



Humber Health Partnership

GROUP BOARDS-IN-COMMON - PUBLIC



GROUP BOARDS-IN-COMMON - PUBLIC

 12 March 2026

 10:00 GMT Europe/London

 Main Boardroom, Diana, Princess of Wales Hospital



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

 Murray Macdonald, Interim Group Chair

REFERENCES

Only PDFs are attached

 01 - Agenda - HUTH NLaG Boards in Common Meeting - March 2026 - Public.pdf

AGENDA

**A meeting of the Trust Boards-in-Common (meeting held in Public)
to be held on Thursday, 12 March 2026 at 10.00 am to 12.00 pm
in the Main Boardroom, Diana, Princess of Wales Hospital**

For the purpose of transacting the business set out below:

No.	Agenda Item	Format	Purpose	Time
1. CORE / STANDING BUSINESS ITEMS				
1.1	Welcome, Group Chair's Opening Remarks and Apologies for Absence Murray Macdonald, Interim Group Chair	Verbal	Information	10:00
1.2	Staff Charter and Values Murray Macdonald, Interim Group Chair	Attached	Information	
1.3	Patient Story Heather McNair, Interim Group Chief Nurse	Verbal	Assurance	10:05
1.4	Questions from the Public and Governors Murray Macdonald, Interim Group Chair	Verbal	Discussion	10:25
1.5	Declarations of Interest Murray Macdonald, Interim Group Chair	Attached	Assurance	10:30
1.6	Minutes of the Meeting held on Thursday, 12 February 2026 Murray Macdonald, Interim Group Chair	BIC(26)045 Attached	Approval	
1.7	Matters Arising Murray Macdonald, Interim Group Chair	Verbal	Assurance	
1.8	Action Tracker - Public Murray Macdonald, Interim Group Chair	BIC(26)046 Attached	Assurance	
2. CHIEF EXECUTIVE & CHAIR REPORTS				
2.1	Interim Group Chair's Briefing Murray Macdonald, Interim Group Chair	BIC(26)047 Attached	Assurance	10:35
2.2	Interim Group Chief Executive's Briefing Lyn Simpson, Interim Group Chief Executive	BIC(26)048 Attached	Assurance	10:45
2.3	Letters of Enforcement Undertakings David Sharif, Group Director of Assurance	BIC(26)049 Attached	Information	10:55
3. PATIENT SAFETY UPDATE				
3.1	Monthly Patient Safety Update Dr Kate Wood, Group Chief Medical Officer & Heather McNair, Interim Group Chief Nurse	BIC(26)050 Attached	Assurance	11:05
3.2	National Reports and Guidance Dr Kate Wood, Group Chief Medical Officer & Heather McNair, Interim Group Chief Nurse	BIC(26)051 Attached	Assurance	11:25
4. STRATEGIC PROGRESS				
4.1	Public Purse (including Assurance Committee update) Emma Sayner, Group Chief Financial Officer Gill Ponder, NED Committee Chair	BIC(26)052 Attached	Assurance	11:35

5. OTHER ITEMS FOR ASSURANCE				
5.1	None			
6. OTHER ITEMS FOR APPROVAL				
6.1	None			
7. ITEMS FOR INFORMATION / SUPPORTING PAPERS				
7.1	Items for Information / Supporting Papers (as per Appendix A) Murray Macdonald, Interim Group Chair	Verbal	Information / Assurance	
8. ANY OTHER URGENT BUSINESS				
8.1	Any Other Urgent Business Murray Macdonald, Interim Group Chair / All	Verbal		11:45
9. MATTERS FOR REFERRAL TO BOARD COMMITTEES-IN-COMMON				
9.1	To agree any matters requiring referral for consideration on behalf of the Trust Boards by any of the Board Committees-in-Common Murray Macdonald, Interim Group Chair / All	Verbal	Discussion	
10. DATE OF THE NEXT MEETING				
10.1	The next meeting of the Boards-in-Common will be held on Thursday, 9 April 2026			

KEY:

HUTH – Hull University Teaching Hospitals NHS Trust

NLaG - Northern Lincolnshire & Goole NHS Foundation Trust

APPENDIX A

7.	ITEMS FOR INFORMATION / SUPPORTING PAPERS	
7.1	Quality & Safety Committees-in-Common	
7.1.1	None	
7.2	Performance, Estates & Finance Committees-in-Common	
7.2.1	Performance, Estates & Finance Committees-in-Common Minutes – February 2026 Gill Ponder, Non-Executive Directors Committee Chair	BIC(26)054 Attached
7.2.2	Finance Report – Month 10 Emma Sayner, Group Chief Financial Officer	BIC(26)055 Attached
7.3	Workforce, Education & Culture Committees-in-Common	
7.3.1	None	
7.4	Audit, Risk & Governance Committees-in-Common	
7.4.1	None	
7.5	Other	
7.5.1	Group Performance Report – NLaG and HUTH Adam Creeggan, Group Director of Performance	BIC(26)056 Attached
7.5.2	Trust Boards & Committees Meeting Cycle – 2026 David Sharif, Group Director of Assurance	BIC(26)057 Attached

PROTOCOL FOR CONDUCT OF BOARD BUSINESS

- Any Director wishing to propose an agenda item should send it with 8 clear days' notice before the meeting to the Group Chair, who shall then include this item on the agenda for the meeting. Requests made less than 8 days before a meeting may be included on the agenda at the discretion of the Group Chair.
- Urgent business may be raised provided the Director wishing to raise such business has given notice to the Group Chief Executive not later than the day preceding the meeting or in exceptional circumstances not later than one hour before the meeting.
- Board members wishing to ask any questions relating to those reports listed under 'Items for Information' should raise them with the appropriate Director outside of the Board meeting. If, after speaking to that Director, it is felt that an issue needs to be raised in the Board setting, the appropriate Director should be given advance notice of this intention, in order to enable him/her to arrange for any necessary attendance at the meeting.
- Directors / Board members should contact the Group Chair as soon as an actual or potential conflict is identified. Definition of interests – A set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold." Source: NHSE – Managing Conflicts of Interest in the NHS.
- When staff attend Board meetings to make presentations (having been advised of the time to arrive by the Board Secretary), it is intended to take their item next after completion of the item then being considered. This will avoid keeping such people waiting for long periods.



Humber Health
Partnership

Staff charter

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

1.2 - STAFF CHARTER AND VALUES

 Murray Macdonald, Interim Group Chair

1.3 - PATIENT STORY

 Heather McNair, Interim Group Chief Nurse

1.4 - QUESTIONS FROM THE PUBLIC AND GOVERNORS

 Murray Macdonald, Interim Group Chair

1.5 - DECLARATIONS OF INTEREST

 Murray Macdonald, Interim Group Chair

1.6 - MINUTES OF THE MEETING HELD ON THURSDAY, 12 FEBRUARY 2026

 Murray Macdonald, Interim Group Chair

REFERENCES

Only PDFs are attached

 BIC(26)045 - Minutes of the meeting held on Thursday, 12 February 2026.pdf

DRAFT
TRUST BOARDS-IN-COMMON MEETING IN PUBLIC
Minutes of the meeting held on Thursday, 12 February 2026 at 9.00 am
in the Main Boardroom, Diana, Princess of Wales Hospital

For the purpose of transacting the business set out below:

Present:

Murray Macdonald	Interim Group Chair
Lyn Simpson	Interim Group Chief Executive
Heather McNair	Interim Group Chief Nurse
Matt Powls	Interim Group Chief Delivery Officer
Emma Sayner	Group Chief Financial Officer
Dr Kate Wood	Group Chief Medical Officer
Julie Beilby	Non-Executive Director (NLaG)
Tony Curry	Non-Executive Director (HUTH)
Jane Hawcard	Non-Executive Director (HUTH)
Gill Ponder	Non-Executive Director (NLaG)
Dr David Sulch	Non-Executive Director (HUTH)

In Attendance:

Lucy Almond-Bell	Deputy Nurse Director for Frailty (For item 1.3)
Mark Blakeman	NHS England
Jennifer Clarke	Member of the Public
Alan Downey	Member of the Public (attended virtually)
Mark Graham	Chief Policy Officer
Hilda Gwilliams	Group Chief Patient Safety Governance Officer
Andy Haywood	Group Chief Strategy, Partnership & Digital Officer
Cameron Henser	XYLA Services (attended virtually – member of the public)
Liz Houchin	Freedom to Speak Up Guardian (NLaG) (For item 4.1)
Stacey Howard	NHS England
Myles Howell	Group Director of Communications
Yvonne McGrath	Midwifery Director (For item 3.1.2)
Fran Moverley	Freedom to Speak Up Guardian (HUTH) (For item 4.1)
Simon Nearney	Group Chief People Officer
John Palmer	Member of the Public
Ian Reekie	Lead Governor
Lesley Saunders	Member of the Public
David Sharif	Group Director of Assurance
Cllr Kevin Woolas	Member of the Public
Sarah Meggitt	Executive Assistant to the Group Chair (minute taker)

KEY

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

1. CORE BUSINESS ITEMS

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

Murray Macdonald welcomed Board members and observers to the meeting and declared it open at 9.00 am. It was noted that Mark Blakeman and Stacey Howard were in attendance from NHS England (NHSE) as part of the organisational improvement and support work being received.

Murray Macdonald reported that both organisations had been successfully re-accredited as Veteran Aware Trusts and expressed his thanks to colleagues for their work in achieving this outcome. Members were advised that, from March 2026, Board meetings would move to a monthly cycle and that a revised agenda format would be introduced to support this change. It was noted that discussions would take place with Committee Chairs to refocus the flow of risk and assurance from Committees to the Boards. Members were also reminded that actions arising from these meetings would be reported on a monthly basis.

There were no apologies for absence received.

1.2 Staff Charter and Values

Murray Macdonald reminded everyone of the Staff Charter shared at the meeting and highlighted that everyone should always adhere to this in terms of behaviours during the meeting. He added that he would like everyone to continue with this theme moving forward.

1.3 Patient Story

Heather McNair introduced Lucy Almond-Bell and advised that the story related to a patient who was recently admitted at Hull Royal Infirmary (HRI).

Lucy Almond-Bell referred to concerns raised by a patient's family regarding the care provided to their elderly relative. These concerns related to patient transfers undertaken without appropriate communication and the patient being cared for in a corridor area due to service pressures. As a result, there was a lack of privacy and dignity, which left the patient feeling anxious and unsupported. It was noted that discussions about the patient's care took place in a public area, hygiene resources were limited, and toilet facilities were restricted due to only one being operational. The family was also impacted by having to wait in the corridor area while supporting the patient.

While it was recognised that the organisation was experiencing significant operational pressures at the time, it was acknowledged that the care provided did not reflect the standard staff would wish to deliver. It was concluded that there were serious concerns regarding the patient's experience and care, which left the patient feeling anxious and vulnerable. The family described the experience as distressing, undignified, and traumatising, and expressed significant concern about the emotional impact on both the patient and their accompanying relative, particularly in light of the patient's age and clinical vulnerability.

The family emphasised that hearing sensitive information discussed in a public environment was particularly harmful and did not align with their expectations of

NHS care. Lucy Almond-Bell advised that the concerns were still under review, as the complaint had been received the previous week. It was acknowledged that the issues raised would support learning and improvement in relation to the patient experience. Lucy Almond-Bell explained that ward space was limited at the time and that the room normally used for this type of care was accommodating patients due to capacity pressures. It was also noted that an additional area was planned to be introduced due to funds raised by staff to improve the environment.

It was noted that the area had been risk assessed to accommodate two patients in the corridor as temporary escalation space (TES); however, this capacity had increased due to recent service pressures. The organisation operated twice-daily senior staff huddles to review bed occupancy, although it was acknowledged that maintaining patient privacy and dignity was particularly challenging during periods of high demand. It was emphasised that staff did not wish to care for patients in these areas.

Murray Macdonald sought questions from board members.

Heather McNair acknowledged that the situation described was unacceptable and noted that it highlighted shortcomings in current care pathways. She advised that plans were in place to ensure that care for patients in frailty areas would be delivered differently in future.

Tony Curry expressed disappointment that the patient had experienced this level of care, while acknowledging the significant service pressures at the time. He queried whether anything could have been done differently to improve the patient's experience. Lucy Almond-Bell advised that the patient had spent a considerable period in the Emergency Department while tests and observations were undertaken. She noted that, had the consultant assessment taken place prior to admission to the ward, the patient's experience may have differed, as earlier discharge home with support from community providers might have been possible.

Dr Kate Wood thanked Lucy Almond-Bell for sharing the patient story, acknowledging that it had been difficult to hear and recognising her sense of personal accountability for the care provided. She noted that the delivery of care for frailty patients represented a wider system issue and that the case highlighted the importance of all providers working collaboratively to drive improvement. Dr Wood further advised that a Risk Summit, hosted by NHSE and system partners, was scheduled to take place and would support improvement activity.

Dr David Sulch acknowledged that such conversations should not take place in corridors with patients present, whilst recognising the significant pressures currently faced. He queried how the organisation could ensure that sufficient ward-based spaces were available to support privacy for these types of discussions, noting the challenges associated with the existing estate. Lucy Almond-Bell advised that this issue had been recognised within that area, which was why staff had raised funds to enable an additional room to be adapted for this purpose.

Gill Ponder queried whether there was any further support the Boards could offer, noting that staff were clearly identifying opportunities to improve care. Lucy Almond-Bell advised that staff working in acute settings were often not fully

aware of the care that could be provided at home and that limited time and competing pressures reduced opportunities to review pathways and alternative options. She also highlighted staff morale as a further challenge and advised that work was underway to improve this, noting that staff who felt supported and engaged were more likely to identify and address patient care issues. Gill Ponder acknowledged Lucy Almond-Bell's commitment and passion for driving improvement and encouraged her to escalate any issues requiring further support to the Boards.

Hilda Gwilliams acknowledged the organisation's commitment to learning and advised that the Health Services Safety Investigations Body (HSSIB) had published a national report relating to the use of temporary escalation spaces. She suggested that the organisation should listen to staff feedback and review the report, noting that it contained relevant recommendations aligned with the issues described. It was proposed that the organisation benchmark current practice against these recommendations and report findings through the Quality and Safety Committees-in-Common.

Action: Hilda Gwilliams to benchmark recommendations against the organisation and report this to the Quality & Safety Committees-in-Common

Murray Macdonald advised that, following the move to a monthly Boards meeting schedule, a dedicated development session would form part of each meeting. These sessions would focus on identifying key risks and considering any required changes to processes. He noted that, given the level of risk within the Emergency Department, the Boards should consider allocating specific time to review relevant guidance and internal learning on how best to support staff in mitigating risk, including in circumstances where patients may have been harmed and where staff morale has been impacted. Murray Macdonald expressed his regret that staff had been placed in such situations.

Matt Powls explained that work was being undertaken with the Chief of Service from Community, Frailty & Therapy to improve services including linking the Allied Health Professional (AHP) Improvement Plan to work being undertaken. Matt Powls agreed to discuss further options for improvement with Lucy Almond-Bell outside of the meeting.

Action: Matt Powls to meet with Lucy Almond-Bell to look at further options for improvements in the Community, Frailty & Therapy Service

Lyn Simpson thanked Lucy Almond-Bell for bringing the story to the attention of Board members as the issues clearly resonated with them, she added that she liked her approach to making changes. She agreed that aligning the organisation to the guidance shared would be key in making improvements.

Murray Macdonald agreed that a board development session would be held to address such issues. He added that the key message highlighted from the story was to thank colleagues who were dealing with those pressures at the moment in challenging situations. It was felt improvements should be made across the system to support changes in care.

1.4 Questions from the Public and Governors

David Sharif referred to the questions raised at the December 2025 Trust Boards-in-Common meeting and apologised for a response not being provided in a timely way. He explained that the answering of questions process would be strengthened to ensure this did not happen again.

David Sharif advised that the first question had related to a dedicated area for end-of-life care at Goole & District Hospital (GDH). He explained that there was no awareness of a dedicated end-of-life care room at GDH. However, Matt Powls would like to discuss this further with John Palmer who had raised the question to understand the background and experience of this patient. As a general rule hospitals were not the best place for a patient's end-of-life but the organisation was keen to understand further where its approach could be more patient-centred.

Action: Matt Powls to discuss with John Palmer to gain more understanding of experience by patient

The second question had related to endoscopy not being offered at GDH. David Sharif explained that this related to 2018 when endoscopy teams were brought from GDH to Scunthorpe General Hospital (SGH) as there had been issues with providing decontamination of endoscopes at GDH, which was an expensive and crucial aspect for patient care. A review and consultation had taken place in 2018 / 19 which had resulted in a new unit at SGH.

The review had considered a range of factors which included the new specification in decontamination and washers, scopist capacity, demand and productivity. At that time, it had been determined that the site at Goole would not have gained Joint Advisory Group (JAG) accreditation for decontamination facilities which was why the service had moved to the SGH site. Since then, there had been advances in scope decontamination and transportation, equally organisational waiting lists may provide a different picture. However, this was not the case when the review and consultation took place at the time.

Murray Macdonald noted that a full directory of services at GDH was now in place and that this would need to be updated if required.

John Palmer advised he had raised further questions to be raised at this meeting. Murray Macdonald apologised for those questions not being answered and advised they would be answered promptly.

Action: David Sharif to provide response to questions raised by John Palmer

1.5 Declarations of Interest

Murray Macdonald sought declarations of interest from Board members, none were received.

1.6 **To approve the minutes of the Trust Boards-in-Common meeting held on Thursday, 11 December 2025 – BIC(26)001**

The minutes of the meeting held on the 11 December 2025 were accepted as a true and accurate record and would be duly signed by the Chair.

1.7 **Matters Arising**

Murray Macdonald invited board members to raise any matters requiring discussion not captured on the agenda.

1.8 **Action Tracker – Public – BIC(26)002**

Murray Macdonald referred to action tracker and sought comments.

- Item 3.2, 11 December 2025 - Patients - Performance - Improvement Plan. Matt Powls advised a paper had been circulated to support this item at the Performance, Estates and Finance Committees-in-Common, he agreed to share this with Board Members. It was agreed this action would be closed.
- Item 3.3, 11 December 2025 - People - 24/7 Senior Cover. Matt Powls advised a paper had been circulated to support this item at the Performance, Estates and Finance Committees-in-Common, he agreed to share this with Board Members. It was agreed this action would be closed.

2. **GROUP CHIEF EXECUTIVE & CHAIR REPORT**

2.1 **Group Chair's Report – BIC(26)003**

Murray Macdonald referred to the report and took it as read.

Murray Macdonald thanked Emma Sayner and her team for the work undertaken in respect of the operational plan submission. It was noted that it was due to be submitted that day and that the Boards had spent several sessions discussing the plan. He advised that colleagues from NHSE National Patient Safety Improvement Programmes (NPIP) were in attendance at the meeting and were currently supporting both Trusts as it was acknowledged there were areas that needed improvements. Murray Macdonald advised he had spent time with colleagues across the system to build relationships and opportunities for maximising productivity, efficiency and innovation. It was noted that the resignations of four Non-Executive Directors (NEDs) had been received, Murray Macdonald thanked Sue Liburd, Simon Parkes, Helen Wright and Laura Treadgold for their contribution to the organisation. In light of this interim governance arrangements would be put in place to be agreed at the private Trust Boards-in-Common meeting that afternoon.

2.2 **Group Chief Executive's Briefing – BIC(26)004**

Lyn Simpson referred to the report and advised that a Clinically Led Improvement Plan would be central to the development of the Integrated Plan. She explained that this would bring together all innovation and transformation activity into a single framework to support oversight and monitoring of progress. It was noted that the plan had been developed in collaboration with clinicians. It was further acknowledged that the Learning, Improvement and Safety Academy (LISA) would be a key component of this work, bringing together learning and development

activity in one place to support the acquisition and application of evidence-based skills for change.

Lyn Simpson advised that the Care Quality Commission (CQC) had undertaken an assessment of Urgent & Emergency Care (UEC) services at the Diana, Princess of Wales Hospital (DPoWH) and SGH on the 20 and 21 January 2026. A report was expected to provide feedback on the visit. Positive feedback received at the time of the visit in respect of staff engagement which had shown an openness to learn. Issues raised were around patients waiting in that area for lengths of time, the management of stock and infection prevention and control not being adhered to. It had been acknowledged that policies and procedures were in place for infection control, however, they were not being put into practice. It was highlighted that a further unannounced visit had also taken place earlier that week at the DPoWH and SGH sites in respect of end-of-life care, a further visit had also been undertaken at the GDH site in respect of outpatients. Lyn Simpson advised feedback was awaited on those visits. Lyn Simpson thanked staff who had supported the visits at short notice.

At this point Jane Hawkard joined the meeting.

Lyn Simpson advised that a dashboard was included within the paper which provided information on key areas. This was aligned to discussions that were undertaken during executive and senior leadership meetings.

Lyn Simpson advised a Getting It Right First Time (GIRFT) visit had been undertaken on Monday, 9 February 2026 by Professor Tim Briggs. This had consisted of him walking the Urgent Treatment Centre (UTC) pathway and discussions around elective and UTC care. It had been a helpful visit, and a report was expected to provide feedback. Recommendations from the visit included the expediting of the development of the frailty unit and increasing the hours of the UTC to twenty-four seven, it was acknowledged that although it was not for the Trust to put this in place due to control measures discussions were being held with commissioners. Discussions had also included the siting of the UTC and whether this was in the right place. In addition to this core before we can convey was discussed and whether this could be replicated on the north side. The utilisation of Castle Hill Hospital (CHH) was raised in the context of how capacity could be used more effectively. It was also suggested that where consultant lists were not being fully utilised, consideration should be given to deploying this capacity elsewhere to support service delivery.

Murray Macdonald requested that all external reports received were shared with Board members for information as well as required Committees.

Tony Curry noted that attendance levels HUTH were comparable to those prior to the opening of the UTC and queried whether the UTC had therefore delivered the intended impact. Lyn Simpson acknowledged that attendance levels remained high, noting that this was likely influenced by public behaviour in how services were accessed. She suggested that further partnership working could help encourage patients to consider alternatives to hospital attendance. Emma Sayner added that consideration should also be given to aligning staffing in these areas with known peak demand times. Murray Macdonald advised that these issues should be considered in collaboration with clinical staff. Dr Kate Wood reminded members that UTC opening hours were not within the organisation's control and that patients

must be received once the UTC was closed, emphasising the need to focus efforts on issues that could be directly addressed.

Julie Beilby highlighted that the UTC geography was steered from an Integrated Care Board (ICB) perspective which did not match the Trusts geography. Ensuring the correct communication was shared in communities would help support those issues around which hospital should be used for patients.

Murray Macdonald expressed disappointment that the Care Quality Commission (CQC) had observed poor hygiene standards during its visit. It was acknowledged that there was a need for staff to return to core hygiene standards, and consideration was given to what additional measures could be put in place to drive improvement. Hilda Gwilliams advised that there would be an increased focus on all hygiene standards, recognising that current performance was not meeting expectations. Heather McNair added that differing practices across the Trusts also needed to be considered to ensure clarity and consistency for staff. Murray Macdonald further noted that the absence of quality dashboards and board-to-ward visibility could leave the organisation vulnerable.

3. STRATEGIC PROGRESS

3.1 Patients – Safety (including Assurance Committee Update) – BIC(26)005

Dr Kate Wood referred to the report and advised that it would be further developed into a triangulated report going forward. She confirmed that this would be shared with the Quality and Safety Committees-in-Common and the Trust Boards-in-Common. Dr Wood also noted that a patient safety session had been held with the Boards in February, which had focused on UEC safety metrics and included learning from other organisations.

Heather McNair referred to the report and highlighted the key points. She noted that NEDs were keen to be involved in ward visits following the pause of A Commitment to Excellence (ACE) visits. Details of how NEDs could participate would be shared, and these visits would take the form of specialty reviews and well-led reviews within the relevant areas. It was noted that further consideration would then be given to reviewing and triangulating the evidence arising from this work.

Jane Hawkard referred to the Board Assurance Framework (BAF) detailed within the report and noted that the Audit, Risk and Governance Committees-in-Common had identified that this had not been updated to reflect the Never Events work relating to safety culture. She advised that this should be included within the BAF.

Action: David Sharif to update the BAF to reflect the Never Events work relating to safety culture

Murray Macdonald noted that the report summary highlighted ongoing non-compliance in relation to paediatric emergency nursing against CQC actions and queried whether there was an update on this position. Heather McNair advised that a proposal had been included within the safer staffing paper to address this through a phased approach and noted that, as there were currently no staff in these roles, implementation would be required.

Murray Macdonald referred to the Equality Impact Assessment (EQIA) process, noting that this had received limited assurance, and queried whether there had been any progress. Dr Kate Wood advised that the level of assurance remained limited. She explained that the EQIA process was in place for significant service changes; however, there was insufficient assurance that Cost Improvement Programme (CIP) schemes were consistently progressing through this process, which limited visibility. While it was recognised that not all schemes required an EQIA, there was currently no robust assurance that service changes were supported by appropriate EQIAs. It was noted that this position was improving, although further assurance was required by the Committees.

Murray Macdonald asked if Board members were happy to take assurance from that update. Trust Boards-in-Common members agreed with this.

3.1.1 Maternity & Neonatal Safety Champions Overview Assurance / Escalation Reports – NLaG & HUTH – BIC(26)006

Dr David Sulch referred to the report and took it as read. He advised that key issues identified during walkarounds related to staffing and challenges associated with senior clinical presence on ward areas. He noted positively that trainees from other organisations were expressing an interest in joining the Trusts. It was acknowledged that services continued to be challenged by estate limitations and restricted space. Dr Sulch also advised that the recent approval of Maternity Staffing Business Cases had had a positive impact on staff morale within that area.

Dr David Sulch advised that he had recently attended the Local Maternity and Neonatal System (LMNS) for NLaG, noting that he was undertaking the role jointly on an interim basis following Sue Liburd's recent departure. It was acknowledged that, as a result, Dr David Sulch's interim time in the joint role could impact the visibility of the NED Safety Champion role across the organisation, which was a requirement of the Maternity Incentive Scheme (MIS). Dr David Sulch confirmed that he would review his scheduling across the organisation to support the role and ensure appropriate on-site visibility. Murray Macdonald thanked Dr Sulch for agreeing to support the NLaG role on an interim basis. Heather McNair further advised that the Integrated Care Board (ICB) had published its new structure and that this did not include dedicated LMNS support.

3.1.2 Maternity Reporting – BIC(26)007

- **Maternity & Neonatal Safety Assurance Reports – NLaG & HUTH**
- **Maternity Safety: Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS)**

Yvonne McGrath referred to the report and advised that, in relation to experienced midwives on ward areas, HUTH had recently appointed seven midwives who would commence in post shortly. She noted that roles within the service were attracting a high number of applicants, which was a positive position. It was further reported that capital funding had been secured to support improvement works at both the DPoWH and HRI sites.

Yvonne McGrath advised that the board declaration was included within the paper for MIS. It was noted that non-compliance was being declared for NLaG in respect of the training issue previously highlighted. In respect of safety action one all

standards were being met. Yvonne McGrath referred to the claims score and shared the detail as within the report. It was reported that a dedicated QI was being undertaken in respect of preeclampsia as it had been highlighted this was not being undertaken. In respect of the Perinatal Mortality Review Tool (PMRT) Yvonne McGrath shared the detail on current cases and the detail within the report.

Yvonne McGrath advised that a bereavement midwife had been appointed, and this had been expanded across NLaG, there had been issues in this area previously so this would support that. Work was ongoing to improve early breast milk for neonates and scan capacity in a timely manner. It was noted that the perinatal leadership team, Maternity & Neonatal Voices Partnership and NED Safety Champions were meeting bi-monthly. All information in respect of the review of maternity neonatal safety was included within the NLaG report using the Perinatal Quality Surveillance Model (PQSM) data set. There had also been learning in respect of cultural work and Patient Safety Incident Response Framework (PSIRF).

Yvonne McGrath reported on the Maternity and Neonatal Safety Investigations (MNSI) cases included within the report and advised that all cases had been compliant with the duty of candour. She noted that the Maternal Care Bundle and the Improving Postnatal Care Toolkits had been launched on 6 January 2026 and were currently being implemented. It was reported that a letter regarding future deaths had been received prior to the Christmas period, which required the Boards to be informed of the actions to be undertaken. Yvonne McGrath advised that the organisation had benchmarked the required actions and that further guidance was awaited in relation to training and competency. She confirmed that the first workshop had been completed and that a similar approach had been applied at DPoWH to review staff rotation, working hours, and on-call arrangements, including monitoring the number of hours worked.

Jane Hawkard referred to the report and noted the investment identified in relation to the Ockenden recommendations and workforce capacity. She queried when improvement actions would commence following the recent approval of related business cases by the Boards. Yvonne McGrath advised that the majority of Ockenden actions related to anaesthetics and that a recent review of these actions had been undertaken. She explained that the intention was to consolidate the actions into a paper for consideration by the Maternity and Neonatal Advisory Group (MNAG) in March 2026. It was noted that some actions related to the appointment of additional administrative staff, which were no longer required, and that these actions could therefore be closed with appropriate narrative. The paper would then be shared with the Quality and Safety Committees-in-Common, with key points escalated to the Boards.

Jane Hawkard referred to the vacancy and fill rates, noting that these were reported as between 61% and 70%, and queried whether bank and agency staff were being used to mitigate these gaps. Yvonne McGrath advised that neonatal staffing continued to be challenging. She noted that the updated report to be presented next month would reflect that the service remained short-staffed, resulting in reduced capacity and the temporary closure to the external network to maintain safety. Recruitment to these roles was ongoing and currently being advertised. Heather McNair added that there had been discussion about providing more explicit information within the executive summary, which would be updated in the next report.

Murray Macdonald understood the information was included within the reports; however, it was acknowledged that risk areas needed to be highlighted to ensure those risks were mitigated. Yvonne McGrath felt that a clearer executive summary in future reports would highlight this for board members, it was noted that the report would also be reduced.

Action: Murray Macdonald requested that all report authors ensure risks are clearly highlighted, including associated mitigations in future reports

Hilda Gwilliams advised that there was positive assurance shown in this service, it was acknowledged that the service was currently under national scrutiny, however, the organisation was in a good position in respect of performance compared to other Trusts within the system. Hilda Gwilliams referred to the Venous Thromboembolism (VTE) performance and queried what actions were in place to ensure that there were improvements. Yvonne McGrath advised the current position was improved compared to where it had been previously due to the work undertaken. The Maternal Care Bundle also included this which would highlight any issues further. There had recently been a case and the review for this would provide learning for required staff.

Tony Curry queried the key issues within the service. Yvonne McGrath advised that there was a need to reset expectations around professional standards with teams to ensure clarity on requirements. She explained that meetings were being held with staff to identify opportunities for improvement. She noted that having the required workforce in place would support improvements in workforce modelling and the introduction of additional matrons. Innovative work was also being undertaken with staff, which was reported to be progressing well. It was recognised that staff movement between areas had highlighted some learning gaps, which would be addressed. She further advised that the key risk areas would be reviewed and that there was a need to ensure learning was appropriate across all roles, including holding Band seven staff to account for their leadership responsibilities and the impact of this on staff and patient care.

Lyn Simpson noted that it was helpful to triangulate Yvonne McGrath's perspective with that of Dr David Sulch in order to provide greater clarity on the key priorities and required actions. In relation to areas rated red, she asked that future reports clearly set out the specific issues, the mitigations in place, and the anticipated timescales for achieving full compliance, including indicative dates, to provide further assurance to the Boards.

