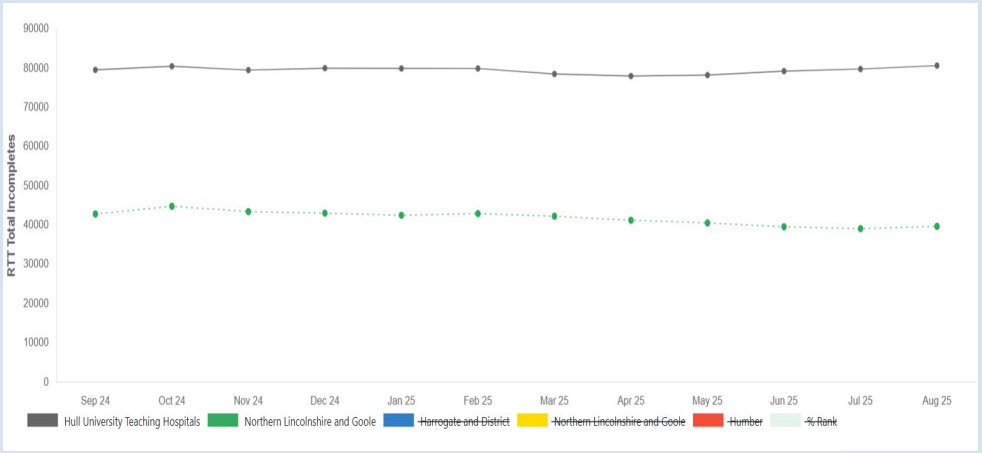
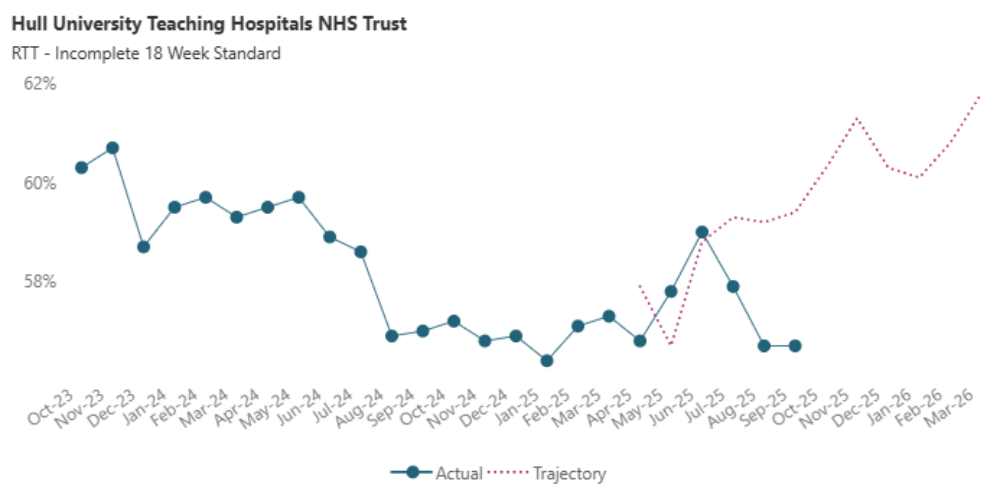
Trend Chart



3. Referral to Treatment - HUTH

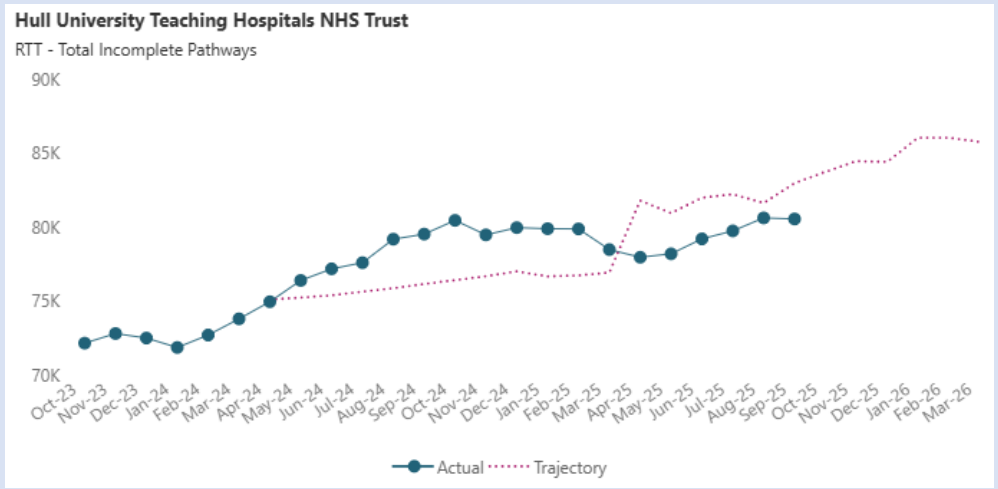
Compliance



Key Themes

- The total waiting list volume has decreased slightly to 80,583 but is below the trajectory due enhanced in year validation volumes.
- September 18-week RTT performance of 56.7% which is static on the previous month and 2.7% below the 25/26 trajectory.
- Referrals are 0.3% up on last year, but below the 3% planning assumption.
- Sustainable RTT waiting list volume to achieve the 92% by 2029 is 45,000.
- 58% of patients on the PTL are awaiting a first outpatient appointment. Largest volumes in ENT, Dermatology, Ophthalmology, Neurology, Oral Surgery and Gastroenterology
- Average wait for incomplete pathway is 14 weeks but remains broadly stable.

Critical Enabler



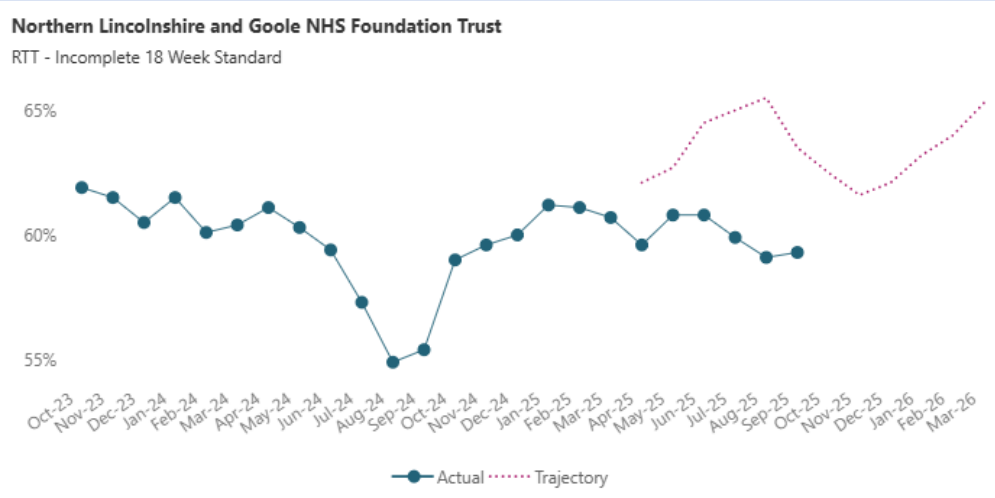
Actions

Critical actions being progressed through RTT Delivery Group:

- LUNA ROVA (automated validation) Deployment project enacted at both HUTH and NLAG, with the supplier indicating a late Q4 go-live.
- Ongoing planning process to develop additional outpatient & day case/inpatient capacity in response to sustained demand increases.
- Commencement of the Q3 validation Sprint from 3.11.25 with incentive payment of £33 per clock stop above baseline.
- Operational Improvement Plan launched creating enhanced elective capacity and utilisation efficacy to deliver in-year end elective commitments. Detail of this plan relayed to Committee in Common in the 'Elective Deep Dive' paper.

4. Referral to Treatment - NLAG

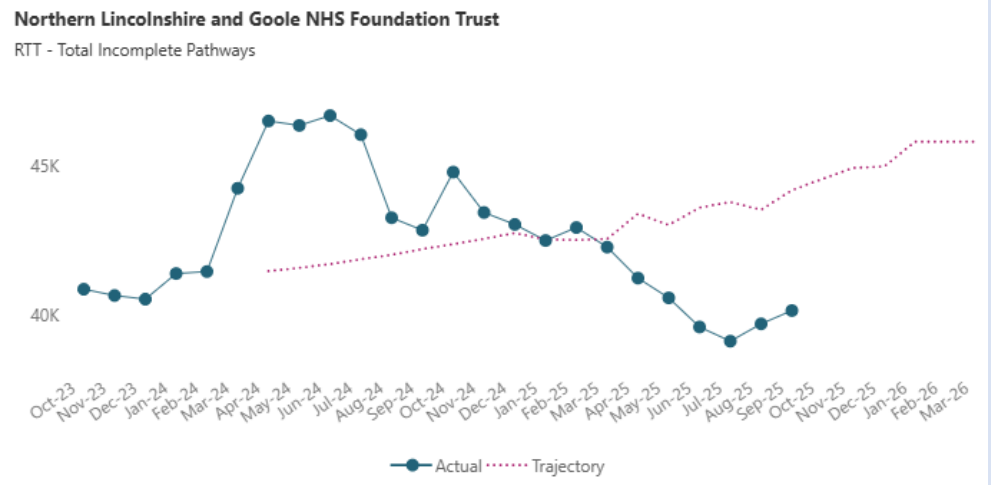
Compliance



Key Themes

- September performance of 59.3% which is a slight improvement on the previous month, and 4.2% below the planned improvement trajectory. This is due to higher than planned reduction in patients waiting less than 18 weeks, partly due to a reduction in referrals and the validation sprint work undertaken in Q1 and continuing in Q2.
- Since the correction of ASI reporting in April 2024 the RTT waiting list volume has subsequently been reduced by 16.8% to 39,114 and is significantly below the planned trajectory.
- Sustainable RTT waiting list volume to achieve the 92% by 2029 is 22,000.

Critical Enabler



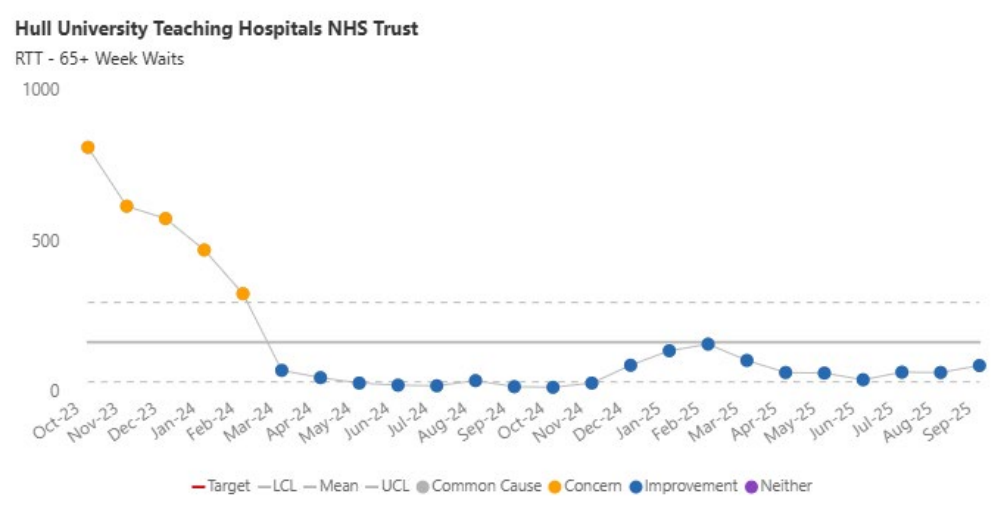
Actions

Critical actions being progressed through RTT Delivery Group:

- Increase first outpatient activity and decreased waits for first outpatient activity >13 weeks.
- Focused use of PIFU to increased outpatient discharge rates
- Continuation of the validation Sprint from Q2 with incentive payment of £33 per clock stop above baseline.
- NLAG placed in Tier 1 for Elective Care in August 2025.
- Operational Improvement Plan launched creating enhanced elective capacity and utilisation efficacy to deliver in-year end elective commitments. Detail of this plan relayed to Committee in Common in the 'Elective Deep Dive' paper.

5. Referral to Treatment – 65w Waits - HUTH

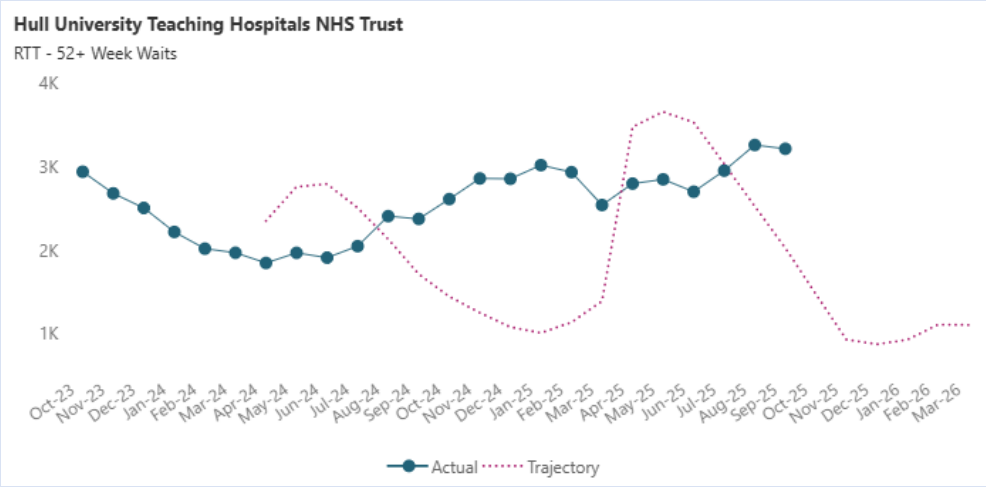
Compliance



Key Themes

- 2 patients exceeded 78 weeks at the end of September.
- 85 patients exceeded 65 weeks at the end of September which is an increase of 23 on the previous month
- Risks relating to delivery: -
    - ENT – additional weekend audiology and outpatient capacity is being delivered through DMC. Paediatric inpatient and thyroid inpatient capacity is limited.
    - Plastic Surgery – additional sessional requirement to support delayed DIEPs
    - Breast Surgery – gender surgery – acknowledgement from NHSE and Spec Comm that due to increased referral demand no performance sanctions on long wait breaches
    - Neurology – a plan is in place to deliver limited diagnostic EMG capacity
    - Delays in offering admission dates leading to unreasonable offers and patient choice breaches.
- 4% of patients are waiting over 52 weeks compared to 2.7% at the start of the financial year 2024. The 25/26 planning requirement is to achieve no more than 1% waiting over 52 weeks.

Critical Enabler



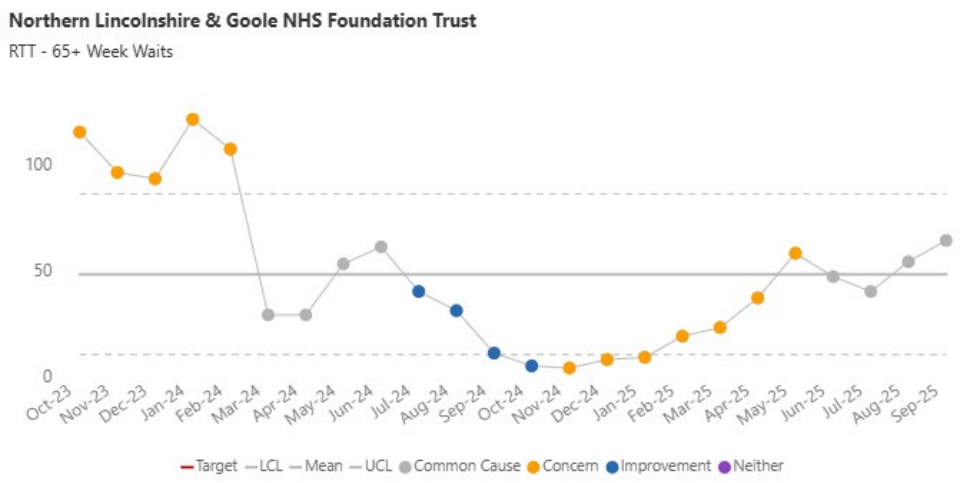
Actions

Critical actions being delivered through the RTT Delivery Group

- Delivery of 25/26 operating plan activity.
- 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
- Insourced capacity from Pioneer to deliver Dermatology first outpatient capacity to commence early September 2025.
- Executive oversight and scrutiny of patients dated and/or risks to eliminate the number of >65-week waits
- Operational Improvement Plan launched creating enhanced elective capacity and utilisation efficacy to deliver in-year end elective commitments. Detail of this plan relayed to Committee in Common in the 'Elective Deep Dive' paper.

6. Referral to Treatment – 65w Waits - NLAG

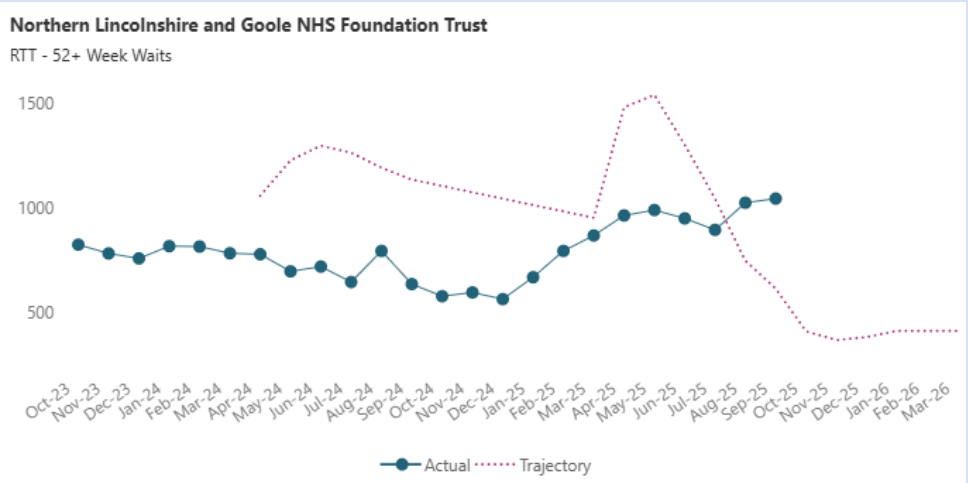
Compliance



Key Themes

- 3 x 78 week breaches reported at the end of September (2 x ADHD)
- 64 breaches >65 weeks at the end of September which was an increase of 10 on the previous month. The remaining volume are predominately due to capacity constraints in Paediatric ADHD
- 2.6% of the PTL is over 52 weeks, down 0.1% on the previous month.

Critical Enabler



Actions

Critical actions being delivered through the RTT Delivery Group

- Delivery of 25/26 operating plan activity.
- Reduce first outpatient waits to <40 weeks, with the main challenge in Paediatrics (ADHD). An insourcing contract is due to go-live in October 2025 to clear the 65 week cohort.
- Focus on booking practice via earlier planning of admission dates to reduce unreasonable offers and subsequent patient choice breaches, as per the revised Group Access Policy.
- Operational Improvement Plan launched creating enhanced elective capacity and utilisation efficacy to deliver in-year end elective commitments. Detail of this plan relayed to Committee in Common in the 'Elective Deep Dive' paper.

7. Referral to Treatment – Data Quality - HUTH

Compliance

83,366	4,472	4,574	99.39%	5.36%
Pathways on RTT PTL	Pathways with Metrics	DQ Metrics on RTT PTL	RTT PTL Confidence Level	% Pathways with Metrics on RTT PTL

Key Themes

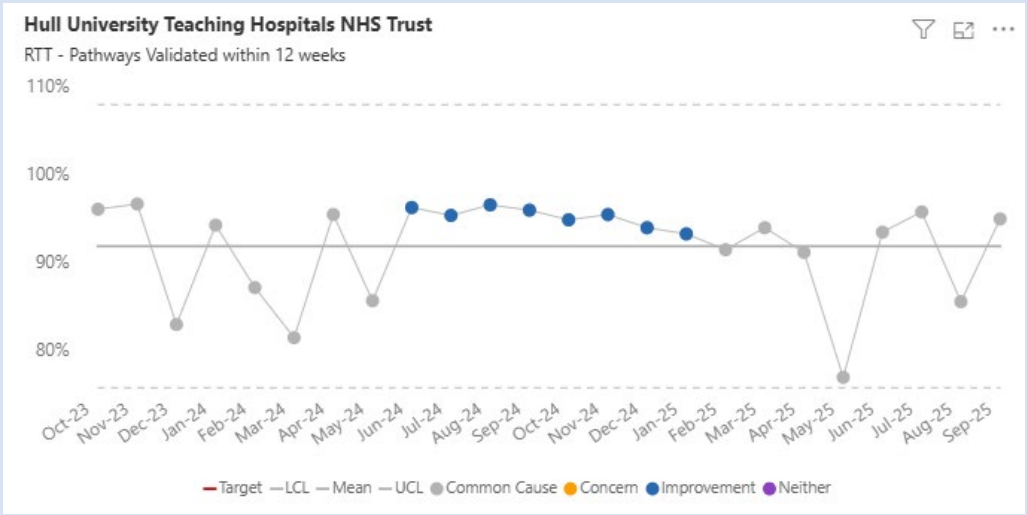
It is an NHSE mandated reporting requirement for Board to receive oversight of RTT Data Quality.

