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
Unanswered	
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?	
When there is bed shortages, why won't the trust open empty wards?	
What is in place for the patients that have been let down in the past by the NHS system, towards navigating the 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?	