Action: Yvonne McGrath to include the mitigations and the date for completion on the red rated maternity and neonatal risks

Lyn Simpson referred to risks relating to support for newly qualified staff and noted that the work underway to address these should be more clearly articulated within the report. She advised that this should include reference to preceptorship and other support arrangements to demonstrate how the risks were being mitigated. Yvonne McGrath advised that the preceptorship programme had received positive feedback, with some staff progressing to Band six roles after 12 months. She confirmed that robust support processes were in place and that staff retention was strong as a result. It was also noted that feedback from the Freedom to Speak Up Guardians indicated that newly qualified staff felt positive and supported. Lyn

Simpson thanked Yvonne McGrath for the report and for sharing the positive feedback.

3.2 **Patients – Performance (including Assurance Committee Update) – BIC(26)008 Cancer / Urgent & Emergency Care / Referral to Treatment / Diagnostics**

Matt Powls referred to the paper and took it as read referring to detail on page three of the report in respect of Referral to Treatment (RTT). In respect of 65 week waits HUTH had 112 and NLaG had 42, he added that in terms of agreed recovery trajectories the organisation had outperformed them which had been recognised by NHSE. In respect of 52 week waits, HUTH had 3072 and NLaG had 915. It was acknowledged that the organisation needed to drive improvements and provide further assurance to the Boards, this would be undertaken through the RTT Delivery Group which would provide grip and control. On a weekly basis the actions and delivery of them were being discussed with the care groups to provide assurance. The care groups were responding positively to this. In respect of RTT the organisation had LUNA Rover being introduced which was an automated validation system.

Matt Powls referred to the diagnostics section of the report, noting the detail on page three. It was acknowledged that performance was not currently in a positive position and that further work was required to improve this. To support improvement, additional resources had been deployed, with further staff providing support in this area. It was also noted that additional capacity for echocardiography and neurology would be provided through the Integrated System. A review was underway to consider increasing capacity within Community Diagnostic Centres (CDCs), including for sleep studies.

Matt Powls referred to cancer performance in relation to the 62-day standard and advised that both Trusts had shown improvement as at December 2025, with performance at 57.4% for HUTH and 70.5% for NLaG. It was acknowledged that further improvement was required and that clear plans were in place to support this. To strengthen delivery, it was proposed that the same approach used for RTT performance would be applied to provide greater grip and control.

In relation to the Faster Diagnosis Standard (FDS), HUTH performance was reported at 60.2%, reflecting a deterioration, and was being overseen by the relevant care group. At NLaG, FDS performance was reported at 74.9%, representing a month-on-month improvement.

Matt Powls referred to the UEC detail on page four of the report in respect of waiting times in that area for both Trusts. Further consideration would be required around ambulance handover times to support improving those waits. In respect of NLaG a Task and Finish Group with the East Midlands Ambulance Service (EMAS) had been introduced to review what improvements could be made including looking at key workstreams.

Gill Ponder advised that the Performance, Estates & Finance Committees-in-Common had limited assurance due to the Constitutional Standards in each area. It had been acknowledged that there were improvements in cancer and faster diagnosis at NLaG and the sustained ambulance handover improvements at HRI.

Gill Ponder felt that as improvements were made consistently the Committees could move to reasonable assurance.

Dr David Sulch was pleased that SGH had introduced a pathway for Same Day Emergency Care (SDEC) for gynaecology as this had been an area that was needed. Tony Curry referred to the CDCs and queried how this had impacted on diagnostic performance overall. Matt Powls advised that there was further work required to optimise their usage which would be reviewed further. There was a need to think more strategically in respect of cancer and what could be provided through the CDCs to improve performance and align this to the overarching improvement plan.

Jane Hawcard advised that the Committees had received a presentation in respect of the CDC and this had provided assurance that there had been improvements. She then queried how confident Matt Powls was in respect of achieving the 78% Emergency Department (ED) performance by March 2026 and the 52-week waits being reduced considerably by the end of March 2026 as detailed within the summary of the paper. Matt Powls advised that in respect of the 52-week waits there was focus within the care groups which gave him confidence that this was achievable due to focus around RTT. In respect of the Emergency Department (ED) this would be challenging, however, it was felt that this would be achieved due to the work being supported. In order for this to be supported there was a need for the care groups to take ownership of this work. There was also work being undertaken with the clinical leaders also to ensure this was embedded with improvements and changes in process.

Lyn Simpson advised that it was unlikely the ED performance target of 78% would be achieved on a sustained basis, although this level might be reached on individual days. Hilda Gwilliams noted that the system recognised that the improvement plans were underpinned by robust data, which provided confidence, and that there was appropriate clinical engagement to support delivery. Murray Macdonald acknowledged that the organisation remained significantly challenged and was some distance from the position it would wish to be in; however, he recognised that considerable effort was being made to drive improvement. In terms of assurance, it was noted that sustaining improvements would be critical once achieved. Members commented that it would be important to assess how the plans would support improvement over the coming year. While the organisation was not currently assured, it was acknowledged that there were early indicators of improvement in some areas and that significant plans were in place to move towards a more sustainable position.

3.3 People (including Assurance Committee Update) – BIC(26)009

Simon Nearney referred to the report and advised that the response rate for the national staff survey had been 47% for HUTH and 42% for NLaG. Out of the nine themes for improvement, seven had shown an improvement for NLaG and four for HUTH. Whilst there had been slight improvements it was felt that this would still be below the national average which were yet to be received. The group lottery had now gone live with 2,500 staff signing up to this in the first ten days.

In respect of the flu vaccination both organisations had delivered 52%, NHSE had set a requirement of a 5% increase from the previous year which had been achieved. Simon Nearney referred to the HIV Confident as detailed within the

report, it was acknowledged that considerable work was being undertaken in respect of this.

Simon Nearney reported that work continued in respect of Putting People First and that HUTH had managed to secure funding of just under £300,000 to make improvements to some ward areas through WISHH. Other areas would also be considered as part of this which would improve staff morale. It was reported that work continued with the resident doctors ten-point plan, meetings continued to be held, and it had been acknowledged that the organisation was more advanced than other Trusts as it had completed most of the ten points. In respect of the General Medical Council (GMC) staff survey action plans had been implemented and there would be some service changes in respect of this.

Julie Beilby advised that the Workforce, Education & Culture Committees-in-Common had discussed the People Strategy in terms of the triangulation of data against trajectories and key metrics. There had been positive movement on three out of the four trajectories from the staff survey. It was acknowledged that staff engagement had not achieved the required target. Safer nursing had been discussed at the December 2025 meeting and there had been an external review that had provided assurance that the organisation was using the safer nursing tool correctly which had provided confidence. It was noted that the organisation was an outlier for the resident doctors as per the GMC staff survey which had been an area of concern. The Committees continued to have oversight of the work to improve this. Further consideration needed to be considered in respect of NEDs supporting staff networks as part of the interim governance arrangements. It was acknowledged that job planning had made significant progress and was at 86.3%. Outlier areas had been discussed at the last meeting which should be completed by the end of March 2026.

Julie Beilby advised that discussion was required in respect of the risk score for staffing considering the safer nursing paper being considered. It was acknowledged that making investment in this area should be reflected on the BAF.

Murray Macdonald agreed with the points raised regarding the review of risks and the organisation's current position in relation to those risks. He emphasised the importance of ensuring that risks and associated mitigations were appropriately reviewed at Committee level and that matters were escalated and reported to the Boards where sufficient assurance had not been received.

Emma Sayner advised that the weekly panel reviewing agency staff usage remained in place, noting that the organisation continued to be heavily reliant on agency staffing. It was acknowledged that the recent approval of staffing papers should contribute to a reduction in agency spend. Murray Macdonald queried whether existing systems were providing sufficient grip and control, given that significant reductions had not yet been realised.

Simon Nearney advised that the consultant workforce had a vacancy rate of approximately 18%, with some roles proving particularly difficult to recruit to, which in turn contributed to higher agency costs in those specialties. He explained that agency usage was reviewed in detail on a weekly basis to identify opportunities for savings, with executive oversight where this exceeded seven days. Non-clinical agency usage was also reviewed through the same panels, with any additional checks undertaken via NHSE where required.

It was reported that agency spend had reduced during September, October and November 2025, increased in December 2025 due to industrial action and winter pressures, and had reduced again in January 2026. Data relating to overtime usage was also being reviewed. While it was noted that staff were beginning to recognise the need to work differently, it was acknowledged that further improvement was required.

Hilda Gwilliams felt it was important to recognise that some areas were difficult to recruit to, in addition to this the organisation was reviewing agency spend in nursing and midwifery. It was acknowledged that this would improve due to the investments being made in respect of nursing as the agency and bank roles would reduce when substantive roles were appointed to.

Gill Ponder acknowledged that some roles were difficult to fill on a substantive basis and queried whether consideration had been given to offering salary premia and flexible working arrangements to improve recruitment and retention. Lyn Simpson advised that, based on experience at another organisation, recruitment to hard-to-fill roles had been supported through a revised recruitment strategy, including review by the Chief Medical Officer of all options, such as financial incentives, although it was recognised that this approach might not be directly transferable. It was noted that there was good practice from other organisations that could be considered.

Simon Nearney added that where consultants could not be recruited, specialist doctors were appointed and supported through a two-year development programme followed by a two-year Certificate of Eligibility for Specialist Registration (CESR) programme. He advised that approximately 60 doctors were currently undertaking this training, which would support future workforce sustainability.

Gill Ponder was pleased that the flu vaccination target had been achieved, this had been supported by sharing information to staff of where teams were in respect of achieving the target. She queried whether this approach could also be used in the future to support the staff survey which still remained low. Simon Nearney noted the point made.

Heather McNair highlighted that nursing and midwifery bank and agency staffing was used to ensure that areas were safe as there were no vacancies within those areas. Tony Curry advised that the Committees frequently discussed the consultant vacancies at the organisation.

Murray Macdonald acknowledged that there was some assurance in respect of being strategically on track, however, some areas were not. It was recognised there was some progress.

3.3.1 Freedom to Speak Up Guardian (FTSUG) Quarter Three Report (NLaG & HUTH) – BIC(26)010

Liz Houchin referred to the NLaG report and took it as read. It was noted that NLaG was below the national average for anonymous concerns being raised. Patient safety was now in the top three for concerns being raised which it had not been for some time. It was noted that staff burnout could contribute to those concerns being raised in respect of patient safety. Liz Houchin referred to the top three staff

member groups that had raised concerns during quarter three. Concerns being raised by staff were that managers did not care and could not do anything for staff.

Fran Moverley referred to the HUTH report and took it as read advising of the top three staff member groups raising concerns. Similar concerns had been raised during quarter three to previous quarters with themes detailed within the report. It was noted that no anonymous concerns had been raised during this quarter. Fran Moverley advised that some learning was also included within the report. It was noted that she had met with Lyn Simpson the previous day and discussed model hospital figures, it was explained that there were 51 Trusts in the upper quartile and 43 of them were in segment three and four, only eight were in one and two.

Murray Macdonald thanked for Liz Houchin and Fran Moverley for sharing the reports. He felt that some of the information shared correlated with other issues discussed during the meeting.

Dr David Sulch referred to model hospitals and queried whether it also reviewed concerns raised with guardians per staff. Fran Moverley advised it did and agreed to share this with Dr David Sulch.

Action: Fran Moverley to share model hospital data with Dr David Sulch

Julie Beilby advised that a number of concerns had been raised in relation to inappropriate behaviours. It was noted that this term could encompass a range of behaviours and that there were no concerns that the matters raised related to sexual harassment or anything else of that nature.

3.4 **Population – BIC(26)011**

Heather McNair referred to the report and highlighted that there was work currently being undertaken in respect of health inequalities within the population our hospitals served. It was noted that a self-assessment had been completed which had shown limited resource. An action plan would be developed in respect of this and monitored through the Quality & Safety Committees-in-Common. Murray Macdonald queried whether there was a timescale in relation to this. Heather McNair advised this was dependent on the Integrated Care Board (ICB) support, further information was expected in the first quarter.

Julie Beilby noted that work was underway in relation to this area, particularly in respect of smoking and related issues, which were not always visible at Board level. She highlighted that, while important, this was not currently the organisation's most immediate priority given the focus on patient safety. Murray Macdonald acknowledged the points raised and emphasised the need for appropriate oversight, given the impact on service delivery in areas of deprivation and the wider implications for the organisation. He confirmed that he was content for this to remain an ongoing area of work into Quarter One.

3.5 **Public Purse (including Assurance Committee Update) – BIC(26)012**

Emma Sayner referred to the report and highlighted key points advising that the organisation was moving into the end of the financial year. She added that work and activity had been undertaken in respect of the forecast outturn at month nine, she reminded Board members that this month was classed as a stocktake from an

NHSE point of view. It was noted that the month nine report was included as an item for information which the Performance, Estates & Finance Committees-in-Common had gone through in detail at its meeting.

Emma Sayner referred to the forecast outturn and explained that the organisation had gone with a gross figure of just over £35 million. She added that this was on the low end of other organisations close to the Trusts. It was noted that this organisation did take seriously living within our means considering current constraints.

Emma Sayner advised that the organisation had received just over £6 million of allocation funding for industrial action for this year. The organisational forecast outturn had reduced due to this. It was acknowledged that at month 10 the organisation was hoping to achieve the revised forecast outturn. It was noted that this had not been formally accepted through NHSE at the moment.

Emma Sayner referred to the capital programme and advised that the teams had been working hard to ensure this was spent within 2025 / 26. It was noted that cash support had been requested through NHSE, however, assurance was provided to the Boards that this would only be used if required. It was recognised that anything requested did mean a Public Dividend Capital (PDC) interest charge. Emma Sayner advised that the request had been for just over £12 million which had been approved if required.

Gill Ponder advised that the Performance, Estates & Finance Committees-in-Common had advised of limited assurance in this area. It had been disappointed that the additional grip and control measures had not translated into an improved run rate. There were of course early indications that this was being seen going into month 10. The Committees had gone through in detail the request for cash support which had initially been for £29 million but then reduced to £12 million which had been positive. The Committees had been content to endorse this for the Boards approval.

Tony Curry referred to the shortfall and queried whether that was included within the run rate. Emma Sayner advised that it was an ongoing reliance of the organisation in respect of finance which was an ongoing challenge. It was acknowledged that to be able to deliver on the operational plan there was a need to invest. It was recognised that the grip and control mechanisms in place would significantly support improvements. There would also need to be further focus on CIP savings as a group including what else could be achieved within our own control. A new financial year would be an opportunity to reset.

Lyn Simpson felt a reset was important in respect of grip and control, there was a need to see pace behind organisational achievements. There was a £220 million productivity opportunity across the system that would mean a change in focus on how to be more efficient. It was acknowledged that living within our means was key to this.

Murray Macdonald queried how the organisation would make sure that the risks within the report did not flow into next year. There was an awareness of the need to ensure processes were sustainable going forward. Emma Sayner highlighted that parts of the organisation were working in silo and that there was a need to ensure that everyone was supporting those changes in working together. It was

acknowledged that patient safety was the priority, however, the organisation also needed to support financial improvements.

Tony Curry queried whether there had been a change in staff mindset regarding financial matters. Lyn Simpson advised that evidence was being shared with staff to support discussions aimed at influencing this mindset and emphasised the importance of consistent messaging and clarity around organisational priorities. Emma Sayner added that having clear evidence to inform future discussions on the financial position would be beneficial, noting that this was an organisation-wide issue rather than one solely for the finance function.

Julie Beilby did not feel all staff had an awareness of the financial constraints; there was a need to ensure that grip and control remained going into the new financial year to improve the organisation. Murray Macdonald felt that including the Chief of Service at the Senior Leadership Team (SLT) meetings had made a significant improvement in having group conversations about resource allocation; this would support long term changes. There was a need to change ownership and accountability across the organisation.

3.6 Partnerships (including Assurance Committee Update) – BIC(26)013

Andy Haywood referred to the report and highlighted key points. It was acknowledged that there was a significant amount of instability within the system at the moment including the restructure of the ICB. There was also local government reorganisation which may impact on this which was expected to be announced at the end of March 2026. NHSE were also working through a restructure into the Department of Health. It was highlighted that Neighbourhood Health continued to progress with Health & Wellbeing Boards being required to have in place a plan and how this would be delivered. Key areas that would affect the organisation were detailed within the report in respect of secondary care. It was noted that the initial draft of the stakeholder map had been considered and would be shared once completed.

Jane Hawcard referred to the Humber & North Yorkshire Collaboration of Acute Providers (CAP) and queried how effective this was as it had stated limited assurance. Lyn Simpson explained that there had been issues for several years in respect of the value this brought. The CAP in this area only included three organisations and she felt that it could be more beneficial if it included other organisations such as Mental Health and Ambulance Providers. She added that the team may need further support in respect of what was required. The funding had also been reduced through the ICB. It was advised that further discussions would be held in respect of what key issues needed to be discussed and addressed to bring a more collective view of commissioning of services. Murray Macdonald added that there was a potential in the current system to retreat into our own provider space, it was felt that the underlining issues would not be resolved by doing this.

Dr Kate Wood noted that the organisation would not be able to deliver improvements in isolation and that, as the improvement plan progressed, a key focus would be strengthening connections with partner organisations. She emphasised the importance of maintaining and further developing these relationships to support delivery. Emma Sayner added that, from a resource perspective, there was a need to consider how resources were deployed across the

geography to address health inequalities. Lyn Simpson further highlighted the value of partnership working and the importance of continuing to nurture these relationships.

4. OTHER ITEMS FOR ASSURANCE

4.1 Audit, Risk & Governance Committees-in-Common Highlight / Escalation Report – BIC(26)014

Jane Hawkard referred to the report and took it as read.

It was noted that Committees continued to receive reports of overdue management actions arising from internal audits. It was acknowledged that there was a need for auditors to set realistic completion dates in agreement with managers, taking account of competing organisational priorities, and it was requested that this be considered going forward.

Action: Executive team to consider setting realistic completion dates for internal audit actions with teams

In relation to the risk register, it was noted that there were 95 high risks recorded at the previous meeting. It was acknowledged that not all of these risks would be escalated to the Boards. Some risks were identified as no longer meeting the threshold for high risk; however, others remained high but had not been escalated. While it was recognised that teams were actively reviewing the risks, it was noted that further work was required. Members also noted that some risks were not currently tolerable given the existing mitigations, and that these mitigations required further review.

Jane Hawkard added that there had been several internal audit reports received that had significant assurance with some issues. One related to the CQC action plan and the recommendation from this to review whether the organisation was being too harsh when closing actions. This issue had therefore, been referred to the Quality & Safety Committees-in-Common to consider this point. Heather McNair advised that work was already being undertaken in respect of this that could be shared with the Audit, Risk & Governance Committees-in-Common

Action: Heather McNair to share with the Audit, Risk & Governance Committees-in-Common the work being undertaken in reviewing CQC actions

Lyn Simpson acknowledged that there was a need to deliver on time and agreed with the delivery dates being considered further with executives. David Sharif advised that at the recent Group Risk & Assurance Committee meeting internal audit had presented a more positive picture of where the organisation was in respect of compliance, the setting of timescales and this being more realistic was also discussed.

Murray Macdonald advised that in March 2026 the Boards development session would include risks and the work being undertaken in respect of this. It was clear that the accountability for risks did come under the Boards remit and not the Audit, Risk & Governance Committees-in-Common. It was for the Committees to oversee

and manage them only. It would be for the Boards to then have sight of where the true high risks areas were as a unitary board.

4.1.1 Annual Accounts – Delegation of Authority to the Audit, Risk & Governance Committees-in-Common – BIC(26)015

Emma Sayner referred to the paper and advised that the Committees were asking for the Audit, Risk & Governance Committees-in-Common to have delegated authority for the Boards to sign off the accounts at the meeting scheduled in June 2026.

The Trust Boards-in-Common approved the delegated authority to the Audit, Risk & Governance Committees-in-Common.

5. OTHER ITEMS FOR APPROVAL

5.1 Nursing Establishment – BIC(26)016

Heather McNair referred to the paper and noted key points. She added that it summarised where the safer staffing care tool had identified gaps across the organisation. The gaps identified were predominately on the HUTH site. The areas identified were reviewed and rag rated. The red rated areas would require funding of £5.122 million with £3.3 million being required for the coming year. It was noted that although most of the requested funding related to HUTH for NLaG it had identified as Paediatrics in respect of ED.

Heather McNair advised that submissions in respect of staffing were provided at midnight every day and NLaG was in the upper quartile for staffing, however, HUTH was in the lower quartile compared to peers. It was recognised that the route to affordability would be a CIP request to invest in the staffing.

Gill Ponder referred to paper as it stated that the safer staffing tool did not include certain areas, for example outpatients she queried whether there was, therefore, resource in other areas that could be redeployed to support staffing. She further queried whether there was confidence that this request aligned with the strategic plans and that requests were not being made for areas that may change in the future. Heather McNair advised that there was a possibility that there could be resource in other areas that could be considered in respect of staffing. She added that other issues also needed be considered including theatre activity. It was explained that most of the staffing in outpatients would not necessarily have the correct skills to enable them to be moved to other areas. In respect of service change in the future this would not be a key risk as the wards requiring the investment were generally frailty which was core business.

Jane Hawkard felt that including the key performance indicators (KPIs) for those areas at this time and what that would look like following the investment would support the request to identify improvements. She asked if that could be shared with the Boards to highlight this. Heather McNair agreed adding metrics into this could be considered including patient outcomes.

Murray Macdonald added that the Boards were required to receive a safer staffing paper every six months, and it was recognised that this had not been received routinely in the past. He felt that the Boards were unsighted on safer staffing to

show where the organisation was against benchmarking with peers. There was no assurance provided within the report to detail that this had been undertaken. He requested that future reports should provide more detail including metrics and benchmarking against peers.

Action: Heather McNair to include further detail within future safer staffing papers around benchmarking against other peers and detail including metrics on improvements made due to investments approved

Hilda Gwilliams acknowledged that the six-month reports had not been received, she added that the data set showed that HUTH was significantly less than other areas. She added that a further piece of work was required in respect of frailty areas across the organisation. There was also a need to consider in the future an integrated workforce to ensure cover could be further adapted. It was acknowledged that there were red flag areas that needed to be addressed now.

Dr Kate Wood advised that one area that had been highlighted was that nurses were not able to participate in board and ward rounds which impacted on communication around supporting flow when undertaking them with clinicians. It was noted that bank and agency staff were used to cover risk areas. The coroner had also specifically referred to low staffing levels on frailty wards.

Lyn Simpson felt that dashboards should support those reports going forward and that a baseline assessment should also be included which would then inform required decisions being made. Julie Beilby advised that the Workforce, Education & Culture Committees-in-Common had received reports undertaken in respect of safer nursing tools, she was content that this would be a phased approach which would allow for further review on the next phases as appropriate. She felt it would be helpful to set timescales for those reviews to ensure metrics were also reviewed to support this. As a Board there was a need to not lose sight of issues around Patient Watch and the Restraints Policy, this had been discussed previously but not progressed. Heather McNair advised that those issues were being progressed, and a national team would support the organisation in respect of this.

Gill Ponder felt that there should be consideration in respect of a communications plan when detail of the investment was shared. As this was primarily for the HUTH site this may not be received well as NLaG staff also felt that they were short staffed despite the data showing differently. Murray Macdonald noted the points made.

Dr David Sulch noted that staffing papers had previously been shared at required Committees-in-Common, he felt that there was a need to evidence the outcomes and benefits of additional staffing as this was not always the case.

Emma Sayner advised that in respect of affordability the net amount had been built into the financial consequence for the 2026 / 27 plan, however, the caveat was that the CIP of 6% was unidentified which needed further consideration. There was a need to ensure that the investment supported the organisational flow to show there were improvements as this had not been the case previously when there had been investment in additional staff. There was also a need to consider the environment that staff were working in considering the patient story shared at the meeting. She

added that the investment would be undertaken in stages and other factors would be considered as required.

Lyn Simpson advised that where substantive staff were employed into specific areas, the corresponding use of bank and agency staff should be reduced, and this should be monitored. She noted that, should bank or agency usage increase again in the future, the relevant area would be required to account for this. It was agreed that this approach would provide assurance to the Boards and Committees.

Murray Macdonald advised that the Boards were supportive of the recommendation and recognised that the majority of this was required on the HUTH site. He advised that the rationale for this approach would need to be clearly communicated. In terms of resourcing, it was agreed that this would be achieved through a combination of reducing bank and agency staffing and redeploying resources from other identified areas. It was noted that the Executive Team would develop and share a proposal setting out how this would be managed, including clear expectations, which would be presented to the Workforce, Education and Culture Committees-in-Common.

Action: Executive report to be shared at the Workforce, Education & Culture Committees-in-Common on how the staffing investment would be managed in respect of reducing bank and agency staffing in areas where investment had been made

In addition to this the Boards would in the future receive a six-monthly safer staffing paper with the next one expected at the April 2026 meeting.

Action: Heather McNair to present a safer staffing paper at the April 2026 meeting, following this the paper would be shared on a six-monthly basis

There was also a need to consider other clinical roles in the future. Julie Beilby felt that there was a need to review the risk scoring for nursing as part of this investment being approved.

Action: Heather McNair to review risk register score for staffing due to investment being approved

The Trust Boards-in-Common approved the Nursing Establishment investment.

5.2 Group Improvement Plan – BIC(26)017

Lyn Simpson advised that the Group Improvement Plan was fundamental in how the organisation worked together to ensure that there were improvements. This had been developed with the Chiefs of Service and other key clinical staff and that it would be owned by them to ensure the organisation improved.

It was noted that the plan was in three phases, although some may be unrealistic in delivery due to the scale it was strongly recommend that as activity progressed and was reported on through SLT changes could be made if required. It was felt that it would deliver with the required focus and with it being tracked and reporting to the Boards.

Julie Beilby was content to support this; however, it was not clear who would be accountable for the actions due to there being several lead officers. She added that as names of individuals had been included it was not clear what job role had accountability for those actions. Lyn Simpson noted the points made as it was important to see who would be held to account. She advised that the Project Management Office (PMO) function needed to be reviewed as part of supporting this work. It was agreed that job roles would be added to ensure this was clearer.

Action: Job roles to be added to the Group Improvement Plan to highlight who was accountable for required actions

Lyn Simpson thanked the Chiefs of Service and the improvement team for the working undertaken on the Group Improvement Plan. Lyn Simpson added that the NPIP work would also be valuable in supporting changes and improvements. Murray Macdonald queried when updates would be received by the Boards on progress. Lyn Simpson advised that a bi-monthly update would provide assurance to the Boards with a view to moving quarterly as it progressed.

The Trust Boards-in-Common agreed to a bi-monthly update being shared. Gill Ponder advised that she would like to see significant milestones taken from the plans with set deadlines to show an improvement trajectory. This would then provide assurance that the plan was being delivered. Lyn Simpson felt there needed to be a board session around opportunities on how to report, this could then provide further assurance for the Boards. This would then determine the regularity of reporting.

Action: Board session to be arranged to discuss required reporting through the Group Improvement Plan

Gill Ponder agreed that there should be one set of reports that serviced everything in one place.

Murray Macdonald advised that the next report would be shared at the April 2026 meeting. It was agreed that there would be further discussion with internal and external colleagues to include the required outputs.

5.3 Audit, Risk & Governance Committees-in-Common Terms of Reference – BIC(26)039

David Sharif referred to paper and took it as read. He noted that there had been minor changes to document.

The Trust Boards-in-Common approved the Audit, Risk & Governance Committees-in-Common Terms of Reference.

6. ITEMS FOR INFORMATION / SUPPORTING PAPERS

6.1 Items for Information / Supporting Papers

The following items for information were shared.

- Quality & Safety CiC Minutes – October 2025

- Performance, Estates & Finance CiC Minutes – December 2025 & January 2026
- Finance Report – Month 9
- Workforce, Education & Culture CiC Minutes – November & December 2025
- Audit, Risk & Governance CiC Minutes – November 2026
- Audit, Risk & Governance CiC Self-Assessment Exercise 2026
- Group Performance Report (GPR)
- Board Assurance Framework (BAF)
- Health Tree Foundation Trustees' Committee Highlight Report

7. ANY OTHER URGENT BUSINESS

Murray Macdonald sought any other urgent business items.

Lyn Simpson advised that a request had been received by Simon Thackaray, Chief of Service to rename the Cardiothoracic Centre to the John Cleland Centre in recognition for his long contribution to the service. This had been discussed at SLT due to any risks this may cause. Tom Myers had consulted on this and advised that this would be acceptable. Lyn Simpson advised Simon Thackaray had been asked to seek the views of other clinical staff and that they had supported this proposal. The SLT had felt they wanted to support this, however, mechanism needed to be in place for requests that may be made in the future.

Murray Macdonald agreed for this to be further documented and was conscious of mechanisms being in place for any other future requests. David Sharif advised he would lead on this with Myles Howell and Tomy Myers.

The Trust Boards-in-Common agreed to the changing of the name.

8. MATTERS FOR REFERRAL TO COMMITTEES-IN-COMMON

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

9. DATE AND TIME OF THE NEXT MEETING

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

Thursday, 12 March 2026 at 10.00 am in the Main Boardroom, Diana Princess of Wales Hospital in Grimsby.

In summary Murray Macdonald felt that the patient story had shown how both quality and safety was currently being managed in the organisation. The FTSUG report highlighted issues that had not been raised. It was recognised that the Boards needed to focus on patient safety and quality of the service.

The meeting closed at 13:07 hrs.