The Trust has robust oversight arrangements in place to support timely validation, these are monitored by RTT BI data quality reports in conjunction with the LUNA system, with established escalation processes in place. LUNA is currently reporting that the Trust has a 99.39% confidence level for RTT PTL data quality.

94.9% pathways have been validated every 12 weeks.

The Q3 validation sprint is due to commence on 3rd November and is supported by ongoing over-time to existing staff.

Critical Enabler



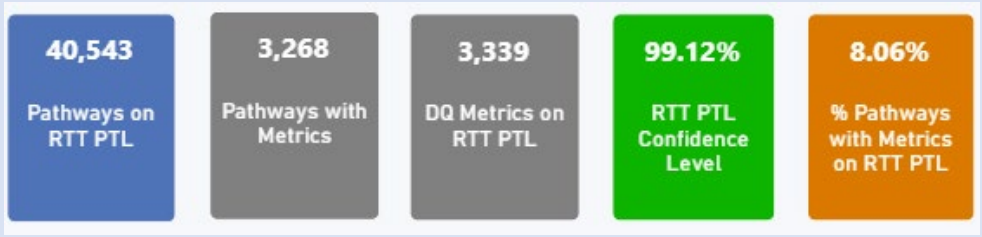
Actions

Critical actions to be taken:

- Business as usual process in place between the Performance and CAS teams
- BI data quality reports are used to monitor weekly and escalation processes are in place.
- Focus by CAS on ensuring the pathways over 12 weeks have an up-to-date validation comment
- Deployment of LUNA ROVA proof of concept trial to support the national drive to deliver a minimum 65% incomplete standard by March 2026.

8. Referral to Treatment – Data Quality - NLAG

Compliance



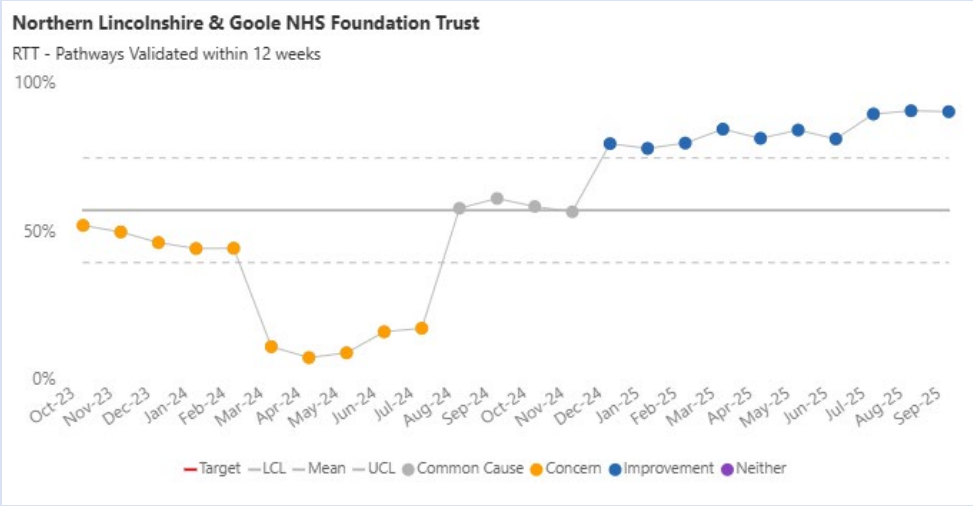
Key Themes

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

- LUNA data quality is showing a confidence rate to 99.12%.
- The predominant sub metric generating the DQ flag is pathways validated every 12 weeks the latest data shows sustained improvement against the 90% standard following admin delays in transacting pathway events post Lorenzo deployment. Current performance is at 90.2%

The Q3 validation sprint is due to commence on 3rd November and is supported by ongoing over-time to existing staff from HUTH.

Critical Enabler

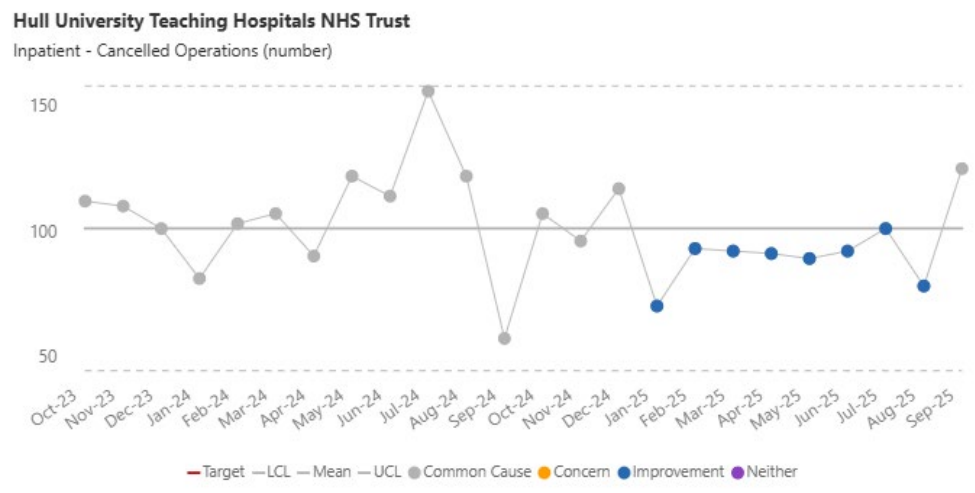


Actions

- Patient Services to reduce the number of unvalidated pathways and other key DQ reports including un-outcomed clinic and admission attendances to proactivity improve incomplete pathway management.
- Focus on improving up-to-date validation / tracking comments.
- Deployment of LUNA ROVA proof of concept trial to support the national drive to deliver a minimum 65% incomplete standard by March 2026.
- The Q2 Validation Sprint commenced on 7th July. Additional national income at £33 per clock of the baseline waiting list.

9. Cancelled Operations - HUTH

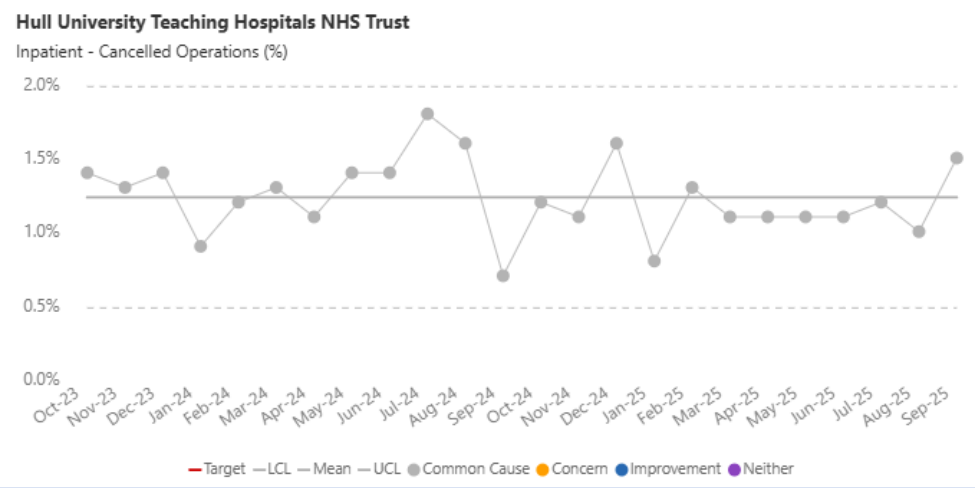
Compliance



Key Themes

- In September there were 125 cancelled operations on the day for non-clinical reasons, representing 1.5% of admissions.
- The largest reasons were –
  - No Theatre Time – 46
  - Bed unavailable (including critical care) - 38
  - Emergency case - 16
- The main specialties incurring cancellations on the day were –
  - Vascular Surgery – 20 (predominantly no beds)
  - Upper GI Surgery – 14 (no beds and theatre overrun)
  - Interventional Radiology – 13 (predominantly no beds)
  - Urology – 11 (predominantly no theatre time)

Critical Enabler

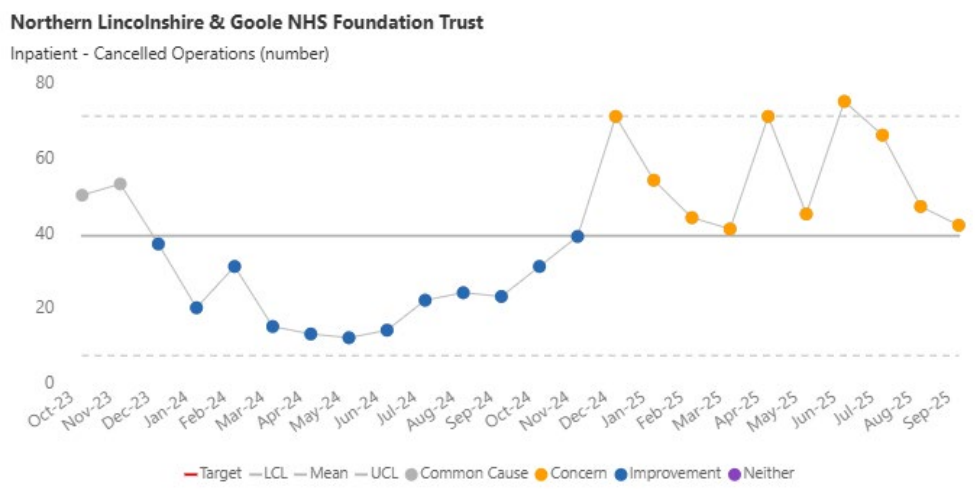


Actions

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

10. Cancelled Operations - NLAG

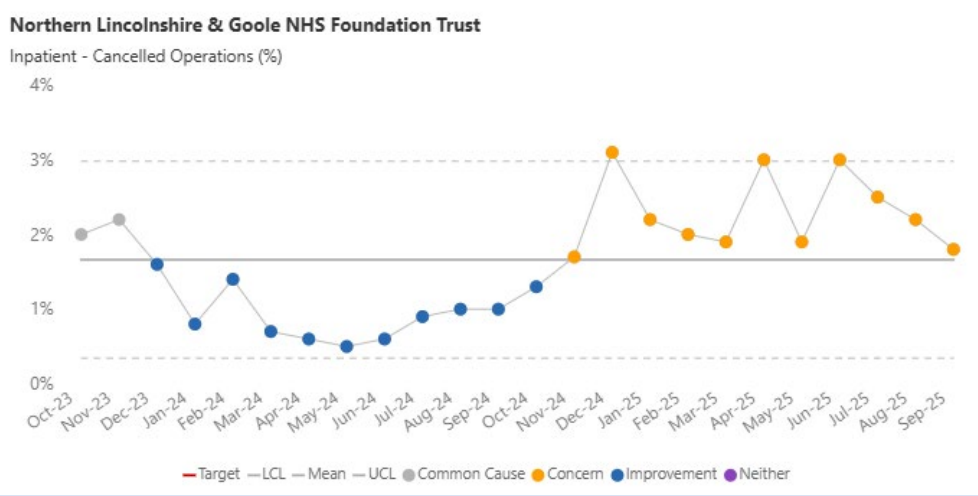
Compliance



Key Themes

- September cancellation volumes decreased to 42 – representing 1.8% of admissions.
- The largest reasons were –
  - List overrun – 14
  - Surgery deferred – 12
  - Clinical staff unavailable – 5
  - Other cancellation - 4
- The main specialties incurring cancellations on the day were –
  - Gynaecology – 13 (predominantly list overrun)
  - Ophthalmology – 8 (surgery deferred)
  - General Surgery – 7 (predominantly list overrun)

Critical Enabler

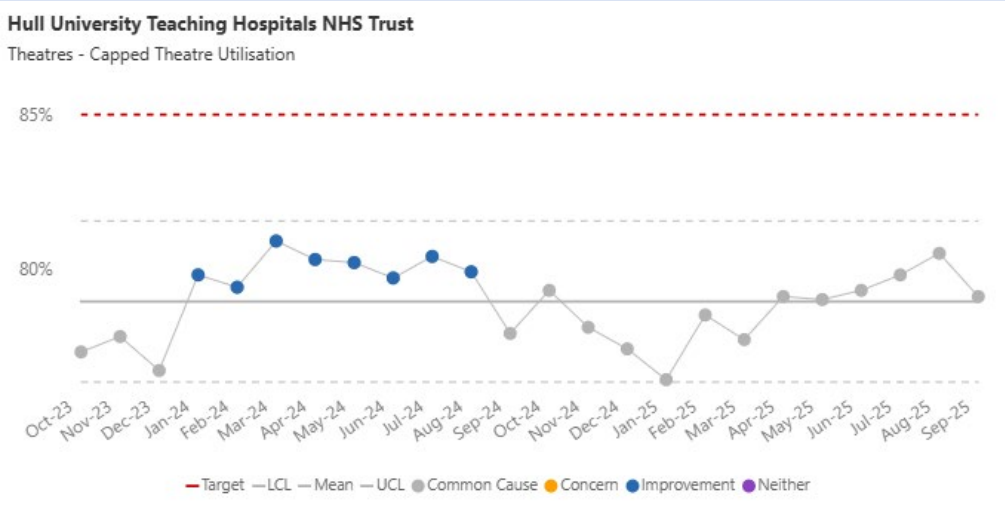


Actions

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

11. Capped Theatre Utilisation - HUTH

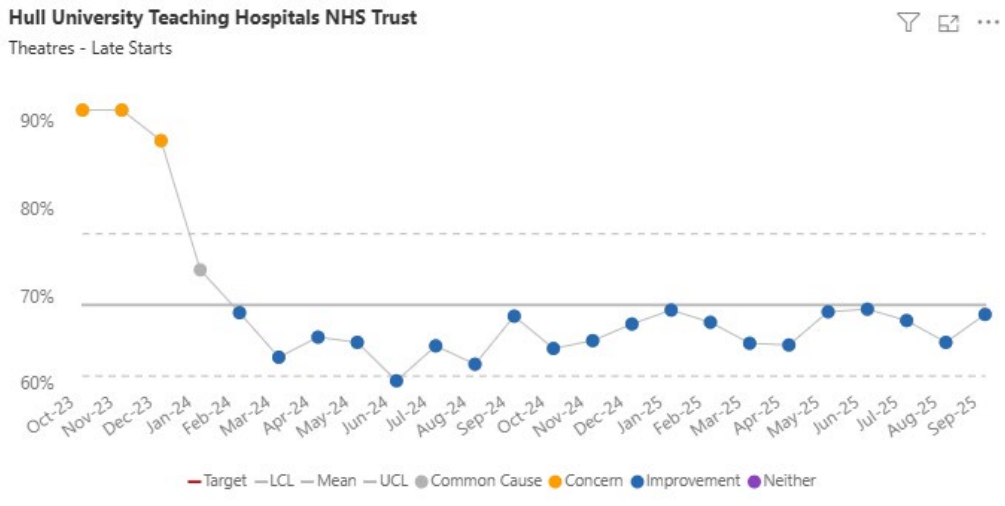
Compliance



Key Themes

- Slight reduction in capped theatre utilisation with latest Model Hospital data showing performance at 79.3% placing the Trust in Quartile 2 nationally.
- Internal reporting at 79.1% for capped theatre utilisation for September.
- Day Case capped theatre utilisation is at 73.5% - improving this element of delivery is the critical enabler to improve to the aggregate activity standard of 85%.
- Utilisation deterioration linked to increase in late starts to 67.9% (methodology 0 minutes = late start)

Critical Enabler

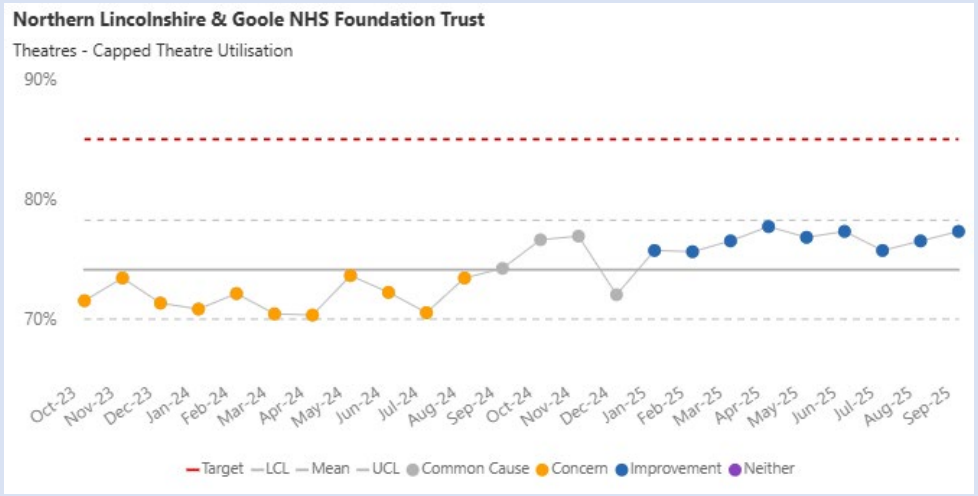


Actions

- Improve recording of day case touch points in ORMIS
- Theatre Data Quality dashboard in place which is managed daily by the Theatres, Anaesthetics and Critical Care Group
- Operational Improvement Plan launched creating enhanced elective capacity and utilisation efficacy to deliver in-year end elective commitments. Detail of this plan relayed to Committee in Common in the 'Elective Deep Dive' paper.

12. Capped Theatre Utilisation - NLAG

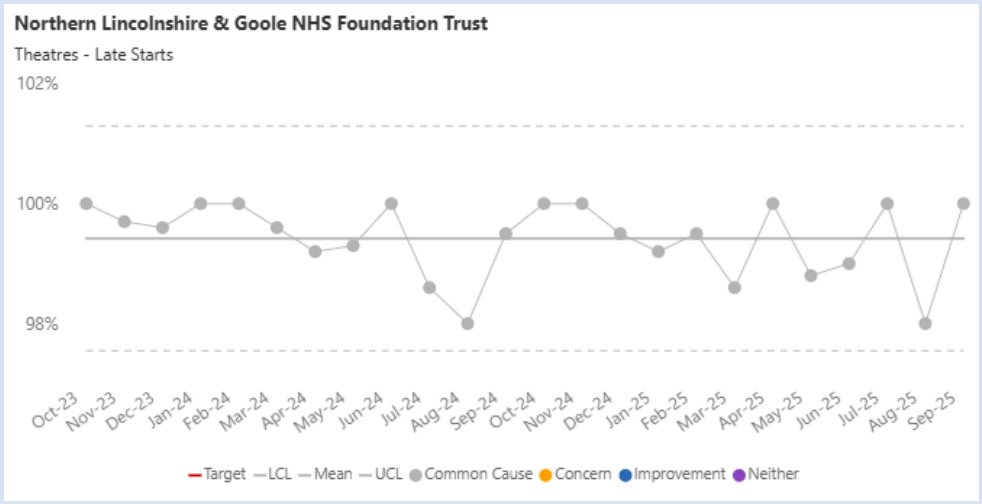
Compliance



Key Themes

- Performance published on Model Hospital has improved to 77.5% in September. This placed the Trust in Quartile 1 nationally (lowest).
- Internal reporting shows performance at 77.3%.
- Theatre late starts issue at NLAG with 100% of sessions starting late in September on the zero-minute measure.

Critical Enabler



Actions

- Implementation of 1 extra patient per day case list for any list at <85% capped utilisation
- BI reporting being reviewed due to issues with how the theatre sessions are recorded on WebV, currently sessions are not differentiated between day case and elective theatres, which creates significant issues based on Model Hospital calculation methodologies.
- Operational Improvement Plan launched creating enhanced elective capacity and utilisation efficacy to deliver in-year end elective commitments. Detail of this plan relayed to Committee in Common in the 'Elective Deep Dive' paper.

