I have read last year's minutes and nowhere is there any reference to Jonathan Lofthouse's current situation. Has he resigned? If so, when and where is the information regarding the appointment of a new CE?	We have stated previously that Jonathan Lofthouse is not currently at work. We are unable to comment any further on that at this time. Lyn is our interim Chief Executive covering that role during this period
Can I ask how we are going to track improvements in staff engagement, morale and experience at NLaG, and where the risks are - as we try and live within our means?	We ask staff to complete a survey on a quarterly basis, which gives us very good information on staff feeling engaged, valued and motivated. This can be broken down to specific services and wards. We use this information to make improvements. There are other ways we gain feedback as well. Our people is a key priority for the group to make both trusts a good place to work
When does the funding for the CDCs expire	We have received two streams of funding for CDCs. The capital allocations to purchase and build the assets in the first place and a revenue stream that comes with CDCs. That is confirmed for 25/26. We don't know for 26/27 yet but we think it'll be the same as what we received for 25/26 for future revenue
Is there any risk of funding being diverted from NLaG to HUTH to cover the costs of the capital programme	Our statutory compliance with the use of resources is very specifically earmarked to the Trusts they are allocated. It would not be within the regulations for us to divert resources between NLaG and HUTH. The NHS operates the capital programme at a national level. There are occasions where NHS England and our Integrated Care Board (ICB) do manage resources between our organisations, but that's not something we would do in isolation
Within my department, a full establishment review took place in 2024 but was 'not approved' by the business group. This leads to huge gaps in consultant cover - which has a direct impact on meeting elective activity. Can I have some clarity on the situation please?	Our Chief Financial Officer will pick this up with the relevant Care Group and get back to you
Do you have numbers of people who are readmitted on Ward 5?	We have had a really low re-admission rate. From July 2024, we've only had an 18.4% of people re-admitted in the hospital
Is the OT involved to assess if needed on Ward 5?	Yes we do involve OT and physio. They're on the board rounds and we talk to them
Is there a safeguarding network in place on Ward 5 between housing and health?	Yes we involve safeguarding when it is needed or if we have any concerns
What is in place for the patients that have been let down in the past by the NHS system, towards navigating the	Thank you very much for your observations about the new pathway management processes. Thank you also for submitting your questions abut more

patient for the treatment they require? What is in place for the NHS departments that are choosing who they see as their patients? What's in place for departments that won't see their patients for treatment, especially after they're being referred via a GP? What is in place for the patients who developed disability needs or still needs medical treatments down the correct pathways? What is in place for patients that don't have the correct medical records And need them correcting? What are you going to put in place to answer the above questions? The NHS system is teamed up with social care and housing, but what is in place towards safeguarding the patient's care and transparency? Especially for the vulnerable patients with housing needs and to make sure things are in place to get the correct duty of care they need, to make sure their home is safe to send the patient back home to live safe, long, healthy lives in their home/property independently with a person to go between regarding transparency between patient and workers. Occupational Therapy is a vital part of safeguarding patients at their homes, especially after their discharge from hospital. What is in place for this?	legacy or historic processes - we hope the following is useful. For any NHS patient, a patient's GP remains the first port of call for coordinating a patient's care, understanding a patient's preferences as well as their concerns about previous care received, and helping to navigate their NHS care. This includes supporting patients whose health and disability status has changed over time. This also includes support to look at second opinions or referrals to other NHS services if a patient has had previous poor treatment or care at their local provider, or if waiting times for first appointments at their nearest provider are excessively long. This also includes access to community services, such as community therapy services like occupational therapy. This sort of level of care can also start to cross-over with a patient's eligibility to receive services provided through social services and/or NHS Continuing Health Care – in these instances, a patient will have an overall Care Coordinator, who will liaise with a patient's GP as well as other services involved in a patient's care, as well as to listen to the patient's preferences and concerns. In respect of GPs referring patients to local NHS services, all NHS services have referral receipt and triage processes, which is standard practice, to ensure that the specialty can provide the clinical advice or service that is being requested by the GP. There are instances where services will write back to a patient's GP with advice and guidance rather than needing to see a patient to provide the requested clinical input; there are also instances that a referral will be returned to a GP if the GP hasn't provided sufficient information per national guidelines (usually NICE guidelines) to accept a referral, or that the service doesn't provide the service being requested. As above, a patient's GP is best placed to help navigate the NHS system, including if there are concerns or issues about poor treatment in the past. This is without having to resort to other processes, such as formal complaints or legal action. If the issue about poor patient care is actually about the patient's GP, a patient can opt to move to another GP practice and there is a support available from a patient's local Integrated Care Board if a patient is concerned about doing this. Every NHS organisation has a process in place to ensure medical records remain up to date, and that

	medical records can be amended/updated if needed. The Patient Administration team at the individual NHS organisation can be contacted in order to outline the process to correct a patient's NHS medical records
When there is bed shortages, why won't the trust open empty wards?	While there are some currently unoccupied wards on our sites, it's important to look at the reasons why our beds are under pressure, rather than move to open additional wards. The wards that are unused do not have any staff, and there are costs involved in maintaining shut wards in a 'mission-ready' status to open at short notice, so it is not common practice to do this. We maintain any closed clinical area to the required safety standards (water safety, fire safety, etc) but this is not the same as being ready to be used. To open a ward at short notice would require additional staff to be sourced, and this would risk taking staff away from their substantive areas, or employing additional staff without the budget or mandate to do so. We do not receive income for any additional beds we open at short notice if these are not part of a plan agreed with our commissioners
The drive to improve access is great. However, getting to a hospital setting by public transport is expensive and difficult. Grimsby to Scunthorpe is expensive (£25 return) and then a 15-min walk. Grimsby to Goole is a minimum of two trains and also a 15-min walk. Grimsby to Hull is even worse. Other trusts run shuttle buses between their various sites. Obviously, this is expensive but other trusts manage to find the funds, This is recognised by NLaG as they are providing taxis to help justify the eye clinics at Goole. Do you have any plans to provide a shuttle bus?	There is a staff shuttle bus between DPoW and SGH. There are no plans to extend the current shuttle bus provision