Cumulative Record of Board Director's Attendance 2025/26

Name	Possible	Actual	Name	Possible	Actual
Murray Macdonald	6	5	Simon Parkes	5	5
Sean Lyons	4	4	Gill Ponder	6	6
Jonathan Lofthouse	0	0	Matt Powls	2	2
Lyn Simpson	4	3	Emma Sayner	6	6
Julie Beilby	6	6	David Sharif	6	6
Tony Curry	6	5	Amanda Stanford	4	4
Hilda Gwilliams	1	1	David Sulch	6	6
Linda Jackson	3	2	Sarah Tedford	4	4
Jane Hawkard	6	6	Laura Treadgold	5	3
Sue Liburd	5	5	Clive Walsh	2	2
Ivan McConnell	2	2	Kate Wood	6	6
Heather McNair	3	3	Helen Wright	5	5
Simon Nearney	6	5			

1.7 - MATTERS ARISING

 Murray Macdonald, Interim Group Chair

1.8 - ACTION TRACKER - PUBLIC

 Murray Macdonald, Interim Group Chair

REFERENCES

Only PDFs are attached

 BIC(26)046 - Action Tracker - Public.pdf



**Hull University
Teaching Hospitals**
NHS Trust



**Northern Lincolnshire
and Goole**
NHS Foundation Trust

BIC(26)046

BOARDS-IN-COMMON - PUBLIC ACTION TRACKER

2025 / 26

ACTION TRACKER - CURRENT ACTIONS - 12 MARCH 2026

Minute Ref	Date / Month of Meeting	Subject	Action Ref (if different)	Action Point	Lead Officer	Target Date	Progress	Status	Evidence
Boards-in-Common ACTION									
3.2	11.12.25	Patients - Performance - Improvement Plan		Matt Powls to provide a report to the Trust Boards-in-Common on the current position of the elective improvement plan and delivery against the agreed package of measures that the Board agreed would improve performance	Matt Powls	February 2026	The funded additional support consisting of contracts for the independent sector, in-sourcing and WLI came into full effect Jan 2026 due to some delays whereby we needed to ensure financial governance internally and then the triple lock within the ICB where satisfied with approval of the funds. Since commencement: 65ww improvement is above the submitted trajectory 52ww improvement has commenced but will need further work over the next several weeks to develop opportunities for improve productivity, validation, GIRFT standardisation.	Green	
3.3	11.12.25	People - 24/7 Senior Cover		Matt Powls agreed to consider where there were weaknesses and gaps in respect of 24/7 senior cover and what could be put in place.	Matt Powls	February 2026	Information shared at the PEF CiC meeting then shared with Board members by email	Green	
1.3	12.02.26	Patient Story - Health Services Safety Investigations Body National Report		Hilda Gwilliams to benchmark recommendations against the organisation and report this to the Quality & Safety Committees-in-Common	Hilda Gwilliams	March 2026	Review of HSSIB temporary care environment report published January 2026, completed and scheduled as agenda item for Quality Improvement Group and Quality & Safety Committees-in-Common	Green	
1.3	12.02.26	Patient Story - areas for improvements for frailty areas		Matt Powls to meet with Lucy Almond-Bell to look at further options for improvements in the Community, Frailty & Therapy Service	Matt Powls	March 2026	Matt Powls has spoken with Lucy Almond-Bell	Green	
1.4	12.02.26	Questions from the Public		Matt Powls to discuss with John Palmer to gain more understanding of experience by patient	Matt Powls	March 2026	Matt Powls to meet John Palmer on Friday 6th March at GDH.	Yellow	
1.4	12.02.26	Questions from the Public		David Sharif to provide response to questions raised by John Palmer	David Sharif	March 2026	Matt Powls to meet John Palmer on Friday 6th March at GDH.	Yellow	
3.1	12.02.26	Patients Safety - Updating of BAF		David Sharif to update the BAF to reflect the Never Events work relating to safety culture	David Sharif	March 2026	Added both assurance and action to revised BAF.	Green	BAF @ March Board
3.1.2	12.02.26	Maternity Reporting - highlighting risks and mitigations in future reports		Murray Macdonald requested that all report authors ensure risks are clearly highlighted, including associated mitigations in future reports	All	March 2026	Further update to be provided at the March 2026 meeting.	Green	Issue discussed at Executive Team meeting for future reference when producing reports
3.1.2	12.02.26	Maternity Reporting		Yvonne McGrath to include the mitigations and the date for completion on the red rated maternity and neonatal risks	Yvonne McGrath	April 2026	This will be included in the March assurance report for MNAG to be shared at Boards in April 2026	Yellow	
3.2	12.02.26	Freedom to Speak Up Guardian Quarter Three Report - Model Hospital Information		Fran Moverley to share model hospital data with Dr David Sulch	Fran Moverley	March 2026	Model Hospital data sent to David Sulch – total cases reported to FTSU guardians nationally, per 1000WTE	Green	
4.1	12.02.26	Audit, Risk & Governance Committees-in-Common Highlight Report - Setting Action Dates		Executive team to consider setting realistic completion dates for internal audit actions with teams	Executives	March 2026	Added to GERAC discussion held on 9 March 2026	Green	GERAC minutes
4.1	12.02.26	Audit, Risk & Governance Committees-in-Common Highlight Report - CQC Actions		Heather McNair to share with the Audit, Risk & Governance Committees-in-Common the work being undertaken in reviewing CQC actions	Heather McNair	April 2026	Paper to be shared at the next Audit, Risk & Governance Committees-in-Common	Yellow	
5.1	12.02.26	Nursing Establishment Paper - detail on benchmarking		Heather McNair to include further detail within future safer staffing papers around benchmarking against other peers and detail including metrics on improvements made due to investments approved	Heather McNair	April 2026	To be included in the paper due to be shared at the April 2026 Boards meeting	Yellow	
5.1	12.02.26	Nursing Establishment Paper - how investment would be managed on staffing		Executive report to be shared at the Workforce, Education & Culture Committees-in-Common on how the staffing investment would be managed in respect of reducing bank and agency staffing in areas where investment had been made	Executives	April 2026	To be presented at next Workforce, Education & Culture Committees-in-Common on 25.03.26	Yellow	
5.1	12.02.26	Nursing Establishment Paper - safer staffing paper - updated		Heather McNair to present a safer staffing paper at the April 2026 meeting, following this the paper would be shared on a six-monthly basis	Heather McNair	April 2026	Further update to be provided at the April 2026 meeting.	Yellow	
5.1	12.02.26	Nursing Establishment Paper - risk register score to be reviewed		Heather McNair to review risk register score for staffing due to investment being approved	Heather McNair	April 2026	Risk Reviewed - The risk score remains the same until staff are recruited. This is now in train and will be reviewed again next month	Yellow	
5.2	12.02.26	Group Improvement Plan - roles to be added to accountability		Job roles to be added to the Group Improvement Plan to highlight who was accountable for required actions	Ryan Sutton	March 2026	Further update to be provided at the March 2026 meeting.	Green	Updated with job roles including the allocation of detailed streams of work in the Plan to specific individual SROs
5.2	12.02.26	Group Improvement Plan - board session for reporting		Board session to be arranged to discuss required reporting through the Group Improvement Plan	David Sharif	March 2026	Further update to be provided at the March 2026 meeting.	Green	Item on Mar-26 Board Development agenda.

Key:

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

ACTION TRACKER - CLOSED ACTIONS

Minute Ref	Date / Month of Meeting	Subject	Act on Ref (if different)	Act on Point	Lead Officer	Target Date	Progress	Status	Evidence
Boards-in-Common ACTION									
3.1.3	13.02.25	Maternity & Neonatal Safety Champions Overview Assurance / Escalation Reports - Consideration for Maternity Sub-Board to be introduced		Consideration for Maternity Sub-Board to be introduced	Amanda Stanford	June 2025	Update to be shared at the June 2025 meeting.		June 2025 minutes
3.2	13.02.25	Performance, Estates & Finance Committees-in-Common Highlight Report - Audit, Risk & Governance Committees-in-Common to review risks		Simon Parkes and Jane Hawkard as NED Chairs of Audit, Risk & Governance Committees-in-Common to review that risks that related to performance were being referred through to the Quality & Safety Committees-in-Common appropriately	Simon Parkes / Jane Hawkard	April 2025	Update to be shared at the June 2025 meeting.		June 2025 minutes
3.5	12.06.25	Capital & Major Projects Committees-in-Common Highlight Report - BAF Risks against each Committees-in-Common		David Sharif to review this further in respect of the BAF risk against each Committees-in-Common	David Sharif	August 2025	Review complete with digital BAF Risk being assigned to Strategic, Programmes & Partnerships CIC.		Pioneer Board Item Update including BAF.
5.1	12.06.25	Green Plan - more detail to be added in respect of trajectories		Emma Sayner to add more detail within the report on what would be put in place including trajectories	Emma Sayner	August 2025	Subsequent discussions concluded that enhanced trajectories would be considered for future reports.		Discussions have taken place with the Finance & Estates team
3.1.2	12.06.25	Maternity & Neonatal Safety Assurance Reports - Low fill rate for unregistered neonatal staff at HUTH		Yvonne McGrath to review the reason for the low fill rate for unregistered neonatal staff at HUTH	Yvonne McGrath	August 2025	Update to be shared at the August 2025 meeting.		August 2025 minutes
4.2	14.08.25	Audit, Risk & Governance Committees-in-Common Highlight / Escalation Report & Board Challenge - Internal Audit Recommendations		David Sharif to progress the cleansing of internal audit recommendations that were low priority	David Sharif	October 2025	Update to be shared at the October 2025 meeting; advised at the September Executive Group Risk and Assurance meeting		KPMG internal audit action log
5.4	14.08.25	Strategic Programmes & Partnerships Committees-in-Common Terms of Reference - clarification in respect of research		David Sharif to arrange a chairs meeting to resolve research in the new Strategic Programmes & Partnerships Committees-in-Common terms of reference prior to Chair's action to approve	David Sharif	October 2025	Update to be shared at the October 2025 meeting.		2 October 2025 meeting notes
3.1.2	09.10.25	Maternity & Neonatal Safety Assurance Reports - information in respect of trends in maternity attitudes		Yvonne McGrath to share with Board members information previously shared with Sean Lyons on trends in maternity attitudes	Yvonne McGrath	October 2025	Information circulated to Board members		
5.5	09.10.25	Group Lottery Bank Account		Myles Howell to provide a report on the proposals for the Group Lottery to the Workforce, Education & Cultures Committees-in-Common following NED concern that integrating two small charities would become subject to heavier regulation from the Gambling Commission.	Myles Howell	November 2025	Myles Howell provided an email to NEDs that raised the query, confirming current arrangements, preparations and existing licence progress. With Workforce, Education & Culture Chairs and Interim Group Chair agreement, it was agreed this information closed the action.		
3.1	09.10.25	Patients - Safety - Implementation of Marthas Rule across the organisation		Dr Kate Wood and Lyn Simpson to provide an update on adopting Marthas Rule across the organisation following discussion outside of the meeting	Dr Kate Wood	December 2025	Further update to be provided at the December 2025 meeting. Updated received with Marthas Rule Briefing circulated to Board members		11 December 2025 meeting notes
3.1	09.10.25	Patients - Safety - Improvements to the Patient Safety reporting		Board colleagues to feedback on what they would like included in patient safety reports in the future to Dr David Sulch and Sue Liburd on behalf of the committees	All Board Members	December 2025	Further update to be provided at the December 2025 meeting.		11 December 2025 meeting notes
1.3	11.12.25	Patient Story - Safety Summit		David Sharif to arrange an additional Trust Boards-in-Common session to address quality and safety concerns raised	David Sharif	February 2026	Session arranged for 5 February 2026		Email invite sent 22 December 2025
2.2	11.12.25	Group Chief Executive's Briefing - ACE Programme review		Heather McNair agreed to review the ACE programme with the relevant senior nursing team and report this to the Quality & Safety Committees-in-Common, a further update would then be shared with the Trust Boards-in-Common	Heather McNair	February 2026	Further update to be provided at February 2026 meeting.		Quality & Safety CIC received paper on 18 December 2025 regarding the Accreditation Programme. Board members are invited to review the item on team engine (4.4).
3.1.2	11.12.25	Maternity Reporting - concern raised in respect of the removal of LMNS		Heather McNair to write to the ICB to raise concern regarding the proposed removal of LMNS as this was something that the Joint Boards did not support and would ask the ICB to reconsider as part of the consultation.	Heather McNair	February 2026	Further update to be provided at February 2026 meeting.		Heather McNair has written to the ICB and they are considering this.
3.1	11.12.25	Patients - Safety		Heather McNair to provide more detailed infection control reporting to the Trust Boards-in-Common through the Patient - Safety report	Heather McNair	February 2026	Further update to be provided at February 2026 meeting.		More detail included within the Group Performance Report, going forward the Patient Safety Report will include this.
3.3.1	11.12.25	Freedom to Speak Up Guardian - Quarter Two Report - communications regarding non-acceptance of poor behaviour		Communications message in respect of the Trust Boards-in-Common update to include statement that poor behaviours would not be tolerated	Myles Howell	February 2026	Further update to be provided at February 2026 meeting.		Comms have circulated videos on social media and posters have been displayed in wards and patient facing areas.
3.6	11.12.25	Partnerships - Additions to Agenda		The Strategic Programme and Partnership Committee agenda to include; governance around partnerships; updates on the CDCs and the performance of them; oversight of the post project evaluation to ensure delivery had been in line with expectations	David Sharif	February 2026	Further update to be provided at February 2026 meeting.		Terms of Reference have been updated and will be circulated for approval for the next review.
4.1	11.12.25	Audit, Risk & Governance Committees-in-Common Highlight / Escalation Report & Board Challenge - risk register review		David Sharif to arrange a separate Boards session to review the risk register	David Sharif	February 2026	March Board development session includes item on risk management and appetite (12/3/26)		
4.1	11.12.25	Audit, Risk & Governance Committees-in-Common Highlight / Escalation Report & Board Challenge - top 25 risks to be shared		Lyn Simpson agreed to share a list of the top 25 risks with Board members prior to the Christmas period to provide an overview	Lyn Simpson	February 2026	A list was circulated to Board members prior to the Christmas period		

Key:
 Completed

2.1 - INTERIM GROUP CHAIR'S REPORT

 Murray Macdonald, Interim Group Chair

REFERENCES

Only PDFs are attached

 BIC(26)047 - Interim Group Chair's Briefing.pdf

Trust Boards-in-Common Front Sheet

Agenda Item No: BIC(26)003

Name of Meeting	Trust Boards-in-Common
Date of the Meeting	12 March 2026
Director Lead	Murray Macdonald, Interim Group Chair
Contact Officer / Author	Murray Macdonald, Interim Group Chair
Title of Report	Interim Group Chair's Report
Executive Summary	Report on Policy, Regulation and wider activities
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	<input type="checkbox"/> Approval <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Other – please detail below:

Interim Group Chair's Update

Introduction

This will be my last update as Interim Group Chair as I conclude my term of office at the end of March and hand over to the substantive Chair Alan Downey. It has been a challenging six months as the Trusts and the Group seek to address long standing financial, performance and especially safety issues. I would like to take the opportunity to thank Board, Governors and staff for their support and to wish Alan all the very best in his new role.

Corridor Care Summit

Myself, Dr Kate Wood and colleagues from the organisation attended an NHS England (NHSE) nationally convened corridor care summit. This meeting was aimed at the 30 most challenged organisations and along with over 300 delegates was attended by most of the national NHSE leadership team including Jim Mackey who opened the event.

The first part of the event was a series of presentations to frame the day setting out the impact of corridor care on patients and staff and provided examples of local improvements from across the country. This session was particularly impactful and concluded by emphasising that corridor care was always harmful to patients and to staff.

Key points that I drew from the presentations was the emphasis on Internal Professional Standards, creating a culture of quality and that leadership needs to be present every day providing real time challenge and support.

The second part of the day was to consider the Draft National Corridor Care Plan, The Draft Trust Level requirements and the draft definition of corridor care. Each of these is due to be published over the next few weeks and will provide a series of top-down directions combined with a national reporting framework (league table?).

Overall there was significant consensus that a national framework was appropriate although there was some concern that Boards may find themselves with another mandatory reported pack full of data but less insight. The one area that was felt to be less developed was the national objective to provide more support for the workforce. In the first session almost all speakers had emphasised that cultural change and leadership made the biggest difference however neither element was highlighted in the proposed national actions.

Finally in the third session each Trust worked together to consider the proposed trust level actions. This 12 point action plan set out a number of operational issues for example specifically who chairs hospital discharge meetings through to more tactical issues such as working with voluntary sector organisations on care transfer.

The day concluded with a national call to action and specifically each Trust was asked to submit their action plan to their regional body within 2 weeks of the event.

Governance

Non-Executive Directors (NEDs)

Since the last meeting of the Boards, I have received a resignation from Non-Executive Director Gill Ponder (NLaG) who will be leaving the Trust / Group at the end of March 2026 having completed nearly five years of service.

March also marks the end of Tony Curry's seven-year tenure as a NED (HUTH).

Both Tony and Gill have been particularly influential members of our Board, between them having chaired just about every committee, led the organisations through significant change including special measures and the creation of the Group. In my time at the Group I have been most fortunate that Gill and Tony both held the respective Senior Independent Director (SID) roles and provided me with support and guidance during my time as interim Group Chair.

I would like to pass on my thanks to each of them for their service to their respective Trusts and to the Group as a whole and I am sure I speak on behalf of the whole Board to wish them well for the future.

Executive

This Board will be the last meeting at which Matt Powls will be attending as our Interim Group Chief Delivery Officer as his term comes to an end. Matt has provided leadership across the two trusts through the winter and helped to address the operational pressures we have faced particularly in the Urgent Emergency Centre (UEC). I would like to pass on my thanks to Matt for his work across the group.

Finally, I would like to welcome Sam Peate who has taken up the role as substantive Group Chief Delivery Officer.

Governors

The Council of Governors met on the 25 February 2026 virtually using Teams. This meeting also formally reviewed the performance of the Council of Governors and made a number of recommendations for improvement that the Foundation Trust office is taking forwards.

Murray Macdonald
Interim Group Chair

2.2 - INTERIM GROUP CHIEF EXECUTIVE'S BRIEFING

 Lyn Simpson, Interim Group Chief Executive

REFERENCES

Only PDFs are attached

 BIC(26)048 - Interim Group Chief Executive's Briefing.pdf

Trust Boards-in-Common – Front Sheet

Agenda Item No: BIC(26)048

Name of Meeting	Trust Boards-in-Common - Public
Date of the Meeting	12 March 2026
Director Lead	Lyn Simpson, Interim Group Chief Executive
Contact Officer / Author	Lyn Simpson, Interim Group Chief Executive
Title of Report	Interim Group Chief Executive's Briefing
Executive Summary	This report provides an update on key elements of the Group's stabilisation and improvement agenda, including organisational reset, regulatory alignment, urgent and emergency care performance, implementation of the Humber Acute Services Review, and development of the Learning, Improvement and Safety Academy.
Background Information and/or Supporting Document(s) (if applicable)	The Humber Health Partnership continues to operate within a complex delivery environment shaped by longstanding structural pressures and system change. This update summarises progress across regulation, service transformation, workforce and patient flow, and outlines the governance and assurance arrangements now in place to support safe and sustainable implementation.
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	<input type="checkbox"/> Approval <input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Information <input type="checkbox"/> Other – please detail below:

1. Organisational reset, regulation and stabilisation

The Humber Health Partnership was established to strengthen resilience across two organisations and enable shared clinical and operational solutions at scale. That ambition remains the right one.

However, from its inception the Group operating model evolved in practice closer to a de-facto merger than a traditional NHS group arrangement, without the accompanying clarity, simplification or maturity of governance typically required to make such models effective.

While the original intent of the Group model was to enable shared solutions, the operating model was not always systematically refined as pressures increased. Over time this has contributed to increased organisational complexity, diluted lines of accountability and reduced visible senior leadership capacity at site level.

These structural dynamics have sat alongside cumulative pressures in safety, workforce and finance that have developed over several years.

The published Improvement Plan now brings these interdependencies together in one plan, making explicit the scale and connection between issues that have evolved over time.

Following publication of the Plan, NHS England confirmed that the Group will sit in Segment 5 of the National Oversight Framework, with associated licence undertakings. This aligns regulatory oversight with the stabilisation phase now underway and formalises the level of scrutiny and support appropriate to the structural challenges described.

The licence undertakings focus on strengthening governance arrangements, clarifying executive and site-level accountabilities, improving risk management systems and ensuring delivery of the Improvement Plan is appropriately overseen.

Accordingly, 2026/27 has been positioned as a year focused on stabilisation and:

- Strengthening executive and site-based leadership capacity
- Simplifying the operating model
- Clarifying governance and accountability
- Stabilising patient safety and workforce sustainability

2. Regulation and education oversight

Colleagues from the GMC and NHS England (Deanery) recently visited Hull (virtually) and Northern Lincolnshire and Goole (on site) to review medical education and training arrangements.

Feedback regarding education at Hull was positive, with clear improvements recognised compared to previous years.

The visit to Northern Lincolnshire and Goole followed last summer's GMC National Training Survey results which echoed a long-standing trend on annual findings. Initial verbal feedback indicates that further work is required to strengthen trainee experience and supervision.

A revised action plan has been shared with NHS England and will be monitored through the Workforce Committee.

Separately, the Care Quality Commission undertook an inspection of End of Life and Outpatients services at Northern Lincolnshire and Goole. Initial feedback confirmed that no urgent concerns requiring immediate escalation were identified

3. Patient flow

The first of three 'Perfect Weeks' has now been completed at Hull Royal Infirmary, followed by Scunthorpe and Grimsby. Perfect Week forms part of the Group's Safety First programme and focuses on improving patient flow and reducing hospital congestion through whole-team engagement. Early feedback indicates strong participation across clinical and corporate teams.

4. Learning, Improvement and Safety Academy (LISA)

Work continues to establish the Learning, Improvement and Safety Academy (LISA) as a single, accessible point of entry for colleagues' learning, development, quality improvement and safety support.

LISA brings together Learning & Development, Organisational Development, Clinical and Medical Education, and Quality Improvement into a clearer structure to support delivery of the Improvement Plan.

An initial offer covering leadership, quality improvement and core training is being developed, with further expansion informed by colleagues' feedback.

5. Humber Acute Services Review (HASR): Implementation Governance

On 19 February, I met at Scunthorpe General Hospital with local MPs and council leaders to discuss progress following the Secretary of State's decision on the Humber Acute Services Review.

The HASR programme commenced in 2018 and involved followed public consultation and engagement, led by NHS Humber and North Yorkshire ICB. The Decision-Making Business Case was subject to review by the Clinical Senate and advice from the Independent Reconfiguration Panel.

A small number of highly specialised services (ENT, Urology and Ophthalmology) were previously consolidated on patient safety grounds due to rota sustainability. These were separate from the HASR decision and were not implementation of the approved proposals.

The agreed direction of travel remains, with implementation proceeding in line with safety, readiness and system assurance.

6. CEO Dashboard

Included with this report is the CEO dashboard. The dashboard encompasses key headlines around strategic updates, patient and staff experience, safety and quality priorities, operational performance, finance and workforce.

STRATEGIC UPDATE

2025-30 GOALS

- Patients**
Our Patients get the best care
- People**
Our People feel proud to work here
- Population**
Our Population live more years in good health

PROGRESS UPDATE

- Patients**
Focus has continued to centre on stabilisation, strengthening governance and site level accountabilities. Regulatory oversight has aligned with this phase. Alongside this, implementation governance for the Humber Acute Services Review has commenced, ensuring approved service changes are sequenced and monitored in line with safety, readiness and system oversight.
- People**
The Group continues to embed its clinically led Improvement Plan, strengthening leadership capacity, clarifying accountability and supporting workforce stability..
- Population**
System discharge delays continue to constrain flow, particularly for patients requiring complex packages of social care. The Group is working with partners to improve timeliness of assessment, community care and discharge planning from the point of admission, ensuring capacity is aligned to population need.

MONTHLY TREND KEY

- Improvement on previous reported month
- Deterioration on previous reported month
- No change on previous reported month
- Trend vs previous period

SAFETY AND QUALITY PRIORITIES

- DP and Sepsis
- End of life
- Medication Safety
- Mental Capacity

OPERATIONAL PERFORMANCE (JAN 26)

IPR

NHS operating plan standards that cover a range of access points, including urgent and emergency care services (ED), planned and routine operations and cancer diagnostics and treatment.

HUTH

A&E 4hr wait (73.6% by March 2026)	57.1%		60.1% in Jan
62-day cancer (58.7% in March 2026)	*53.7%		57.4% in Nov
28-day FDS (77% in March 2026)	*58.7%		59.8% in Dec
18-week RTT (60.3% in March 2026)	54.9%		55.6% in Dec
6 week wait (93% by March 2026)	57.2%		59.8% in Dec

*December 2025

NLAG

A&E 4hr wait (76.8% by March 2026)	66.1%		64.8% in Dec
62-day cancer (62.6% in March 2026)	*66.1%		73.8% in Nov
28-day FDS (77% in March 2026)	*73.8%		75.6% in Nov
18-week RTT (62.1% in March 2026)	58.3%		59.2% in Dec
6 week wait (95% by March 2026)	53.5%		53.5% in Dec

*December 2025

PATIENT AND STAFF EXPERIENCE

PATIENT EXPERIENCE

- Friends and Family results: community 98.7%, inpatient 97.0%, outpatient 97.4%, birth 100%, and postnatal community 100% all exceeded target. A&E scored 76.6%, and antenatal 68.0% - below target.
- Work is underway to align HUTH and NLAG PALS and complaints processes to improve timeliness and consistency.
- The first of three 'Perfect Weeks' has been completed at Hull Royal Infirmary, with Scunthorpe and Grimsby to follow, driving patient flow and congestion improvement through strong whole-team engagement in the interests of patients.

STAFF EXPERIENCE

- Enhanced vacancy controls for non-clinical roles are supporting financial recovery while safeguarding clinical recruitment and patient-facing capacity.
- National Staff Survey participation increased by c.500 responses, with early improvements in indicators including recognition & reward, and flexible working.
- Work continues to develop the Group's Learning, Improvement & Safety Academy (LISA) as a single, accessible gateway for learning, leadership, quality improvement and safety support, bringing together education and development functions into a clearer structure, with an initial leadership and core training offer expanding through colleague feedback.

PEOPLE (JAN 26)

IPR

Group sickness absence	4.8%		4.9% in Dec
Appraisal rate (AFC)	81.2%		82.1% in Dec
Turnover rate (12 months)	6.7%		7.0% in Dec
Agency spend as % Total Pay	2.7%		2.8% in Dec
Mandatory training	87.3%		88.6% in Dec
Role specific training	84.2%		81.0% in Oct
Job planning	86.0%		79.4% in Oct

GROUP FINANCIAL POSITION (M9)

Finance. rep

Indicator	£M
YTD I&E Performance	(£18.8m)
I&E Forecast Outturn	(£36.6m)
Capital Expenditure	(£35.7m)
CIP YTD	(£20.8m)
Balance Sheet & Cash	£37.8m

DISCHARGE (JAN 26)

MH

HUTH		
Bed occupancy classed as clinically ready for discharge (lower is better)		
29.9%		27.8% in Nov
NLAG		
Bed occupancy classed as clinically ready for discharge (lower is better)		
21.1%		18.6% in Dec

THEATRE UTILISATION

IPR

HUTH touch-time capped utilisation (Elective 85% standard)	78.7%		79.5% in Dec
NLAG touch-time capped utilisation (Elective 85% standard)	81.0%		82.2% in Dec

2.3 - LETTERS OF ENFORCEMENT UNDERTAKINGS

 David Sharif, Group Director of Assurance

REFERENCES

Only PDFs are attached

 BIC(26)047 - Letters of Enforcement Undertakings.pdf

Trust Boards-in-Common Front Sheet

Agenda Item No: BIC(25)049

Name of Meeting	Trust Boards-in-Common
Date of the Meeting	12 March 2026
Director Lead	David Sharif, Group Director of Assurance
Contact Officer / Author	David Sharif, Group Director of Assurance
Title of Report	NHSE letter to Humber Health Partnership
Executive Summary	<p>At the previous Trust Boards-in-Common, members noted a letter dated 22 December 2025 from Fiona Edwards, Regional Director – North-East and Yorkshire NHSE regarding concerns regarding compliance with the provider licence (for both Trusts under the Humber Health Partnership, HHP) and requirement for regulatory action. A further three NHSE letters have been received by Lyn Simpson, Interim Group Chief Executive and Murray Macdonald, Interim Group Chair:</p> <ul style="list-style-type: none"> • 5 February 2026 - regarding the provider regulatory action and undertakings required to be agreed and communicated by 11 February 2026. • 6 February 2026 (two letters, one to each trust) - regarding the Capability Rating of each trust. These placed both trusts in NOF5, indicating that they are among the most challenged in the country, with material and/or long-running concerns. Both trusts are automatically enrolled in the National Provider Improvement Programme (NPIP) for support towards delivering sustainable improvement. <p>In response to NHSE, the Group has provided two letters that note its Provider Licence breaches and a range of enforcement undertakings covering Board governance, Operational and Financial recovery, Funding conditions and spending approvals, their delivery and reporting.</p>
Background Information and/or Supporting Document(s)	<p>NHSE letter dated 22 December 2025 (previously shared) NHSE letter dated 5 February 2026 - Humber Health Partnership – provider regulatory action NHSE letter dated 6 February 2026 - Northern Lincolnshire and Goole NHS Foundation Trust 2025/26 Capability Rating NHSE letter dated 6 February 2026 - Hull University Teaching Hospitals NHS Trust 2025/26 Capability Rating</p>

	Enforcement undertaking responses for Hull University Teaching Hospitals NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust, both dated 11 February 2026.
Prior Approval Process	Not applicable.
Financial Implication(s) (if applicable)	None directly.
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	No disproportionate impacts identified.
Recommended action(s) required	<input type="checkbox"/> Approval <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance <input type="checkbox"/> Other

To:
Lyn Simpson, Interim Group Chief
Executive
Humber Health Partnership

NHS England
7 and 8 Wellington Place
Leeds
West Yorkshire
LS1 4AP

5 February 2026

Dear Lyn

Humber Health Partnership – provider regulatory action

I write further to my correspondence on 22 December 2025 relating to concerns regarding compliance with the provider licence and requirement for regulatory action.

The previous correspondence set out the evidence of the breaches or suspected breaches of the provider licence including those relating to board governance and operational and financial performance. This letter confirms the regulatory action being put in place and the next steps to this being formally enacted.

The evidence informing this action is in line with that set out in the previous correspondence including i. the quality and safety profile of Humber Health Partnership (HHP) ii. operational delivery challenges including performance and financial and iii. operational management risks.

The action being taken factors in the actions taken by the leadership team in the last six months to determine the actions that need to be taken to put the group on a sustainable recovery journey.

There now needs to be a step change in pace and momentum to ensure these risks are rapidly stabilised and recovered. The enforcement undertakings enclosed set out the actions to underpin and guide these actions with Board ownership and leadership of the organisation response being crucial to this.

Given the legal status of the regulatory action, the action will be applied separately to Hull University Teaching Hospitals NHS Trust (HUTH) and Northern Lincolnshire and Goole NHS Foundation Trust (NLAG). The regulatory actions being enacted are in the form of enforcement undertakings under section 106 of the Health and Social Care Act 2012.

The grounds for action and enforcement undertakings are equivalent for HUTH and NLAG apart from one area. For HUTH part of the assessment for regulatory action is that there are cultural issues in leadership, including at senior clinical and operational level, and in relation to the emergency department at HUTH where specific action is required as part of the wider regulatory response and where the same risks have not been identified at NLAG.

The next steps to formally enact the action are as follows:

- Trust to consider the proposed enforcement undertakings for HUTH and NLAG and, subject to comments, sign and date these (separate signatures for HUTH and NLAG as separate statutory organisations)
- Trust to return the signed enforcement undertakings in response to this correspondence
- NEY region to sign and date the enforcement undertakings to formally enact the action.

The proposed undertakings are enclosed as separate attachments with this letter for your review. Could we ask that these are considered and returned by **Wednesday 11 February 2026** or earlier if the proposed action is agreeable?

Following signature by HHP and the region these enforcement undertakings will be published on the NHS provider directory.

Yours sincerely



Fiona Edwards
Regional Director - North East and Yorkshire

Copied:

Murray McDonald, Interim Chair – Humber Health Partnership
David Purdue, Regional Chief Nurse - North East and Yorkshire

By email to:

Lyn.simpson7@nhs.net

Murray.macdonald2@nhs.net

6 February 2026

CEO: Lyn Simpson
Northern Lincolnshire and Goole
NHS Foundation Trust

Chair Murray MacDonald
Northern Lincolnshire and Goole
NHS Foundation Trust

Dear Lyn and Murray

Northern Lincolnshire and Goole NHS Foundation Trust 2025/26 Capability Rating

You will be aware that the NHS Oversight Framework 2025/26¹ (NOF), published on the 26 June 2025 and updated 24 October 2025, outlines a consistent and transparent approach to assessing integrated care boards (ICBs), NHS trusts and foundation trusts. This seeks to ensure public accountability for performance and provides a foundation for how NHS England works with systems and providers to support improvement.

As part of the NOF, NHS England will assess NHS trust boards' capability, using this alongside their NOF segment to determine what actions and/or support may be needed. As a key element of this, NHS trust boards were asked to self-assess their organisation's capability against a range of expectations across six areas derived from *The Insightful Provider Board*, namely:

- Strategy, leadership and planning
- Quality of Care
- People and culture
- Access and delivery of services
- Productivity and value for money
- Financial performance and oversight

We wrote to you at the end of August 2025 confirming the commencement of the first Provider Capability self-assessment process² and requested that you complete and submit the national self-assessment template by the end of October for NHS England regional

¹ [NHS England » NHS Oversight Framework 2025/26](#)

² [NHS England » Assessing provider capability: guidance for NHS trust boards](#)

assessment. Thank you and your team for having completed your self-assessment and submitted in accordance with the ask.

The regional team reviewed your submission statements and evidence, which was triangulated with other relevant regional data/intelligence, your historical track record of delivery, any recent regulatory history, and relevant third-party information (including ICB and CQC) to support us in reaching a holistic view across the six domains and to assign a single overall capability rating. These ratings were then subject to review and final ratification by NHS England's Executive Board.