13. Pathway Summary – Benchmark Report – Diagnostics

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

HUTH

Key Performance Indicator	Period	Target		SPC	Last 12 Months	Centile
Audiology	Aug 25	5.00%	45.11%			31
Colonoscopy	Aug 25	5.00%	46.41%			15
Computed Tomography	Aug 25	5.00%	31.13%			7
Cystoscopy	Aug 25	5.00%	34.27%			30
DEXA Scan	Aug 25	5.00%	34.65%			10
Diagnostic activity levels - Audiology Assessments	Aug 25	-	976			86
Diagnostic activity levels - Barium Enema	Aug 25	-	58			84
Diagnostic activity levels - Colonoscopy	Aug 25	-	279			52
Diagnostic activity levels - CT	Aug 25	-	6,684			73
Diagnostic activity levels - Cystoscopy	Aug 25	-	439			92
Diagnostic activity levels - Dexa Scan	Aug 25	-	405			76
Diagnostic activity levels - Echocardiography	Aug 25	-	413			27
Diagnostic activity levels - Endoscopy	Aug 25	-	1,329			74
Diagnostic activity levels - Flexi Sigmoidoscopy	Aug 25	-	121			75
Diagnostic activity levels - Gastroscopy	Aug 25	-	490			74
Diagnostic activity levels - Imaging	Aug 25	-	14,378			65
Diagnostic activity levels - Non Obstetric Ultrasound	Aug 25	-	4,284			56
Diagnostic activity levels - Total	Aug 25	-	17,583			65
Diagnostic activity levels - Urodynamics	Aug 25	-	45			77
Diagnostics - 6 Week Standard	Aug 25	5.00%	32.37%			21
Diagnostics - 6 Week Standard Reversed	Aug 25	95.00%	67.63%			21
DM01 Waiting <13 Weeks	Aug 25	100.00%	86.70%			19
Echocardiography	Aug 25	5.00%	66.31%			7
Gastroscopy	Aug 25	5.00%	36.63%			19
Magnetic Resonance Imaging	Aug 25	5.00%	5.51%			58
Neurophysiology	Aug 25	5.00%	47.95%			22
Non-obstetric Ultrasound	Aug 25	5.00%	11.74%			50
Urodynamics	Aug 25	5.00%	35.48%			50

NLAG

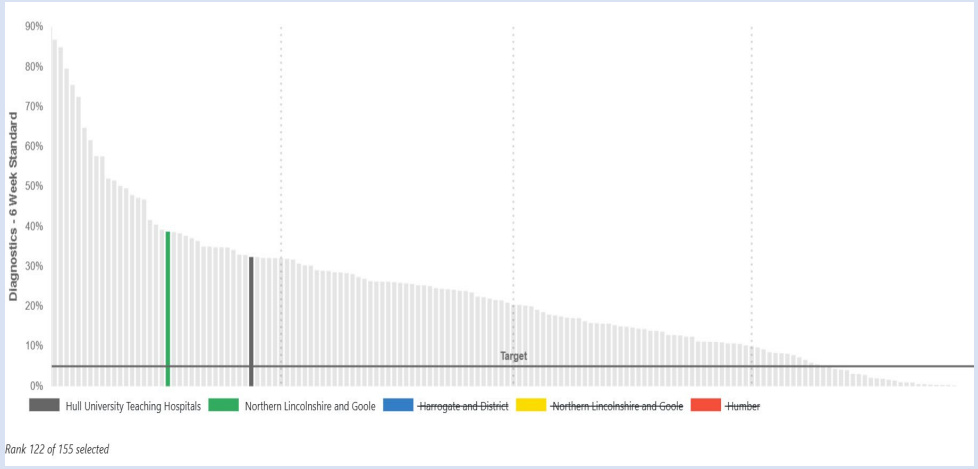
Key Performance Indicator	Period	Target		SPC	Last 12 Months	Centile
Audiology	Aug 25	5.00%	61.00%			19
Barium Enema	Aug 25	5.00%	9.73%			21
Colonoscopy	Aug 25	5.00%	38.45%			23
Computed Tomography	Aug 25	5.00%	0.53%			72
Cystoscopy	Aug 25	5.00%	14.53%			60
DEXA Scan	Aug 25	5.00%	37.50%			8
Diagnostic activity levels - Audiology Assessments	Aug 25	-	522			56
Diagnostic activity levels - Barium Enema	Aug 25	-	124			96
Diagnostic activity levels - Colonoscopy	Aug 25	-	260			45
Diagnostic activity levels - CT	Aug 25	-	11,614			96
Diagnostic activity levels - Cystoscopy	Aug 25	-	287			77
Diagnostic activity levels - Dexa Scan	Aug 25	-	317			58
Diagnostic activity levels - Echocardiography	Aug 25	-	1,089			65
Diagnostic activity levels - Endoscopy	Aug 25	-	961			56
Diagnostic activity levels - Flexi Sigmoidoscopy	Aug 25	-	90			62
Diagnostic activity levels - Gastroscopy	Aug 25	-	324			54
Diagnostic activity levels - Imaging	Aug 25	-	22,590			91
Diagnostic activity levels - Non Obstetric Ultrasound	Aug 25	-	5,571			76
Diagnostic activity levels - Total	Aug 25	-	25,528			88
Diagnostic activity levels - Urodynamics	Aug 25	-	92			92
Diagnostics - 6 Week Standard	Aug 25	5.00%	38.75%			12
Diagnostics - 6 Week Standard Reversed	Aug 25	95.00%	61.25%			12
DM01 Waiting <13 Weeks	Aug 25	100.00%	92.77%			32
Echocardiography	Aug 25	5.00%	21.74%			43
Gastroscopy	Aug 25	5.00%	39.04%			15
Magnetic Resonance Imaging	Aug 25	5.00%	43.21%			4
Neurophysiology	Aug 25	5.00%	64.13%			10
Non-obstetric Ultrasound	Aug 25	5.00%	35.42%			14
Urodynamics	Aug 25	5.00%	4.00%			81

14. Pathway Benchmarking & Trend – Diagnostics

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

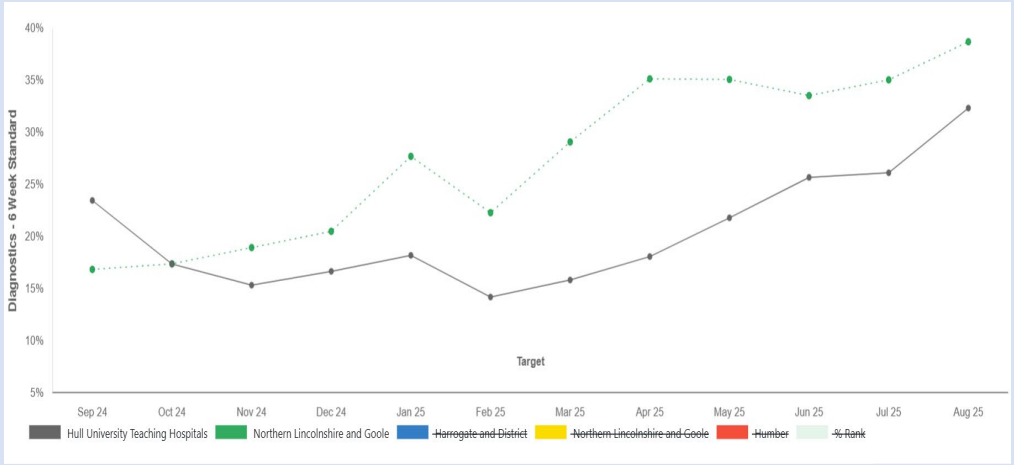
Diagnostics – 6 week Performance Standard

Ranking Chart



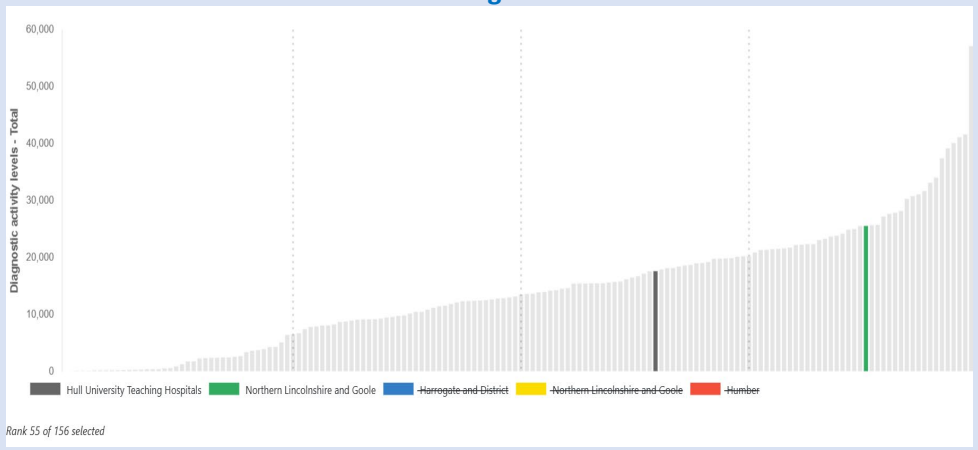
Rank 122 of 155 selected

Trend Chart



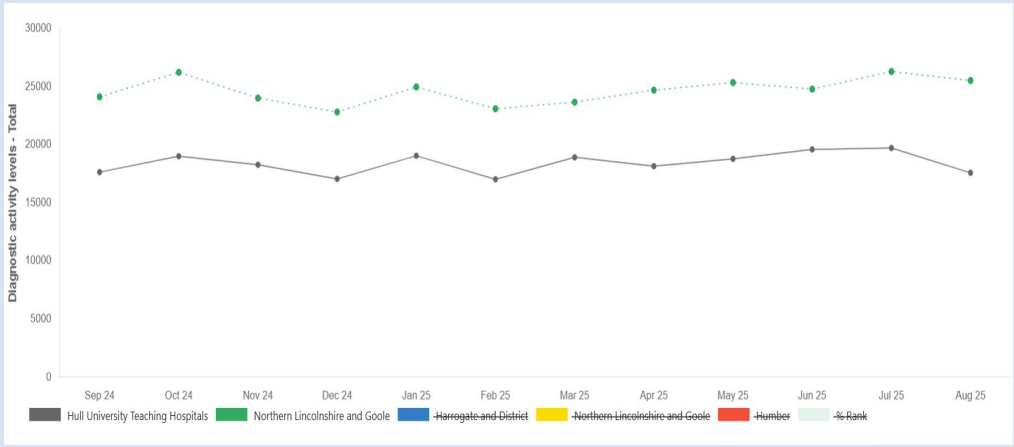
Diagnostics – Activity

Ranking Chart



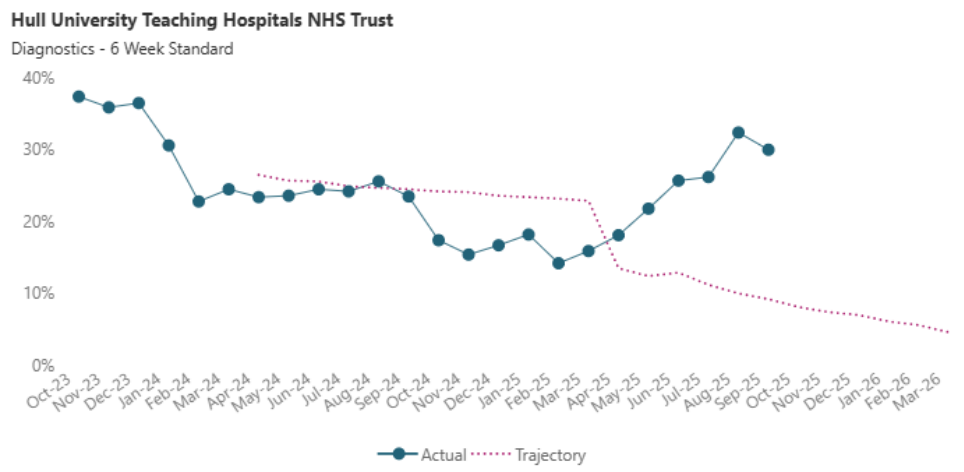
Rank 55 of 156 selected

Trend Chart



15. Diagnostic 6 Week Standard - HUTH

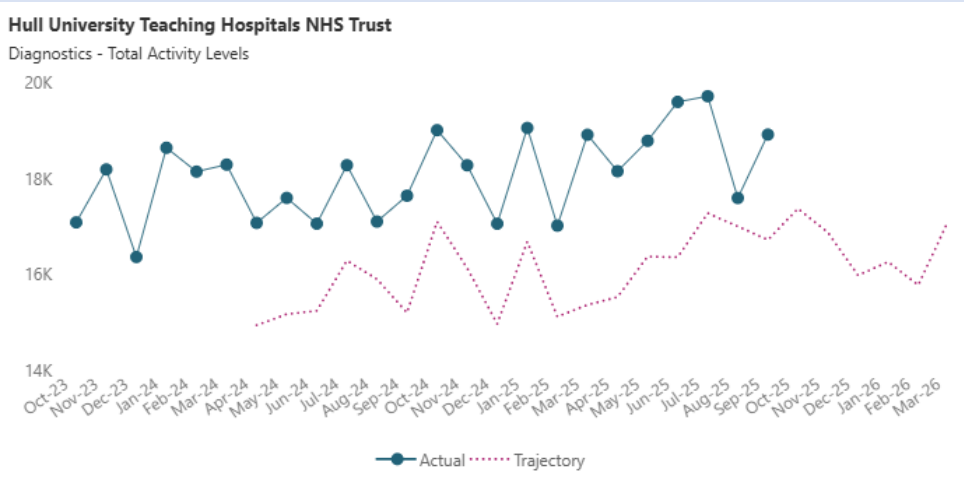
Compliance



Key Themes

- Activity levels have increased and remain above trajectory. Increased levels of emergency demand displacing elective.
- September saw an improvement of 2.4% in performance at 30%.
- Gastroscopy deteriorated by 10.4% as did Neurophysiology (+6%) and DEXA (+4.1%).
- Sleep studies remain challenged at 67.3%.
- Continuing pressures are seen in Echo, Colonoscopy and Audiology although all saw improvements in September.
- Flexi performance saw a significant improvement (-38.1%) now that capacity has been resumed following support for Colonoscopy (USC) capacity due to Allam move.
- Improvements were seen across a number of other modalities most notably Gastroscopy (-13.3%), Cystoscopy (-12.6%) and CT (-6.9%)

Critical Enabler



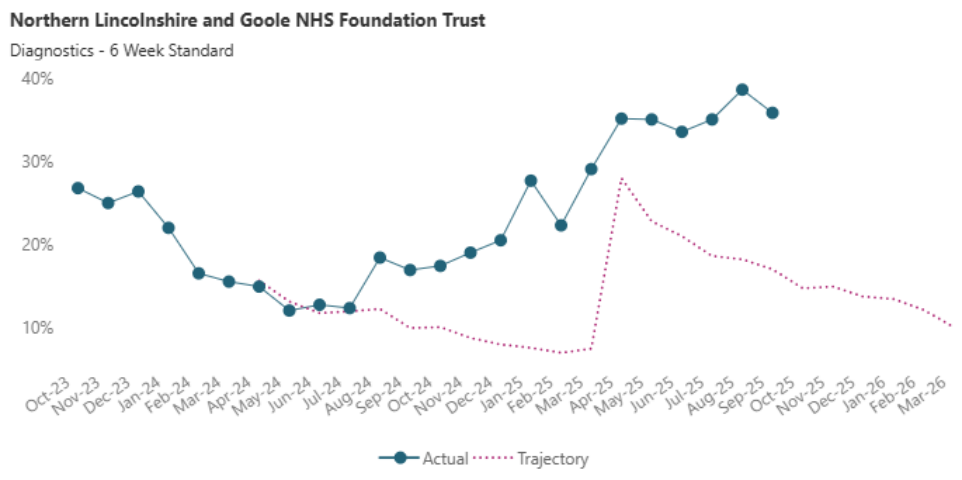
Actions

Critical actions being progressed through Diagnostic Delivery Group:

- Neurophysiology contract awarded with mobilisation expected at the beginning of October.
- Echo capacity has started to be utilised at NLAG CDC following discontinuation of IS capacity and develop sonographer-led Stress Echo service.
- Colonoscopy business case being worked up.
- Additional accommodation secured to support Sleep Study capacity in September.
- Operational Improvement Plan launched creating enhanced elective capacity and utilisation efficacy to deliver in-year end elective commitments. Detail of this plan relayed to Committee in Common in the 'Elective Deep Dive' paper.

16. Diagnostic 6 Week Standard - NLAG

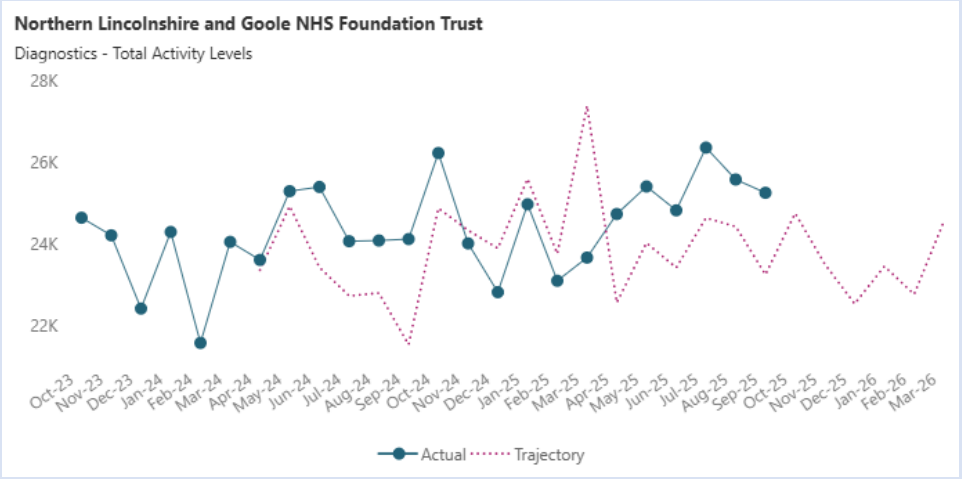
Compliance



Key Themes

- Activity levels have decreased but remain above trajectory. Increased levels of emergency demand displacing elective.
- September showed an improvement of 2.8% in performance at 35.9%.
- Colonoscopy deteriorated by 8.7% as did Flexi (+5.4%) and Gastroscopy (+2.9%).
- Continuing pressures are seen in Neurophysiology (60.9%), Audiology (56.3%), DEXA (32.6%) and the Imaging modalities: MRI 39.2% and NOUS 33.4%.
- Improvements were seen across a number of modalities such as Barium Enema (-8.2%), Echo (-7.5%) and Cystoscopy (-8.8%).

Critical Enabler



Actions

Critical actions being progressed through Diagnostic Delivery Group:

- Neurophysiology contract awarded with mobilisation expected at the beginning of October.
- MRI at Scunthorpe/Grimsby CDC opened in August/September.
- Plans to progress weekend waiting list initiatives for Stress Echo and develop sonographer-led service.
- Operational Improvement Plan launched creating enhanced elective capacity and utilisation efficacy to deliver in-year end elective commitments. Detail of this plan relayed to Committee in Common in the 'Elective Deep Dive' paper.

17. Pathway Summary – Benchmark Report – Cancer Waiting Times

HUTH

Key Performance Indicator	Period	Target		SPC	Last 12 Months	Centile
Cancer 2 Week Wait	Aug 25	93.00%	54.78%			18
Cancer 2 Week Wait Breast Symptomatic	Aug 25	93.0%	15.5%			19
Cancer 28 Day Faster Diagnosis	Aug 25	80.0%	52.1%			1
Cancer 28 Day Faster Diagnosis - Acute Leukaemia	Jul 23	75.0%	100.0%			100
Cancer 28 Day Faster Diagnosis - Brain Tumours	Aug 25	80.0%	75.0%			30
Cancer 28 Day Faster Diagnosis - Breast Cancer	Aug 25	80.0%	27.9%			1
Cancer 28 Day Faster Diagnosis - Breast Symptoms	Aug 25	80.0%	21.9%			3
Cancer 28 Day Faster Diagnosis - Children's Cancer	Aug 25	80.0%	83.3%			33
Cancer 28 Day Faster Diagnosis - Gynaecological Cancer	Aug 25	80.0%	50.5%			16
Cancer 28 Day Faster Diagnosis - Haematological Malignancies	Aug 25	80.0%	25.0%			12
Cancer 28 Day Faster Diagnosis - Head & Neck Cancer	Aug 25	80.0%	79.0%			56
Cancer 28 Day Faster Diagnosis - Lower Gastrointestinal Cancer	Aug 25	80.0%	30.7%			2
Cancer 28 Day Faster Diagnosis - Lung Cancer	Aug 25	80.0%	80.0%			56
Cancer 28 Day Faster Diagnosis - Missing or Invalid	Jun 23	75.0%	100.0%			100
Cancer 28 Day Faster Diagnosis - Skin Cancer	Aug 25	80.0%	69.2%			24
Cancer 28 Day Faster Diagnosis - Testicular Cancer	Aug 25	80.0%	25.0%			1
Cancer 28 Day Faster Diagnosis - Upper Gastrointestinal Cancer	Aug 25	80.0%	90.3%			89
Cancer 28 Day Faster Diagnosis - Urological Malignancies	Aug 25	80.0%	36.2%			5
Cancer 31 Day All Stages	Aug 25	96.0%	74.0%			1
Cancer 31 Day All Stages - Urological - Other	Aug 25	96.0%	57.7%			2
Cancer 31 Day All Stages - Urological - Prostate	Aug 25	96.0%	75.2%			3
Cancer 31 Day First Treatment	Aug 25	96.00%	76.11%			1
Cancer 31 Day Subsequent Treatment	Aug 25	96.0%	71.9%			3
Cancer 31 Day Subsequent Treatment - Drugs	Aug 25	96.0%	92.9%			8
Cancer 31 Day Subsequent Treatment - Radiotherapy	Aug 25	96.0%	67.4%			13
Cancer 62 Day All Routes	Aug 25	75.00%	48.81%			4
Cancer 62 Day Consultant Upgrade	Aug 25	85.0%	65.5%			7
Cancer 62 Day Screening	Aug 25	90.0%	61.8%			39
Cancer 62 Day Urgent Suspected	Aug 25	85.00%	33.22%			2
Cancer 62 Day Urgent Suspected - Breast	Aug 25	85.00%	28.57%			5
Cancer 62 Day Urgent Suspected - Lower Gastrointestinal	Aug 25	85.00%	8.70%			3
Cancer 62 Day Urgent Suspected - Lung	Aug 25	85.00%	24.24%			11
Cancer 62 Day Urgent Suspected - Other	Sep 23	85.00%	31.40%			11
Cancer 62 Day Urgent Suspected - Skin	Aug 25	85.00%	66.67%			17
Cancer 62 Day Urgent Suspected - Urological	Sep 23	85.00%	61.54%			59
Cancer 62 Day Urgent Suspected - Urological - Prostate	Aug 25	85.0%	40.0%			25
Cancer of bronchus; lung	May 25	1.00	0.99			58

NLAG

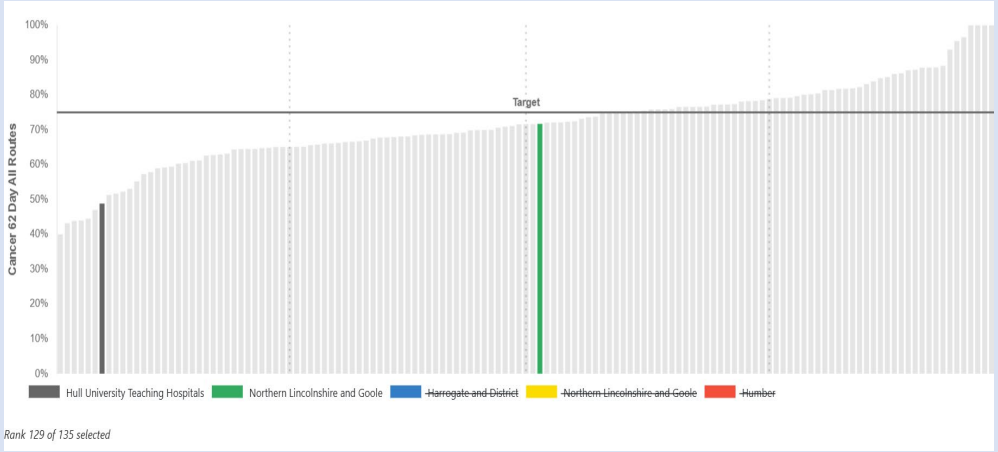
Key Performance Indicator	Period	Target		SPC	Last 12 Months	Centile
Cancer 2 Week Wait	Aug 25	93.00%	84.79%			69
Cancer 2 Week Wait Breast Symptomatic	Aug 25	93.0%	57.9%			50
Cancer 28 Day Faster Diagnosis	Aug 25	80.0%	64.3%			9
Cancer 28 Day Faster Diagnosis - Breast Cancer	Aug 25	80.0%	86.8%			38
Cancer 28 Day Faster Diagnosis - Breast Symptoms	Aug 25	80.0%	77.3%			25
Cancer 28 Day Faster Diagnosis - Gynaecological Cancer	Aug 25	80.0%	62.2%			35
Cancer 28 Day Faster Diagnosis - Head & Neck Cancer	Aug 25	80.0%	62.4%			14
Cancer 28 Day Faster Diagnosis - Lower Gastrointestinal Cancer	Aug 25	80.0%	43.7%			9
Cancer 28 Day Faster Diagnosis - Lung Cancer	Aug 25	80.0%	56.3%			10
Cancer 28 Day Faster Diagnosis - Missing or Invalid	Apr 24	75.0%	100.0%			100
Cancer 28 Day Faster Diagnosis - Other Cancer	Aug 25	80.0%	54.5%			30
Cancer 28 Day Faster Diagnosis - Testicular Cancer	Aug 25	80.0%	100.0%			100
Cancer 28 Day Faster Diagnosis - Upper Gastrointestinal Cancer	Aug 25	80.0%	74.1%			36
Cancer 28 Day Faster Diagnosis - Urological Malignancies	Aug 25	80.0%	62.5%			50
Cancer 31 Day All Stages	Aug 25	96.0%	95.1%			46
Cancer 31 Day All Stages - Urological - Other	Aug 25	96.0%	81.3%			22
Cancer 31 Day All Stages - Urological - Prostate	Aug 25	96.0%	100.0%			100
Cancer 31 Day First Treatment	Aug 25	96.00%	95.12%			50
Cancer 31 Day Subsequent Treatment	Aug 25	96.0%	94.9%			40
Cancer 31 Day Subsequent Treatment - Drugs	Aug 25	96.0%	97.8%			21
Cancer 31 Day Subsequent Treatment - Radiotherapy	Jul 25	96.0%	100.0%			100
Cancer 62 Day All Routes	Aug 25	75.00%	71.70%			51
Cancer 62 Day Consultant Upgrade	Aug 25	85.0%	81.4%			43
Cancer 62 Day Screening	Aug 25	90.0%	38.5%			10
Cancer 62 Day Urgent Suspected	Aug 25	85.00%	66.42%			54
Cancer 62 Day Urgent Suspected - Breast	Aug 25	85.00%	72.73%			55
Cancer 62 Day Urgent Suspected - Lower Gastrointestinal	Aug 25	85.00%	70.00%			70
Cancer 62 Day Urgent Suspected - Lung	Aug 25	85.00%	77.78%			84
Cancer 62 Day Urgent Suspected - Other	Sep 23	85.00%	33.96%			14
Cancer 62 Day Urgent Suspected - Skin	Aug 25	85.00%	100.00%			100
Cancer 62 Day Urgent Suspected - Urological	Sep 23	85.00%	35.90%			22
Cancer 62 Day Urgent Suspected - Urological - Prostate	Aug 25	85.0%	84.2%			84
Cancer of bronchus; lung	May 25	1.00	1.01			52

18. Pathway Benchmarking & Trending – Cancer Waiting Times

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

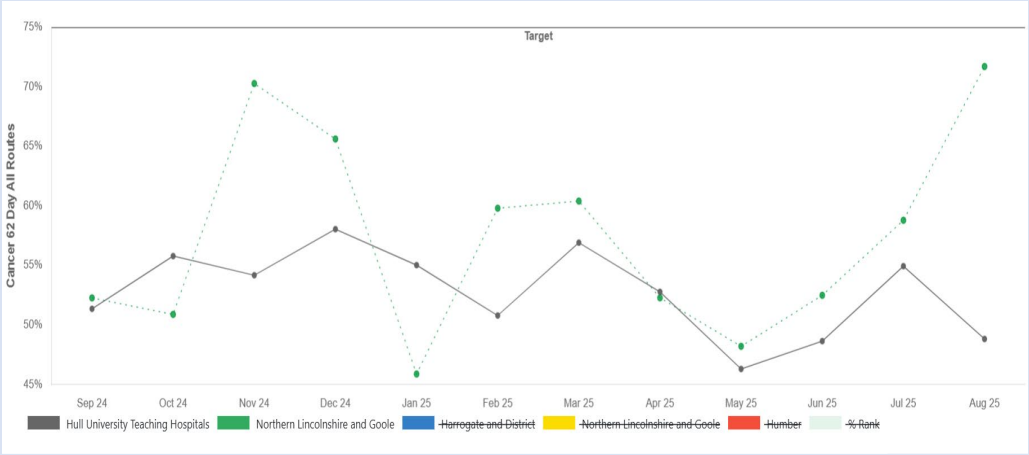
62 Day Performance

Ranking Chart



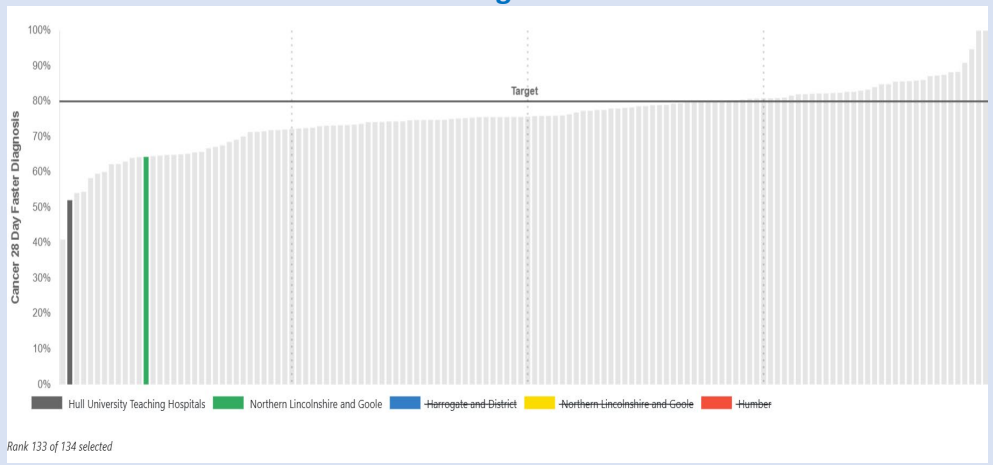
Rank 129 of 135 selected

Trending Chart



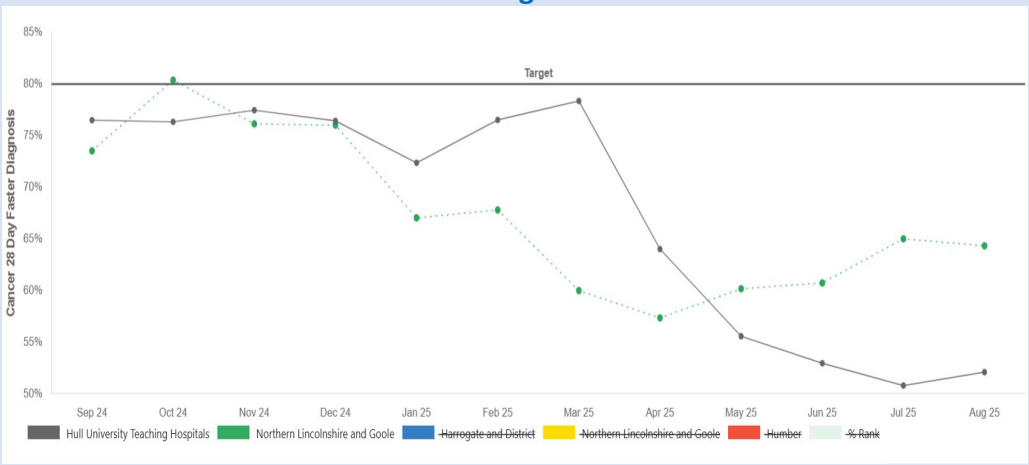
Faster Diagnosis Performance

Ranking Chart



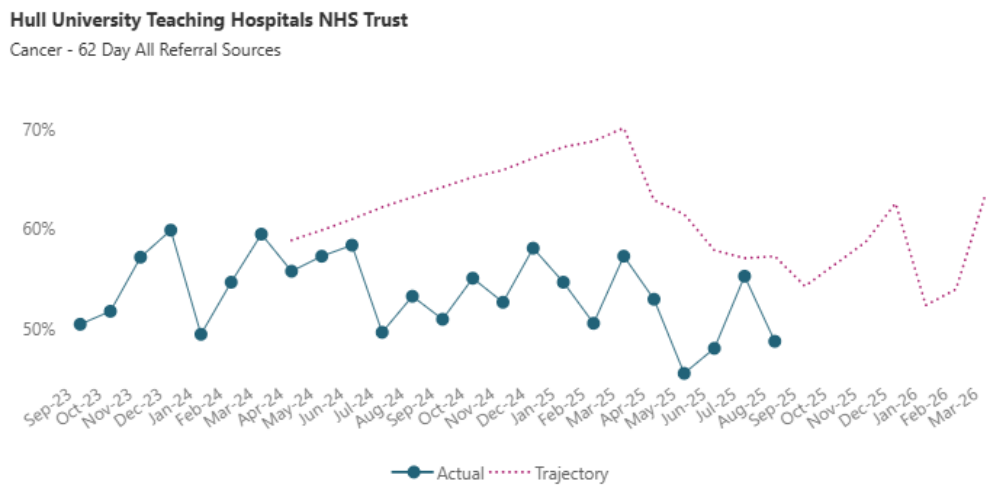
Rank 133 of 134 selected

Trending Chart



19. 62 Day Cancer Performance - HUTH

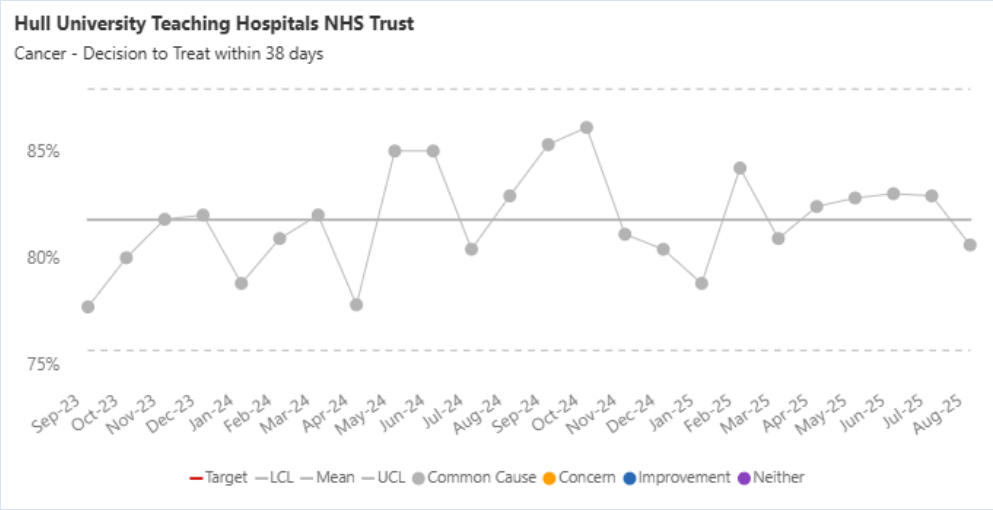
Compliance



Key Themes

- August performance of 48.8% shows a deterioration of 6.1% on the previous month
- Breast – 1st outpatient radiology capacity
- Colorectal- Significant endoscopy capacity constraints, high Histopathology turnaround times, endoscopy equipment
- Gynaecology- Late IPTs and theatre capacity constraints
- Head and Neck- Capacity and demand review being undertaken for Thyroid capacity
- Lung- Capacity in Radiotherapy and late IPTs
- Urology – Robotic surgery capacity constraints, loss of IS capacity
- Significant deterioration of first appointment within 2 weeks is impacting on 62 day and 28-day FDS delivery.
- 31-day DTT to treatment standard at 74% .

Critical Enabler

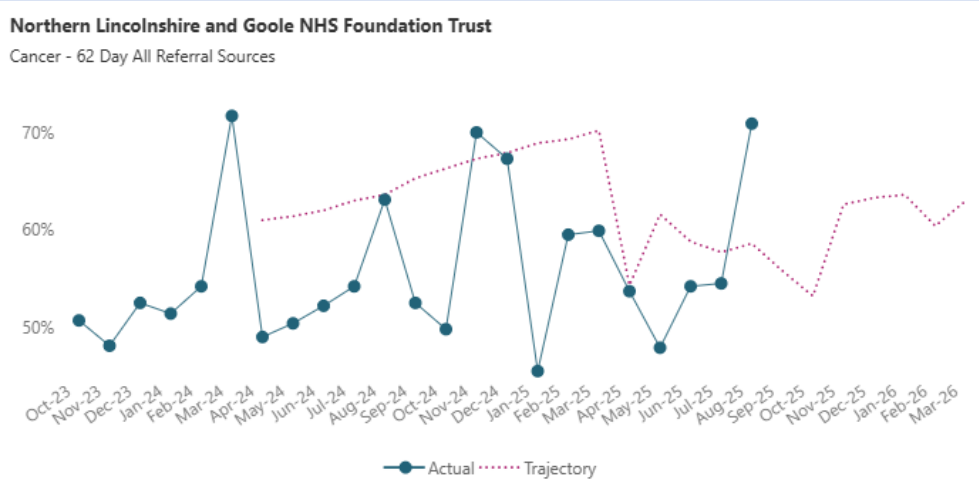


Actions

- Breast – Radiotherapy recovery in place. Additional weekend clinics agreed
- Gynaecology –Demand and capacity paper submitted. Clinical lead to review MDT inefficiencies and late IPTs to develop improvement plan by September 2025. Funding secured to hold 1 x extra list per month for remainder of financial year (approx. 12 additional sessions).
- Lung –Business Case for additional Thoracic Surgeon refused stood down productivity challenged.
- Urology – Cancer Alliance funding secured for additional weekend theatre lists
- New fortnightly Service improvement and performance monitoring meetings in place
- Improvement trajectories in place for all tumour sites – see Elective Deep Dive paper

20. 62 Day Cancer Performance - NLAG

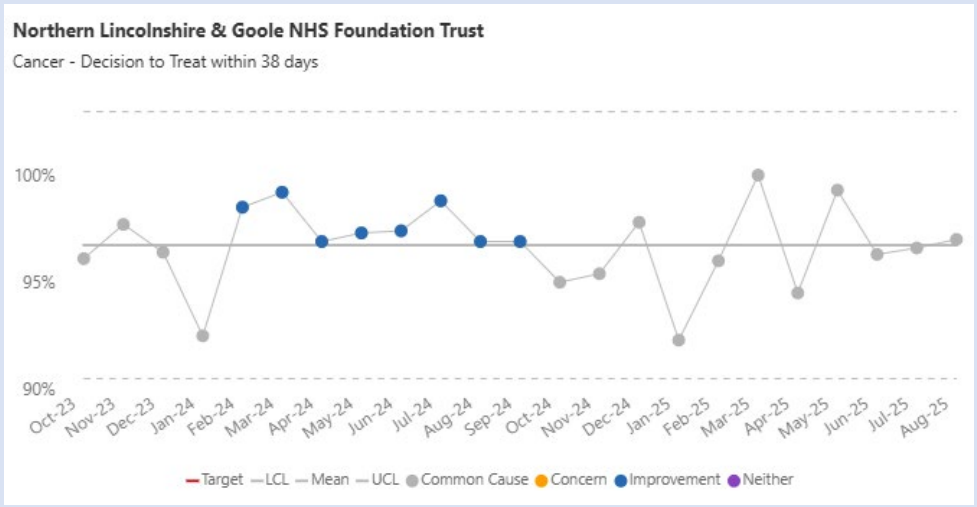
Compliance



Key Themes

- August performance of 70.9% shows an 17.2% improvement on the previous month.
- Breast- Consultant vacancies, radiotherapy constraints, sickness and leave resulting in pathway delays
- Colorectal- Endoscopy capacity constraints
- Gynaecology- Capacity and Demand undertaken. This will confirm gynae oncology theatre requirements at NLAG. C&D work also to review hysteroscopy and USC capacity for 1st OPA
- Head & Neck- Thyroid and Max Fax capacity
- Lung- clinical vacancies, Oncology capacity
- Urology- Haematuria pathway being worked up with CDC. Will enable CT to be undertaken prior to cystoscopy, within the CDC. This will enable diagnosis to be given to patient at the time of the cystoscopy.