Following this process we have allocated Northern Lincolnshire and Goole NHS Foundation Trust a capability rating of Red for 2025/26³.

As part of our oversight responsibilities, we will continue to monitor trust performance, which may lead to in year changes in the overall assessment rating if concerns arise across any of the assessment areas or, alternatively, there is evidence of improvement.

We will publish provider capability ratings in Q1 2026/27 taking account of the implications of Q4 2025/26 segmentation and planning outcomes in an updated view of organisations' capability.

Finally, I would like to take this opportunity to thank you and your teams for your continued hard work towards delivering improvements to ensure the population of the North East & Yorkshire region has timely access to high quality care.

Yours sincerely



Fiona Edwards
Regional Director
NHS England North East & Yorkshire

³ Implications of ratings are as follows:

Green: no concerns have arisen from the assessment. Boards should continue to strengthen their capability.

Amber-Green/Amber-red: some concerns of varying seriousness across one or more areas to be addressed. We will work with providers to ensure that appropriate support is in place.

Red: material and/or long-running concerns. Providers with a delivery segment of 4 will move to NOF segment 5, indicating the provider is among the most challenged in the country. NHS England will subsequently:

- [Withhold pay awards](#) from those VSMs in post at the provider for over two years;
- Enrol the provider in the National Provider Improvement Programme (NPIP), designed to ensure the most challenged providers have the conditions in place to deliver sustainable improvement and a credible plan to do so; and
- Review existing regulatory action at the provider.

Note: A small number of organisations are continuing to receive RSP support. This will continue until end of March 2026, regardless of confirmed NOF segment, to support sustainable improvement. For these providers now in NOF5, support will transition to NPIP.

NHS England will contact providers separately to confirm the arrangements above.

By email to:

Lyn.simpson7@nhs.net

Murray.macdonald2@nhs.net

6 February 2026

CEO: Lyn Simpson
Hull University Teaching Hospitals
NHS Trust

Chair Murray MacDonald
Hull University Teaching Hospitals
NHS Trust

Dear Lyn and Murray

Hull University Teaching Hospitals NHS Trust 2025/26 Capability Rating

You will be aware that the NHS Oversight Framework 2025/26¹ (NOF), published on the 26 June 2025 and updated 24 October 2025, outlines a consistent and transparent approach to assessing integrated care boards (ICBs), NHS trusts and foundation trusts. This seeks to ensure public accountability for performance and provides a foundation for how NHS England works with systems and providers to support improvement.

As part of the NOF, NHS England will assess NHS trust boards' capability, using this alongside their NOF segment to determine what actions and/or support may be needed. As a key element of this, NHS trust boards were asked to self-assess their organisation's capability against a range of expectations across six areas derived from *The Insightful Provider Board*, namely:

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- Financial performance and oversight

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We wrote to you at the end of August 2025 confirming the commencement of the first Provider Capability self-assessment process² and requested that you complete and submit the national self-assessment template by the end of October for NHS England regional assessment. Thank you and your team for having completed your self-assessment and submitted in accordance with the ask.

The regional team reviewed your submission statements and evidence, which was triangulated with other relevant regional data/intelligence, your historical track record of delivery, any recent regulatory history, and relevant third-party information (including ICB and CQC) to support us in reaching a holistic view across the six domains and to assign a single overall capability rating. These ratings were then subject to review and final ratification by NHS England's Executive Board.

Following this process we have allocated Hull University Teaching Hospitals NHS Trust a capability rating of Red for 2025/26³.

As part of our oversight responsibilities, we will continue to monitor trust performance, which may lead to in year changes in the overall assessment rating if concerns arise across any of the assessment areas or, alternatively, there is evidence of improvement.

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Finally, I would like to take this opportunity to thank you and your teams for your continued hard work towards delivering improvements to ensure the population of the North East & Yorkshire region has timely access to high quality care.

Yours sincerely



Fiona Edwards
Regional Director
NHS England North East & Yorkshire

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- [Withhold pay awards](#) from those VSMs in post at the provider for over two years;
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Note: A small number of organisations are continuing to receive RSP support. This will continue until end of March 2026, regardless of confirmed NOF segment, to support sustainable improvement. For these providers now in NOF5, support will transition to NPIP.

NHS England will contact providers separately to confirm the arrangements above.

ENFORCEMENT UNDERTAKINGS – Northern Lincolnshire and Goole NHS Foundation Trust

LICENSEE

Northern Lincolnshire and Goole NHS Foundation Trust
Diana, Princess of Wales Hospital
Scartho Road
Grimsby
North East Lincolnshire
DN33 2BA

DECISION

NHS England, on the basis of the grounds set out below, and having regard to its Enforcement Guidance, has decided to accept from the Licensee the enforcement undertakings specified below pursuant to its powers under section 106 of the Health and Social Care Act 2012 (“the Act”).

GROUND

1. The Licensee is the holder of a licence granted under section 87 of the Act.
2. Operational Performance
 - 2.1. NHS England has reasonable grounds to suspect that the Licensee has provided and is providing health care services for the purposes of the NHS in breach of the following conditions of the Licence: NHS2.5(a), (b), (c) and (e).
 - 2.2. The Licensee has seen small areas of improvement including some improvements in diagnostic performance in 2025 but the general trend remains that such periods of improvement are not being sustained. Urgent and Emergency Care (UEC) continues to be a significant area of concern with the risks in recent months being exacerbated with the use of temporary escalation spaces becoming normalised. Cancer performance and elective care delivery also present ongoing issues in terms of the level of performance and the absence of detailed recovery plans and trajectories.
3. Operational Planning
 - 3.1. NHS England has reasonable grounds to suspect that the Trust has provided and is providing health care services for the purposes of the NHS in breach of the following conditions of the Licence: NHS2.5(a), (b), (c), (e), (f) and (g).
 - 3.2. The comprehensive improvement plan in place for the Humber Health Partnership (HHP) group (comprising of the Licensee and Hull University

Teaching Hospitals NHS Trust) has so far been implemented with gradual progress and there is evidence of a lack of traction.

- 3.3. Operational planning is hindered by the lack of robust data to inform decision-making, limiting the Licensee's ability to effectively plan and deliver services. The Licensee is currently amongst the most challenged providers in the region. The latest NHS Oversight Framework (NOF) data for Q2 2025/26 placed it in segment 4 and amongst the most challenged acute providers nationally on the delivery metrics currently used.
- 3.4. In-year monitoring of the Licensee's annual operational plans for 2025/26 including those pertaining to financial and performance delivery indicates a deterioration of effective operational decision-making and control, and that further action is required by the Licensee to address the position including with regard to the potential impact of this delivery profile on the quality and safety of services provided.
- 3.5. The initial medium-term plans submitted by the Licensee for 2026/27-2028/29 raises concerns of a significant risk that robust and credible plans will be in place for the start of the new delivery year from April 2026. There are significant gaps to secure compliance with financial plan break even requirements alongside Cancer 62 day and A&E 4-hour targets.

4. Financial Governance

- 4.1. NHS England has reasonable grounds to suspect that the Licensee has provided and is providing health care services for the purposes of the NHS in breach of the following conditions of the Licence: NHS2.5(a), (b), (d), (e), (f) and (g).
- 4.2. The financial profile of the Licensee and risks to delivery of 2025/26 plans provides evidence of the challenges currently faced. While the Licensee put in place good systems and processes up to 2024/25 as part of its recovery journey out of the intensive support regime (Special Measures and then more latterly the Recovery Support Programme), a number of factors in the last year has led to concerns there is now a high level of risk in this area of delivery and management.

5. Quality Governance

- 5.1. NHS England has reasonable grounds to suspect that the Licensee has provided and is providing health care services for the purposes of the NHS in breach of the following conditions of the Licence: NHS2.6(a) to (f).
- 5.2. Ongoing operational risks in Q3 2025/26 have happened in parallel to a number of serious incidents and Never Events indicating that current delivery pressures are impacting on the level of assurance about the quality and

safety of services and create an urgent need to mitigate the risk of recurring equivalent quality and safety incidents.

- 5.3. There continues to be a range of risks to be managed with a quality improvement group (QIG) in place during 2025 to support the response to these, including those in relation to maternity services. The recent Never Events, in the context of the overall quality profile of the Licensee, indicate some new risks and issues not previously in view.

6. Board Governance

- 6.1. NHS England has reasonable grounds to suspect that the Licensee has provided and is providing health care services for the purposes of the NHS in breach of the following conditions of the Licence: NHS2.2 and 2.4.
- 6.2. The delivery risks set out above, the lack of clear plans to recover these and changes and disruptions to the Licensee's leadership during 2025 provide evidence failures to comply with and apply the principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a provider of health care services to the NHS.
- 6.3. The HHP group model has placed significant pressure on leadership capacity and is compounded by broader cultural challenges arising from the ongoing integration of the two organisations. Efforts to develop the group model and foster a unified organisational culture are occurring alongside the substantial operational delivery pressures referenced above, stretching largely interim leadership capacity to manage both effectively.
- 6.4. A number of additional interim executive level appointments have been made in the last 6 months including to support actions required on nursing and medical risks. The instability within the Board and senior management team has adversely affected the Trust's ability to deliver sustainable improvement.

7. These breaches by the Licensee demonstrate a failure of governance arrangements including, in particular, failure to apply those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a provider of health care services to the NHS and effectively implement board and committee structures and systems and processes:

- a. to ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;
- b. for timely and effective scrutiny and oversight by the Board of the Licensee's operations;
- c. for effective financial decision-making, management and control; and
- d. to identify and manage material risks to compliance with the Conditions of its Licence.

8. Need for action

NHS England believes that the action which the Licensee has undertaken to take pursuant to these undertakings is action required to secure that the breaches in question do not continue or recur.

9. Appropriateness of undertakings

In considering the appropriateness of accepting the undertakings set out below, NHS England has taken into account the matters set out in its Enforcement Guidance.

UNDERTAKINGS

NHS England has agreed to accept, and the Licensee has agreed to give, the following undertakings, pursuant to section 106 of the Act:

1. Board governance

- 1.1 The Licensee will promptly take all reasonable steps to ensure it is applying those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a provider of health care services to the NHS.
- 1.2 The Licensee will undertake a review of board leadership and governance arrangements with the terms of reference including the scope and timelines to be agreed with NHS England.
- 1.3 The Licensee to develop an action plan in response to the findings and recommendations for the review set out in paragraph 1.2. The action plan including the timelines for implementation to be agreed with NHS England. The action plan will have regard to the interim leadership capacity that is supporting the organisations recovery actions ensuring clarity on roles and responsibilities.

2. Operational recovery

- 2.1 The Licensee will promptly take all reasonable steps to ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission and NHS England including those set out in operational and strategic planning guidance.
- 2.2 The Licensee will co-operate and work with any improvement directors approved by NHS England in support of action outlined in paragraph 2.1. The Licensee will similarly co-operate with NHS England colleagues supporting any improvement directors.

- 2.3 The Licensee will, within a timeframe to be agreed with NHS England, submit to NHS England a recovery plan (“the Recovery Plan”) setting out the steps it will take to achieve the actions outlined in paragraphs 2.1.
- 2.4 The Recovery Plan must specify timescales for completion of identified actions.
- 2.5 The Licensee will periodically assess and, where necessary, revise the Recovery Plan to ensure it remains deliverable and sufficient to address the objectives in paragraphs 2.1. The Licensee will submit any proposed amendments to the Recovery Plan to NHS England in a timely manner and will implement such amendments as NHS England approve.
- 2.6 The Licensee will deliver the Recovery Plan in accordance with the timescales specified in the Recovery Plan.
- 2.7 The Licensee will provide, at a date to be agreed with NHS England, a report demonstrating how the board is assured that the objectives in paragraph 2.1 have been met.

3. Financial recovery

- 3.1 The Licensee will promptly take all reasonable steps to ensure it is applying systems and/or processes to ensure compliance with its duty to operate efficiently, economically and effectively.
- 3.2 The Licensee will, within a timeframe to be agreed with NHS England, submit to NHS England a financial recovery plan (“the Financial Recovery Plan”) setting out the steps it will take to achieve the objectives outlined in paragraph 3.1 above. The Financial Recovery Plan will include how the Licensee will optimise financial delivery during 2025/26 alongside putting in place financial sustainability plans that align with other recovery actions being taken including those in response to the current quality and governance issues faced. The Financial Recovery Plan must specify timescales for completion of identified actions.
- 3.3 The Licensee will take all reasonable steps to improve its financial position and minimise its external funding requirements both within the 2025/2026 financial year and on a recurrent basis.
- 3.4 The Licensee will take all reasonable steps to deliver its services on a financially sustainable basis taking into account:
 - 3.4.1 Alignment with local system service and sustainability plans and strategies including workforce
 - 3.4.2 Impact on delivery of other licence conditions including those pertaining to the quality and safety of services.

4. Funding conditions and spending approvals

- 4.1 Where interim support financing or planned term support financing is provided by the Secretary of State for Health to the Licensee pursuant to section 40 of the NHS Act 2006, the Licensee will comply with any terms and conditions which attach to the financing.
- 4.2 The Licensee will comply with any reporting requests made by NHS England in relation to any financing to be provided to the Licensee by the Secretary of State for Health pursuant to section 40 of the NHS Act 2006.
- 4.3 The Licensee will comply with any spending approvals processes that are deemed necessary by NHS England.

5. Delivery of undertakings

- 5.1 The Licensee will implement sufficient governance arrangements to enable delivery of these undertakings. Such governance arrangements must enable the board to:
 - 5.1.1 obtain clear oversight over the process in delivering these undertakings;
 - 5.1.2 obtain an understanding of the risks to the successful achievement of the undertakings and ensure appropriate mitigation; and
 - 5.1.3 hold individuals to account for the delivery of the undertakings.

6. Meetings and reports

- 6.1 The Licensee will attend meetings or, if NHS England stipulates, conference or on-line calls, at such times and places, and with such attendees, as may be required by NHS England.
- 6.2 The Licensee will provide such reports in relation to the matters covered by these undertakings as NHS England may require.

The undertakings set out above are without prejudice to the requirement on the Licensee to ensure that it is compliant with all the conditions of its licence, including any additional licence condition imposed under section 111 of the Act and those conditions relating to:

- compliance with the health care standards binding on the Licensee; and
- compliance with all requirements concerning quality of care.

Any failure to comply with the above undertakings will render the Licensee liable to further formal action by NHS England. This could include the imposition of discretionary requirements under section 105 of the Act in respect of the breach in respect of which the undertakings were given and/or revocation of the licence pursuant to section 89 of the Act.

Where NHS England is satisfied that the Licensee has given inaccurate, misleading or incomplete information in relation to the undertakings: (i) NHS England may treat

the Licensee as having failed to comply with the undertakings; and (ii) if NHS England decides so to treat the Licensee, NHS England must by notice revoke any compliance certificate given to the Licensee in respect of compliance with the relevant undertakings.

LICENSEE



Signed [Chair or Chief Executive] of the Licensee

Dated: 11 February 2026

NHS ENGLAND



Signed: Fiona Edwards, Regional Director – on behalf of the Regional Support Group (North East & Yorkshire)

Dated: 11 February 2026

ENFORCEMENT UNDERTAKINGS – Hull University Teaching Hospitals NHS Trust

LICENSEE

The Hull University Teaching Hospitals NHS Trust
Hull Royal Infirmary
Anlaby Road
Hull
HU3 2JZ

DECISION

NHS England, on the basis of the grounds set out below, and having regard to its Enforcement Guidance, has decided to accept from the Licensee the enforcement undertakings specified below pursuant to its powers under section 106 of the Health and Social Care Act 2012 (“the Act”).

GROUND

1. The Licensee is the holder of a licence granted under section 87 of the Act.
2. Operational Performance
 - 2.1. NHS England has reasonable grounds to suspect that the Licensee has provided and is providing health care services for the purposes of the NHS in breach of the following conditions of the Licence: NHS2.5(a), (b), (c) and (e).
 - 2.2. The Licensee has seen small areas of improvement including some improvements in diagnostic performance in 2025 but the general trend remains that such periods of improvement are not being sustained. Urgent and Emergency Care (UEC) continues to be a significant area of concern with the risks in recent months being exacerbated with the use of temporary escalation spaces becoming normalised. Cancer performance and elective care delivery also present ongoing issues in terms of the level of performance and the absence of detailed recovery plans and trajectories.
3. Operational planning
 - 3.1. NHS England has reasonable grounds to suspect that the Trust has provided and is providing health care services for the purposes of the NHS in breach of the following conditions of the Licence: NHS2.5(a), (b), (c), (e), (f) and (g).
 - 3.2. The comprehensive improvement plan in place for the Humber Health Partnership (HHP) group (comprising of the Licensee and Northern Lincolnshire and Goole NHS Foundation Trust) has so far been implemented with gradual progress and there is evidence of a lack of traction.

- 3.3. Operational planning is hindered by the lack of robust data to inform decision-making, limiting the Licensee's ability to effectively plan and deliver services. The Licensee is currently amongst the most challenged providers in the region. The latest NHS Oversight Framework (NOF) data for Q2 2025/26 placed it in segment 4 and amongst the most challenged acute providers nationally on the delivery metrics currently used.
 - 3.4. In-year monitoring of the Licensee's annual operational plans for 2025/26 including those pertaining to financial and performance delivery indicates a deterioration of effective operational decision-making and control, and that further action is required by the Licensee to address the position including with regard to the potential impact of this delivery profile on the quality and safety of services provided.
 - 3.5. The initial medium-term plans submitted by the Licensee for 2026/27- 2028/29 raises concerns of a significant risk that robust and credible plans will be in place for the start of the new delivery year from April 2026. There are significant gaps to secure compliance with financial plan break even requirements alongside Cancer 62 day and A&E 4-hour targets.
4. Financial Governance
 - 4.1. NHS England has reasonable grounds to suspect that the Licensee has provided and is providing health care services for the purposes of the NHS in breach of the following conditions of the Licence: NHS2.5(a), (b), (d), (e), (f) and (g).
 - 4.2. The financial profile of the Licensee and risks to delivery of 2025/26 plans provides further evidence of the challenges currently faced with concerns over financial grip and control. A number of factors in the last year has led to concerns there is now a high level of risk in this area of delivery and management.
5. Quality Governance
 - 5.1. NHS England has reasonable grounds to suspect that the Licensee has provided and is providing health care services for the purposes of the NHS in breach of the following conditions of the Licence: NHS2.6(a) to (f).
 - 5.2. Ongoing operational risks in Q3 2025/26, including occurrences of over-crowding in the emergency department, have happened in parallel to a number of Never Events indicating that current delivery pressures are impacting on service resilience and provide evidence of the risk of patient safety being compromised. Pressures are further impacting the level of assurance about the quality and safety of services and create an urgent need to mitigate the risk of recurring equivalent quality and safety incidents.
 - 5.3. There continues to be a range of risks to be managed with a quality improvement group (QIG) in place during 2025 to support the response to these, including those in relation to maternity services. The recent Never Events, in the context of

the overall quality profile of the Licensee, indicate some new risks and issues not previously in view.

6. Board Governance

6.1. NHS England has reasonable grounds to suspect that the Licensee has provided and is providing health care services for the purposes of the NHS in breach of the following conditions of the Licence: NHS2.2 and 2.4.

6.2. The delivery risks set out above, the lack of clear plans to recover these and changes and disruptions to the Licensee's leadership during 2025 provide evidence of failures to comply with and apply the principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a provider of health care services to the NHS.

6.3. The HHP group model has placed significant pressure on leadership capacity and is compounded by broader cultural challenges arising from the ongoing integration of the two organisations. Efforts to develop the group model and foster a unified organisational culture are occurring alongside the substantial operational delivery pressures referenced above, stretching largely interim leadership capacity to manage both effectively.

6.4. A number of additional interim executive level appointments have been made in the last 6 months including to support actions required on nursing and medical risks. The instability within the Board and senior management team has adversely affected the Trust's ability to deliver sustainable improvement.

7. These breaches by the Licensee demonstrate a failure of governance arrangements including, in particular, failure to apply those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a provider of health care services to the NHS and effectively implement board and committee structures and systems and processes:

- a. to ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;
- b. for timely and effective scrutiny and oversight by the Board of the Licensee's operations;
- c. for effective financial decision-making, management and control; and
- d. to identify and manage material risks to compliance with the Conditions of its Licence.

8. Need for action

8.1. NHS England believes that the action which the Trust has undertaken to take pursuant to the undertakings recorded here is action required to secure that the breaches in question do not continue or recur.

9. Appropriateness of Undertakings

- 9.1. In considering the appropriateness of accepting the undertakings set out below, NHS England has taken into account the matters set out in its Enforcement Guidance.

UNDERTAKINGS

NHS England has agreed to accept, and the Licensee has agreed to give, the following undertakings, pursuant to section 106 of the Act:

1. Board governance

- 1.1. The Licensee will promptly take all reasonable steps to ensure it is applying those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a provider of health care services to the NHS.
- 1.2. The Licensee will undertake a review of board leadership and governance arrangements with the terms of reference including the scope and timelines to be agreed with NHS England.
- 1.3. The Licensee to develop an action plan in response to the findings and recommendations for the review set out in paragraph 1.2. The action plan including the timelines for implementation to be agreed with NHS England. The action plan will have regard to the interim leadership capacity that is supporting the organisations recovery actions ensuring clarity on roles and responsibilities.

2. Operational recovery

- 2.1. The Licensee will promptly take all reasonable steps to ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission and NHS England including those set out in operational and strategic planning guidance.
- 2.2. The Licensee will co-operate and work with any improvement directors approved by NHS England in support of action outlined in paragraph 2.1. The Licensee will similarly co-operate with NHS England colleagues supporting any improvement directors.
- 2.3. The Licensee will, within a timeframe to be agreed with NHS England, submit to NHS England a recovery plan (“the Recovery Plan”) setting out the steps it will take to achieve the actions outlined in paragraphs 2.1.
- 2.4. The Recovery Plan must also include i. an assessment of current senior clinical and operational management arrangements ii. an assessment of any operational cultural challenges faced, including but not limited to, those relating to the

normalising of over-crowding in the emergency department and iii. actions required in response to the findings of i. and ii.

- 2.5. The Recovery Plan must specify timescales for completion of identified actions.
- 2.6. The Licensee will periodically assess and, where necessary, revise the Recovery Plan to ensure it remains deliverable and sufficient to address the objectives in paragraphs 2.1. The Licensee will submit any proposed amendments to the Recovery Plan to NHS England in a timely manner and will implement such amendments as NHS England approve.
- 2.7. The Licensee will deliver the Recovery Plan in accordance with the timescales specified in the Recovery Plan.
- 2.8. The Licensee will provide, at a date to be agreed with NHS England, a report demonstrating how the board is assured that the objectives in paragraph 2.1 have been met.

3. Financial recovery

- 3.1. The Licensee will promptly take all reasonable steps to ensure it is applying systems and/or processes to ensure compliance with its duty to operate efficiently, economically and effectively.
- 3.2. The Licensee will, within a timeframe to be agreed with NHS England, submit to NHS England a financial recovery plan (“the Financial Recovery Plan”) setting out the steps it will take to achieve the objectives outlined in paragraph 3.1 above. The Financial Recovery Plan will include how the Licensee will optimise financial delivery during 2025/26 alongside putting in place financial sustainability plans that align with other recovery actions being taken including those in response to the current quality and governance issues faced. The Financial Recovery Plan must specify timescales for completion of identified actions.
- 3.3. The Licensee will take all reasonable steps to improve its financial position and minimise its external funding requirements both within the 2025/2026 financial year and on a recurrent basis.
- 3.4. The Licensee will take all reasonable steps to deliver its services on a financially sustainable basis taking into account:
 - 3.4.1. Alignment with local system service and sustainability plans and strategies including workforce
 - 3.4.2. Impact on delivery of other licence conditions including those pertaining to the quality and safety of services

4. Funding conditions and spending approvals

- 4.1. Where interim support financing or planned term support financing is provided by the Secretary of State for Health to the Licensee pursuant to Schedule 5 to the NHS Act 2006, the Licensee will comply with any terms and conditions which attach to the financing.
- 4.2. The Licensee will comply with any reporting requests made by NHS England in relation to any financing to be provided to the Licensee by the Secretary of State for Health pursuant to Schedule 5 to the NHS Act 2006.
- 4.3. The Licensee will comply with any spending approvals processes that are deemed necessary by NHS England.

5. Delivery of undertakings

- 5.1. The Licensee will implement sufficient governance arrangements to enable delivery of these undertakings. Such governance arrangements must enable the board to:
 - 5.1.1. obtain clear oversight over the process in delivering these undertakings;
 - 5.1.2. obtain an understanding of the risks to the successful achievement of the undertakings and ensure appropriate mitigation; and
 - 5.1.3. hold individuals to account for the delivery of the undertakings.

6. Meetings and reports

- 6.1. The Licensee will attend meetings or, if NHS England stipulates, conference or on-line calls, at such times and places, and with such attendees, as may be required by NHS England.
- 6.2. The Licensee will provide such reports in relation to the matters covered by these undertakings as NHS England may require.

The undertakings set out above are without prejudice to the requirement on the Licensee to ensure that it is compliant with all the conditions of its licence, including those conditions relating to:

- compliance with the health care standards binding on the Licensee; and
- compliance with all requirements concerning quality of care.

Any failure to comply with the above undertakings will render the Licensee liable to further formal action by NHS England. This could include the imposition of discretionary requirements under section 105 of the Act in respect of the breach in respect of which the undertakings were given and/or revocation of the licence pursuant to section 89 of the Act.

Where NHS England is satisfied that the Licensee has given inaccurate, misleading or incomplete information in relation to the undertakings: (i) NHS England may treat the Licensee as having failed to comply with the undertakings; and (ii) if NHS England

decides so to treat the Licensee, NHS England must by notice revoke any compliance certificate given to the Licensee in respect of compliance with the relevant undertakings.

LICENSEE

A handwritten signature in blue ink that reads "Lynn Simpson".

Signed [Chair or Chief Executive] of the Licensee

Dated: 11 February 2026

NHS ENGLAND

A handwritten signature in black ink that reads "Fiona Edwards".

Signed: Fiona Edwards, Regional Director – on behalf of the Regional Support Group (North East & Yorkshire)

Dated: 11 February 2026

3.1 - MONTHLY PATIENT SAFETY UPDATE

 Dr Kate Wood, Group Chief Medical Officer & Heather McNair, Interim Group Chief Nurse

REFERENCES

Only PDFs are attached

 BIC(26)050 - Monthly Patient Safety Update (including Assurance Committee Update).pdf

Trust Boards-in-Common Front Sheet

Agenda Item No: BIC(25)050

Name of the Meeting	Trust Boards-in-Common (Public)
Date of the Meeting	12 March 2026
Director Lead	Dr Kate Wood, Group Chief Medical Officer Heather McNair, Interim Group Chief Nurse
Contact Officer/Author	Tracy Campbell, Patient Safety and Director of Quality Governance Richard Dickinson, Associate Director of Quality Governance
Title of the Report	Monthly Patient Safety Update
Executive Summary	<p>This report provides the following:</p> <ul style="list-style-type: none"> Quality and Safety Committees-in-Common (QSCiC) escalation report from the meeting held on 26 February 2026 Monthly Patient Safety report. <p><u>QSCiC highlight report</u></p> <ul style="list-style-type: none"> There are workstreams to progress on the following: <ul style="list-style-type: none"> A review of the BAF and Risk Register to reflect NOF and Value Circle report actions. Integrated Improvement Plan Quality Priorities for 2026/27 Never Event improvement Improving engagement with NICE Guidance compliance and audits. Harm review of treatment of patients' treatment for Cancer waiting times over 104 days and RTT over 78 weeks, with improved oversight. Further assurance is sought on: <ul style="list-style-type: none"> IPC improvement plans Complaint and PALS backlog improvement HUTH Maternity service application for removal of the CQC Section 31 condition was approved. This is likely to trigger a CQC inspection of the HUTH Maternity Core Service. <p><u>BAF</u></p> <p>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.</p> <p><u>Patient Safety Report</u></p> <p>The report provides the Board with an overview of patient safety activity in the past month, and oversight of inquests planned in the coming month. The boards are asked to note the following:</p> <ul style="list-style-type: none"> Incident reporting remains within expected rates and proportional levels of harm reporting are seen, with action being taken to ensure appropriate steps to review the care

	<p>provided.</p> <ul style="list-style-type: none"> ○ Improvement plan for Patient Safety Learning Response timeliness is anticipated over the next 2-3 months. ● Never Events <ul style="list-style-type: none"> ○ A historical never event from 2023 was identified in February 2026. ○ A safety summit is planned for April 2026 supporting improvements in patient safety and culture. ○ A Surgical Safety series of engagement sessions are planned from April to October 2026, including professional standard setting. ● Hilda Gwilliams in her role as Group Chief Patient Safety Governance Officer will be supporting colleagues and teams to continually put patient safety first, learn from experience, and keep improving.
Background Information and/or Supporting Document(s) (if applicable)	The Integrated Performance Report in Appendix A, item 6.6.1 provides further quality metric details, including Infection control data.
Prior Approval Process	N/A
Financial implication(s) (if applicable)	N/A
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	None
Recommended action(s) required	<input type="checkbox"/> Approval <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Other – please detail below:

Monthly Patient Safety Report - February 2026

Incidents

The chart above represents trends of reporting patient safety for NLAG and HUTH, showing:

- Reporting rates
- Distribution of harm levels
- Top 10 cause groups of incidents (most frequent themes)



	NLAG	HUTH
Fatal	4	4
Severe/Major	0	7
Moderate	32	31

These cases are under review.

PSII and PSIRF Learning Response caseload

There is a PSII accountability meeting has commenced from 16/2/2026 to focus on reduction of the time taken to complete investigations led by Hilda Gwilliams, Group Chief Patient Safety Governance Officer. Timelines for completion are being identified for all cases with prioritisation of reports that are greater than six months old.

For NLAG there 21 open PSII cases with two of these being externally investigated by MNSI. One case is on hold due to a police investigation*, allergic reaction to penicillin from 2023. Two PSII reports are the final report stage and three cases on track for draft report presentation going through PSIRF Oversight Group on 17/3/2026. The oldest case** is at the engagement stage with the family of the patient, who have no factual accuracy changes or questions on the draft report.

NLAG PSII	2023		2023 Total	2024			2024 Total	2025						2025 Total	Grand Total		
	Oct	Dec		Aug	Oct	Nov		Mar	May	Jul	Aug	Sep	Oct			Nov	Dec
Acute & Emergency Medicine	1**	1*	2							1				1		2	4
Cardiovascular				1			1										1
Community, Frailty and Therapy												1				1	1
Digestive Diseases								1				1				2	2
Family Services									1	1	1			1		4	4
Head and Neck											2					2	2
Neuroscience Specialist														1		1	1
Specialist Cancer and Support Services															1	1	1
Specialist Medicine						1	1										1
Specialist Surgery										1						1	1
Theatres, Anaesthetics & Critical Care					1		1		1					1		2	3

Grand Total	1	1	2	1	1	1	3	1	2	3	3	2	2	2	1	16	21
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There 38 Proportional Learning Responses open, with nine going through QA checks.

NLAG Proportional Learning responses	2025												2025 Total	2026		2026 Total	Grand Total
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan		Feb			
Assurance			2	1		1		2	3					9			9
Report	1			1	2			2	1	4	5			16			16
Review		1			1		1	1	1	2				7	4	2	13
Grand Total	1	1	2	2	3	1	1	5	5	6	5	32	4	2	6	38	

For HUTH there are 41 open PSII cases with five of these being externally investigated by MNSI. Three cases are going through draft report engagement with patients and their families, and nine PSII reports are at various stages of sign off through the Report QA process, PSIRF Oversight Group, and Family Engagement of draft reports.