Critical Enabler

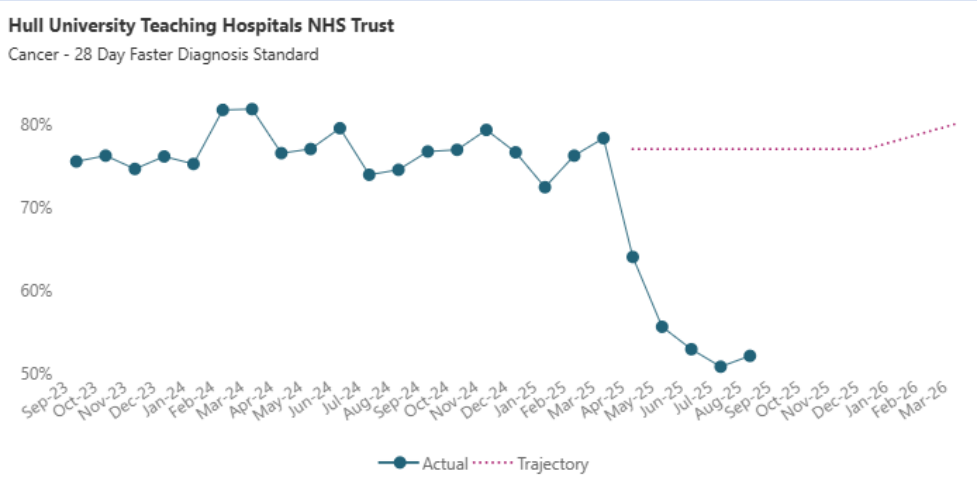


Actions

- Breast – Consultant recruitment underway. Radiotherapy recovery in place. Additional weekend clinics agreed
- Colorectal – Cancer Alliance funded WLIs in place. Weekly monitoring of the PTL with navigators and trackers to ensure delays are mitigated.
- Gynaecology – Capacity and demand work undertaken. Cancer Alliance funded WLIs in place to mitigate.
- Lung – Continuous advertisement for recruitment to 5 x WTE posts. Rightsizing paper being developed
- Urology – Weekend theatres and in week additional theatre sessions inhibited by pay dispute
- Improvement trajectories in place for all tumour sites – see Elective Deep Dive paper

21. 28 Day Faster Diagnosis Standard - HUTH

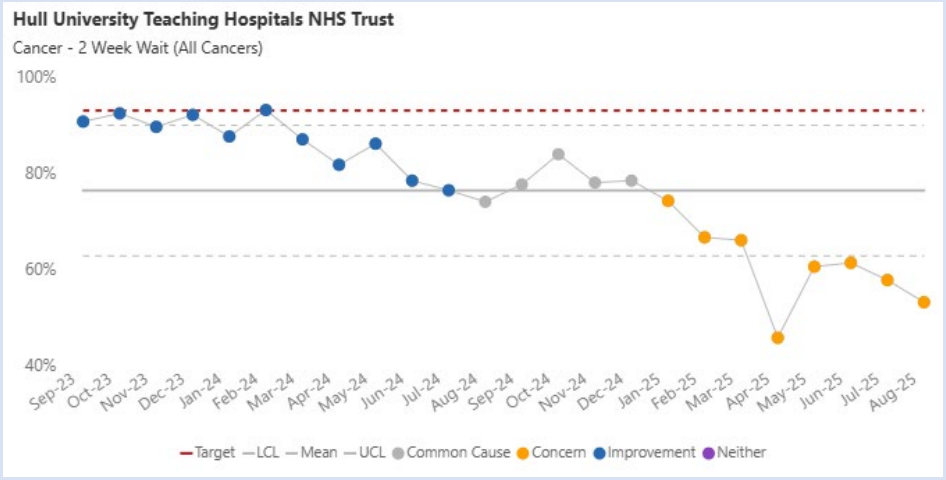
Compliance



Key Themes

- August performance 52.1%, which is an increase of 1.3 % on the previous month, and 24.9% under the trajectory.
- Breast; significant delays due to radiologist capacity constraints
- Colorectal; loss of CNS through Alliance funding has reduced capacity for triage, bowel screening Endoscopy capacity shortfall for accredited endoscopists, CT Colon radiologist capacity with current waits up to 4 weeks
- Gynaecology; outpatient capacity and US capacity, diagnostic histology turnaround times up to 3 weeks
- Head & Neck; significant delays with first outpatient consultant capacity
- Skin; significant delays with first outpatient consultant capacity
- Urology: Development of One Stop Prostate Pathway.

Critical Enabler

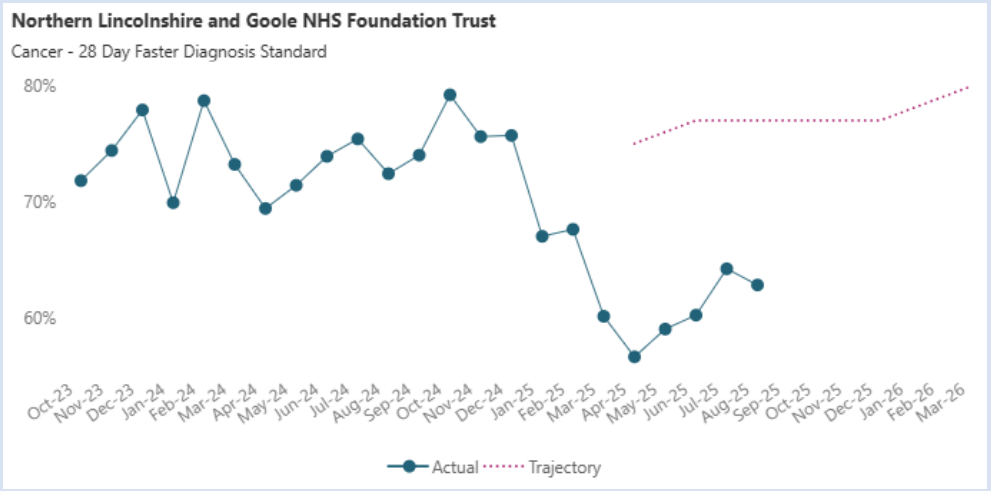


Actions

- Breast – Radiotherapy recovery in place. Additional weekend clinics agreed
- Lower GI – restructured endoscopic allocation to support focussed capacity for USC patients
- Gynaecology – Sub Spec Gynae Oncology Consultant Business cases developed alongside wider Workforce Expansion Paper (unit leads and nursing)
- Head & Neck – Additional outpatient capacity to be done via WLIs and service working on plans to clear backlog
- Urology – piloting AI MRI prostate pathway to deliver one-stop MRI biopsy
- Improvement trajectories in place for all tumour sites – see Elective Deep Dive paper

22. 28 Day Faster Diagnosis Standard - NLAG

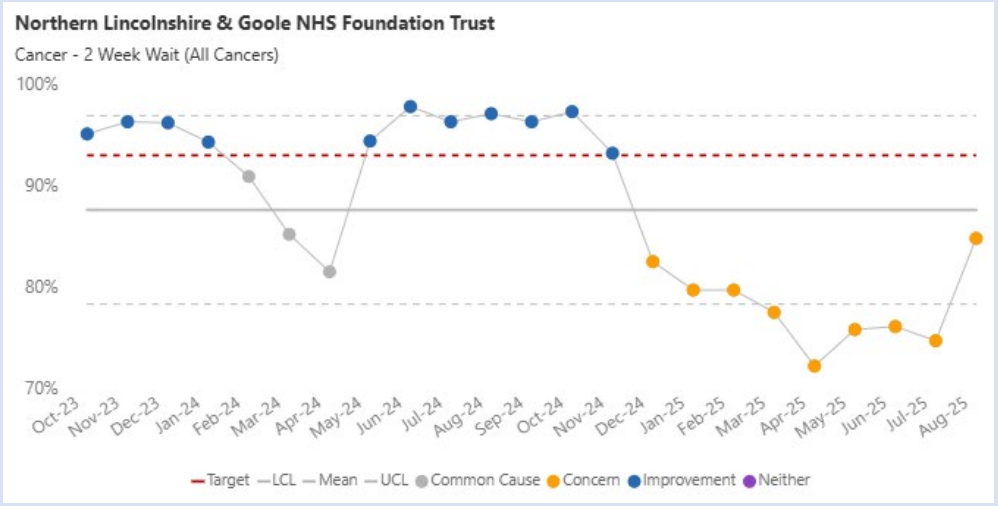
Compliance



Key Themes

- August performance 62.7%, which is a decrease of 2.3% on the previous month, however, 14.3% below the standard
- Breast- first outpatient capacity constraints
- Colorectal- endoscopy capacity constraints, screening continued delays due to patient choice
- Lung- Due to vacancies we have booked locums to cover inpatient to allow the substantive consultants to focus on outpatient activity.
- Urology- increase in referrals and demand for prostate biopsies

Critical Enabler



Actions

- Breast- recruitment to consultant vacancies, additional capacity for biopsies
- Colorectal- Additional sessions for weekend theatres and STT capacity in place
- Gynaecology- Business case progressing
- Head & Neck- Time out session with clinicians and managers arranged
- Upper GI- extra contractual sessions not operating due to pay dispute
- Lung- Direct to CT for suspected CXR, introduction of Cancer Physician of the week, introduction of OPD triage by CNS
- Urology- Utilising additional capacity with registrars where possible.
- Improvement trajectories in place for all tumour sites – see Elective Deep Dive paper

23. Pathway Summary – Benchmark Report – Unscheduled Care

HUTH

Key Performance Indicator	Period	Target		SPC	Last 12 Months	Centile
A&E - 12 Hour Standard	Sep 25	-	14.0%			25
A&E - 4 Hour Standard	Sep 25	78.00%	58.46%			4
A&E - 4 Hour Standard (Type 1)	Sep 25	78.0%	42.1%			2
A&E - 4 Hour Standard (Type 2 or 3)	Sep 25	95.0%	93.8%			12
A&E - Conversion Rate	Sep 25	25.0%	27.6%			11
A&E - DTA to Admission >12 Hours	Sep 25	0.0%	15.4%			27
A&E - DTA to Admission >12 Hours#	Sep 25	0.0	600.0			18
A&E - DTA to Admission >4 Hours	Sep 25	10.00%	40.35%			33
A&E - Left Without Being Seen	Aug 25	5.00%	7.67%			11
A&E - Reattendance Rate	Aug 25	5.0%	9.9%			35
A&E - Time to Initial Assessment	Aug 25	15.0	14.0			13
A&E - Time to Treatment	Aug 25	60.0	76.0			33
A&E - Total Time in A&E	Aug 25	160.0	256.0			2
A&E - Total Time in A&E (Admitted)	Aug 25	180.0	331.0			34
A&E - Total Time in A&E (Non-Admitted)	Aug 25	140.0	235.0			2
A&E Attendances All	Sep 25	-	14,140			50
A&E Attendances Type 1	Sep 25	-	9,658			57
A&E Attendances Type 3	Sep 25	-	4,482			52
Emergency Admissions Type 1	Sep 25	-	3,896			27
Emergency Admissions via A&E	Sep 25	-	3,896			26
Other Emergency Admissions	Sep 25	-	2,218			10
Total Emergency Admissions	Sep 25	-	6,114			18

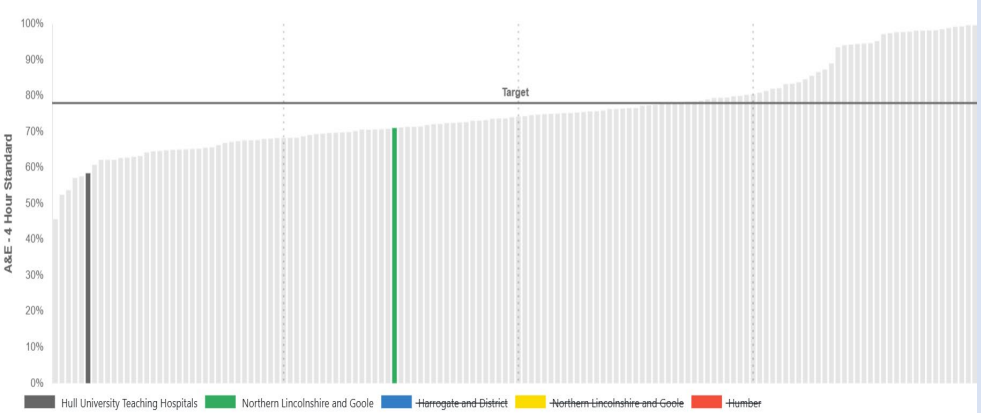
NLAG

Key Performance Indicator	Period	Target		SPC	Last 12 Months	Centile
A&E - 12 Hour Standard	Sep 25	-	15.6%			15
A&E - 4 Hour Standard	Sep 25	78.00%	71.06%			37
A&E - 4 Hour Standard (Type 1)	Sep 25	78.0%	48.5%			12
A&E - 4 Hour Standard (Type 2 or 3)	Sep 25	95.0%	99.4%			77
A&E - Conversion Rate	Sep 25	25.0%	33.3%			1
A&E - DTA to Admission >12 Hours	Sep 25	0.0%	12.3%			38
A&E - DTA to Admission >12 Hours#	Sep 25	0.0	689.0			12
A&E - DTA to Admission >4 Hours	Sep 25	10.00%	25.55%			63
A&E - Left Without Being Seen	Aug 25	5.00%	2.91%			79
A&E - Reattendance Rate	Aug 25	5.0%	10.0%			33
A&E - Time to Initial Assessment	Aug 25	15.0	20.0			6
A&E - Time to Treatment	Aug 25	60.0	51.0			69
A&E - Total Time in A&E	Aug 25	160.0	149.0			68
A&E - Total Time in A&E (Admitted)	Aug 25	180.0	307.0			42
A&E - Total Time in A&E (Non-Admitted)	Aug 25	140.0	117.0			78
A&E Attendances All	Sep 25	-	16,846			39
A&E Attendances Type 1	Sep 25	-	9,382			58
A&E Attendances Type 3	Sep 25	-	7,464			31
Emergency Admissions Type 1	Sep 25	-	5,612			10
Emergency Admissions via A&E	Sep 25	-	5,612			10
Friends & Family A&E Score	Aug 25	85%	82%			53
Other Emergency Admissions	Sep 25	-	403			64
Total Emergency Admissions	Sep 25	-	6,015			18

24. Pathway Benchmarking & Trending – Unscheduled Care

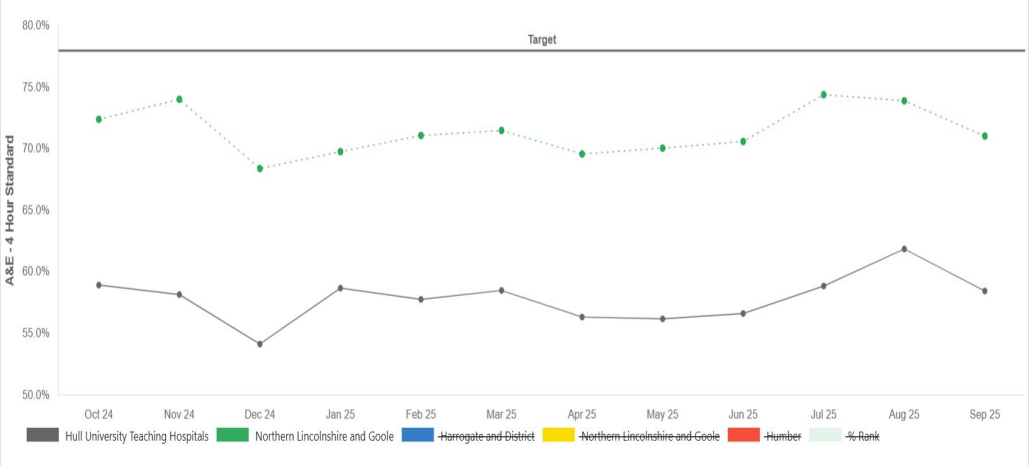
A&E - 4 Hour Performance

Ranking Chart



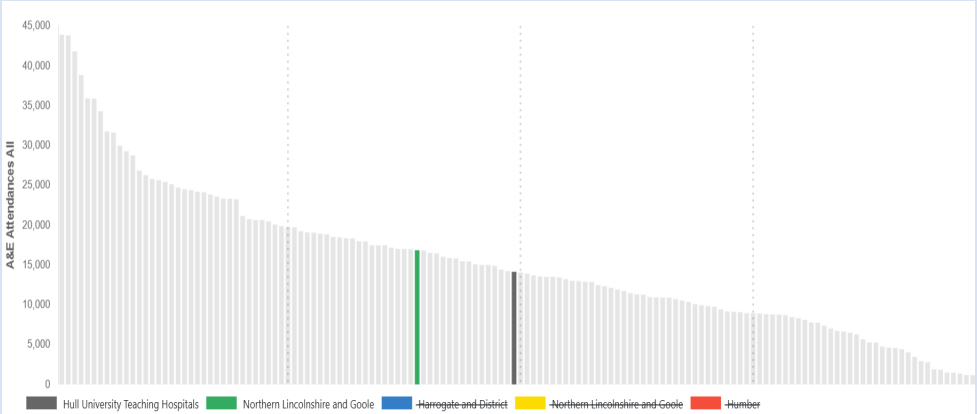
Rank 137 of 142 selected

Trending Chart



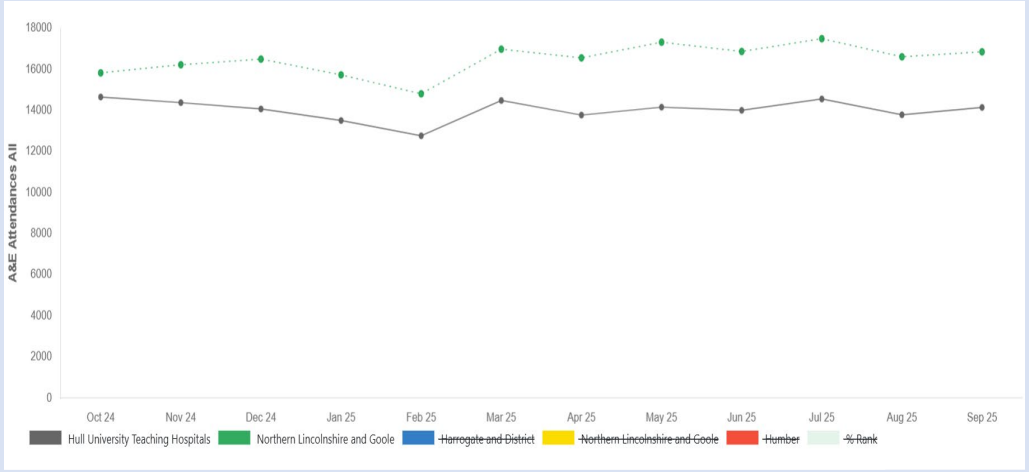
A&E – Attendances

Ranking Chart



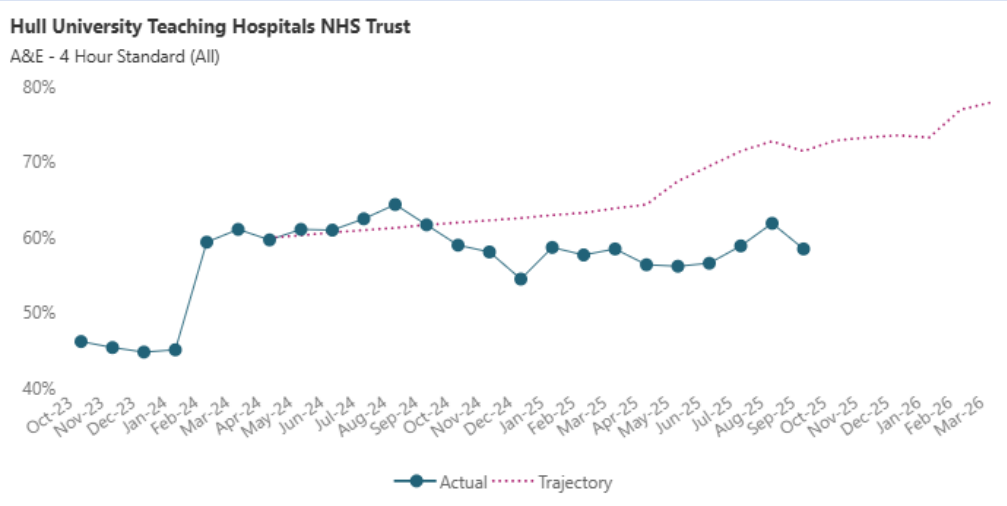
Rank 72 of 142 selected

Trending Chart



25. Emergency Care Standards – 4 hour Performance - HUTH

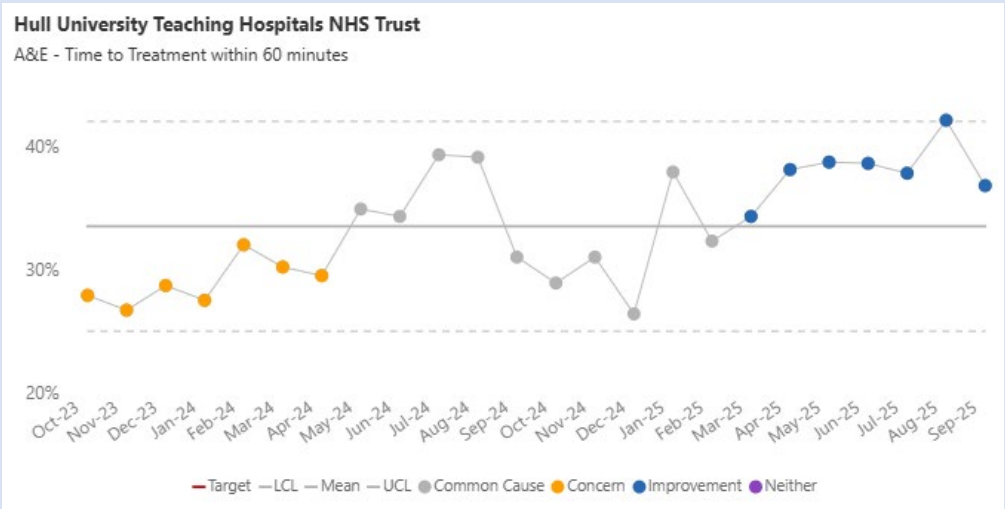
Compliance



Key Themes

- A&E 4 Hour standard (all types) remains challenged with performance of 58.5% in September 2025 (plan 71.5%)
- Type 1 performance of 42.1% was below the 25/26 operating plan target of 60.3%. Attendances were above plan
- Type 3 performance (HRI UTC) was 93.8% against the 95% target. Attendances at the UTC were below planned levels in September
- The percentage of patients seen by a clinician within 60 minutes of arrival totalled 36.8%, a deterioration on the previous month's position