HUTH PSII	2024				2024 Total	2025										2025 Total	2026		2026 Total	Grand Total
	Aug	Oct	Nov	Dec		Jan	Mar	Apr	May	Jun	Jul	Sep	Nov	Dec	Jan		Total			
Acute and Emergency Medicine	1		1	1	3	1		1	1							3	1	1	7	
Cardiovascular		1		1	2		1	2		1						4			6	
Community, Frailty and Therapy Care Group							1									1			1	
Digestive Diseases Care Group							2	1								3			3	
Family Services			1		1				1	1				2	1	5	1	1	7	
Head and Neck Care Group														1		1			1	
Major Trauma Network											1					1			1	
Neuroscience Specialist Care Group		1			1					1						1			2	
Pathology Network Group													1			1			1	

A thematic review of Never Events that have completed investigations is being used to further develop the action plan for reducing Never Events, illustrating the timeline for all elements, including what has been completed. This will be provided to the Quality & Safety Committees-in-Common in March 2026.

Inquests

A new process for an Inquest Panel has been introduced to provide an increased oversight of the inquest processes.

Regulation 28 Letters

There has been one Regulation 28 Letters issued in January 2026, linked to staffing associated with a patient fall and the supervision provided. The response is on track to be provided ahead of the deadline in March 2026.

CiC ESCALATION REPORT

QUALITY AND SAFETY COMMITTEES-IN-COMMON – 26 February 2026

1. Matters for Reporting

A review of the **BAF and Risk Register** was taking place to incorporate the Value Circle and National Oversight actions and recommendations. A number of strategic risks will be added to the BAF.

An **Integrated Improvement Plan** was being developed and would be shared with the CICs and the Board for assurance.

Quality Accounts – **Limited assurance** was given by the CIC due to the current status of the outputs.

Never Events – Further assurance was required regarding the work ongoing and timescales for action completion.

Limited assurance was given for the **Clinical Effectiveness** report as further assurance relating to clinical engagement and NICE guidance compliance was required.

Mental Health Annual Report – Heather McNair was identified as the executive lead as this had been missing in 2024/25. A quarterly report was requested by the CIC and **limited assurance** was given.

Elective waiting list harm review – The Ulysses incident system will be used for clinical harm reviews following treatment of patients waiting for more than 104 days for cancer and 78 weeks for RTT, This is being tested currently and in place by the end of March for cancer with RTT to follow.

2. Positive assurances

The Group was reporting Opel 3 across all three sites.

Both Trust's SHMI was within expected levels.

The Learning from Deaths report was given **reasonable** assurance by the CIC due to the work ongoing and the SHIMI performance.

The Research, Innovation and Development Report was given **reasonable** assurance due to the continued work, in particular the Nursing research champions now in place.

3. Matters on which the committees have requested additional assurance

The **IPC** position was challenged and there was much work to do, particularly regarding culture. Escalation and consequences of non-compliance are to be agreed. The CIC were not assured.

Complaints and PALs – a review of processes to be carried out and benchmarking of an 'outstanding organisation' would take place. The CIC were not assured due to the backlog in complaints responses and the time taken to address the issues.



Humber Health Partnership

4. Decisions made

The CIC approved the application to remove the CQC section 31 condition on Maternity Services. The Group would be re-assessed by the CQC following the removal of the condition.

5. Escalation to Trust Boards

As part of the Risk and Compliance Group escalation, the CIC were alerted to a risk relating to the backlog of patient letters.

#	Agenda item	BAF mapping		Purpose	Assurance given
		#	Score		
1	Board Assurance Framework	N/A	N/A	Information	N/A
2	Risk Register report	N/A	N/A	Information	N/A
3	Quality Priorities Q3 update	3	20	Approval	● Limited
4	IPC – Overview including BAF Q3	3	20	Assurance	Not assured
5	Never Events/Emerging Concerns	3	20	Information/ Assurance	● Minimal
6	Integrated Performance Report	3	20	Information/ Discussion	N/A
6	Maternity and Neonatal Assurance Report (Section 31 condition included)	3	20	Assurance	● Significant
7	Patient Experience Report Q2	3	20	Assurance	Not assured
8	Clinical Effectiveness Report Q3	3	20	Assurance	● Limited
9	Learning from Deaths Q3	3	20	Assurance	● Reasonable
10	Elective Waiting List Harm Review	3	20	Information	N/A
11	Research, Innovation and Development Quarterly Update Q2	3	20	Assurance	● Reasonable
12	Group Mental Health Annual Report 2024/25	3	20	Assurance	● Limited

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
Sue Liburd	Non-Executive Director (NLAG) Chair	✓	✓	✓	✓	-	✓	✓	-	✓	✓	-	
David Sulch	Non-Executive Director (HUTH) Chair	✓	✓	✓	✓	-	✓	✓	-	✓	✓	✓	
Tony Curry	Non-Executive Director (HUTH)	x	✓	✓	✓	-	✓	✓	-	✓	✓	✓	
Julie Beilby	Non-Executive Director (NLAG)	x	✓	✓	✓	-	✓	✓	-	✓	x	✓	
Kate Wood	Group Chief Medical Officer	✓	PS	✓	✓	-	PS	✓	-	✓	PS	PS	
Sarah Tedford	Group Chief Delivery Officer	CW	CW	CW	✓	-	x	MP	-	MP	MP	MP	
Amanda Stanford	Group Chief Nurse	✓	HMc	HMc	HMc	-	✓	✓	-	HMc	-	HMc	
David Sharif	Group Director of Assurance	✓	✓	✓	✓	-	RC	✓	-	✓	✓	✓	
Richard Dickinson	Associate Director of Governance (NLAG)	✓	✓	✓	✓	-	✓	✓	-	✓	x	✓	
Michela Littlewood	Associate Director of Governance (HUTH)	✓	✓	✓	✓	-	x	✓	-	✓	✓	✓	

3.2 - NATIONAL REPORTS AND GUIDANCE

 Dr Kate Wood, Group Chief Medical Officer & Heather McNair, Interim Group Chief Nurse

REFERENCES

Only PDFs are attached

 BIC(26)051 - National Reports and Guidance.pdf

Trust Boards-in-Common Front Sheet

Agenda Item No: BIC(26)051

Name of the Meeting	Trust Boards-in-Common (Public)
Date of the Meeting	12 March 2026
Director Lead	Dr Kate Wood, Group Chief Medical Officer Heather McNair, Interim Group Chief Nurse
Contact Officer/Author	Tracy Campbell, Patient Safety and Director of Quality Governance Richard Dickinson, Associate Director of Quality Governance
Title of the Report	National Reports and Guidance
Executive Summary	See attached details of national reports and guidance circulated since the previous Trust Boards-in-Common meeting: There are currently CQC reports expected and awaited for the following: <ul style="list-style-type: none"> • HUTH Medicine Core Service (November 2025) • NLAG Urgent and Emergency Care Core Service (January 2026) • NLAG End of Life Core Service (Data request expected first, February 2026) • NLAG Goole Outpatients Core Service (February 2026)
Background Information and/or Supporting Document(s) (if applicable)	None
Prior Approval Process	N/A
Financial implication(s) (if applicable)	N/A
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	None
Recommended action(s) required	<input type="checkbox"/> Approval <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Other – please detail below:

Department of Health and Social Care:

- [England Rare Diseases Action Plan 2026](#)

The fifth action plan shows how the Department of Health and Social Care and delivery partners are implementing the UK Rare Diseases Framework in England.

- Updated: 27 February 2026

- [National Cancer Plan for England](#)

Details the government's plan to transform cancer care and outcomes in England by 2035.

- Updated: 26 February 2026

- [Framework agreement between DHSC and NHS Counter Fraud Authority: 2026 to 2029](#)

Describes the working relationship between the Department of Health and Social Care and the NHS Counter Fraud Authority.

- Updated: 11 February 2026

NHS England:

None to report

HSSIB:

None to report

4.1 - PUBLIC PURSE (INCLUDING ASSURANCE COMMITTEE UPDATE)

 Emma Sayner, Group Chief Financial Officer & Gill Ponder, NED Committee Chair

REFERENCES

Only PDFs are attached

 BIC(26)052 - Public Purse (including Assurance Committee Update).pdf

CiC ESCALATION REPORT

PERFORMANCE, ESTATES AND FINANCE COMMITTEES-IN-COMMON – 3 March 2026



Humber Health Partnership

1. Matters for Reporting

Board Assurance Framework – the Public Purse risk has been increased to 20 due to the current financial position and delivery risks to the 2026/27 plan, notably £50m unidentified CIP.

Month 10 – Month 10 position had not shown the expected improvements. There was confidence in delivering the revised plan, however there remains a risk to delivery of circa £6m and if system support was required to mitigate further slippage there could be an impact on 2026/27. Work was ongoing to hit the plan with recurrent savings. Cash support had not yet been approved for 2025/26 and cash support was being applied for in the plans for 2026/27 due to deficit plan position. There was also a risk to Capital spending in Month 12 due to the scale of delivery required in month and delays in the approval of funding. **Limited** assurance was agreed by the CIC due to the grip and control measures not working effectively to reduce run rate.

Transformation Update –A revised plan was presented with limited improvement expected for the rest of 2025/26. The Financial Planning Improvement Boards are being held on a weekly basis to ensure 2026/27 opportunities are transformed into deliverable plans by the 31-3-26.

Performance – The Perfect Weeks were providing much improved UEC performance but the CIC required further assurance on how improvements would be sustained following completion. The CiC were not assured that the 78% target would be delivered by 31-3-26.

RTT 65-week waits were still a challenge, but outperforming recovery trajectory, as were 52-week waits. There had been a 78 Week breach, which had been submitted to NHSE and the Planned Care Board were carrying out a Root Cause Analysis investigation.

A **theatre performance** update was received. The CiC were assured by the detailed plans in place but requested an update in 3 months on whether planned actions and anticipated improvements had been delivered. **Limited** Assurance given until evidence of improvement.

Cancer Performance - Some improvement evident, but **Limited** assurance given due to current performance outcomes. The CIC were assured that robust improvement plans were in place.

Diagnostics – An improved position was forecast for the end of March 2026, with HUTH at 22.4% and NLAG at 17.6%. The CIC gave **Limited** assurance regarding current performance but recognised that plans were in place for all modalities. The CIC highlighted the significant risk to continued improvement from a transformational change specialist’s secondment ending.

Estates - A year end risk was highlighted on Capital expenditure due to late increases in funding allocated. This was being managed with orders for kit and equipment being placed .

2. Positive Assurances

A Tower Block update was received, and a fire risk assessment had been carried out. The Humber Fire and Rescue Service were satisfied with the plans and actions undertaken by the Trust so far and a further meeting was planned to discuss the improvement notice deadline.

3. Decisions made by the CIC

HRI Surgical SDEC Level 3 - Following last month’s delegation of authority, retrospective approval was given by the CIC, but the quality evaluation carried out was to be added to the paper.

Theatres 5 and 6 Refurb CHH – The Contractor has been chosen and external assessment had taken place, including quality evaluation. The CIC noted the paper, as below CiC approval limit.

Midlands and East Pathology Managed Services –The CIC endorsed the proposals for Board approval.

#	Agenda item	BAF mapping		Purpose	Assurance given
		#	Score		
1	Board Assurance Framework including risks	N/a	N/a	Information	N/a
2	Group Finance Report – Month 10	6	20	Assurance	● Limited
3	Update on Transformation Programme	6	20	Assurance	● Limited
4	Group Performance Report – Urgent and Elective Care	2	20	Assurance	● Limited
5	Theatre Performance Update	2	20	Assurance	● Limited
6	Cancer Performance Update	2	20	Assurance	● Limited
7	Deep Dive - Diagnostics	2	20	Assurance	● Limited
8	Estates – including Tower Block update	2	20	Assurance	● Significant
9	Contracts: HRI Surgical SDEC Level 3 Theatres 5 & 6 Refurb CHH Midlands and East Pathology managed service	6	20	Approval Approval Review and endorse for BIC approval	Approved Received Endorsed Overall page 92 of 219

6. Comments on the effectiveness of the meetings

Awaiting outcome from various Group reviews and observations taking place currently.

7. Escalation to CiCs

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	✓	✓	✓	✓	✓	✓	x	✓	✓
Emma Sayner	Group Chief Finance Officer	✓	✓	✓	✓	✓	PR	✓	✓	✓	✓	✓	x
Matt Powls	Interim Group Chief Delivery Officer	-	-	-	-	-	-	-	✓	✓	✓	✓	✓
Philippa Russell	Deputy Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Andy Haywood	Chief of Strategy, Partnerships and Digital	-	-	-	✓	x	x	x	x	x	x	x	x
Tom Myers	Group Chief of Estates and Facilities	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Simon Parkes	Non Executive Director	✓	✓	✓	✓	✓	x	✓	x	✓	x	-	-
Jane Hawkard	Non Executive Director	✓	✓	✓	✓	✓	✓	✓	x	✓	✓	✓	✓
Kate Wood	Group Chief Medical Officer	✓	✓	✓	✓	✓	✓	PS	✓	✓	✓	✓	✓
Sam Peate	Group Chief Delivery Officer	-	-	-	-	-	-	-	-	-	-	-	✓

5 - OTHER ITEMS FOR ASSURANCE (NONE)

6 - OTHER ITEMS FOR APPROVAL (NONE)

7 - ITEMS FOR INFORMATION / SUPPORTING PAPERS

REFERENCES

Only PDFs are attached

-  BIC(26)054 - Performance, Estates & Finance Committees-in-Common Minutes - 28 January & 3 February 2026.pdf
-  BIC(26)055 - Finance Report - Month 10.pdf
-  BIC(26)056 - Group Performance Report - NLaG and HUTH.pdf
-  BIC(26)057 - Trust Boards & Committees Meeting Cycle - 2026.pdf

Trust Boards-in-Common Front Sheet

Agenda Item No: BIC(26)054

Name of Meeting	Trust Boards-in-Common
Date of the Meeting	Thursday 12 th March 2026
Director Lead	Gill Ponder, Non-Executive Director (NLaG) / Chair of Performance, Estates and Finance Committees-in-Common
Contact Officer / Author	Karena Groom, Interim Personal Assistant
Title of Report	Minutes from the Performance, Estates and Finance Committees-in-Common meetings held on Wednesday 28 th January 2026 and Tuesday 03 rd February 2026.
Executive Summary	The minutes attached are the formal account of the meeting. The minutes include any action and resolutions made.
Background Information and/or Supporting Document(s) (if applicable)	The minutes attached are for information.
Prior Approval Process	Performance, Estates and Finance Committees-in-Common on 03 rd March 2026.
Financial Implication(s) (if applicable)	N/A
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	<input type="checkbox"/> Approval <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Information <input type="checkbox"/> Other – please detail below:

PERFORMANCE ESTATES AND FINANCE COMMITTEES-IN-COMMON MEETING

Minutes of an Extra-ordinary meeting held on Wednesday 28th January 2026 at
14:00 to 15:00 hours via Microsoft Teams

For the purpose of transacting the business set out below:

Present:

Core Members:

Gill Ponder	Non-Executive Director (NLaG) - Chair
Julie Beilby	Non-Executive Director (NLaG) (attending for Helen Wright)
Tony Curry	Non-Executive Director (HUTH) – (attending for Jane Hawkard)
Emma Sayner	Group Chief Financial Officer
Dr Kate Wood	Group Chief Medical Officer
Matt Pows	Interim Group Chief Delivery Officer

In Attendance:

Karena Groom	Interim Personal Assistant (Minute Taker)
David Sharif	Group Director of Assurance
Ivan McConnell	Group Director of Transformation
Alex Best	Group Deputy Director of Capital Services

KEY

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

1. CORE BUSINESS ITEMS

1.1 Welcome and Apologies for Absence

The Performance, Estates and Finance (PEF) Committees-in-Common (CiC) Chair, Gill Ponder welcomed those present to the meeting. Apologies for absence were noted for Helen Wright, Non-Executive Director (HUTH), Jane Hawkard, Non-Executive Director (HUTH), and Tom Myers, Group Director of Estates.

1.2 Staff Charter and Values

Gill Ponder noted the Staff Charter and Group Values and reminded everyone

to follow and live these throughout the meeting.

1.3 Declarations of Interest

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

2.1 Contract Approval: HRI Theatres 8 & 9

Alex Best explained that Theatres 8 and 9 were a continuation of the critical theatres that were currently being upgraded at Hull Royal Infirmary (HRI). The Plant Room will serve Theatres 6-4 and would also facilitate Theatres 8 and 9. The scheme was tendered under the North of England community procurement collaboration and tender returns were received. 2 contractors were shortlisted and following an evaluation Andrew Johnson Construction Ltd, who carried out the refurbishment of theatres 7 and 1-3 and built the plant room, were selected. It was established that the Plant Room cost £20 per m² less than the cost for the construction of plant room 1 which is of a similar construction method; as such the Group were comfortable that those rates were in line with expectations. Theatres 8 and 9 tender rates were received and were in line with the rates that theatres 1-3 and 7 concluded at. This is a multi-year scheme, funded from the Estates safety fund. The initial first phase of the funding would be utilised by 2025/26 funding and would subsequently roll into the 2026/27 funding. Andrew Johnson Construction Ltd's tender return provides value for money and the CiC were asked to endorse awarding the contract to Andrew Johnson Construction Ltd.

Gill Ponder noted discrepancies in the prices and explained that the summary sheet suggested that the initial tender from Helix CMS was cheaper than Andrew Johnson however, upon further discussions the Helix CMS price became more expensive than Andrew Johnson Construction Ltd. Alex Best explained that this was due to Helix CMS excluding several items from the contract, which he explained was a common practice for contractors to place items outside of the contract. In instances where an element of tender was absent from the contract, the Group would apply average rates to the tenders and would seek any costs they felt were absent from the tender.

Alex Best shared that the tender for the Plant Room was based on it having a steel floor however, Helix CMS failed to cost this element putting in an alternative, non-compliant (to Tender Spec) significantly lighter and cheaper floor. When costs were normalised for the steel floor this accounted for the large discrepancy.

The Committees-in-Common approved the contract.

2.1.1 Contract Approval: SGH Theatres B and C

Alex Best shared that this was the refurbishment of theatres B&C at Scunthorpe General Hospital (SGH), which was included within the Estates Safety funding programme. Tenders were received and a full evaluation was undertaken. The Group reviewed the costs in line with the recent tenders at HRI and Theatre 7 which was more comparative with the condition of the SGH estate. Costs from

Hobson & Porter demonstrated value for money. A significant number of contingencies were included within the contract due to staff changing areas and metal tiles in need of urgent replacement in the theatre suite and corridor requiring refurbishment. The CiC were asked to endorse awarding the contract to Hobson & Porter for a total of £3 million.

The CiC were assured that the refurbishments included the bringing up to standards of the ventilation systems, which were important from a capacity, patient safety and infection prevention perspective.

David Sharif queried the reason for not awarding the contract to T&C Williams. Alex Best explained that it was due to the poor quality score, their inability to provide any demonstratable experience of refurbishing theatres and they were also not familiar with the site.

The Committees-in-Common approved the contract.

3.1 Any other Urgent Business

Nothing to raise.

4. DATE AND TIME OF THE NEXT MEETING

4.1 Date and time of the next PEF CiC meeting:

The next meeting will take place on Tuesday 03rd February 2026 via Microsoft Teams.

The meeting closed at 14:13 hours.

Cumulative Record of Attendance at PEF CiC 2025/2026

Name	Title	2025/26												
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
CORE MEMBERS														
Gill Ponder	Chair / Non-Executive Director (NED – NLaG)	Y	Y	Y	D	Y 05/08 Y 07/08	Y 02/09	Y 30/09	Y	Y	Y	Y 06/01 Y 28/01	Y	
Helen Wright	Chair / Non-Executive Director (NED - HUTH)	Y	Y	Y	Y	Y 05/08 Y 07/08	Y 02/09	Y 30/09	Y	Y	Y	Y 06/01 N 28/01		
Emma Sayner	Group Chief Financial Officer	Y	Y	Y	Y	Y 05/08 Y 07/08	D 02/09	Y 30/09	Y	Y	Y	Y 06/01 Y 28/01	Y	

Jane Hawkard	NED (HUTH)	Y	Y	Y	D	Y 05/08 Y 07/08	Y 02/09	Y 30/09	D	Y	Y 06/01 N 28/01	Y	
Simon Parkes	NED (NLaG)	Y	Y	Y	Y	Y 05/08 N 07/08	N 02/09	Y 30/09	D	Y	N 06/01 N 28/01		
Clive Walsh	Interim Site Chief Executive North	Y	D	D									
Sarah Tedford	Interim Group Chief Delivery Officer	D	Y	Y	Y	Y 05/08 D 07/08	Y 02/09	Y 30/09					
Matt Powls	Interim Group Chief Delivery Officer								Y	Y	Y 06/01 Y 28/01	Y	
Dr Kate Wood	Group Chief Medical Officer	Y	Y	Y	Y	Y 05/08 Y 07/08	Y 02/09	D 30/09	Y	Y	Y 06/01 Y 28/01	Y	

REQUIRED ATTENDEES

Tom Myers	Group Director of Estates	Y	Y	Y	Y	Y 05/08 Y 07/08	Y 02/09	Y 30/09	Y	Y	Y 06/01 D 28/01	Y	
Andy Haywood	Group Digital Information Officer	N	N	N	N	N 05/08 N 07/08	N 02/09	N 30/09	N	N	N 06/01 N 28/01	N	
David Sharif	Group Director of Assurance or deputy	Y	Y	D	Y	Y 05/08 Y 07/08	Y 02/09	Y 30/09	Y	Y	D 06/01 Y 28/01	Y	
Philippa Russell	Deputy Group Chief Finance Officer	Y	Y	Y	Y	Y 05/08 Y 07/08	Y 02/09	Y 30/09	Y	Y	Y 06/01 N 28/01	Y	
Ian Reekie	Governor Observer (NLaG)	D	Y	Y	D	Y 05/08 Y 07/08	Y 02/09	Y 30/09	Y	Y	Y 06/01 N 28/01	Y	

ADDITIONAL ATTENDEES

Murray MacDonald	Interim Group Chair										Y 06/01	N	
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PERFORMANCE ESTATES AND FINANCE COMMITTEES-IN-COMMON MEETING

Minutes of the meeting held on Tuesday, 3rd February 2026 at 09:00 to 12:30 hours via Microsoft Teams

For the purpose of transacting the business set out below:

Present:

Core Members:

Gill Ponder	Non-Executive Director (NLaG) – Chair
Jane Hawkard	Non-Executive Director (HUTH)
Emma Sayner	Group Chief Financial Officer
Dr Kate Wood	Group Chief Medical Officer
Matt Powls	Interim Group Chief Delivery Officer

In Attendance:

Rebecca Crashley	Deputy Director of Assurance
Karena Groom	Interim Personal Assistant (Minute Taker)
David Sharif	Group Director of Assurance
Julie Beilby	Non-Executive Director (NLaG)
Ivan McConnell	Group Director of Transformation
Philippa Russell	Deputy Group Chief Finance Officer
Tom Myers	Group Director of Estates
Alex Best	Group Deputy Director of Capital Services (item 4.6.1)
Chris Fry	Associate Director of Performance & Insight (item 4.2)
Laura Milburn	Assistant Director of Operational Transformation (item 4.2.1)

Observers

Ian Reekie	Lead Public Governor (NLaG)
Ben Smith	Deputy Improvement Director for NHSE
Simon Elliott	Deputy Intensive Support Director for NHSE

KEY

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

1. CORE BUSINESS ITEMS

1.1 Welcome and Apologies for Absence

The Performance, Estates and Finance (PEF) Committees-in-Common (CiC) Chair, Gill Ponder, welcomed those present to the meeting. Apologies for absence were noted for Adam Creegan, Group Director of Performance.

The CiC noted that Simon Parkes and Helen Wright had left the Group. They thanked Simon Parkes for his contribution to the meeting over the years, and particularly Helen Wright as co-chair of the PEF CiC, whose contribution was immense and would be greatly missed. Appreciation was expressed to Julie Beilby for agreeing to become a member of the PEF CiC and attending to provide support which mitigated the risk to quoracy.

1.2 Staff Charter and Values

Gill Ponder noted the Staff Charter and Group Values and reminded everyone to follow and live these throughout the meeting.

1.3 Declarations of Interest

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

1.4 To approve the minutes of the meeting held on 06 January 2026 and Private minutes from 06 January 2026

The minutes of the meeting held on 06 January 2026 and the Private minutes from 06 January 2026 were accepted as a true and accurate record.

1.5 Matters Arising

No items were raised.

1.6 Committees-in-Common Action Tracker

The following updates to the Action Tracker were noted:

Action Number	Subject	Action	Comments
1.6	Review of Action Tracker	Tom Myers to provide a further update on Anti-Ligature risks when EFD risks are presented to PEF CiC in December 2025.	Work was ongoing around anti-ligature which would be picked up by the Quality and Safety CiC. It was agreed to keep this action open only from the Estates, Facilities and Development angle.
1.6	Committee Effectiveness Outcome	A further meeting to be organised to discuss the effectiveness outcome further and agree definite steps to take in	A meeting took place on 12 January 2026, definite steps were discussed and agreed to be taken forward. Action closed.

		order to respond to that feedback.	
3.1	Board Assurance Framework to include Risk Register Report	David Sharif to review whether the people with the greatest needs were undertaking risk training and also being given that opportunity in priority order.	A further update on percentages was provided. This was being monitored through the Group Executive Risk and Assurance Committee. Action closed.
4.1	Group Finance Report: Month 8	Philippa Russell to circulate the grip and control checklist and well-led finance toolkit self-assessments to PEF CiC members.	Karena Groom circulated this on 07 January 2026. Action closed.
4.6.1	Contract Approval: HRI Theatres 8 & 9 and Plant Room	Karena Groom to organise an extra-ordinary meeting for the CiC to discuss the 3 contract approvals in further detail, understand value for money and the expected benefits.	An extra-ordinary meeting took place on 28 January 2026. Action closed.
4.6.2	Contract Approval: Lansdowne Block	Emma Sayner to check that there is evidence from a governance perspective that £8.3 million was approved at Boards-in-Common via the Capital plan.	The scheme was agreed in the Group Capital Committee and escalated through Capital & Major Projects CiC and the Boards-in-Common. Discussions were ongoing with the improvement team around how to link prioritisation processes for use of Capital to the improvement plan. Action closed.

2. MATTERS REFERRED

2.1 Matters referred by the Trust Board(s) or other Board Committees

None to note.

5. *The Agenda was taken out of order at this point.*

5.1 ITEMS FOR INFORMATION

Work Plan for PEF CiC

This was shared for information.

5.2 Planned Care Board Meeting Draft Minutes

Gill Ponder raised concerns that the Planned Care Board meeting in January 2026 appeared to be impacted by quoracy, and she queried whether that was attributed to operational pressures and the impact of the Group being in Operational Pressures Escalation Level 4 (OPEL 4) throughout most of January 2026. Philippa Russell confirmed that significant apologies were received due to operational pressures.

Julie Beilby was encouraged by the reference to outpatient transformation with an update expected to be presented at the Senior Leadership Team (SLT) meeting in February 2026. She hoped that senior clinicians were engaged with this and looked forward to a more positive outcome at future meetings.

Dr Kate Wood shared that the Clinical Lead for Neurosurgery, Mr Anuj Bahl was scheduled to attend the Clinical Policy Group in March 2026 with the intention of gaining engagement to ensure everyone was operating with a unified approach.

Ivan McConnell mentioned that intensive support meetings were ongoing with the Care Groups however, due to the Group being placed in OPEL 4, those meetings would be stood down which would create pressure on clinical and operational colleagues. He suggested reviewing how to balance that moving forward.

Leah Coneyworth joined the meeting at 09:18 hours.

5.3 Unplanned Care Board Meeting Minutes

This was shared for information.

3. RISK & ASSURANCE

3.1 *The Agenda returned to the correct order.*

CQC Actions Report

Leah Coneyworth updated an improved position in comparison to the previous update. There were no open actions at HUTH, and the previous 2 actions for NLaG had been closed. The end of life (EOL) dashboard was now in place and was working well to support teams with data collection and monitoring. The clinical strategy was now in place. Significant work was ongoing around the draft financial strategy. A business-as-usual (BAU) approach was being taken and actions would be monitored on a quarterly basis to ensure that improvements remained embedded.

Initial feedback was received from the CQC following inspections that took place in Emergency Departments (EDs) at Diana, Princess of Wales Hospital (DPoW) and Scunthorpe General Hospital (SGH) and revealed that waiting times for triage at DPoW were too long and further work was required to address this. Feedback had interpreted that fire extinguishers at DPoW had exceeded their expiry date

however, a review had been undertaken which determined that the fire extinguishers were within their service life and the Group provided a response to evidence this. Concerns were raised around the completion of fire risk assessments and work was underway to ensure that all fire risk assessments were correct and up to date. Further concerns were raised regarding electric fire doors, particularly a risk associated with not being able to lockdown ED at DPoW however, this was a known challenge and the risk had reduced due to the work that was ongoing. No concerns were raised regarding SGH.

Gill Ponder queried whether future reports would focus on progress against the latest items, given that all previous actions were now closed.

Leah Coneyworth confirmed that future reports would focus on new actions.

Jane Hawkard queried whether a financial strategy would be established. Emma Sayner confirmed that a financial strategy would be established with the intention that it would follow the trajectory of the improvement plan and link to the speciality-level clinical strategy. She anticipated a timescale of Autumn 2026.

Jane Hawkard asked for further clarity around the summary of the report which referenced that 'the CQC did ask to test the lock down procedure however, with assessment and advice from security they were worried that they would not be able to reset the system.'

Tom Myers explained that concerns had been raised around whether ED areas could be locked down and whether electronic fire doors would release correctly. He clarified that the Group did have lockdown capability from the nurses' station and all 4 ED zones at SGH had already been tested successfully. He was unsure why the challenge had resurfaced as he believed it had been addressed at the time.

He would follow this up outside of the meeting.

The Group would await receipt of the formal report from the CQC.

Leah Coneyworth left the meeting at 09:30 hours.

3.2 Review of Relevant Internal & External Audit Report(s), Recommendation(s) & Assurances as appropriate

None to note.

3.3 Review of Relevant External Report(s), Recommendation(s) & Assurances as appropriate

None to note.

4 COMMITTEE SPECIFIC BUSINESS ITEMS

Joint Business Items

4.1 Operational and Financial Plan including CIP

Emma Sayner explained that the CiC would be taken through the work in progress on the 2026/27 financial and operational plan, the constitutional standards and activity numbers. She clarified that the Group were seeking to gain input and guidance from the PEF CiC on the emerging position. A session was scheduled with the Boards-in-Common to go through a further reiteration of the plan on 10 February 2026. There was significant opportunity for improved value for money and diverting bad cost into good cost. The Group had still not received an updated income schedule from the Integrated Care Board (ICB), therefore the plan currently contained a series of assumptions. She emphasised that the Group needed to focus on efficiency for 2026/27 as a priority. The Group were committed to prioritise UEC, cancer targets and would review how to utilise diagnostic capacity in order to deliver Urgent and Emergency Care (UEC) and cancer performance. Referral to Treatment (RTT) would be de-prioritised however, the Group would continue to push forward with work that was already underway in relation to validation, chronological booking etc.

Philippa Russell updated that the full-year-effects (FYE) of Community Diagnostic Centres (CDCs), Dr Doctor, and medical appraisers were included within the modelling of the plan. Options were being worked up and would be presented to the extraordinary Boards-in-Common session on 10 February 2026. Marginal adjustments were made due to the underlying deficit and the month 9 position. Income assumptions were aligned to the December 2025 allocations from the Integrated Care System (ICS) and the updated allocation offer from NHSE which had resulted in taking £11.9 million worth of income out of the plan. Cost Improvement Programme (CIP) assumption was a key factor and one option was to reduce the CIP to 4.5% plus FYE and turnover factor, in comparison to the 6% which had been included in the previous submission. On this basis, the underlying deficit would be £123.7 million, with a £118.3 million planned deficit. The loss of non-recurrent support from the ICS provided the Group with a significant challenge. The Group utilised a significant portion of non-recurrent flexibility and non-recurrent savings which were partially offset by the FYE of the CIP and worsened the position by a further £19 million. The Elective Recovery Funding (ERF) reflected the lack of performance seen in 2025/26 from a HUTH perspective however, it did not reflect the improvements seen in NLaG. The Group were allocated a 2% growth in funding support by NHSE for specialised services and a 1% growth from the ICS. Fundamentally, the Group were spending more than the growth income that they were allocated. Income had declined more than expected and the draft plan versus forecast was £1.9 million lower. The cost base continued to increase despite the Group delivering 4.5%. Whilst the Group expected a growth of 2%, there was an expectation for Organisations in deficit to improve by 2.5%. The Group had a 1.5% growth in pay versus plan and a 4.6% growth in non-pay versus plan which was a concern. From a national expectation perspective, pay was 0.9% higher than expected and non-pay was 1.4%.

Gill Ponder queried how much the Group had examined the cost growth to see whether there was further opportunity to control costs. Noting that it felt slightly counterintuitive, and she expected to see a reduction in costs due to the considerable CIP.

Philippa Russell explained that there was opportunity and emphasised that the key message to be communicated to the Group was that 'significant cost growth had occurred over the previous 18/24 months, and although the Group had sought to limit the costs and improve efficiency, they had only been partially successful, and substantial work was required.' Progress had been slower than anticipated due to the operational and safety challenges the Group were facing.

Jane Hawcard asked for further clarification regarding the £21 million ICB income reduction and the £10.7 million ERF. Emma Sayner reminded members of the risk share agreement agreed as part of the 2025/26 plan which saw income flow in real terms from the ICB albeit on a non-recurrent basis.

Philippa Russell shared that the previous plan submitted in December 2025 assumed that ERF would remain the same. The Group anticipated a possible allocation of ERF however, there were no indications around the amount of allocation as the Group had received no communication from the ICS regarding this, therefore it was not included in the plan. Current HUTH performance against ERF was £7 million behind plan and there was a possibility that this would limit the Groups ability to secure additional income.

Emma Sayner highlighted that discussions were ongoing with the ICS and the Group would challenge why they were not allocated 2% growth in funding support.

Philippa Russell detailed the potential additional income that was not included within the 2026/27 plan but would provide a further £12 million: There was a possible opportunity of a further allocation of ERF. There were indications that funding would be allocated to support the Clinical Negligence Scheme for Trusts (CNST) and high-cost drugs growth. Hybrid Closed Loop (HCL) funding was yet to be allocated. The plan assumed that the Same Day Emergency Care (SDEC) business case was cost-neutral and involved removing beds which was a significant risk. From a Winter beds and No Criteria to Reside (NCTR) beds perspective, the Group were currently incurring additional costs however, a contingency had not been set aside which posed a financial risk in 2026/27 should that continue. The current CDC activity plan did not expect to generate sufficient income on a variable basis to cover costs which provided a CDC income risk of up to £5 million.

Adrian Beddow joined the meeting at 10:07 hours.

Philippa Russell highlighted that the Group were also required to provide a 3-year plan. An assumed target for year-2 was increased to 4.5% in line with year-one modelling. She explained that if the Group did not increase their target there was a risk that it would become unachievable. The Boards-in-Common would need to decide whether they could clear the full deficit in 3 years or whether they wished to enter with something less ambitious which would give the Group an underlying deficit and would be carried into future years.

Ivan McConnell mentioned that 2 assumptions were included within the 2025/26 improvement plan which were lifted into the CIP plan. One of those assumptions was a forecasted 50% reduction in Emergency Care Practitioners (ECPs)

however, he emphasised that 50% of ECP spend was related to core activity. This was a significant risk and may not be achievable.

Julie Beilby emphasised that the Group should not take their foot off the accelerator around grip and control in the new financial year.

Operational Plan 2026/27

Emma Sayner updated that following discussions with NHSE, the Boards-in-Common had agreed to prioritise UEC, Cancer and Diagnostics where they supported UEC and Cancer performance with RTT being put on a slower burn, and work was underway with Care Groups and Chiefs of Service to strengthen plans around this. Demand and capacity modelling across the Group indicated that the Group would expect shortfalls if they maintained their current approach. A focus was required to determine what the ambition would be around PIFU, and work was required to encourage embracing future opportunities. The Group would explore ways to increase Day Case activity due to challenges around productivity. In line with planning assumptions, at least a 2% productivity increase was expected. From a non-elective perspective, conversion rates were high, Length of Stay (LoS) was not where it needed to be, there were increased conveyance levels from Yorkshire Ambulance Service (YAS) and increased conversion rates from EDs, and work was ongoing to address this. She explained that the challenge for the operational plan was around forecasting the year-end position for 2025/26, as there were uncertainties that could affect the start point for the plan. The Group needed to think more ambitiously around how to drive discharges across all pathways.

Based on current validation work, efficacy opportunities and planned productivity gains, the Group intended to present an RTT position where the waiting list does not grow. She added that the ambition should ideally be to reduce the waiting list, however it was most realistic to commit to a non-growing list. Work was underway to define the cancer targets. The National team were supportive of the Group's ability to use CDC activity from a core perspective which would be reflected within the plan. The Group needed to establish a clear plan which outlined the expected UEC performance numbers. A compliant trajectory would be set for the over 12-hour position, while a more realistic clinically-led position would be developed for the 4-hour standard.

Chris Fry joined the meeting at 10:20 hours.

Matt Powls mentioned that NHSE had emphasised that realistic stretch targets were required within the plan.

Emma Sayner explained that further work would be taking place on the plan and this would be circulated to the CiC prior to the discussion with the Boards-in-Common on 10 February 2026. She expected that the finance element would go to the wire given the outstanding allocation information in particular.

Gill Ponder emphasised that it was crucial that the workforce plan entirely underpinned the financial and operational plans, noting that the Group could not

afford to have substantial additional investments requested in-year given the criticality of achieving the plans.

Emma Sayner mentioned that there was an acknowledgement from regional colleagues that the Group had a long way to go in terms of triangulating all elements of the plan.

4.1.1 Group Finance Report: Month 9 – including Cash Flow

Emma Sayner shared that the Group submitted a revised forecast outturn position of £35.3 million. £6.2 million was allocated to industrial action and had further improved the revised forecast which was now £29 million. Whilst clearly a challenging position, given the relative size of the Group at £1.6 billion, the significant operational and patient safety issues, the leadership instability and an 8% £130 million CIP programme, when compared to other organisations without the same extent of issues this could have been a lot worse without the measures implemented.

The Group were looking to ask for permission to draw down a level of cash if required, however there was a revenue impact of the Public Dividend Capital (PDC) interest charge on that. Efforts would be focused on minimising cash support required and expected additional allocations from NHSE over the next few months would help to minimise the value of that. She mentioned that the Capital programme provided an opportunity to manage Cash more flexibly.

Philippa Russell highlighted that month 9 was a slightly worse position than the Group had forecasted. There was an increased element of risk around income and the increase in costs seen at month 9. Pay costs continued to increase and the Group needed to push that grip and control. The Group anticipated less Cash support being required following discussions that had taken place with regional colleagues.

Jane Hawcard queried why the Group were surprised when pay increased as they were aware of their workforce and she asked what mitigations were required to ensure that the Group were prepared for pay increases. Philippa Russell explained that the Group had seen significant requests for overtime and additional sessions due to the increased operational pressures that were not included within the plan. The Group had good control over anything agreed in advance however, there was less control over last minute decisions regarding additional sessions as the Group were unable to monitor that until the end of each month. Further work was required to gain grip and control over this.

Gill Ponder wondered how effective Care Group recovery plans were and whether further work was required to strengthen the effectiveness of recovery plans. Ivan McConnell noted that several bi-weekly meetings with Care Groups had been stood down due to operational pressures and that had an impact on the recovery work that was taking place. Further work was underway to review how to recalibrate to provide further support to the Care Groups.

Emma Sayner shared that it was crucial that the Group differentiate and were clear on the impact of the work around spend regarding patient safety.

The Committees-in-Common endorsed the revenue Public Dividend Capital (PDC) Cash support request for Boards-in-Common approval. The Terms of Reference document for the Cash Committee was approved.

4.1.2 Update on Transformation including: Financial Discipline and Communications Plan

Ivan McConnell updated that the Group had forecasted a £30 million gap at year-end. Care Group CIP delivery was behind plan at month 9. Corporate services expected to achieve £1.7 million surplus FYE. He emphasised that Corporate would be a key focus in 2026/27 and the Group would need to approach Corporate in a different way. Care Groups had made slow progress and work was underway to address this. From a portfolio perspective, there was a risk adjusted forecast of £93.8 million. The Group were off-track to achieving the 30% delivery target for Agency spend and needed to reconsider their approach around variable pay. The key challenge within Corporate was the requirement to flip non-recurrent to recurrent pay and work was underway to establish how this could be done. Ivan McConnell explained that the Group were applying a 'bottom up' approach to planning and assumptions were made which created a financial risk within the plan. There was a risk of not achieving the £130 million target and the Group currently expected to achieve between £95 to £100 million. The Group needed to consider challenging the current ways of working to achieve targets.

Gill Ponder wondered how the Group were going to resource real transformative change that would lead to patient safety and financial improvements that the Group required.

Jane Hawkard recognised that progress was made however, the Group had set an unrealistic target to achieve.

Dr Kate Wood mentioned that the Group currently did not have the resources and staff in place to drive the transformational change that was required and discussions were required to decide what the Group needed to stop doing.

The Committees-in-Common agreed limited assurance, noting the detailed presentation on the financial and operational plan 2026/27. The month 9 position worsened despite the grip and control measures in place. The CiC endorsed the request of Cash support however, the Group would aim to not draw it down even if it was approved. Grip and control measures would be kept in place. The 2026/27 CIP required re-calibration to evidence the gap and ensure that the plan was achievable.

4.2 Performance Recovery Trajectories and Underlying Delivery Plans: including a focus on Elective and Cancer (Group Performance Report)

Laura Milburn joined the meeting at 11:20 hours.

RTT

Chris Fry updated that whilst there was a significant focus on delivering 65-week wait performance, an increase was seen in 65-week wait performance in December 2025 and January 2026. Challenges that were ongoing around the volume of 52-week waits, attributed to capacity constraints from 2025, were causing a high number of 'tip-ons' to the number of patients waiting over 65-weeks. 18-week performance was plateauing due to the increased waiting list at HUTH.

Matt Powls mentioned that improvements were seen in 65-week performance at HUTH however, challenges were ongoing at NLaG due to the significant number of patients that were experiencing delays in relation to first outpatient appointments and diagnostics.

Gill Ponder wondered whether the Group had exhausted all efforts to clear the 65-week waits. Matt Powls shared that Care Groups were engaging however, further focus was required around prioritisation of the waiting list.

Gill Ponder queried the reason why 42 patients were cancelled on the day due to no theatre time, noting that 6-4-2 planning and theatre scheduling processes were in place.

Jane Hawkard noted an improvement that was seen in cancelled operations and wondered whether that was attributed to the 6-4-2 planning.

Action: Matt Powls to gain further context around the reasons for cancellations due to no theatre time and whether 6-4-2 planning had a beneficial effect on cancelled operations. An update would be shared with the CiC in due course.

Diagnostics

A month-on-month deterioration was seen in several modalities across the Group. Performance was 40% at HUTH, and 46% at NLaG. Challenges were ongoing within echo and endoscopy which had impacted on cancer performance.

Cancer

Improvements were seen in 62-day performance across the Group and 28-day Faster Diagnosis Standard (FDS) performance at NLaG however, a deterioration was seen in 28-day FDS performance at HUTH which would impact on 62 day performance.

The Committees-in-Common agreed limited assurance, noting that work was ongoing around CDC utilisation and improving diagnostic performance. 65-week waits had increased due to 52-week 'tip ons'. The required oversight framework had been embedded. Improvements seen in the Faster Diagnosis Standard (FDS) at NLaG were encouraging, however, it had dipped at HUTH which impacted 62-day performance.

Detailed plans were in place to improve efficiency and productivity in Diagnostics.

4.2.1 Assessment of Targets for Diagnostics and Faster Cancer Pathways including: CDC Update

Laura Milburn updated that a meeting had taken place with modality leads to discuss challenges affecting performance within their specialties and determine opportunities for improvements by the end of March 2026 and long-term improvement plans. Following an endoscopy deep dive that had taken place in collaboration with NHSE on 27 January 2026, several actions were identified with an aim of improving productivity and efficiencies. A deep dive was scheduled on 13 April 2026 which would focus on managing the demand within ultrasound at NLaG. Work was ongoing around how to progress schemes for recovery funding, with a particular focus on improving cardiac CT performance at HUTH. Specific areas identified where targeted recovery funding could help improve performance, these included: MRI, neurophysiology, and non-obstetric ultrasound at NLaG, and echocardiography at HUTH. Work was ongoing to look at investing in WLIs and outsourced reporting which expected to improve cardiac CT performance from 27% to 8%. There was a focus on fully utilising CDCs over the next 6 months with an aim of improving diagnostic performance and faster cancer pathways. Plans were in place to move all routine blood monitoring to CDCs, mobilise Echo and Holter at the Hull and East Riding CDC, implement a breathlessness pathway and an unscheduled bleeding pathway, mobilise audiology at SGH CDC and explore the use of colon capsule endoscopy and cystoscopy services within CDCs to improve the FDS.

Jane Hawcard queried the overall impact that the recovery funding would have, and asked what diagnostics were required to improve performance.

Laura Milburn shared that the modalities expected to achieve 5% by the end of March 2026 were: DEXA, CT and urodynamics at NLaG, neurophysiology at HUTH and cystoscopy across both sites. She noted that this was on the basis of not having further investment. The modalities expected to achieve between 5 to 20% by the end of March 2026 were: MRI and CT at HUTH, and echo and neurophysiology at NLaG. Schemes would be implemented in audiology to support recovery from the end of February/beginning of March 2026. Business cases would be submitted to open further rooms at the endoscopy department at Castle Hill Hospital (CHH) in 2026/27. The Group were exploring introducing sleep studies into CDCs to support capacity. Work was underway to establish operational and scheduling groups which would monitor and support optimisation of CDCs.

Jane Hawcard asked if the CiC could have oversight of trends for 2026/27 which outlined key 4-5 areas and provided an overview on where the Group were making an impact.

Laura Milburn would provide a further update in the next Diagnostics deep dive, detailing progress and the achievements as a result of the work in place.

Alex Best joined the meeting at 11:46 hours.

Laura Milburn left the meeting at 11:49 hours.

The Committees-in-Common agreed limited assurance, noting the detailed plans in place to improve diagnostic performance, CDC utilisation, diagnostic efficiency and productivity.

4.3 24/7 Working in ED

Matt Powls updated that the Group had measured against the Royal College of Emergency Medicine guidance to determine whether both Trusts had enough senior decision makers within ED. It was revealed that HUTH had less senior decision makers than required and work was underway to address this. A 3-2-1 consultant model would be implemented in February 2026 to increase senior presence on a 24-hour basis. NLaG were in line with the guidance and had an adequate number of senior decision makers in ED. Data revealed that the number of admissions and attendances at HUTH had not changed during the industrial action period and were in line with the normal demand. Discharge to Assess (D2A) and 4-hour performance at NLaG remained unaffected.

Action: Matt Powls to circulate Industrial Action performance data to the CiC.

Gill Ponder noted that the CiC had previously asked to understand whether the Group were set up for a 24-hour service and whether there were additional challenges at night and the weekend due to attendance patterns.

Matt Powls shared that work was ongoing with the Getting It Right First Time (GIRFT) team to improve ward and board round practices at HUTH. A medical in-reach 24-hour service had been established, which was consultant-led on a Monday to Friday. He emphasised that the Group needed to ensure that areas were utilised for the appropriate patients, and data revealed that the short stay ward delivered 65% performance of discharges within 48-hours when it was utilised appropriately.

Chris Fry mentioned that non-admitted performance data had revealed a peak in attendance during the same time that the Urgent Treatment Centre (UTC) at HUTH stops accepting patients. Work was ongoing with system colleagues to determine whether the UTC opening times could be extended. Matt Powls confirmed that the ICB would include the funding for this within their operational plan.

Jane Hawcard queried what the impact would be on the Faster Diagnosis Standard if the UTC was opened longer. She asked whether it offered sufficient value and if the Group could achieve greater benefit for the same value.

Action: Matt Powls to circulate an update outside of this meeting regarding the impact and value that opening Urgent Treatment Centres on a 24/7 basis would have on the Faster Diagnosis Standard in relation to ED performance.

The Committees-in-Common agreed reasonable assurance.

4.4 Deep Dive: Urgent Care

Chris Fry updated that an improvement was seen in all Type performance at HUTH in December 2025 however, a deterioration was seen in all Type performance at NLaG. Ambulance Handover times saw sustained reductions in breaches over 60-minutes. He raised concerns that patients delayed in D2A pathways had prevented ED from transferring patients to wards which resulted in ED holding beds due to poor flow and limited capacity.

Dr Kate Wood explained that the Winter plan not coming to fruition had contributed to overcrowding within EDs and temporary escalation spaces (TES). Work was underway to enact systems and processes that the Group had committed to including the implementation of a surgical and frailty SDEC. The Group achieved a 52% vaccination rate through the staff vaccination programme, meeting the NHSE requirement of a 5% improvement. The quality and safety element would be discussed at the Board Safety Summit on 05 February 2026. Discussions had taken place with David Purdue, Regional Chief Nurse and a Risk Summit would be held to discuss the system support that the Group required. A 'Perfect Week' was scheduled to commence on 23 February 2026.

Jane Hawkard queried whether the Group were focused on the right priorities around improving the non-admitted pathway and whether there were quicker actions that could be taken.

Dr Kate Wood shared that work was underway to review the fundamentals. Matt Powls added that schemes were underway and a structure regarding site management was implemented to ensure it was more rigorous. He emphasised that the Group were aware of what they needed to do.

The Committees-in-Common agreed limited assurance, noting that the Winter Plan was not enacted which had led to overcrowding in ED and TES. Risk and Safety Summits were scheduled, and a 'Perfect Week' was scheduled. New revised ways of working were expected to have a beneficial effect.

Chris Fry left the meeting at 12:16 hours.

4.5 Directorate of Estates, Facilities and Development Update: to include Risks and Third-Party Properties Update (including HRI Tower Block Update)

Tom Myers updated that plans were in place for each risk and some risks had closed since the previous report. As the Public Sector Decarbonisation Scheme (PSDS) works complete at NLaG, a significant number of risks would be removed as the work being carried out would address those elements. Following a review of all South Bank properties, no concerns were raised regarding third-party properties at NLaG. The risk around third-party property was in relation to HUTH and a data collection was undertaken to review off-site occupancy at HUTH. 75% of the HUTH data was available and Mark Watson, an external consultant, was working through this to ensure that the North Bank position aligned to the South Bank. A further indication on timescales would be provided in due course.

Gill Ponder queried whether there was a plan in place to mitigate the slippage on the Energy Centre and the potential loss of Salix funding if the work was not completed in the current financial year.

Alex Best confirmed that there was a robust plan in place to mitigate this.

The Committees-in-Common agreed significant assurance.

4.6 Contract Approvals

4.6.1 Contract Approval: HRI Surgical SDEC Level 3

Gill Ponder explained that it was imperative to commence the SDEC works due to the current impact on ED performance, and therefore the CiC were asked to provide delegated authority to the Estates Team to progress with the Tender process.

Jane Hawcard updated that following a discussion with Tom Myers outside of the meeting around how the contract would be evaluated, it was confirmed that it would be evaluated on a 70% quality and 30% finance basis.

The Committees-in-Common approved the delegated authority approach and it was agreed that the contract would be presented at the next meeting for retrospective approval.

4.7 Emerging Issues

Nothing to raise.

6. ANY OTHER URGENT BUSINESS

6.1 Any Other Urgent Business (Including actions agreed that positively influence culture)

David Sharif asked that the executive summary on the front sheet of reports was kept concise.

7. MATTERS TO BE REFERRED BY THE COMMITTEES-IN-COMMON

7.1 Matters to be Referred to other Board Committees

None to note.

7.2 Matters for Escalation to the Trust Boards including any proposed changes to the BAF

Items for escalation to the Trust Board were captured within the summaries at the end of each section.

8. DATE AND TIME OF THE NEXT MEETING

8.1 Date and time of the next PEF CiC meeting:

The next meeting will take place on Tuesday 03rd March 2026 via Microsoft Teams.

The meeting closed at 12:29 hours.

Cumulative Record of Attendance at PEF CiC 2025/2026

Name	Title	2025/26												
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
CORE MEMBERS														
Gill Ponder	Chair / Non-Executive Director (NED – NLaG)	Y	Y	Y	D	Y 05/08 Y 07/08	Y 02/09	Y 30/09	Y	Y	Y	Y 06/01 Y 28/01	Y	
Helen Wright	Chair / Non-Executive Director (NED - HUTH)	Y	Y	Y	Y	Y 05/08 Y 07/08	Y 02/09	Y 30/09	Y	Y	Y	Y 06/01 N 28/01		
Emma Sayner	Group Chief Financial Officer	Y	Y	Y	Y	Y 05/08 Y 07/08	D 02/09	Y 30/09	Y	Y	Y	Y 06/01 Y 28/01	Y	
Jane Hawkard	NED (HUTH)	Y	Y	Y	D	Y 05/08 Y 07/08	Y 02/09	Y 30/09	D	Y	Y	Y 06/01 N 28/01	Y	
Simon Parkes	NED (NLaG)	Y	Y	Y	Y	Y 05/08 N 07/08	N 02/09	Y 30/09	D	Y	N	N 06/01 N 28/01		
Clive Walsh	Interim Site Chief Executive North	Y	D	D										
Sarah Tedford	Interim Group Chief Delivery Officer	D	Y	Y	Y	Y 05/08 D 07/08	Y 02/09	Y 30/09						
Matt Powls	Interim Group Chief Delivery Officer								Y	Y	Y 06/01 Y 28/01	Y		
Dr Kate Wood	Group Chief Medical Officer	Y	Y	Y	Y	Y 05/08 Y 07/08	Y 02/09	D 30/09	Y	Y	Y 06/01 Y 28/01	Y		
REQUIRED ATTENDEES														

Tom Myers	Group Director of Estates	Y	Y	Y	Y	Y 05/08 Y 07/08	Y 02/09	Y 30/09	Y	Y	Y 06/01 D 28/01	Y	
Andy Haywood	Group Digital Information Officer	N	N	N	N	N 05/08 N 07/08	N 02/09	N 30/09	N	N	N 06/01 N 28/01	N	
David Sharif	Group Director of Assurance or deputy	Y	Y	D	Y	Y 05/08 Y 07/08	Y 02/09	Y 30/09	Y	Y	D 06/01 Y 28/01	Y	
Philippa Russell	Deputy Group Chief Finance Officer	Y	Y	Y	Y	Y 05/08 Y 07/08	Y 02/09	Y 30/09	Y	Y	Y 06/01 N 28/01	Y	
Ian Reekie	Governor Observer (NLaG)	D	Y	Y	D	Y 05/08 Y 07/08	Y 02/09	Y 30/09	Y	Y	Y 06/01 N 28/01	Y	
ADDITIONAL ATTENDEES													
Murray MacDonald	Interim Group Chair										Y 06/01 N 28/01	N	

KEY: Y = attended N = did not attend D = nominated deputy
attended

Trust Boards-in-Common Front Sheet

Agenda Item No: BIC(26)055

Name of Meeting	Trust Boards-in-Common
Date of the Meeting	12 March 2026
Director Lead	Emma Sayner, Group Chief Financial Officer
Contact Officer / Author	Philippa Russell, Deputy Director of Finance
Title of Report	Finance Report – Month 10
Executive Summary	This report highlights the reported financial position of Month 10 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)	N/A
Recommended action(s) required	<input type="checkbox"/> Approval <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Information <input type="checkbox"/> Other – please detail below:

Finance Report Month 10 January – 2025/26

Finance Overview

In-month I&E Performance – page 3

(£11.0m) The Group reported an in-month deficit for month 10 of (£8.5m), (£11.0m) adverse to plan.

I&E Forecast Outturn – page 4

(£36.6m) The Group is forecasting a deficit of (£44.1m) based on an adjusted straight-line projection. Mitigating actions are forecast to reduce the deficit leaving an unidentified gap of (£36.6m).

Underlying I&E – page 7

(£125.7m) The Group's underlying position is estimated at a deficit of circa (£125.7m).

Capital Expenditure – page 9

(£38.8m) The Group has spent £43.0m on capital expenditure against a plan of £81.7m, (£38.8m) behind plan.

Elective Recovery Performance – page 12

(£6.3m) The Group is currently under-performing against ERF baselines by (£6.3m). No additional income or penalties have been assumed year-to-date. This is currently under review by the ICB.

Year to Date I&E Performance – page 3

(£29.3m) The Group reported a year to date deficit of (£36.8m), (£29.3m) adverse to plan. This also includes £19.9m of non-recurrent balance sheet support.

YTD Cost Improvement Plan – page 5 to 6

(£25.7m) The Group has delivered £76.6m in CIP against a YTD target of £102.3m, (£25.7m) behind target. The Group are forecasting CIP delivery of £93.0m, (£37.0m) adverse to plan.

System Performance – page 8

(£55.7m) The ICS reported a YTD deficit of (£66.0m), (£55.7m) adverse to plan at month 10. The ICS is forecasting a (£93.3m) deficit for the year.

Balance Sheet & Cash – pages 10 to 11

£35.4m The Group's cash balance at the end of month 10 was £35.4m. The Group has requested £12.2m in additional external cash support for March 2026 and is currently awaiting approval.

Temporary Staffing – pages 13 to 16

(£0.9m) The Group has spent £56.7m on agency and bank pay YTD. This is (£0.9m) more than the same period in 2024/25.

Key Risks

- Continued high value of unidentified CIP and high-risk CIP opportunities.
- ERF under-performance claw back.
- Unfunded costs associated with delivery of Constitutional Standards improvement plan and Operational pressures.
- £6.8m Unidentified stretch income target
- Slippage on Capital Expenditure profile
- Requirement for Revenue Cash Support.

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.
- Delivery of Care Group Recovery Action Plans.

Financial Performance Summary

The Group ended January with a year-to-date (YTD) deficit at month 10 of (£36.8m), (£19.3m) adverse to plan.

£million	HUTH £m						NLAG £m						HHP £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	76.9	75.0	(2.0)	755.8	756.8	1.0	48.2	45.8	(2.4)	468.4	464.8	(3.6)	125.1	120.7	(4.4)	1,224.3	1,221.6	(2.6)
Other Income	5.9	6.3	0.4	75.4	78.5	3.1	6.4	6.6	0.3	62.5	57.8	(4.7)	12.3	13.0	0.7	137.9	136.3	(1.7)
Total Operating Income	82.9	81.3	(1.6)	831.2	835.3	4.0	54.6	52.4	(2.1)	531.0	522.7	(8.3)	137.4	133.7	(3.7)	1,362.2	1,357.9	(4.3)
Pay Costs																		
Clinical Pay	(39.3)	(41.5)	(2.3)	(392.4)	(408.8)	(16.4)	(27.5)	(29.3)	(1.8)	(278.8)	(285.9)	(7.1)	(66.8)	(70.9)	(4.1)	(671.2)	(694.7)	(23.5)
Other Pay	(8.4)	(8.4)	(0.0)	(83.7)	(83.6)	0.2	(7.5)	(7.1)	0.4	(73.4)	(72.0)	1.3	(15.9)	(15.5)	0.3	(157.1)	(155.6)	1.5
Total Pay Costs	(47.7)	(50.0)	(2.3)	(476.2)	(492.4)	(16.2)	(35.0)	(36.4)	(1.4)	(352.2)	(358.0)	(5.8)	(82.7)	(86.4)	(3.7)	(828.3)	(850.4)	(22.0)
Clinical Non Pay	(18.4)	(19.4)	(1.0)	(182.6)	(193.0)	(10.4)	(6.3)	(8.4)	(2.1)	(70.9)	(77.9)	(7.0)	(24.7)	(27.8)	(3.1)	(253.5)	(270.9)	(17.4)
Other Non Pay	(12.2)	(13.1)	(0.9)	(121.8)	(119.9)	1.9	(7.1)	(6.9)	0.3	(69.4)	(66.1)	3.3	(19.3)	(20.0)	(0.7)	(191.2)	(186.0)	5.2
Total Non Pay Costs	(30.5)	(32.5)	(2.0)	(304.3)	(312.8)	(8.5)	(13.4)	(15.2)	(1.8)	(140.3)	(144.0)	(3.7)	(44.0)	(47.7)	(3.8)	(444.6)	(456.9)	(12.2)
Total Operating Expenditure	(78.2)	(82.5)	(4.3)	(780.5)	(805.2)	(24.7)	(48.5)	(51.7)	(3.2)	(492.5)	(502.0)	(9.5)	(126.7)	(134.2)	(7.5)	(1,273.0)	(1,307.2)	(34.2)
EBITDA	4.6	(1.2)	(5.8)	50.7	30.1	(20.7)	6.1	0.7	(5.4)	38.5	20.7	(17.8)	10.7	(0.4)	(11.2)	89.2	50.7	(38.5)
Depreciation	(2.5)	(2.5)	0.0	(24.8)	(24.6)	0.2	(2.2)	(1.9)	0.4	(21.2)	(18.8)	2.4	(4.7)	(4.3)	0.4	(46.0)	(43.4)	2.6
Non Operating Items	(1.4)	(1.5)	(0.1)	(14.0)	(13.7)	0.3	(0.7)	(0.6)	0.0	(6.7)	(5.9)	0.8	(2.1)	(2.1)	(0.0)	(20.7)	(19.6)	1.1
Surplus/(Deficit)	0.8	(5.1)	(5.9)	12.0	(8.3)	(20.2)	3.2	(1.8)	(5.0)	10.6	(4.1)	(14.6)	4.0	(6.9)	(10.8)	22.5	(12.3)	(34.9)
NHSE Allowable Adjustments	0.0	(0.0)	(0.1)	(15.1)	(14.6)	0.4	(1.5)	(1.5)	(0.1)	(14.9)	(9.8)	5.1	(1.4)	(1.6)	(0.2)	(30.0)	(24.4)	5.6
Adjusted Surplus / (Deficit)	0.8	(5.1)	(5.9)	(3.1)	(22.9)	(19.8)	1.7	(3.3)	(5.1)	(4.4)	(13.9)	(9.5)	2.5	(8.5)	(11.0)	(7.5)	(36.8)	(29.3)

- The Group reported a (£8.5m) deficit in month, (£11.0m) adverse to plan. £19.9m of balance sheet has been released year-to-date to support the Groups financial position.
- The Group is behind on its CIP programme by (£25.7m).
- The Group cash balance decreased by (£2.3m) in month to £35.4m (£17.6m HUTH / £17.8m NLAG). The Group has requested £12.2m in additional external cash support for March 2026 and is currently awaiting approval from NHSE.
- The Group has formally enacted the forecast outturn change protocol and is forecasting a year-end deficit of £36.6m.

Financial Performance – Forecast Outturn (FOT)

The Group is forecasting a deficit of (£44.1m) based on an adjusted straight-line projection. Seasonal variation and other mitigating actions are expected to reduce the deficit leaving an unidentified gap of (£36.6m) across the Group.

A straight-line forecast based on the M1-10 deficit position would leave the group with a £44.1m 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 £44.7m.