Critical Enabler

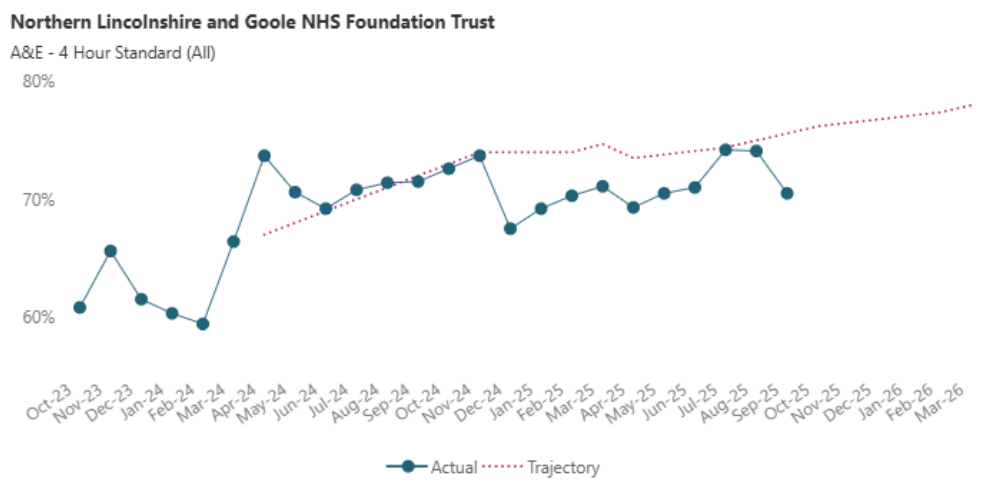


Actions

- Flow out of the department is a challenge particularly if patients require side rooms over the last month. Close monitoring of 12 hours is being presented to Senior Leaders to increase awareness, and ownership by Clinical Care Groups
- Working closely with Place partners aiming to increase UTC until 2am during winter to increase capacity
- Work ongoing with Yorkshire Ambulance Service to develop a falls care home pathway to avoid ED attendance where appropriate
- Plan to utilise H1 during winter pressures to reduce non admitted breaches, the unit will not be available until end of November / beginning of December
- The Group has reiterated its commitment to 78% delivery by March 2026 for both Trust via the action programme agreed through national Tiering (see **Appendix 1**)

26. Emergency Care Standards – 4 hour Performance - NLAG

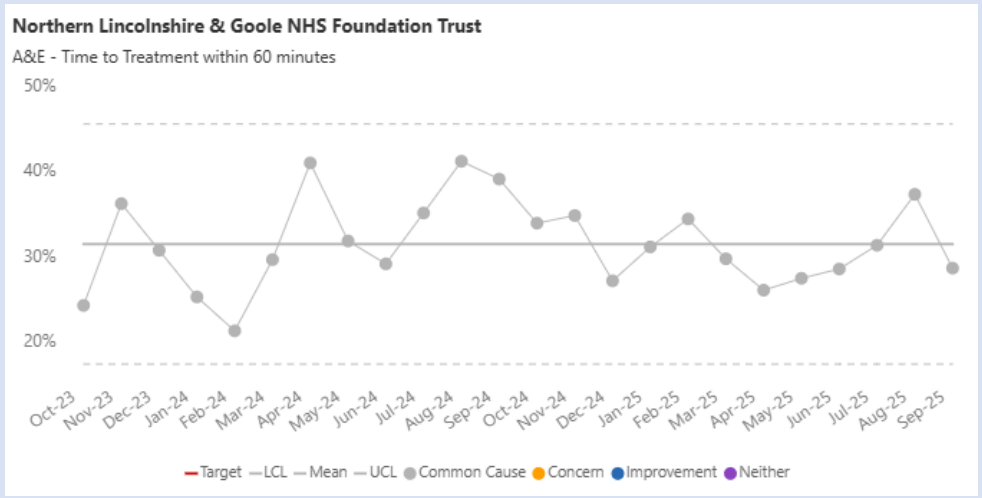
Compliance



Key Themes

- A&E 4 Hour standard (all types) performance was 70.5% in September 2025 (plan 75.6%)
- Type 1 performance of 48.7% was below plan 59.9%. Attendances were below plan
- Type 3 performance of 99.4% which was above plan 99%. Attendances were above plan
- Time to treatment within 60 minutes was 28.5% in September a deterioration on the previous month

Critical Enabler



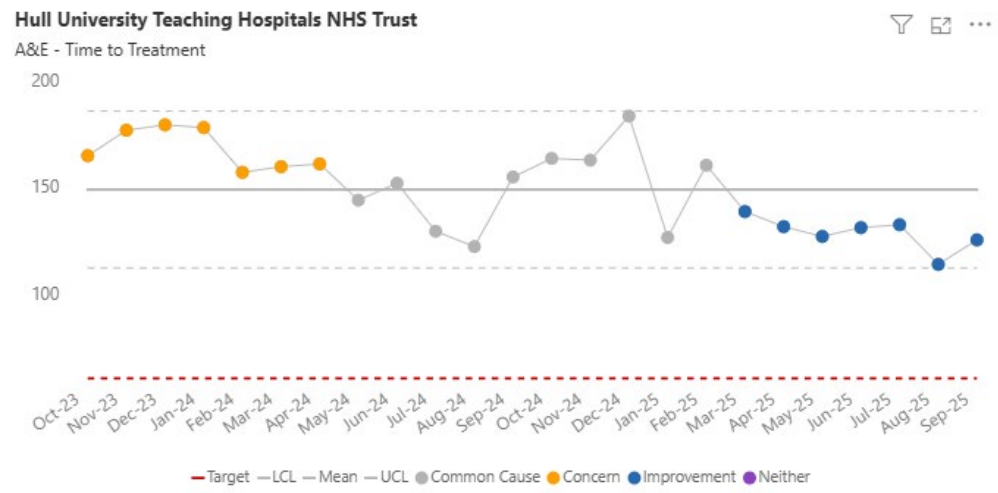
Actions

DPOW & SGH

- The Continuous Flow model was introduced in September in line with the new GIM model
- Expanding CDU pathways to increase utilisation of area
- Introduced new Gynaecology SDEC pathway at SGH to ensure patients treated in right environment, this also increases capacity in medical SDEC
- The Group has reiterated its commitment to 78% delivery by March 2026 for both Trust via the action programme agreed through national Tiering (see **Appendix 1**)

27. Core Objective 1 – Mean Time to Treatment

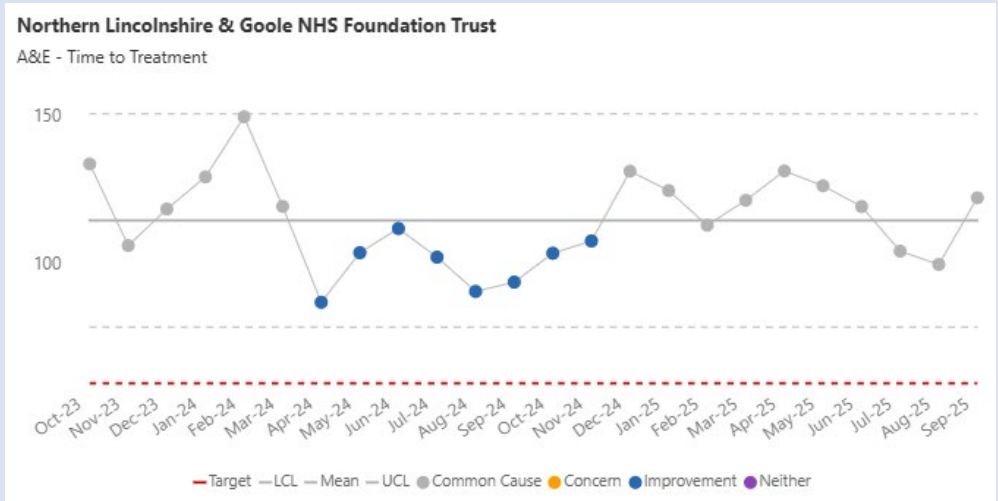
Compliance



Key Themes

- The Group established a target of 60 minutes for time to first clinician (time to treatment)
- HUTH and NLaG both saw an increase in the mean waiting times in September 2025 to 125 minutes and 122 minutes respectively

Compliance

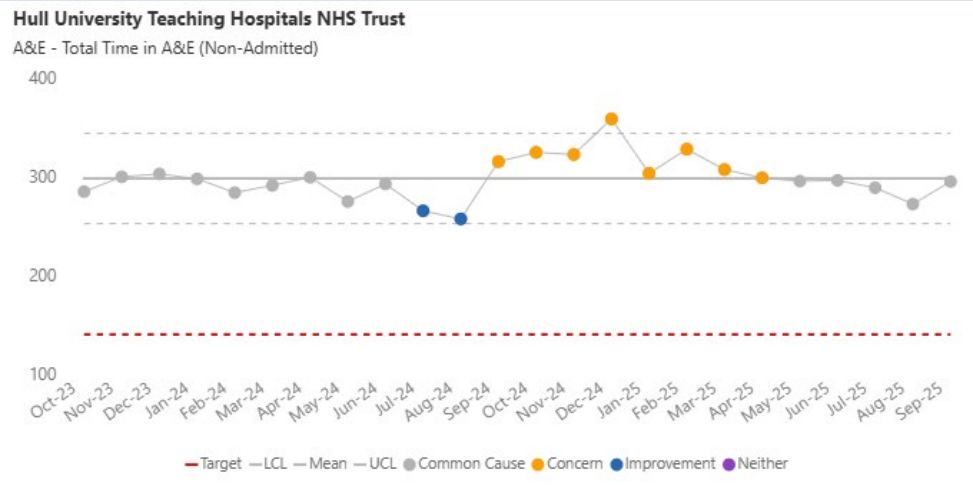


Actions

- Ongoing monitoring and focus on time first seen by doctor in department
- HUTH – Rapid Assessment now taking place in ECA & Majors.
- HUTH – consultant cover 24 hours Mon – Thurs. When team is fully established this will cover the 7 days.
- NLAG GIM ward and medical staff proposal agreed, launched in September.
- HUTH GIM consultation now complete, awaiting outcome

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

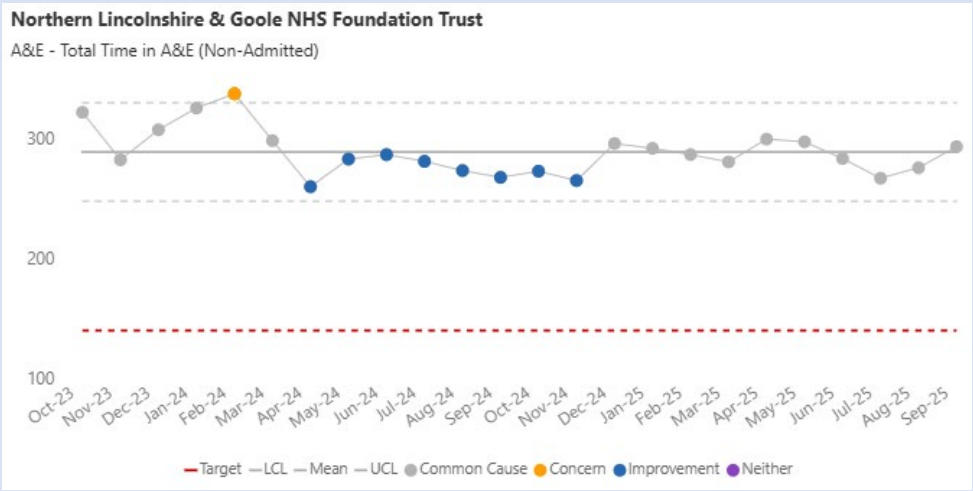
Compliance



Key Themes

- The Group established a target of 140 minutes for time spent by non-admitted Type 1 patients in the ED
- HUTH's performance decreased in September 2025 at 295 minutes average
- NLaG has performed consistently in 265-300 mins range since late Spring 2024. September 2025 performance saw a further deterioration at 293 mins

Compliance

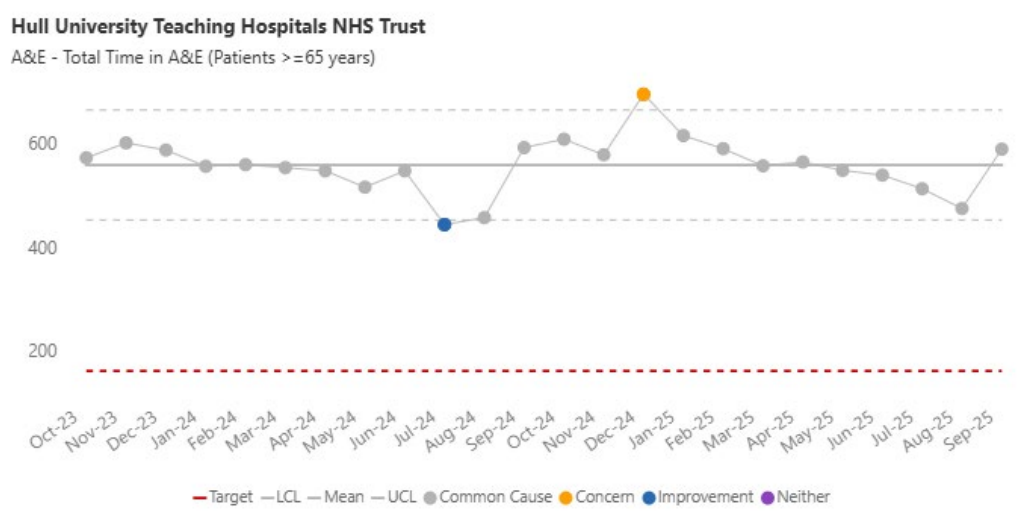


Actions

- Plan being worked up for H1 to support non admitted breaches for winter
- Challenge remains with limited flow and discharges compound this issue, raised with clinical colleagues at SLT to agree way forward and ownership

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

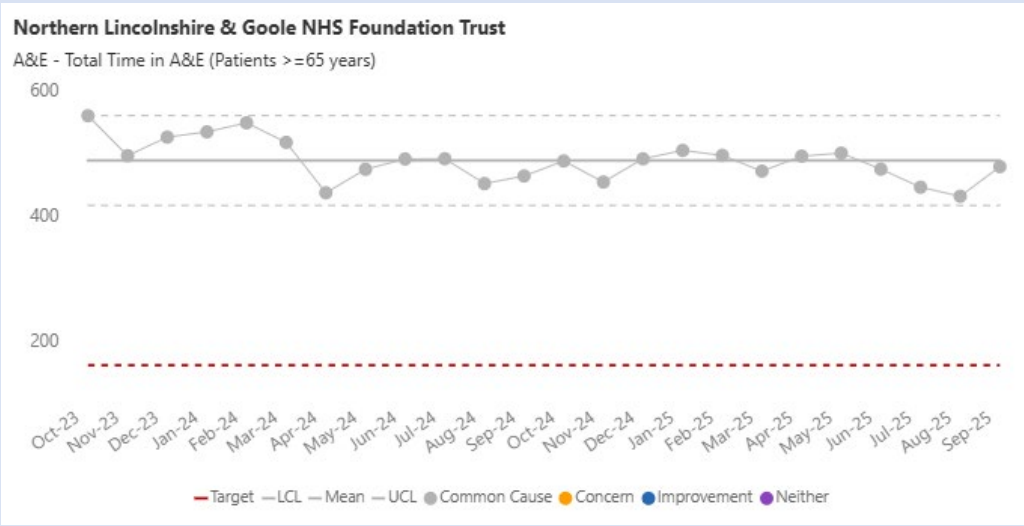
Compliance



Key Themes

- The Group established a target of 160 minutes for total time in the ED for patients aged 65 years and over
- The mean for HUTH was 590 minutes in September, a deterioration on the August position
- NLaG saw a deterioration in waiting times in September at 478 minutes

Compliance

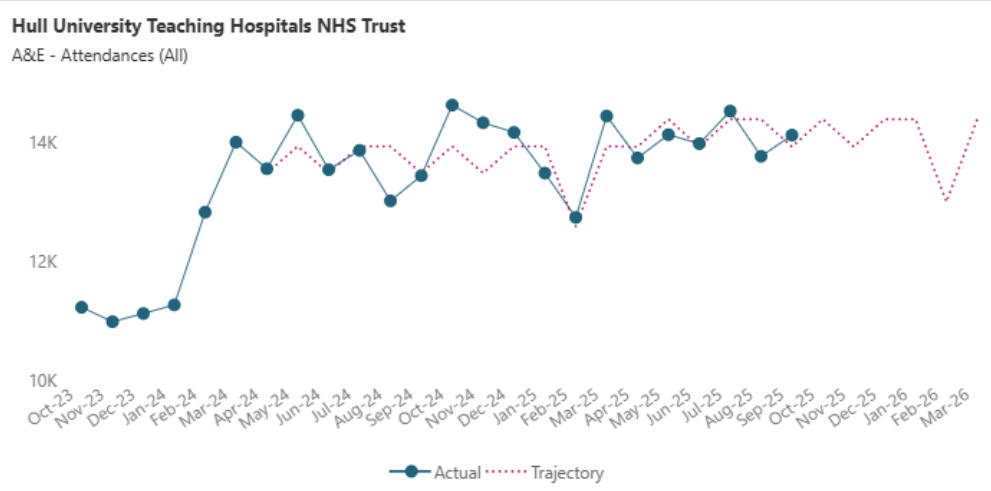


Action

- More movement out of ED in the morning due to continuous flow programme at HUTH
- Hourly monitoring of 12-hour position and reported to Director of the Day and visibility at Site Meetings for action
- Aim to move patients out of ED within 30minutes as per Continuous Flow model utilising TES/escalation spaces
- Optimise SDEC and UTC – ensure effective streaming

30. A&E Attendances – All Types

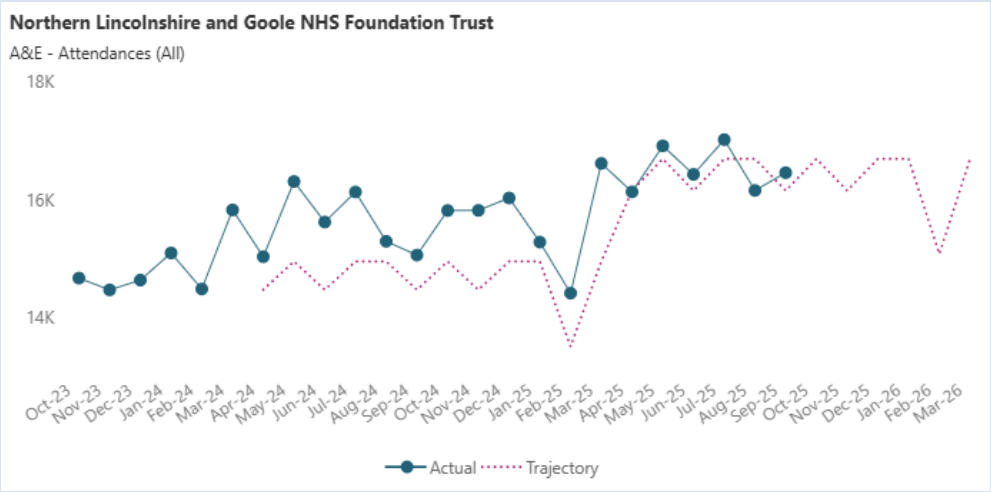
Compliance



Key Themes

- HUTH September 2025 – 14,139 total attendances comprising 9,657 Type 1 (above plan) and 4,482 Type 3 (below plan)
- NLaG September 2025 – 16,461 total attendances comprising 9,385 Type 1 (below plan) and 7,076 Type 3 (above plan)

Compliance

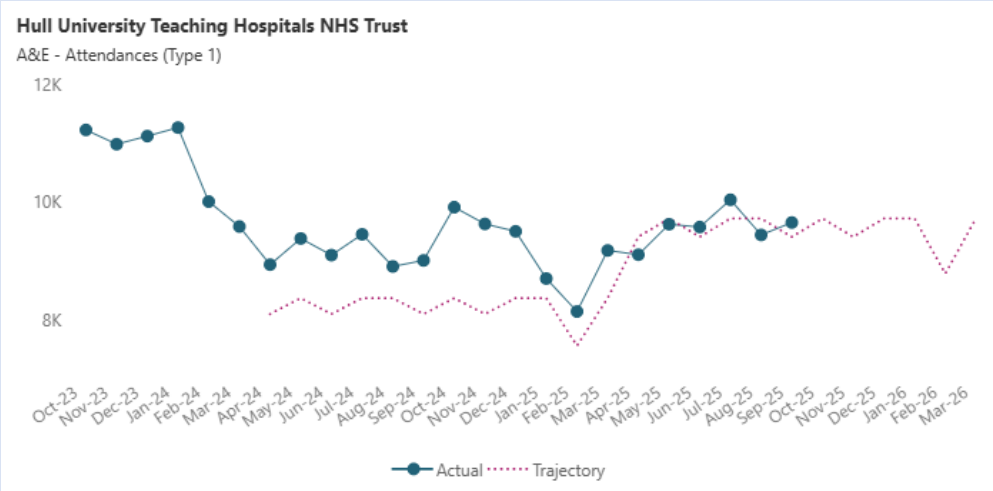


Actions

- Work taking place with system partners and Place to ensure pathways in place for community providers.
- Working with Yorkshire Ambulance Service on a Head Injury Pathway for Care Home patients.

31. A&E Attendances – Type 1 Attendances

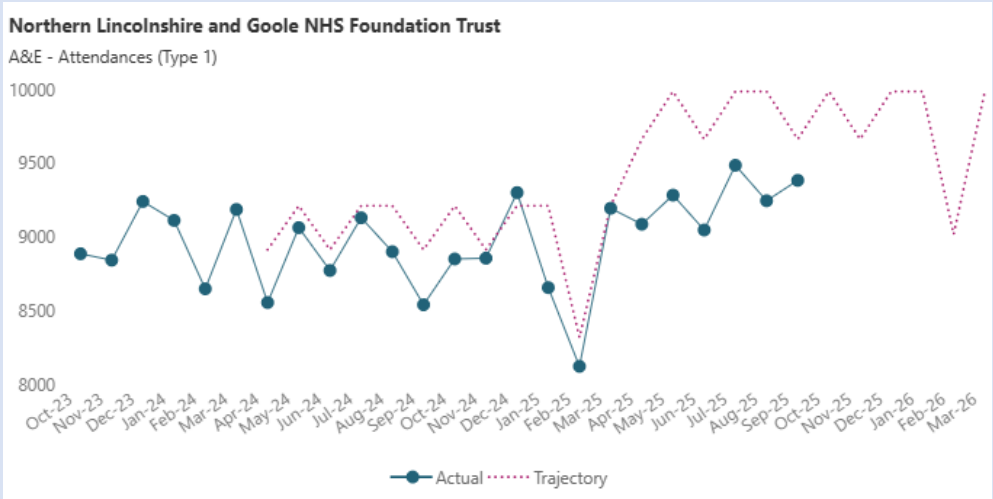
Compliance



Key Themes

- HUTH Type 1 attendances - September actuals were 9,657, below plan by 244.

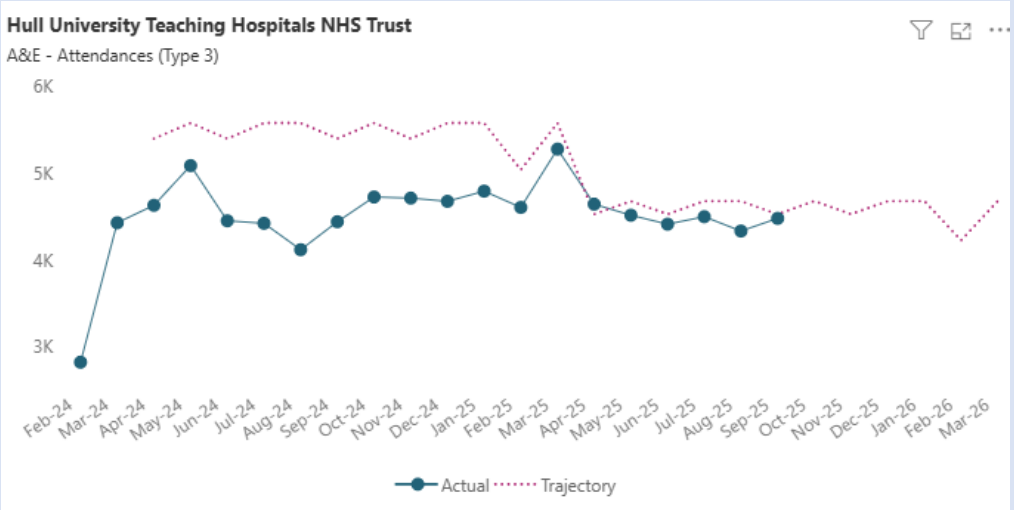
Compliance



- NLaG Type 1 attendances in September were 9,385 vs plan of 9,664 (279 below plan)

32. A&E Attendances – Type 3 Attendances

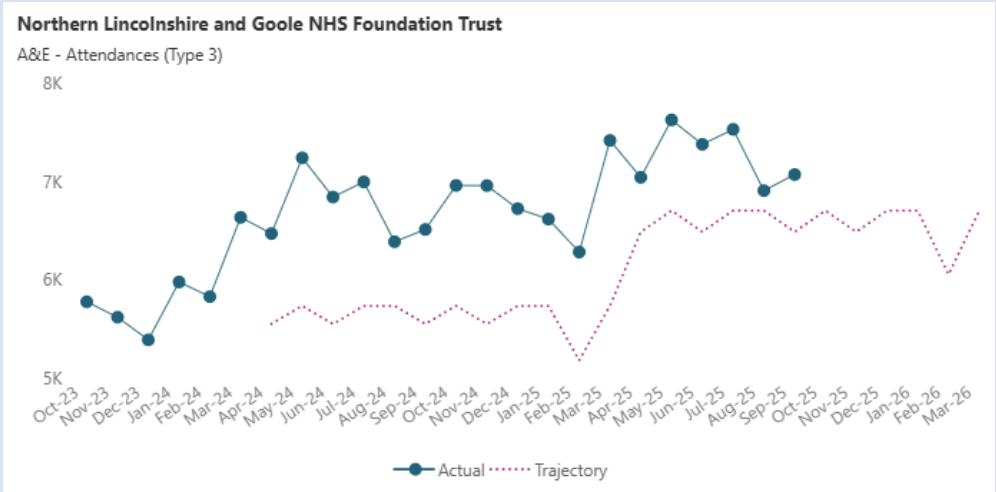
Compliance



Key Themes

- HUTH Type 3 attendances at HRI – 4,482 seen in September vs plan of 4,530 (48 below plan)

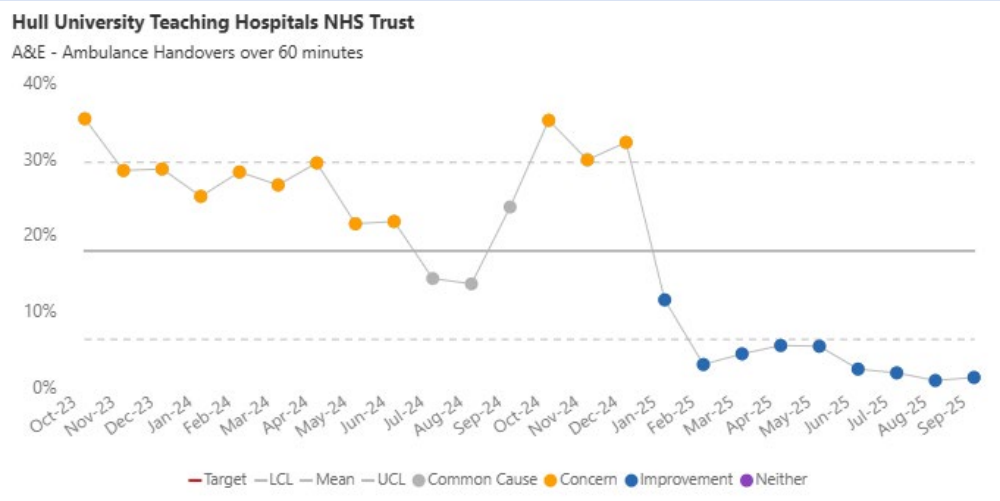
Compliance



- NLaG Type 3 attendances were 7,076 vs plan of 6,493 (583 above plan).

33. Ambulance Handovers >60 minutes - HUTH

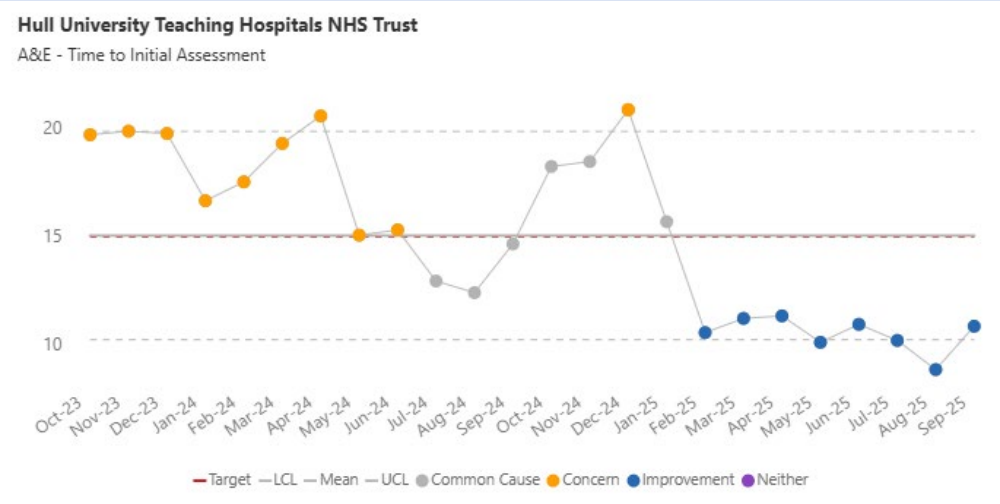
Compliance



Key Themes

- Significant sustained improvement on ambulance handover since the joint work with YAS in December 2024
- Average ambulance handover time in September was 23 minutes
- Total ambulance conveyances in September were 3,938
- Time to initial assessment 11 minutes

Critical Enabler

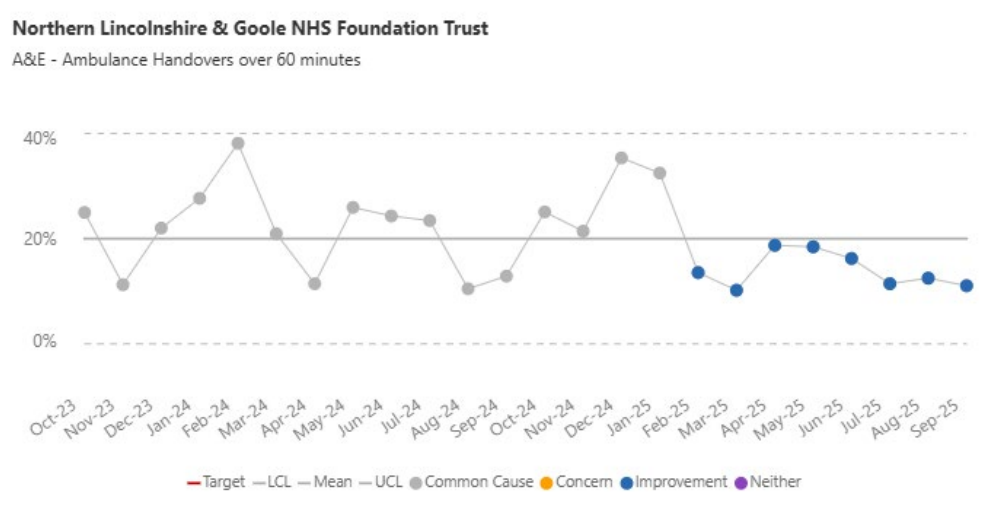


Actions

- Continue to review and monitor metrics to ensure improvement is sustained.
- Daily 2 hourly board round in ED to ensure all patients have a plan.
- Agree new pathways with YAS and EMAS for alternatives to ED. These pathways will be strengthened at HUTH when frailty and capacity is increased.
- Continued audit of category 4 conveyances and alternate pathways, working with Place partners.

34. Ambulance Handovers >60 minutes - NLAG

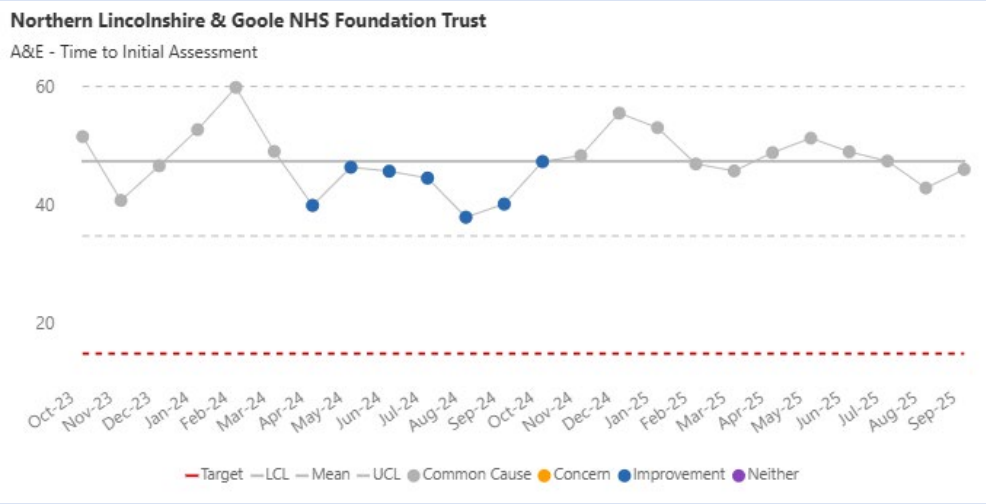
Compliance



Key Themes

- Performance in percentage of ambulance handovers >60 minutes has been within normal variation, with increases seen during winter period. September performance = 10.8%
- Time to initial assessment was 46 minutes against target of 15 minutes
- Average ambulance handover time in September was 29 minutes
- Total ambulance conveyances were 3,382.

Critical Enabler



Actions

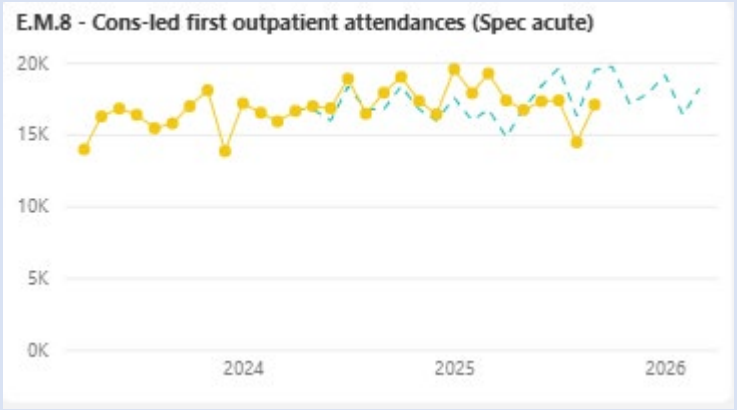
- Relaunched handover processes with ED and EMAS team which is working well.
- Daily 2 hourly monitoring and escalation are in place to maintain ambulance performance.
- Discuss and agree new pathways with EMAS sharing lessons learnt from work undertaken with YAS.

35. Activity

HUTH (Month 6)

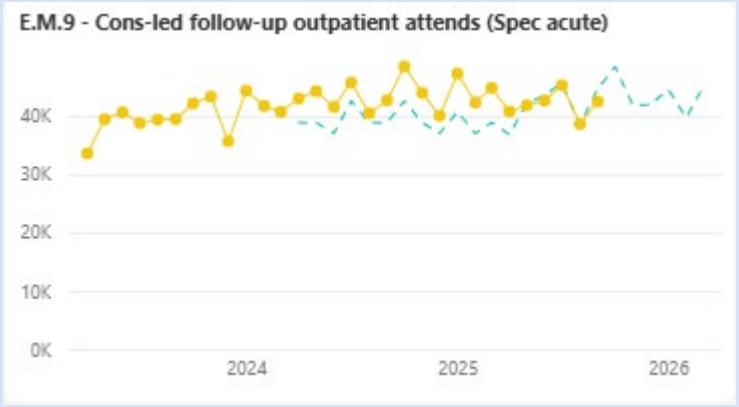
New Outpatient Attendances vs Plan

YTD New consultant-led activity is below plan at -5,082 (-4.8%).



Follow up Outpatient Attendances vs Plan

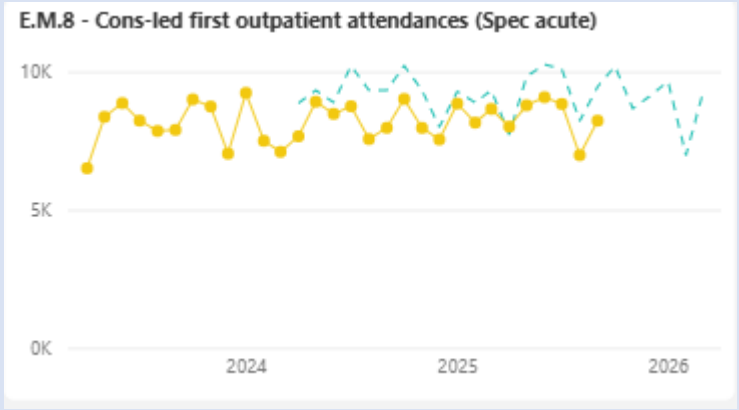
YTD Follow up activity is below plan -276 (0.1%).



NLAG (Month 6)

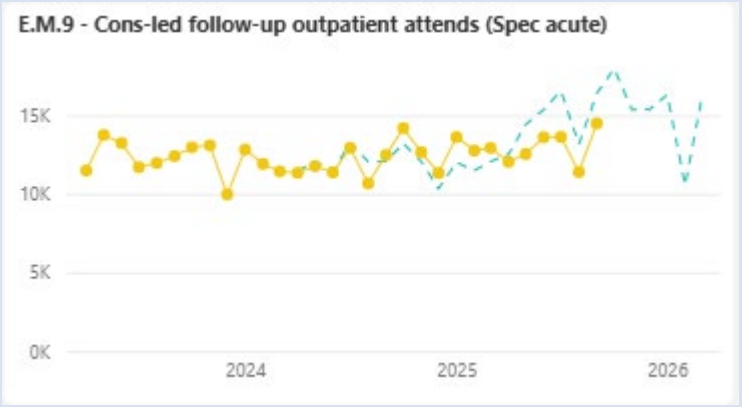
New Outpatient Attendances vs Plan

YTD New consultant-led activity is below plan at -5,672 (-10.2%).



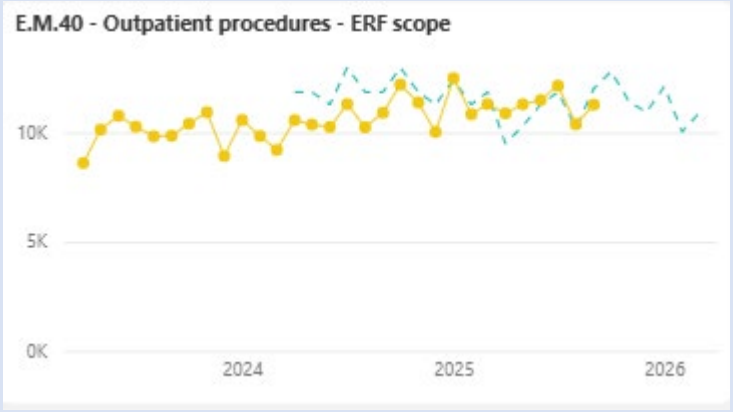
Follow up Outpatient Attendances vs Plan

YTD Follow up activity is below plan -10,716 (-12.1%).