To achieve the revised forecast out-turn deficit (£36.6m), the group will need to:

- Improve efficiency delivery of £1.0m in the final quarter.
- Identify a further £3.5m of non recurrent mitigation.
- Deliver recovery plans of at least £1.3m 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	HHP £'m	M9 £'m	Movement £'m
YTD deficit (M9)	(22.9)	(13.9)	(36.8)	(28.3)	(8.5)
Straight line forecast	(27.4)	(16.7)	(44.1)	(37.7)	(6.4)
Seasonality	(0.9)	(0.5)	(1.4)	(4.4)	3.0
Industrial Action	0.5	0.2	0.7	1.0	(0.3)
Industrial Action Support	4.1	2.1	6.2	6.2	-
CDC	(0.5)	-	(0.5)	(0.8)	0.3
Daycase Unit	-	-	-	(0.4)	0.4
Expected changes to run-rate	(3.3)	2.0	(1.3)	(1.6)	0.3
Non Recurrent Flexibility in YTD position	(2.7)	(1.2)	(3.9)	(6.6)	2.6
Depreciation, Interest Received & PDC	-	(0.4)	(0.4)	(0.4)	(0.0)
Adjusted Run Rate	(30.2)	(14.5)	(44.7)	(44.6)	(0.1)

Forecast CIP delivery (improvement in run-rate)	2.0	(1.0)	1.0	1.4	(0.4)
Non recurrent mitigation	3.5	-	3.5	3.2	0.3
Care Group Recovery Plans	1.3	-	1.3	3.7	(2.4)
Income target	3.4	3.4	6.8	6.8	-
Unmitigated Gap	-	-	-	-	-
Forecast deficit	(20.0)	(12.1)	(32.1)	(29.5)	(2.6)
Loss of Deficit Support Funding (Q4)	(2.0)	(2.5)	(4.5)	(7.0)	2.6
Forecast deficit including DSF	(22.0)	(14.5)	(36.6)	(36.6)	0.0

Plan	-	-	-	-	-
Variance	(22.0)	(14.5)	(36.6)	(36.6)	0.0

Financial Performance – Forecast Outturn (FOT) - RISKS

The forecast position reflects a deficit of (£36.6m). However, several risks remain, the potential impact of which could increase the deficit to (£39.2m).

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	Risk adjusted £'000	Risk adjusted £'000
	Group	HUTH	NLAG	Group		RAG	Group	HUTH	NLAG
Forecast deficit	0	(22,030)	(14,534)	(36,563)			(36,563)	(22,030)	(14,534)
(Risks)/(Offsets to benefits):									
Additional cost risk - HCD growth (ICS block funded)	(5,000)	(2,000)	(600)	(2,600)	ICS Risk Share: Growth		(1,150)	(800)	(350)
Additional cost risk - CDC 15% cost reduction	(3,000)		0	0	ICS Risk Share: CDC		0	0	0
Additional Cost risk - emerging		(500)	(500)	(1,000)	CPE outbreak, Escalation beds, RTT and Cancer recovery		(550)	(250)	(300)
Additional Cost risk - Industrial Action		0	0	0	Assumes any further strike action is funded		0	0	0
Additional cost risk (NP inflation)	(3,500)	(500)	0	(500)	Inflationary pressures above CUF		(50)	(50)	0
Efficiency risk	(47,072)			0	Unidentified CIP included in forecast		0	0	0
Efficiency risk		(595)		(595)	Opportunity / Plans in Progress - Highest risk already included in forecast		(298)	(298)	0
Care Group Recovery		(1,332)		(1,332)	Care Group Recovery actions		(1,066)	(1,066)	0
Income risk	(13,950)	(3,400)	(3,400)	(6,800)	Income target - not yet identified (ICS Risk share)		(6,800)	(3,400)	(3,400)
Deficit Support Funding					Q4 included in forecast		0		
Income risk - IPT claw-back		(1,100)	0	(1,100)	IS spend with ICS relating to 24/25 IPT referrals - partially included in forecast		(880)	(880)	0
Mitigations/benefits:									
Additional cost control	7,050	3,000	500	3,500	Vacancy Control / Double Lock including potential slippage on IS spend. Bed pressures mitigated		2,300	1,800	500
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	0	0
Non-recurrent mitigation (Flexibility)	10,400	1,481	0				847	847	0
Non-recurrent mitigation (other)		5,000	0	5,000	Potential support from system partners - would impact on future years / other income opportunities		5,000	5,000	0
Total Provider Net Risk	(47,072)	(21,976)	(18,534)	(40,509)			(39,210)	(21,126)	(18,084)

Financial Performance – CIP Delivery

The Group has delivered £76.6m CIP year-to-date against a target of £102.3m, (£25.7m) adverse. The Group is forecasting CIP delivery of £93.0m (£37.0m) adverse to plan.

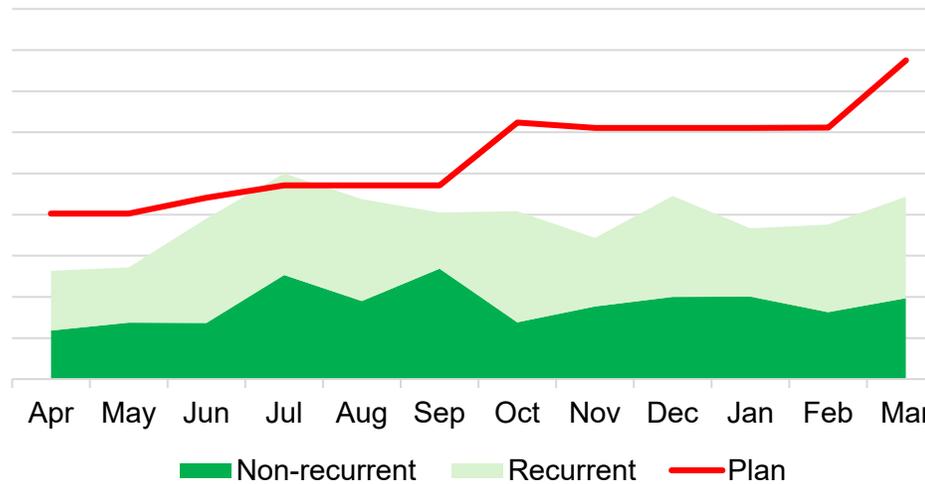
£000		HUTH						NLAG						HHP					
		Year to Date			Forecast Year end			Year to Date			Forecast Year end			Year to Date			Forecast Year end		
		Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance
Operations	Acute And Emergency Medicine	1,476	605	(870)	1,800	751	(1,049)	4,243	3,575	(667)	5,086	4,265	(821)	5,718	4,181	(1,537)	6,886	5,016	(1,870)
	Cancer Network	162	96	(67)	196	116	(80)	169	136	(33)	202	163	(39)	331	231	(99)	398	279	(119)
	Cardiovascular	1,243	2,128	885	1,491	2,487	997	443	647	204	490	705	215	1,686	2,775	1,089	1,981	3,192	1,211
	Chief Delivery Officer	32	29	(3)	38	41	3	31	134	104	37	144	107	62	163	101	75	185	110
	Community, Frailty & Therapy	1,109	738	(371)	1,324	975	(349)	2,251	2,143	(109)	2,620	2,578	(42)	3,360	2,881	(480)	3,944	3,553	(390)
	Digestive Diseases	704	155	(550)	848	182	(666)	2,358	2,434	77	2,750	2,809	59	3,062	2,589	(473)	3,598	2,991	(607)
	Family Services	2,697	1,872	(825)	3,066	2,293	(773)	2,709	2,462	(247)	3,132	3,074	(58)	5,405	4,334	(1,071)	6,197	5,366	(831)
	Head & Neck	1,500	1,891	391	1,765	2,101	336	957	1,064	108	1,098	1,208	110	2,457	2,955	499	2,863	3,309	446
	Major Trauma Network	105	79	(26)	100	90	(9)	4	0	(4)	5	0	(5)	109	79	(30)	105	90	(15)
	Neuroscience	1,494	960	(534)	1,710	1,187	(522)	387	360	(27)	460	438	(22)	1,881	1,320	(561)	2,170	1,625	(545)
	Pathology Network Group	502	323	(180)	588	403	(186)	1,993	1,949	(45)	2,347	2,279	(68)	2,496	2,271	(225)	2,936	2,682	(254)
	Patient Services	796	525	(271)	955	788	(167)	692	857	165	830	1,223	393	1,487	1,382	(106)	1,785	2,011	226
	Site Management & Discharge Teams	87	68	(19)	104	81	(23)	222	156	(67)	257	174	(82)	309	224	(85)	361	255	(105)
	Specialist Cancer And Support Services	6,327	5,765	(563)	7,626	6,881	(745)	2,043	2,288	245	2,481	2,809	328	8,370	8,052	(318)	10,107	9,690	(417)
	Specialist Medicine	1,692	1,074	(618)	1,985	1,215	(770)	891	940	49	1,041	1,065	25	2,582	2,014	(569)	3,026	2,280	(746)
	Specialist Surgery	1,441	1,222	(219)	1,694	1,452	(241)	999	944	(55)	1,140	1,153	13	2,439	2,166	(274)	2,834	2,605	(229)
	Theatres, Anaesthetics And Critical Care	2,631	2,822	191	3,071	3,461	391	1,515	1,195	(320)	1,845	1,493	(352)	4,146	4,017	(129)	4,915	4,954	39
Total Operations	23,998	20,351	(3,647)	28,358	24,505	(3,853)	21,904	21,283	(621)	25,820	25,580	(240)	45,901	41,634	(4,268)	54,178	50,085	(4,093)	
Corporate	Chief Executive	44	51	7	52	56	4	38	28	(11)	46	37	(9)	82	78	(3)	98	93	(5)
	Chief Medical Officer	372	324	(48)	447	343	(104)	145	106	(39)	174	117	(57)	517	430	(87)	621	460	(161)
	Chief Nurse	368	565	197	442	635	193	323	578	255	388	662	275	691	1,143	452	829	1,297	468
	Director Of Assurance	9	0	(9)	11	0	(11)	38	8	(30)	46	11	(35)	47	8	(40)	57	11	(46)
	Director Of People	552	689	137	662	799	137	489	905	417	586	1,077	491	1,041	1,594	553	1,249	1,876	628
	Finance - E&F	2,954	3,679	725	3,555	4,330	775	2,022	1,325	(697)	2,428	1,658	(770)	4,976	5,004	28	5,983	5,988	5
	Finance - Finance	238	513	275	286	573	287	168	294	126	202	317	115	406	808	402	488	890	403
	Finance - Procurement	96	0	(96)	115	6	(110)	66	0	(66)	79	0	(79)	162	0	(162)	194	6	(188)
	Finance - S & P	310	464	155	371	538	167	198	446	248	237	528	291	507	910	403	609	1,067	458
Strategy, Partnerships and Digital	421	478	57	510	535	24	506	772	266	607	913	307	927	1,250	323	1,117	1,448	331	
Total Corporate	5,364	6,763	1,399	6,451	7,815	1,364	3,992	4,462	470	4,792	5,321	529	9,356	11,225	1,868	11,243	13,136	1,893	
Total Allocated CIPCore Programme	29,362	27,114	(2,248)	34,809	32,319	(2,490)	25,896	25,744	(151)	30,612	30,901	289	55,258	52,858	(2,399)	65,421	63,220	(2,200)	
Trustwide	Reserves	8,753	8,865	112	12,053	11,269	(784)	13,040	12,232	(808)	15,647	13,734	(1,913)	21,792	21,097	(695)	27,700	25,003	(2,697)
	Technical	525	566	41	630	671	41	388	388	0	466	466	0	913	954	41	1,096	1,137	41
	Unallocated	15,222	1,654	(13,568)	20,828	3,548	(17,280)	9,098	47	(9,051)	14,955	56	(14,899)	24,320	1,701	(22,619)	35,784	3,605	(32,179)
Total Technical & Unallocated	24,500	11,085	(13,415)	33,511	15,488	(18,022)	22,525	12,667	(9,859)	31,068	14,256	(16,812)	47,025	23,752	(23,274)	64,579	29,744	(34,835)	
TOTAL	53,862	38,199	(15,663)	68,320	47,808	(20,512)	48,421	38,411	(10,010)	61,680	45,157	(16,523)	102,283	76,610	(25,673)	130,000	92,965	(37,035)	

Financial Performance – CIP Planning Progress

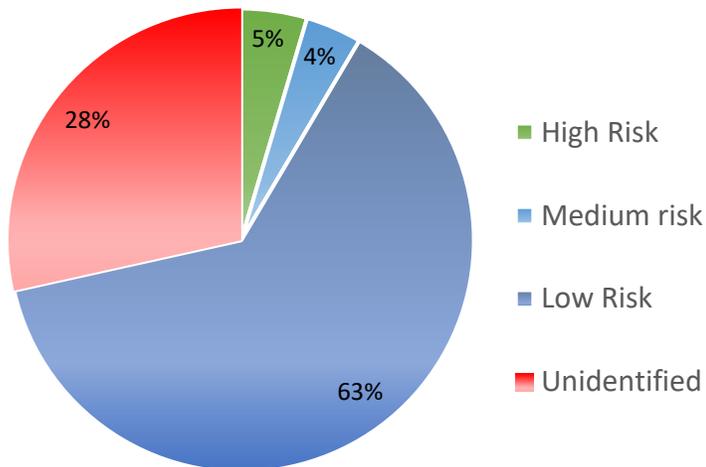
Efficiency Plan Status	HUTH	NLAG	HHP
Fully Developed	47,212	45,105	92,317
Plans in Progress	595	52	647
Opportunity	-	-	-
Unidentified	20,513	16,523	37,035
TOTAL	68,320	61,680	130,000

Efficiency Plan Risk	HUTH	NLAG	HHP
High Risk	5,897	50	5,947
Medium risk	3,781	1,295	5,076
Low Risk	38,130	43,812	81,942
Unidentified	20,513	16,523	37,035
TOTAL	68,320	61,680	130,000

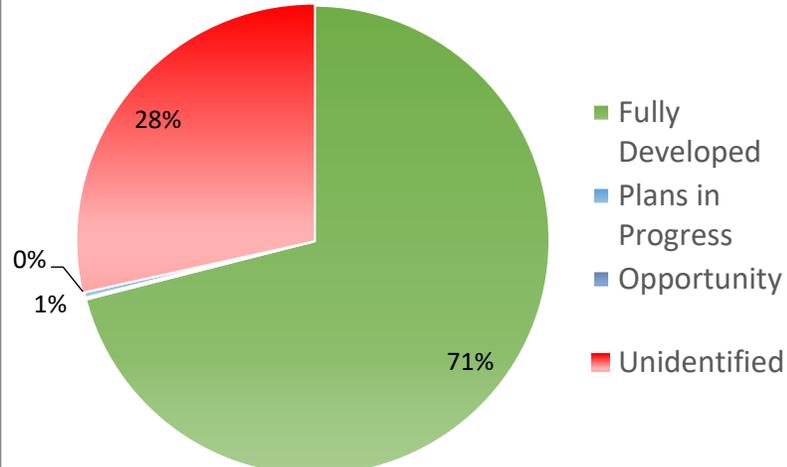
Cumulative Forecast CIP v Plan



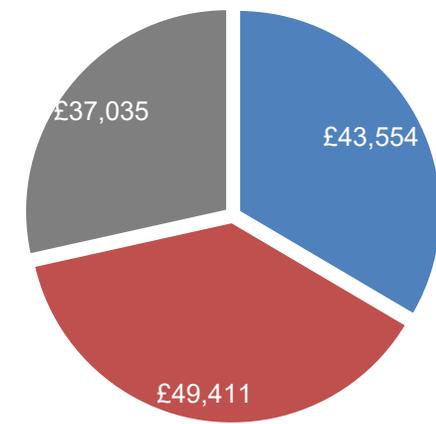
HHP Efficiency Plan Risk



HHP Efficiency Plan Status



Progress Towards CIP Target



■ Non-recurrent ■ Recurrent ■ Unidentified

Underlying Position

The Group's underlying financial position is estimated at a deficit of (£125.7m)

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 (£31.7m).
2. Non-Recurrent Deficit funding received in 2025/26 of (£21.8m).
3. The Group has historically relied on Non-Recurrent savings delivery to achieve its financial targets. This is forecast to be (£28.1m) within the current year's savings plan. The Group must look to convert non-recurrent savings schemes into recurrent schemes where possible.
4. Non-recurrent industrial action income support net of costs of (£2.9m)
5. The in year CIP schemes have a potential FYE of £14.3m if delivered in full in year.
6. The Groups has been heavily reliant on Non-recurrent technical support in year of (£18.8m)

£million	NLAG	HUTH	HHP
2025/26 - Surplus/(Deficit) Plan	(14.5)	(22.0)	(36.6)
Non-recurrent Adjustments			
NR Additional Income Support	(6.2)	(25.6)	(31.7)
NR 25/26 Deficit Funding	(11.1)	(10.7)	(21.8)
NR Industrial Action	(1.3)	(1.6)	(2.9)
NR CIP (Forecast)	(12.9)	(15.3)	(28.1)
FYE 25/26 CIP	3.0	11.3	14.3
NR Flexibility	(5.8)	(13.0)	(18.8)
Underlying Deficit	(48.8)	(76.9)	(125.7)

System Financial Performance – Month 10, January 2026

The ICS reported a YTD deficit of (£66.0m), (£55.7m) adverse to plan. The ICS is forecasting a £93.3m deficit at the year end.

M9 Position

- ICB £54k overspend YTD, FOT £7.1m deficit relating entirely to non receipt of Q4 DSF funding.
- Providers £55.6m overspend YTD, FOT £88m deficit.
- Providers have enacted FOT protocols to submit deficit FOT position to NHSE.

System Revenue

Organisation	Surplus / (Deficit) - Adjusted Financial Position							
	Plan		Actual		Variance		Forecast	
	YTD	YTD	YTD	YTD	Year Ending	Year Ending	Year Ending	Year Ending
	£000	£000	£000	%	£000	£000	£000	%
Humber And North Yorkshire ICB	-	(54)	(54)	(0.0%)	-	(7,093)	(7,093)	(0.1%)
Harrogate And District NHS Foundation Trust	(1,706)	(18,948)	(17,242)	(5.4%)	-	(20,000)	(20,000)	(5.2%)
Hull University Teaching Hospitals NHS Trust	(3,079)	(22,870)	(19,791)	(2.4%)	-	(22,030)	(22,030)	(2.3%)
Humber Teaching NHS Foundation Trust	(424)	2,576	3,000	1.3%	-	3,000	3,000	1.1%
Northern Lincolnshire And Goole NHS Foundation Trust	(4,379)	(13,888)	(9,509)	(1.9%)	-	(14,534)	(14,534)	(2.4%)
York And Scarborough Teaching Hospitals NHS Foundation Trust	(747)	(12,839)	(12,092)	(1.7%)	-	(32,652)	(32,652)	(3.7%)
ICS Total	(10,335)	(66,023)	(55,688)	(1.4%)	-	(93,309)	(93,309)	(1.9%)

Capital Expenditure

The Group has spent £43.0m year to date on capital expenditure against a plan of £81.7m plan, (£38.8m) behind plan as we enter the final quarter of the year.

£million	NLAG			HUTH			HHP		
	Year to Date			Year to Date			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.	Plan	Actual	Var.
Estates Major Schemes									
Ward/Department Refurbishment/Development	3.7	1.4	(2.4)	2.6	1.7	(0.9)	6.3	3.1	(3.3)
Day Surgery CHH	0.0	0.0	0.0	4.8	1.1	(3.7)	4.8	1.1	(3.7)
Theatres & IRT	0.0	0.0	0.0	2.7	0.8	(1.9)	2.7	0.8	(1.9)
Community Diagnostic Centres	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Estates Safety Funding	1.0	0.6	(0.4)	3.9	0.4	(3.5)	4.9	1.0	(3.9)
NEEF 4	1.0	0.0	(1.0)	6.1	0.3	(5.8)	7.1	0.3	(6.8)
Decarbonisation Funding	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Estates Major Schemes	5.7	2.0	(3.8)	20.1	4.3	(15.8)	25.8	6.3	(19.6)
Other Estates Schemes	0.1	0.0	(0.0)			0.0	0.1	0.0	(0.0)
IM&T Programme	1.8	1.1	(0.7)	0.9	0.9	0.0	2.7	2.0	(0.7)
EPR	4.3	0.8	(3.5)	0.0	0.9	0.9	4.3	1.7	(2.6)
Equipment Renewal	2.6	1.2	(1.3)	1.2	1.9	0.7	3.8	3.1	(0.6)
Facilities Maintenance	4.2	0.9	(3.3)	1.3	1.7	0.4	5.5	2.6	(2.9)
Other Capital Expenditure	18.3	11.2	(7.1)	19.8	15.3	(4.5)	38.1	26.5	(11.6)
Total Capital Programme	36.8	17.2	(19.7)	43.3	25.0	(18.3)	80.1	42.2	(38.0)
Funded By:									
Internally Generated	12.4	4.4	(7.9)	15.1	10.7	(4.4)	27.4	15.1	(12.3)
PDC Funded	6.3	1.7	(4.6)	15.0	0.0	(15.0)	21.3	1.7	(19.6)
Donated	17.2	10.5	(6.7)	0.9	1.8	0.9	18.1	12.3	(5.8)
IFRS16	1.0	0.5	(0.4)	14.0	13.4	(0.6)	14.9	13.9	(1.0)
Disposals - Net Book Value	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Funding	36.8	17.2	(19.7)	44.9	25.8	(19.1)	81.7	43.0	(38.8)

Balance Sheet

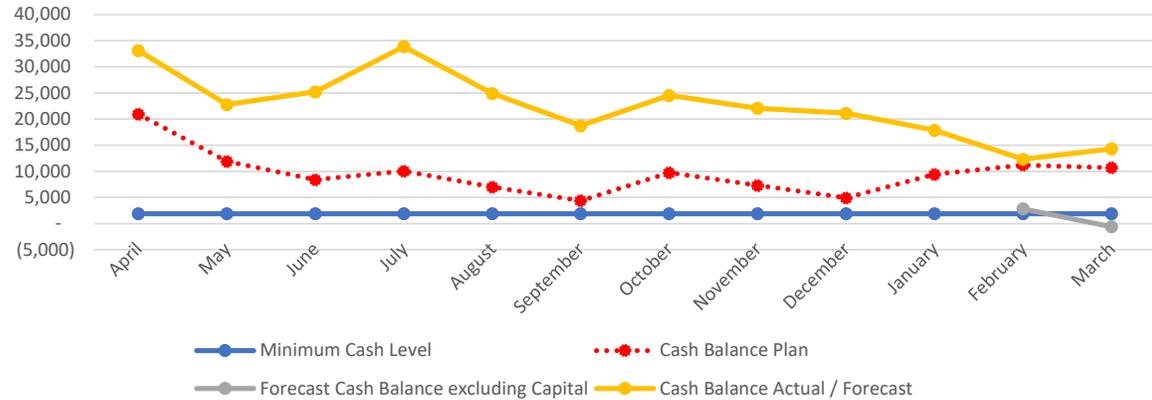
£ million	NLAG			HUTH			HHP		
	Actual	Actual	In month	Actual	Actual	In month	Actual	Actual	In month
	31-Dec-25	31-Jan 26	movement	31-Dec-25	31-Jan 26	movement	31-Dec-25	31-Jan 26	movement
Fixed Assets	297.3	299.0	1.7	488.4	486.9	(1.5)	785.7	785.9	0.2
Other Investments	0.0	0.0	0.0	0.6	0.6	0.0	0.6	0.6	0.0
Current Assets	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Inventories	5.7	5.1	(0.6)	18.5	18.4	(0.2)	24.2	23.4	(0.8)
Trade and Other Debtors	21.6	21.0	(0.6)	40.3	35.3	(4.9)	61.9	56.4	(5.5)
Cash	21.1	17.8	(3.3)	16.7	17.6	0.9	37.8	35.4	(2.3)
Total Current Assets	48.4	43.9	(4.5)	75.4	71.3	(4.2)	123.8	115.2	(8.6)
Current Liabilities									
Trade and Other Creditors	(50.3)	(48.4)	2.0	(63.1)	(60.2)	2.9	(113.5)	(108.6)	4.9
Accruals	(16.0)	(17.7)	(1.7)	(46.6)	(37.9)	8.8	(62.6)	(55.5)	7.1
Other Current Liabilities	(5.5)	(5.1)	0.4	(22.4)	(18.8)	3.6	(27.9)	(23.9)	4.0
Total Current Liabilities	(71.8)	(71.1)	0.7	(132.2)	(116.9)	15.3	(204.0)	(188.0)	16.0
Net Current Liabilities	(23.4)	(27.2)	(3.8)	(56.8)	(45.6)	11.2	(80.2)	(72.8)	7.4
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	(2.9)	(2.9)	0.0	(3.8)	(3.8)	0.0	(6.7)	(6.7)	0.0
Finance Lease Obligations > 1 Year	(7.3)	(7.0)	0.3	(71.5)	(71.2)	0.4	(78.9)	(78.2)	0.7
Provisions - Non Current	(7.2)	(7.2)	0.0	(2.3)	(2.3)	0.0	(9.5)	(9.5)	0.0
Total Assets/(Liabilities)	257.2	255.5	(1.8)	356.9	366.9	10.0	614.1	622.4	8.2
TOTAL CAPITAL & RESERVES	257.2	255.5	(1.8)	356.9	366.9	10.0	614.1	622.4	8.2

Cash Flow

The Group's cash balance at the end of month 10 was £35.4m. The Group has requested £12.2m in additional external cash support for March 2026 and is currently awaiting approval from NHSE.

NLAG

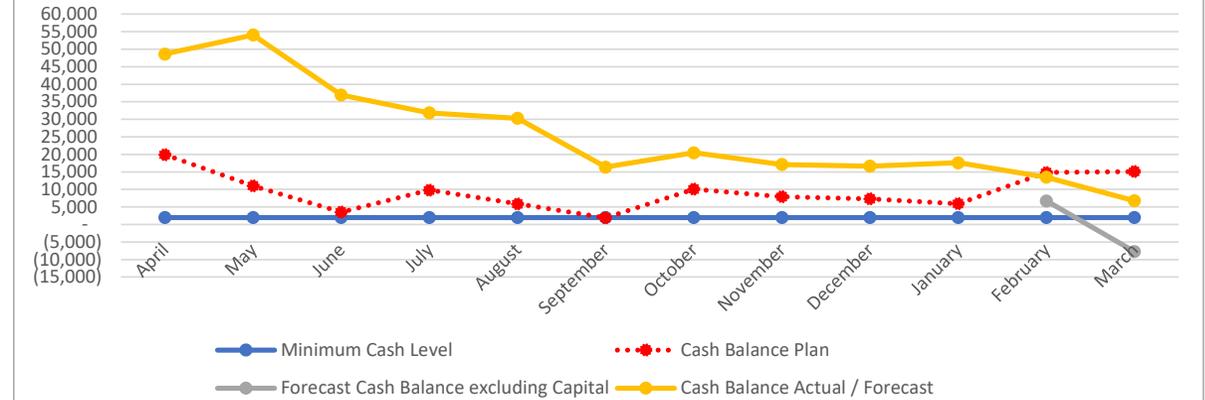
Cash Flow



£000's	September	October	November	December	January	February	March
Minimum Cash Level	1,900	1,900	1,900	1,900	1,900	1,900	1,900
Cash Balance Plan	4,385	9,726	7,297	4,931	9,421	11,214	10,699
Forecast Cash Balance excluding Capital						2,826	(588)
Cash Balance Actual / Forecast	18,732	24,518	22,057	21,111	17,844	12,324	14,315

HUTH

Cash Flow



£000's	September	October	November	December	January	February	March
Minimum Cash Level	2,000	2,000	2,000	2,000	2,000	2,000	2,000
Cash Balance Plan	1,927	10,089	7,921	7,321	5,904	14,845	15,110
Forecast Cash Balance excluding Capital						6,714	(7,723)
Cash Balance Actual / Forecast	16,372	20,461	17,125	16,656	17,595	13,482	6,758

Elective Recovery

The Group is currently under-performing against ERF baselines by (£6.3m). No additional income or penalties have been assumed year-to-date.

£000's	YTD											
	HUTH				NLAG				HHP Total			
	Target	Actual	Variance	%	Target	Actual	Variance	%	Target	Actual	Variance	%
H&NY Contracts	132,049	125,340	(6,709)	95%	60,718	62,125	1,407	102%	192,767	187,465	(5,302)	97%
External Contracts	2,360	2,094	(266)	89%	8,240	9,140	900	111%	10,600	11,234	634	106%
Specialist	37,618	35,365	(2,253)	94%	1,492	2,150	658	144%	39,110	37,515	(1,595)	96%
Sub Total ERF	172,028	162,799	(9,229)	94.6%	70,449	73,415	2,966	104.2%	242,477	236,214	(6,263)	97.4%
A&G	3,166	3,166	0	N/A	766	766	0	N/A	3,932	3,932	0	N/A
Total	175,193	165,965	(9,229)	94.6%	71,215	74,181	2,966	104.2%	246,409	240,146	(6,263)	97.4%

£000's	Forecast											
	HUTH				NLAG				HHP Total			
	Target	Actual	Variance	%	Target	Actual	Variance	%	Target	Actual	Variance	%
H&NY Contracts	158,334	152,150	(6,184)	96%	72,803	74,539	1,736	102%	231,137	226,689	(4,448)	98%
External Contracts	2,832	2,518	(314)	89%	9,888	10,961	1,073	111%	12,720	13,479	759	106%
Specialist	45,142	42,656	(2,486)	94%	1,790	2,584	794	144%	46,932	45,240	(1,692)	96%
Sub Total ERF	206,308	197,324	(8,984)	95.6%	84,481	88,084	3,603	104.3%	290,789	285,408	(5,381)	98.1%
A&G	3,796	3,796	0	N/A	918	917	(1)	N/A	4,714	4,713	(1)	N/A
Total	210,104	201,120	(8,984)	95.6%	85,400	89,001	3,602	104.3%	295,504	290,121	(5,382)	98.1%

Temporary Staffing Summary

The Group has spent £56.7m on agency and bank YTD. This is (£0.9m) more than the same period in 2024/25 but remains below the NHSE Target of 3.2% of total pay expenditure at 2.7%.

Type	Subjective Sub category	HUTH (£000s)			NLAG (£000's)			HHP Total (£000's)		
		2024/25	2025/26	Variance	2024/25	2025/26	Variance	2024/25	2025/26	Variance
Agency	Medical Staff	8,069	6,450	1,619	9,562	10,713	(1,150)	17,632	17,163	469
	Nursing Staff	247	1,306	(1,060)	2,602	2,310	292	2,848	3,616	(768)
	Scientific, Therapeutic & Technical Staff	349	160	189	1,193	1,536	(342)	1,542	1,696	(154)
	Admin & Clerical Staff	403	20	383	260	42	218	663	62	601
	Maintenance Staff	0	0	0	0	0	0	0	0	0
	Support Staff	0	0	0	0	0	0	0	0	0
	Other Staff	(13)	38	(51)	3	3	0	(11)	40	(51)
Agency Total		9,054	7,974	1,080	13,621	14,604	(983)	22,675	22,578	97
Bank	Medical Staff	3,482	3,681	(200)	9,666	9,600	66	13,147	13,281	(134)
	Nursing Staff	4,538	3,755	783	10,181	10,593	(411)	14,720	14,348	372
	Scientific, Therapeutic & Technical Staff	466	550	(84)	1,100	1,167	(67)	1,566	1,717	(151)
	Admin & Clerical Staff	3	608	(605)	1,745	1,569	176	1,747	2,177	(429)
	Maintenance Staff	0	0	0	0	0	0	0	0	0
	Support Staff	47	127	(80)	1,923	2,513	(590)	1,971	2,640	(670)
	Other Staff	0	0	0	0	0	0	0	0	0
Bank Total		8,536	8,722	(186)	24,616	25,442	(826)	33,152	34,164	(1,012)
Grand Total		17,590	16,696	894	38,237	40,046	(1,809)	55,826	56,742	(915)

Agency Spend as % Total Pay (3.2% is the NHSE Target)	1.6%	4.1%	2.7%
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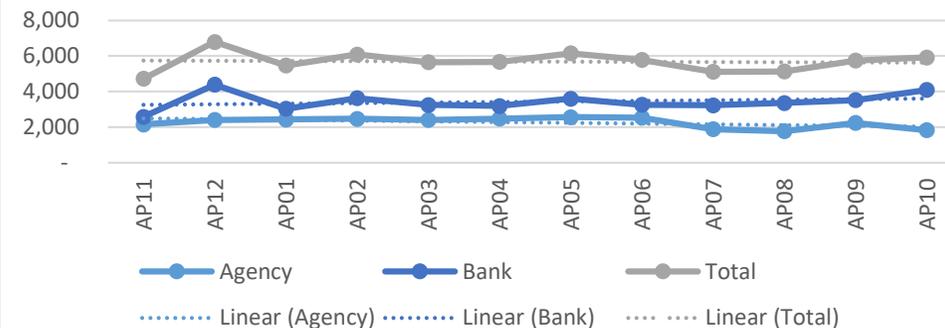
Temporary Staffing Summary – Directorate / Care Group

The Group has spent £50.8m on all agency and bank pay YTD. This is (£0.3m) more than the same period in 2024/25.