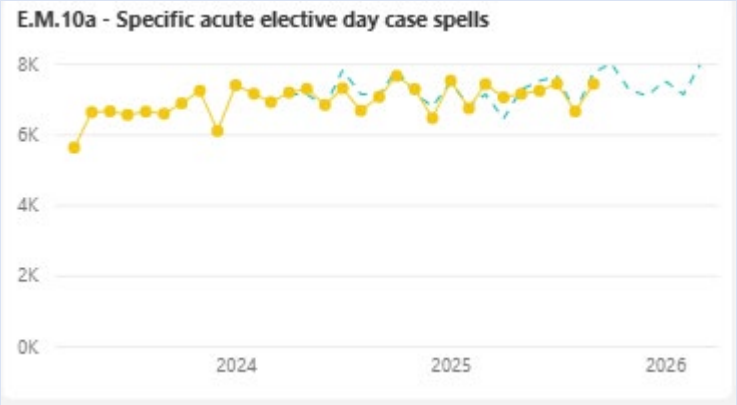
Outpatient Procedures vs Plan

YTD Outpatient procedure is above plan by 2,289 (3.5%).



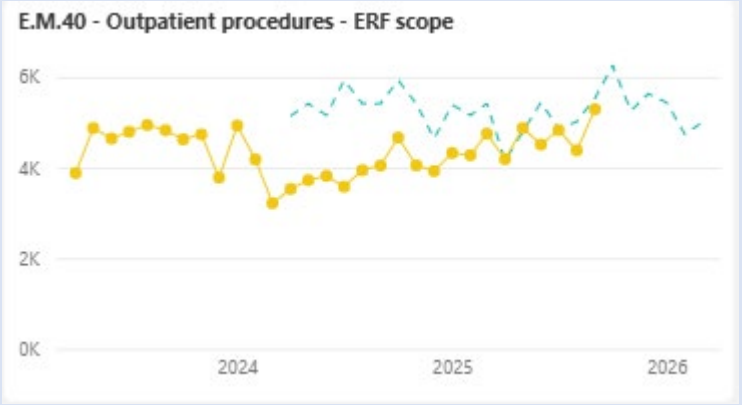
Day Case Admissions vs Plan

YTD Day case elective spells is below plan at -332 (0.8%).



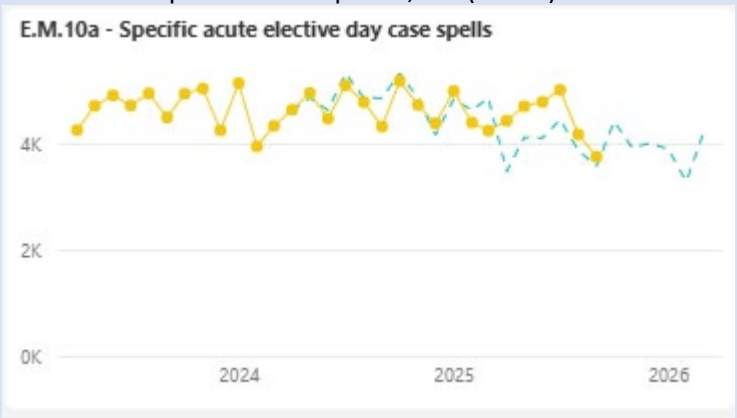
Outpatient Procedures vs Plan

YTD Outpatient procedure is below plan by 1,708 (-5.8%).



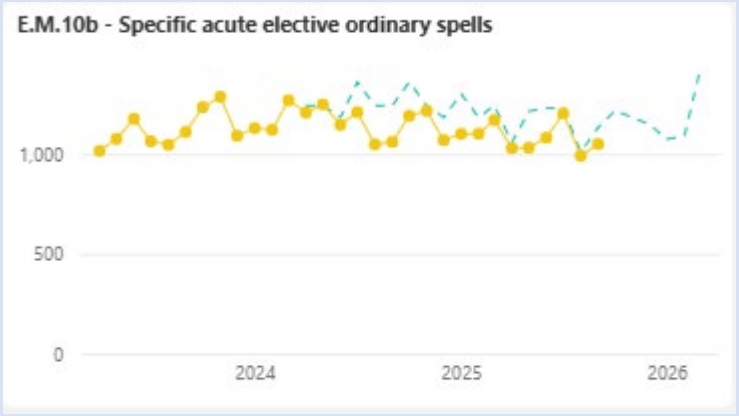
Day Case Admissions vs Plan

YTD Day case elective spells is above plan 3,256 (13.8%).



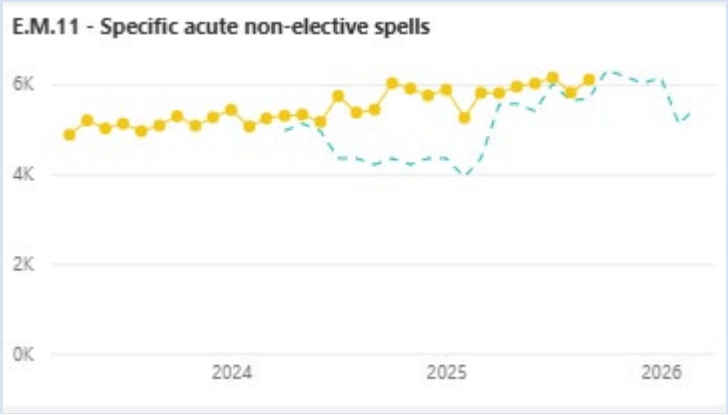
Elective Admissions vs Plan

YTD Inpatient spells is below plan at -488 (-7.1%).



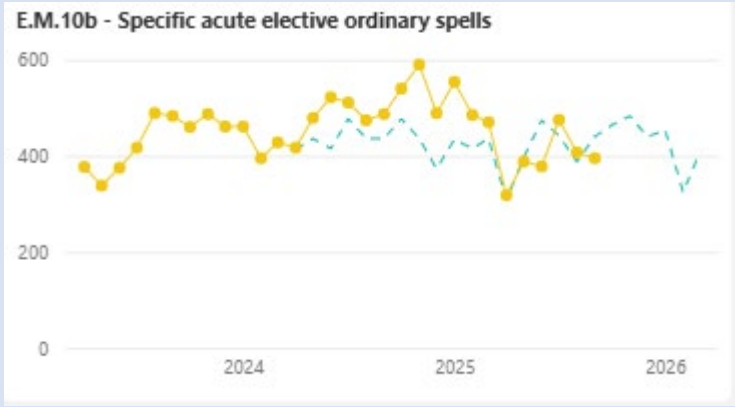
Non-Elective Admissions vs Plan

YTD non-elective spells +1,986 (5.9%) over plan.



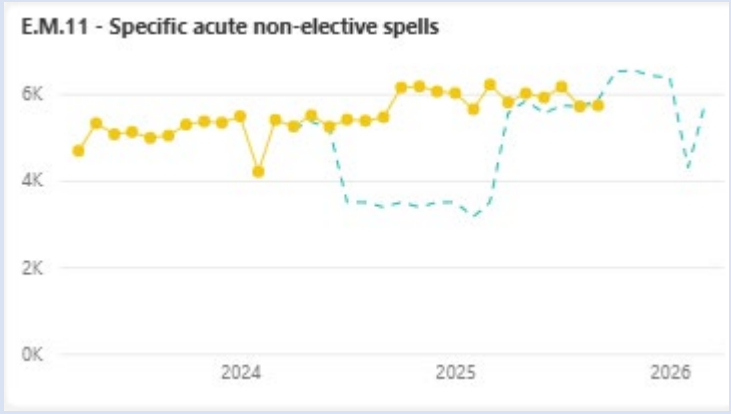
Elective Admissions vs Plan

YTD Inpatient spells is below plan -88 (3.6%), 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.



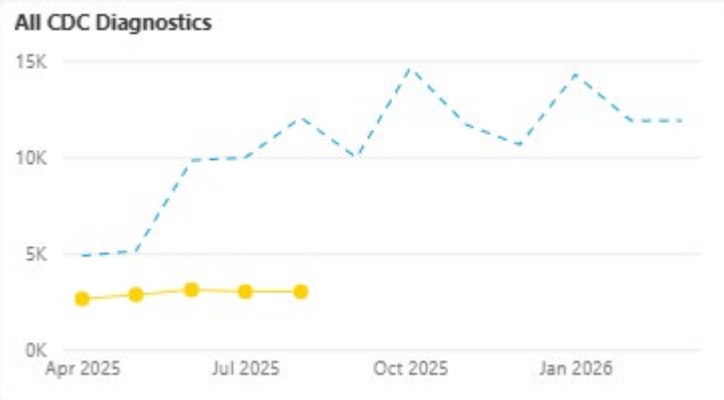
Non-Elective Admissions vs Plan

Non-elective spells above plan YTD +1,083 (3.2%).



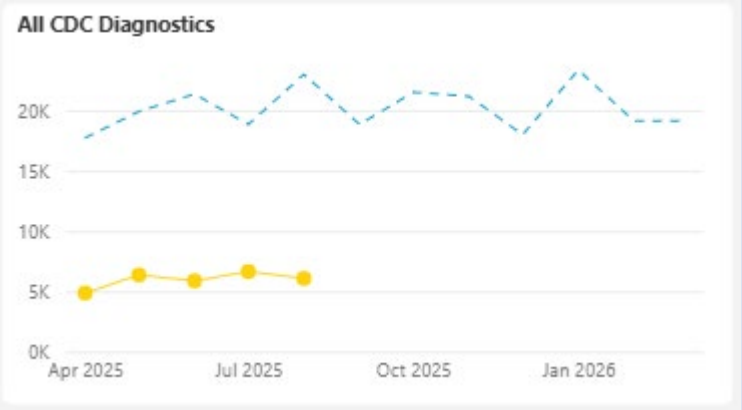
All CDC Diagnostics

YTD -37,217 against plan



All CDC Diagnostics

YTD -89,905 against plan



36. Financial Activity Summary - HUTH

HUTH 2025/26 Elective Recovery Activity M6

	Activity Plan	Activity Actual	Activity Variance	Price Plan	Price Actual	Price Variance
Daycase	44,096	42,410	-1,686	33,956,645	31,940,748	-2,015,897
Elective	9,563	8,832	-731	37,976,854	33,842,943	-4,133,911
Outpatient New Attendance	100,139	97,236	-2,903	20,221,326	19,417,822	-803,504
Outpatient New Procedure	18,370	19,412	1,042	3,454,503	3,669,603	215,100
Outpatient Follow Up Procedure	57,545	59,607	2,062	6,274,667	6,244,898	-29,769
	229,713	227,497	-2,216	101,883,994	95,116,014	-6,767,980

Data includes 1097 uncoded August spells priced at Average Tariff by Specialty

37. Financial Activity Summary - NLAG

NLAG 2025/26 Elective Recovery Activity M6

	Activity Plan	Activity Actual	Activity Variance	Price Plan	Price Actual	Price Variance
Daycase	23,578	27,279	3,701	£ 16,500,164	£ 18,367,652	£ 1,867,488
Elective	2,974	2,597	-377	£ 11,548,973	£ 10,310,743	-£ 1,238,230
Outpatient New Attendance	38,671	37,751	-920	£ 8,053,735	£ 7,806,323	-£ 247,412
Outpatient New Procedure	12,561	10,877	-1,684	£ 2,570,160	£ 2,142,137	-£ 428,023
Outpatient Follow Up Procedure	20,359	21,906	1,547	£ 2,715,094	£ 4,008,889	£ 1,293,795
	98,143	100,410	2,267	41,388,126	42,635,744	1,247,618

Data includes 1871 uncoded September spells priced at Average Tariff by Specialty

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(25)100

Name of the Meeting	**Council of Governors Business Meeting**
Date of the Meeting	5 November 2025
Director Lead	David Sharif, Group Director of Assurance
Contact Officer/Author	Alison Hurley, Deputy Director of Assurance
Title of the Report	**Acronyms and Glossary of Terms**
Executive Summary	A reference guide for any words, phrases or acronyms used during the meeting – updated August 2025. Document for information only.
Background Information and/or Supporting Document(s) (if applicable)	N/A
Prior Approval Process	N/A
Financial implication(s) (if applicable)	N/A
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ☐ Assurance ☐ Other – please detail below:

Northern Lincolnshire and Goole NHS Foundation Trust

ACRONYMS & GLOSSARY OF TERMS

Aug 2025 – v9.0

2WW - Two week wait

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

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

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

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

AAU – Acute Assessment Unit

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

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

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

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

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

AGC – Audit & Governance Committee

AGM – Annual General Meeting

AHP – Allied Health Professional

ALoS – Average Length of Stay

AMM – Annual Members' Meeting

AO – Accounting Officer

AoMRC – Association of Medical Royal Colleges

AOP – Annual Operating Plan

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

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

ARM – Annual Review Meeting for CoG

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

ARGC – Audit Risk & Governance Committees-in-Committee

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

BAF - Board Assurance Framework

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

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

BLS – Basic Life Support

BMA – British Medical Association

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

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

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

CAP – Collaborative Acute Providers

CPE - Carbapenemase-Producing Enterobacterales

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

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

CDC – Community Diagnostic Centre

CFC – Charitable Funds Committee

CFO – Chief Financial Officer

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

CE/CEO – Chief Executive Officer

CF – Cash Flow

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

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

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

CMO – Chief Medical Officer

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

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

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

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

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

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

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

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

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

CoP – Code of Practice

CPA – Care Programme Approach

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

CPIS - Child Protection Information Sharing

CPN – Community Psychiatric Nurse

CPO – Chief People Officer

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

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

CSPO – Chief Strategy and Partnerships Officer

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

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

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

DD – Due Diligence

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

DGH – District General Hospitals

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

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

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

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

DNR - Do not resuscitate

DoF – Director of Finance

DOI - Declarations of Interest

DOLS - Deprivation of Liberty Safeguards

DOSA – Day of Surgery Admission

DPA - Data Protection Act

DPH - Director of Public Health

DPoW - Diana, Princess of Wales Hospital, Grimsby

DTOCs – Delayed Transfers of Care

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

ECC - Emergency Care Centre

ED – Executive Directors or Emergency Department

EDI – Equality, Diversity and Inclusion

EHR – Electronic Health Record

EIA - Equality Impact Assessment

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

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

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

EoL – End of Life

EPR - Electronic Patient Record

ERF – Elective Recovery Fund

ERoY – East Riding of Yorkshire

ESR - Electronic Staff Record

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

FD – Finance Director

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

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

FRC – Financial Risk Rating

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

FTE – Full Time Equivalent

FTGA – Foundation Trust Governors' Association

FTN – Foundation Trust Network

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

FY – Financial Year

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

GDH – Goole District Hospital

GDP – Gross Domestic Product

GDPR – General Data Protection Regulations

GIRFT – Getting It Right First Time

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

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

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

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

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

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

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

H1 - First Half (financial or calendar year)

H2 - Second Half (financial or calendar year)

HAS - Humber Acute Services

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

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

HCCP - Humber Clinical Collaboration Programme

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

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

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

HEE – Health Education England

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

HOBS - High Observations Beds

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

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

HR – Human Resources

HSCA – Health & Social Care Act 2012

HSMR - Hospital Standardised Mortality Ratio

HTF - Health Tree Foundation (Trust charity)

HTFTC - Health Tree Foundation Trustees' Committee

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

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

HW – Healthwatch

HWB/HWBB – Health & Wellbeing Board

HWNL - Healthwatch North Lincolnshire

HWNEL - Healthwatch North East Lincolnshire

HWER - Healthwatch East Riding

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

HUTH – Hull University Teaching Hospitals NHS Trust

IAAU – Integrated Acute Assessment Unit

IAPT – Improved Access to Psychological Therapies

IBP – Integrated Business Plan

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

ICB – Integrated Care Board

ICP – Integrated Care Partnership

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

ICU – Intensive Care Unit

IG – Information Governance

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

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

IP – Inpatient

IPC - Infection Prevention & Control

IPR – Integrated Performance Report

IT – Information Technology

ITU – Intensive Therapy Unit

JAG – Joint Advisory Group accreditation

JHOSH - Joint Health Overview and Scrutiny Committee

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

JSNA – Joint Strategic Needs Assessment

KLOE – Key Line of Enquiry

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

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

LA – NHS Leadership Academy

LATs – Local Area Teams

LD – Learning Difficulties

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

LETB – Local Education and Training Board

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

LHE – Local Health Economy

LHW – Local Healthwatch

LiA – Listening into Action

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

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

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

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

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

LTC - Long Term Condition

M&A – Mergers & Acquisitions

MCA - Mental Capacity Act

MDT - Multi-disciplinary Team

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

MHA – Mental Health Act

MI – Major Incident

MIU – Major Incident Unit

MLU - Midwifery led unit

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

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

MRI – Magnetic Resonance Imaging

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

MSA – Mixed Sex Accommodation

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

NED – Non-Executive Director

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

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

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

Neurology - Study and treatment of nerve systems.

NEWS - National Early Warning Score

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

NEL - North East Lincolnshire

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

NHS - National Health Service

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

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

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

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

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

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

NHSP - NHS Professionals

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

NHSTDA – NHS Trust Development Authority

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

NL - North Lincolnshire

NLaG - Northern Lincolnshire & Goole Hospitals NHS Foundation Trust

NMC - Nursing & Midwifery Council

NOF – National Oversight Framework

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

NQB - National Quality Board

NSFs – National Service Frameworks

OBC - Outline Business Case

OFT – Office of Fair Trading

OLU - Obstetric led unit

OOH - Out of Hours

OP – Outpatients

OPA – Outpatient Appointment

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

OSCs – Overview and Scrutiny Committees

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

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

PAU – Paediatric assessment unit

PbR - Payment by Results

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

practice nurse, clinical pharmacist or other clinical profession working in general practice.

PCT – Primary Care Trust

PDC – Public Dividend Capital

PEWS - Paediatric Early Warning Score

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

PFI – Private Finance Initiative

PIDMAS – Patient Initiated Digital Mutual Aid System

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

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

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

PMO – Programme Management Office

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

PPE - Personal Protective Equipment

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

PPI – Patient and Public Involvement

PRIM - Performance Review Improvement Meeting

PROMS – Patient Recorded Outcome Measures

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

PSF - Provider Sustainability Fund

PST – Patient Suitability for Transfer

PTL – Patient Transfer List

PTS – Patient Transport Services

QA – Quality Accounts. A QA is a written report that providers of NHS services are required to submit to the Secretary of State and publish on the NHS Choices website

each June summarising the quality of their services during the previous financial year **or** Quality Assurance

QGAF – Quality governance assurance framework

QI – Quality Improvement

QIA – Quality Impact Assessment

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

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

QRP – Quality & Risk Profile

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

QSIR – Quality & Service Improvement Report

R&D – Research & Development

RAG – Red, Amber, Green classifications

RCA – Root Cause Analysis

RCGP – Royal College of General Practitioners

RCN – Royal College of Nursing

RCP – Royal College of Physicians

RCPSYCH – Royal College of Psychiatrists

RCS – Royal College of Surgeons

RGN – Registered General Nurse

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

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

RoI – Register of Interests

RoI – Return on Investment

RTT – Referrals to Treatment

SaLT - Speech and Language Therapy

SDEC – Same day emergency care

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

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

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

SGH – Scunthorpe General Hospital

SHCA – Senior Health Care Assistant

SHMI - Summary Hospital-level Mortality Indicator

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

SIB - System Improvement Board

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

SJR - Structured Judgement Review

SLA – Service Level Agreement

SLM/R – Service Line Management/Reporting

SNCT - Safer Nursing Care Tool

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

SPA – Single Point of Access

SoS – Secretary of State

SSA – Same Sex Accommodation

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

Statutory Requirement - A requirement prescribed by legislation

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

T&C – Terms and Conditions

TCI – To Come In

Terms of Authorisation - Previously, when an NHS Foundation Trust was authorised, Monitor set out a number of terms with which the trust had to comply. The terms of authorisation have now been replaced by the NHS provider licence, and NHS Foundation Trusts must comply with the conditions of the licence

TMB - Trust Management Board

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

ToR – Terms of Reference

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

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

TTO – To Take Out

ULHT – United Lincolnshire Hospital NHS Trust

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

UTC - Urgent Treatment Centre

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

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

VTE – Venous Thromboembolism

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

WRES - Workforce Race Equality Standards

WDES - Workforce Disability Equality Standards

WTE - Whole time equivalent

YTD - Year to date