Directorate	Care Group	HUTH (£000s)			NLAG (£000's)			HHP Total (£000's)		
		2024/25	2025/26	Variance	2024/25	2025/26	Variance	2024/25	2025/26	Variance
Operations	Acute and Emergency Medicine	4,032	3,722	310	11,199	12,652	(1,453)	15,231	16,373	(1,142)
	Cancer Network	0	38	(38)	35	60	(25)	35	98	(62)
	Cardiovascular	539	564	(25)	439	438	1	978	1,002	(24)
	Chief Delivery Officer	0	0	0	0	0	(0)	0	0	(0)
	Community, Frailty & Therapy	1,795	2,252	(458)	3,133	3,037	97	4,928	5,289	(361)
	Digestive Diseases	947	654	293	1,776	2,444	(667)	2,724	3,098	(374)
	Family Services	1,659	1,119	540	4,287	4,317	(29)	5,947	5,436	511
	Head & Neck	943	1,041	(98)	1,833	1,774	60	2,776	2,814	(38)
	Major Trauma Network	51	69	(18)	178	0	178	229	69	160
	Neuroscience	976	568	408	947	1,222	(274)	1,923	1,790	133
	Pathology Network Group	20	6	15	936	880	56	957	886	71
	Patient Services	72	488	(415)	1,114	865	249	1,186	1,352	(166)
	Site Management & Discharge teams	92	397	(304)	287	245	42	380	642	(262)
	Specialist Cancer and Support Services	2,474	2,144	330	2,041	2,506	(465)	4,515	4,650	(135)
	Specialist Medicine	899	530	368	2,347	2,803	(456)	3,246	3,334	(88)
	Specialist Surgery	998	908	90	2,187	1,721	466	3,185	2,629	556
	Theatres, Anaesthetics and Critical Care	2,318	1,877	442	2,904	2,508	396	5,222	4,384	838
	Total Operations		17,816	16,375	1,441	35,646	37,472	(1,825)	53,462	53,847
Corporate	Corporate Directorates	417	305	111	2,483	2,853	(370)	2,900	3,159	(259)
Total Corporate		417	305	111	2,483	2,853	(370)	2,900	3,159	(259)
Central Reserves & Technical	Central Technical Reserves	(643)	15	(658)	107	(316)	423	(536)	(301)	(235)
		0	0	0	0	37	(37)	0	37	(37)
Total Central Income, Reserves & Technical		(643)	15	(658)	107	(279)	386	(536)	(264)	(272)
Surplus / (Deficit)		17,590	16,696	894	38,237	40,046	(1,809)	55,826	56,742	(915)

HHP Temporary Staffing Expenditure Trend

Analysis

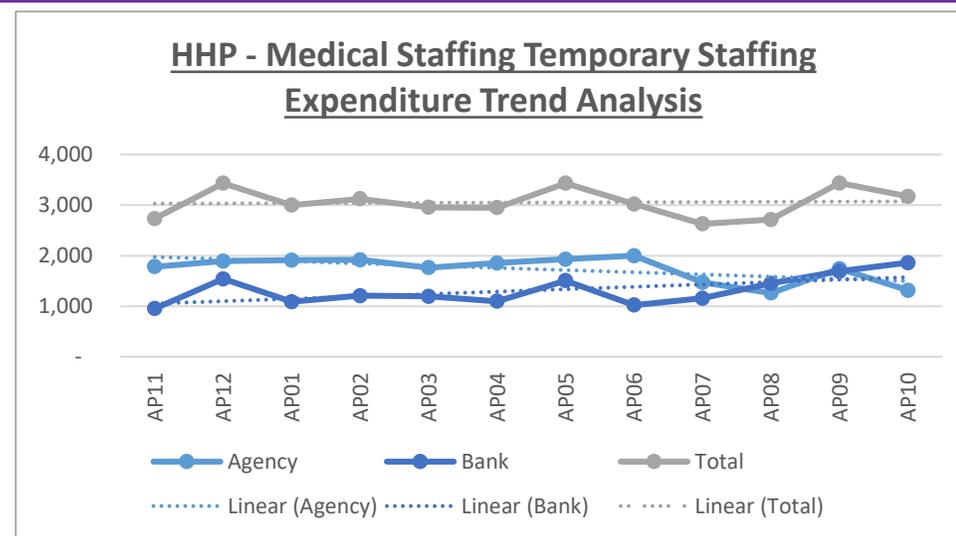


Type	AP11	AP12	AP01	AP02	AP03	AP04	AP05	AP06	AP07	AP08	AP09	AP10
Agency	2,147	2,403	2,433	2,465	2,405	2,478	2,558	2,527	1,884	1,771	2,231	1,827
Bank	2,579	4,391	3,035	3,627	3,249	3,195	3,598	3,259	3,232	3,363	3,513	4,093
Total	4,726	6,794	5,468	6,092	5,654	5,673	6,156	5,786	5,116	5,134	5,744	5,920

Temporary Staffing Summary – Medical Staffing

The Group has spent £30.4m on Medical Staffing agency and bank pay YTD. This is £0.3m less than the same period in 2024/25.

Directorate	Care Group	HUTH (£000s)			NLAG (£000's)			HHP Total (£000's)		
		2024/25	2025/26	Variance	2024/25	2025/26	Variance	2024/25	2025/26	Variance
Operations	Acute and Emergency Medicine	3,237	2,494	743	7,306	8,271	(965)	10,543	10,765	(222)
	Cancer Network	0	0	0	0	0	0	0	0	0
	Cardiovascular	238	308	(69)	53	73	(20)	291	381	(90)
	Chief Delivery Officer	0	0	0	0	0	0	0	0	0
	Community, Frailty & Therapy	760	1,062	(302)	1,156	1,276	(120)	1,916	2,338	(422)
	Digestive Diseases	377	184	193	773	1,387	(614)	1,150	1,572	(422)
	Family Services	1,225	696	529	1,717	1,843	(125)	2,942	2,539	404
	Head & Neck	889	965	(76)	1,523	1,335	187	2,412	2,300	112
	Major Trauma Network	12	23	(11)	0	0	0	12	23	(11)
	Neuroscience	666	353	313	494	584	(90)	1,159	936	223
	Pathology Network Group	1	0	1	468	410	58	469	410	59
	Patient Services	0	0	0	0	0	0	0	0	0
	Site Management & Discharge teams	22	18	4	0	0	0	22	18	4
	Specialist Cancer and Support Services	1,220	1,245	(25)	812	661	151	2,031	1,906	125
	Specialist Medicine	379	225	154	1,295	1,695	(400)	1,674	1,920	(246)
	Specialist Surgery	564	688	(124)	1,740	1,309	430	2,304	1,997	306
	Theatres, Anaesthetics and Critical Care	2,257	1,816	440	1,889	1,905	(16)	4,146	3,722	424
Total Operations		11,847	10,077	1,770	19,225	20,750	(1,524)	31,072	30,826	246
Corporate	Corporate Directorates	5	18	(13)	0	0	0	5	18	(13)
Total Corporate		5	18	(13)	0	0	0	5	18	(13)
Central Reserves & Technical	Central Technical Reserves	(300)	37	(338)	3	(437)	440	(298)	(400)	102
	Reserves	0	0	0	0	0	0	0	0	0
Total Central Income, Reserves & Technical		(300)	37	(338)	3	(437)	440	(298)	(400)	102
Surplus / (Deficit)		11,551	10,132	1,419	19,228	20,313	(1,085)	30,779	30,445	335



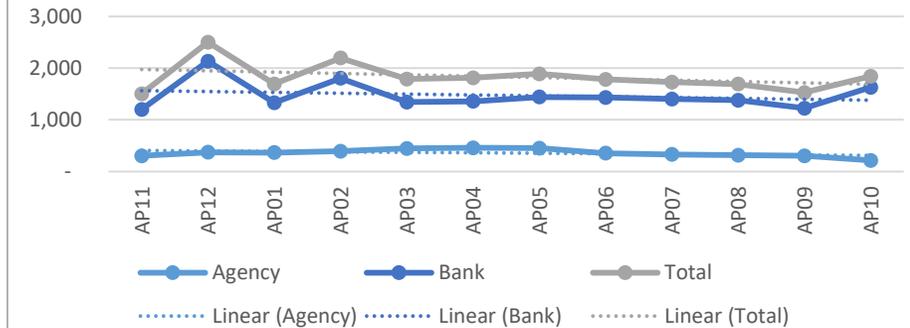
Type	AP11	AP12	AP01	AP02	AP03	AP04	AP05	AP06	AP07	AP08	AP09	AP10
Agency	1,783	1,892	1,911	1,917	1,763	1,854	1,930	1,998	1,472	1,260	1,743	1,313
Bank	952	1,540	1,089	1,208	1,194	1,097	1,505	1,024	1,158	1,454	1,692	1,861
Total	2,735	3,432	3,000	3,125	2,957	2,951	3,435	3,022	2,631	2,714	3,435	3,174

Temporary Staffing Summary - Nursing

The Group has spent £18.0m on Nursing agency and bank pay YTD. This is (£0.4m) more than the same period in 2024/25.

Directorate	Care Group	HUTH (£000s)			NLAG (£000's)			Group Total (£000's)		
		2024/25	2025/26	Variance	2024/25	2025/26	Variance	2024/25	2025/26	Variance
Operations	Acute and Emergency Medicine	792	1,228	(436)	3,720	4,225	(505)	4,512	5,453	(941)
	Cancer Network	0	0	0	8	0	8	8	0	8
	Cardiovascular	189	238	(49)	252	325	(72)	441	563	(122)
	Chief Delivery Officer	0	0	0	0	0	0	0	0	0
	Community, Frailty & Therapy	779	1,032	(253)	1,524	1,408	116	2,303	2,440	(137)
	Digestive Diseases	570	469	101	994	1,056	(61)	1,565	1,525	40
	Family Services	434	421	13	2,500	2,468	33	2,934	2,888	46
	Head & Neck	54	43	11	53	27	26	107	70	37
	Major Trauma Network	39	46	(7)	168	0	168	207	46	160
	Neuroscience	310	214	96	425	579	(154)	735	793	(58)
	Pathology Network Group	1	0	1	0	0	0	1	0	1
	Patient Services	9	5	4	224	60	163	233	65	168
	Site Management & Discharge teams	70	367	(297)	282	238	44	352	605	(253)
	Specialist Cancer and Support Services	722	424	298	169	185	(16)	891	609	282
	Specialist Medicine	519	305	214	1,023	1,088	(65)	1,542	1,393	149
	Specialist Surgery	434	213	221	430	412	19	864	625	239
	Theatres, Anaesthetics and Critical Care	62	60	2	891	542	348	953	602	350
	Total Operations		4,984	5,065	(81)	12,664	12,613	51	17,648	17,678
Corporate	Corporate Directorates	9	29	(20)	79	99	(20)	88	127	(40)
Total Corporate		9	29	(20)	79	99	(20)	88	127	(40)
Central Reserves & Technical	Central Technical Reserves	(208)	(32)	(176)	40	154	(114)	(168)	122	(290)
		0	0	0	0	37	(37)	0	37	(37)
Total Central Income, Reserves & Technical		(208)	(32)	(176)	40	191	(151)	(168)	159	(327)
Surplus / (Deficit)		4,785	5,061	(277)	12,783	12,903	(120)	17,568	17,964	(396)

HHP - Nursing Temporary Staffing Expenditure
Trend Analysis



Type	AP11	AP12	AP01	AP02	AP03	AP04	AP05	AP06	AP07	AP08	AP09	AP10
Agency	304	372	366	391	444	456	450	352	328	313	303	213
Bank	1,201	2,134	1,330	1,806	1,345	1,358	1,442	1,433	1,402	1,378	1,225	1,630
Total	1,505	2,505	1,696	2,196	1,789	1,814	1,892	1,785	1,730	1,691	1,528	1,843

Appendices



Appendix A – Trust I&E & Divisional Budgetary Performance

£million	HUTH £m						NLAG £m						HHP £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	76.9	75.0	(2.0)	755.8	756.8	1.0	48.2	45.8	(2.4)	468.4	464.8	(3.6)	125.1	120.7	(4.4)	1,224.3	1,221.6	(2.6)
Other Income	5.9	6.3	0.4	75.4	78.5	3.1	6.4	6.6	0.3	62.5	57.8	(4.7)	12.3	13.0	0.7	137.9	136.3	(1.7)
Total Operating Income	82.9	81.3	(1.6)	831.2	835.3	4.0	54.6	52.4	(2.1)	531.0	522.7	(8.3)	137.4	133.7	(3.7)	1,362.2	1,357.9	(4.3)
Pay Costs																		
Medical Staff	(17.4)	(18.3)	(0.8)	(174.5)	(181.8)	(7.3)	(9.7)	(11.1)	(1.4)	(99.8)	(105.1)	(5.4)	(27.1)	(29.3)	(2.2)	(274.3)	(286.9)	(12.6)
Nursing Staff	(15.0)	(16.2)	(1.2)	(149.4)	(156.6)	(7.3)	(12.9)	(13.0)	(0.2)	(128.7)	(128.5)	0.2	(27.9)	(29.3)	(1.4)	(278.1)	(285.2)	(7.1)
Scientific Therapeutic & Technical Staff	(6.8)	(7.0)	(0.2)	(68.6)	(70.4)	(1.8)	(5.0)	(5.2)	(0.2)	(50.3)	(52.3)	(2.0)	(11.8)	(12.3)	(0.4)	(118.9)	(122.7)	(3.8)
Total Clinical Pay	(39.3)	(41.5)	(2.3)	(392.4)	(408.8)	(16.4)	(27.5)	(29.3)	(1.8)	(278.8)	(285.9)	(7.1)	(66.8)	(70.9)	(4.1)	(671.2)	(694.7)	(23.5)
Admin & Clerical Staff	(6.2)	(6.3)	(0.1)	(62.1)	(62.4)	(0.4)	(5.5)	(5.1)	0.3	(53.6)	(52.3)	1.2	(11.7)	(11.4)	0.2	(115.6)	(114.8)	0.8
Maintenance Staff	(0.3)	(0.3)	0.0	(3.3)	(3.0)	0.3	(0.2)	(0.2)	(0.0)	(1.8)	(1.7)	0.1	(0.5)	(0.5)	0.0	(5.0)	(4.7)	0.3
Support Staff	(1.7)	(1.6)	0.1	(16.5)	(16.1)	0.5	(1.7)	(1.7)	(0.0)	(16.4)	(16.4)	(0.0)	(3.3)	(3.3)	0.0	(33.0)	(32.5)	0.5
Other Staff	(0.0)	(0.0)	0.0	(0.1)	(0.1)	0.0	(0.1)	(0.0)	0.0	(0.2)	(0.2)	0.0	(0.1)	(0.0)	0.0	(0.3)	(0.3)	0.0
Apprentice Levy	(0.2)	(0.2)	(0.0)	(1.8)	(1.9)	(0.2)	(0.1)	(0.1)	0.0	(1.4)	(1.4)	0.0	(0.3)	(0.3)	(0.0)	(3.2)	(3.3)	(0.2)
Total Other Pay	(8.4)	(8.4)	(0.0)	(83.7)	(83.6)	0.2	(7.5)	(7.1)	0.4	(73.4)	(72.0)	1.3	(15.9)	(15.5)	0.3	(157.1)	(155.6)	1.5
Total Pay Costs	(47.7)	(50.0)	(2.3)	(476.2)	(492.4)	(16.2)	(35.0)	(36.4)	(1.4)	(352.2)	(358.0)	(5.8)	(82.7)	(86.4)	(3.7)	(828.3)	(850.4)	(22.0)
Drugs	(10.8)	(12.1)	(1.3)	(108.7)	(114.3)	(5.6)	(2.6)	(3.7)	(1.1)	(31.3)	(34.6)	(3.4)	(13.4)	(15.8)	(2.4)	(140.0)	(149.0)	(9.0)
Clinical Supplies & Services	(7.5)	(7.3)	0.2	(73.9)	(78.6)	(4.8)	(3.7)	(4.7)	(1.0)	(39.6)	(43.3)	(3.7)	(11.2)	(12.0)	(0.7)	(113.5)	(121.9)	(8.4)
Total Clinical Non Pay	(18.4)	(19.4)	(1.0)	(182.6)	(193.0)	(10.4)	(6.3)	(8.4)	(2.1)	(70.9)	(77.9)	(7.0)	(24.7)	(27.8)	(3.1)	(253.5)	(270.9)	(17.4)
General Supplies & Services	(2.0)	(1.9)	0.1	(19.1)	(19.0)	0.2	(0.5)	(0.6)	(0.1)	(5.2)	(7.2)	(2.0)	(2.6)	(2.6)	(0.0)	(24.3)	(26.1)	(1.8)
Establishment Expenses	(0.5)	(0.5)	0.0	(5.2)	(5.3)	(0.1)	(0.7)	(0.7)	0.0	(6.9)	(6.1)	0.7	(1.2)	(1.1)	0.1	(12.1)	(11.4)	0.7
Other Establishment Costs	(2.4)	(2.4)	0.0	(24.2)	(24.2)	0.0	(1.5)	(1.5)	(0.0)	(14.9)	(14.8)	0.1	(3.9)	(3.9)	(0.0)	(39.1)	(39.0)	0.1
Premises and Fixed Plant	(3.3)	(3.9)	(0.5)	(30.5)	(28.9)	1.6	(2.3)	(2.3)	(0.0)	(21.6)	(20.0)	1.6	(5.6)	(6.1)	(0.6)	(52.1)	(48.9)	3.2
Purchase of Healthcare Services	(3.3)	(3.8)	(0.5)	(36.3)	(35.7)	0.6	(1.6)	(1.4)	0.3	(16.8)	(14.0)	2.8	(4.9)	(5.1)	(0.2)	(53.1)	(49.7)	3.4
Miscellaneous Expenditure	(0.0)	(0.0)	(0.0)	(0.1)	(0.6)	(0.4)	(0.1)	(0.2)	(0.0)	(1.0)	(1.2)	(0.2)	(0.1)	(0.2)	(0.1)	(1.2)	(1.8)	(0.6)
Education Expenditure	(0.6)	(0.6)	(0.0)	(6.2)	(6.1)	0.2	(0.4)	(0.2)	0.1	(2.6)	(2.4)	0.2	(1.0)	(0.9)	0.1	(8.9)	(8.5)	0.4
Consultancy Expenditure	(0.0)	0.0	0.0	(0.0)	(0.1)	(0.1)	(0.0)	(0.0)	0.0	(0.4)	(0.4)	(0.0)	(0.0)	(0.0)	0.0	(0.4)	(0.5)	(0.2)
Total Other Non Pay	(12.2)	(13.1)	(0.9)	(121.8)	(119.9)	1.9	(7.1)	(6.9)	0.3	(69.4)	(66.1)	3.3	(19.3)	(20.0)	(0.7)	(191.2)	(186.0)	5.2
Total Non Pay Costs	(30.5)	(32.5)	(2.0)	(304.3)	(312.8)	(8.5)	(13.4)	(15.2)	(1.8)	(140.3)	(144.0)	(3.7)	(44.0)	(47.7)	(3.8)	(444.6)	(456.9)	(12.2)
Total Operating Expenditure	(78.2)	(82.5)	(4.3)	(780.5)	(805.2)	(24.7)	(48.5)	(51.7)	(3.2)	(492.5)	(502.0)	(9.5)	(126.7)	(134.2)	(7.5)	(1,273.0)	(1,307.2)	(34.2)
EBITDA	4.6	(1.2)	(5.8)	50.7	30.1	(20.7)	6.1	0.7	(5.4)	38.5	20.7	(17.8)	10.7	(0.4)	(11.2)	89.2	50.7	(38.5)
Depreciation	(2.5)	(2.5)	0.0	(24.8)	(24.6)	0.2	(2.2)	(1.9)	0.4	(21.2)	(18.8)	2.4	(4.7)	(4.3)	0.4	(46.0)	(43.4)	2.6
Non Operating Items	(1.4)	(1.5)	(0.1)	(14.0)	(13.7)	0.3	(0.7)	(0.6)	0.0	(6.7)	(5.9)	0.8	(2.1)	(2.1)	(0.0)	(20.7)	(19.6)	1.1
Surplus/(Deficit)	0.8	(5.1)	(5.9)	12.0	(8.3)	(20.2)	3.2	(1.8)	(5.0)	10.6	(4.1)	(14.6)	4.0	(6.9)	(10.8)	22.5	(12.3)	(34.9)
NHSE Allowable Adjustments	0.0	(0.0)	(0.1)	(15.1)	(14.6)	0.4	(1.5)	(1.5)	(0.1)	(14.9)	(9.8)	5.1	(1.4)	(1.6)	(0.2)	(30.0)	(24.4)	5.6
Adjusted Surplus / (Deficit)	0.8	(5.1)	(5.9)	(3.1)	(22.9)	(19.8)	1.7	(3.3)	(5.1)	(4.4)	(13.9)	(9.5)	2.5	(8.5)	(11.0)	(7.5)	(36.8)	(29.3)

Appendix A – Trust I&E & Divisional Budgetary Performance

		HUTH (£m)						NLAG (£m)						HHP (£m)					
Directorate	Care Group	CM			YTD			CM			YTD			CM			YTD		
		Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Operations	Acute and Emergency Medicine	(3.3)	(3.8)	(0.5)	(33.5)	(37.1)	(3.6)	(5.7)	(6.3)	(0.6)	(57.0)	(58.7)	(1.6)	(9.1)	(10.2)	(1.1)	(90.5)	(95.8)	(5.2)
	Cancer Network	(0.4)	(0.5)	(0.1)	(4.4)	(4.4)	(0.0)	(0.3)	(0.2)	0.1	(2.7)	(2.5)	0.2	(0.7)	(0.7)	0.0	(7.1)	(7.0)	0.1
	Cardiovascular	(3.4)	(3.5)	(0.1)	(35.3)	(35.5)	(0.1)	(0.9)	(0.9)	0.1	(9.3)	(9.0)	0.3	(4.4)	(4.3)	0.0	(44.6)	(44.5)	0.2
	Chief Delivery Officer	(0.1)	(0.1)	(0.1)	(0.8)	(0.9)	(0.1)	(0.1)	0.0	0.1	(0.8)	(0.6)	0.2	(0.2)	(0.1)	0.0	(1.5)	(1.4)	0.1
	Community, Frailty & Therapy	(3.6)	(3.8)	(0.2)	(35.5)	(37.3)	(1.8)	(4.1)	(4.1)	0.0	(40.4)	(40.7)	(0.3)	(7.6)	(7.8)	(0.2)	(75.9)	(77.9)	(2.1)
	Digestive Diseases	(2.9)	(3.4)	(0.5)	(29.0)	(32.4)	(3.4)	(2.6)	(2.5)	0.1	(25.4)	(25.4)	(0.0)	(5.5)	(5.9)	(0.4)	(54.4)	(57.8)	(3.4)
	Family Services	(4.8)	(5.0)	(0.3)	(47.2)	(50.9)	(3.7)	(4.6)	(5.0)	(0.4)	(44.1)	(46.2)	(2.1)	(9.3)	(10.0)	(0.7)	(91.3)	(97.1)	(5.8)
	Head & Neck	(3.5)	(3.3)	0.2	(35.2)	(35.6)	(0.4)	(1.5)	(1.3)	0.2	(13.6)	(14.0)	(0.3)	(5.0)	(4.6)	0.4	(48.8)	(49.5)	(0.8)
	Major Trauma Network	(0.4)	(0.4)	0.1	(2.9)	(2.9)	(0.0)	(0.0)	(0.0)	(0.0)	(0.2)	(0.2)	(0.1)	(0.4)	(0.4)	0.1	(3.1)	(3.1)	(0.1)
	Neuroscience	(2.3)	(2.7)	(0.4)	(23.1)	(24.8)	(1.7)	(0.8)	(1.0)	(0.1)	(8.3)	(8.9)	(0.5)	(3.1)	(3.6)	(0.5)	(31.4)	(33.6)	(2.3)
	Pathology Network Group	(2.2)	(2.3)	(0.1)	(19.8)	(20.6)	(0.8)	(2.2)	(1.8)	0.4	(21.3)	(20.9)	0.4	(4.4)	(4.0)	0.3	(41.0)	(41.5)	(0.5)
	Patient Services	(2.2)	(2.1)	0.1	(22.1)	(21.9)	0.2	(1.7)	(1.6)	0.1	(16.9)	(16.5)	0.4	(3.9)	(3.7)	0.2	(38.9)	(38.4)	0.5
	Site Management & Discharge teams	(0.3)	(0.3)	(0.0)	(2.7)	(3.2)	(0.5)	(0.4)	(0.4)	(0.0)	(3.5)	(3.5)	(0.1)	(0.6)	(0.7)	(0.0)	(6.2)	(6.7)	(0.6)
	Specialist Cancer and Support Services	(18.1)	(18.1)	0.0	(180.3)	(181.7)	(1.4)	(6.2)	(6.0)	0.2	(61.0)	(60.5)	0.5	(24.3)	(24.1)	0.2	(241.3)	(242.2)	(0.9)
	Specialist Medicine	(3.9)	(4.2)	(0.4)	(38.3)	(40.0)	(1.6)	(2.0)	(2.0)	(0.0)	(19.6)	(20.0)	(0.4)	(5.9)	(6.3)	(0.4)	(57.9)	(60.0)	(2.0)
	Specialist Surgery	(3.6)	(3.3)	0.3	(35.7)	(37.0)	(1.3)	(1.8)	(1.8)	(0.0)	(18.0)	(18.4)	(0.4)	(5.5)	(5.2)	0.3	(53.7)	(55.4)	(1.8)
	Theatres, Anaesthetics and Critical Care	(7.4)	(7.4)	(0.0)	(73.7)	(75.2)	(1.5)	(4.3)	(4.1)	0.2	(42.2)	(42.9)	(0.8)	(11.7)	(11.6)	0.1	(115.9)	(118.1)	(2.3)
Total Operations		(62.4)	(64.2)	(1.8)	(619.3)	(641.1)	(21.9)	(39.2)	(39.0)	0.2	(384.2)	(388.9)	(4.7)	(101.6)	(103.2)	(1.6)	(1,003.5)	(1,030.0)	(26.6)
Corporate	Chief Executive	(0.1)	(0.2)	(0.1)	(1.2)	(1.6)	(0.4)	(0.1)	(0.2)	(0.1)	(1.1)	(1.5)	(0.4)	(0.2)	(0.4)	(0.2)	(2.3)	(3.1)	(0.8)
	Chief Medical Officer	(0.5)	(0.3)	0.1	(4.5)	(4.2)	0.4	(0.7)	(0.6)	0.0	(6.6)	(6.6)	0.0	(1.1)	(1.0)	0.1	(11.1)	(10.7)	0.4
	Chief Nurse Office	(3.0)	(3.1)	(0.1)	(29.9)	(30.7)	(0.8)	(2.2)	(2.2)	0.0	(22.4)	(22.0)	0.4	(5.2)	(5.3)	(0.1)	(52.3)	(52.7)	(0.4)
	Director of Assurance	(0.0)	(0.0)	(0.0)	(0.1)	(0.2)	(0.0)	(0.1)	(0.1)	(0.0)	(0.7)	(0.7)	0.0	(0.1)	(0.1)	(0.0)	(0.8)	(0.9)	(0.0)
	Director of People	(0.9)	(1.0)	(0.1)	(8.9)	(8.6)	0.3	(0.8)	(0.8)	0.0	(8.2)	(7.9)	0.3	(1.7)	(1.7)	(0.1)	(17.0)	(16.5)	0.5
	Director of Finance, Estates & Facilities	(7.0)	(6.3)	0.6	(63.7)	(61.0)	2.6	(4.3)	(4.5)	(0.2)	(42.0)	(43.4)	(1.4)	(11.2)	(10.8)	0.4	(105.7)	(104.5)	1.2
	Strategy and Partnerships	(0.9)	(0.8)	0.1	(8.9)	(8.7)	0.2	(0.7)	(0.7)	0.1	(7.4)	(7.0)	0.4	(1.6)	(1.5)	0.1	(16.3)	(15.7)	0.6
Total Corporate		(12.3)	(11.8)	0.5	(117.2)	(115.0)	2.1	(8.9)	(9.1)	(0.2)	(88.4)	(89.1)	(0.7)	(21.2)	(20.9)	0.3	(205.5)	(204.1)	1.5
Central Income, Reserves & Technical	Central Income	77.7	74.9	(2.8)	781.1	775.3	(5.8)	49.8	47.6	(2.2)	485.3	480.8	(4.5)	127.6	122.5	(5.0)	1,266.4	1,256.2	(10.2)
	Central Technical Reserves	(3.5)	(4.0)	(0.5)	(37.7)	(27.4)	10.3	(1.3)	(1.3)	(0.1)	(11.2)	(6.5)	4.7	(4.8)	(5.3)	(0.6)	(48.9)	(33.9)	15.0
	Reserves	1.3	(0.0)	(1.3)	5.0	(0.1)	(5.1)	2.8	(0.0)	(2.8)	9.0	(0.4)	(9.4)	4.0	(0.0)	(4.0)	14.0	(0.5)	(14.5)
Total Central Income, Reserves & Technical		75.5	70.9	(4.6)	748.4	747.9	(0.5)	51.3	46.3	(5.0)	483.1	473.9	(9.2)	126.8	117.2	(9.6)	1,231.5	1,221.8	(9.7)
Surplus / (Deficit)		0.8	(5.1)	(5.9)	12.0	(8.3)	(20.2)	3.2	(1.8)	(5.0)	10.6	(4.1)	(14.6)	4.0	(6.9)	(10.8)	22.5	(12.3)	(34.9)
Adjustments to adjusted financial performance		0.0	(0.0)	(0.1)	(15.1)	(14.6)	0.4	(1.5)	(1.5)	(0.1)	(14.9)	(9.8)	5.1	(1.4)	(1.6)	(0.2)	(30.0)	(24.4)	5.6
Adjusted financial performance Surplus / (Deficit)		0.8	(5.1)	(5.9)	(3.1)	(22.9)	(19.8)	1.7	(3.3)	(5.1)	(4.4)	(13.9)	(9.5)	2.5	(8.5)	(11.0)	(7.5)	(36.8)	(29.3)

Trust Boards-in-Common Front Sheet

Agenda Item No: BIC(26)056

Name of Meeting	Trust Boards-in-Common
Date of the Meeting	12 March 2026
Director Lead	Emma Sayner, Group Chief Financial Officer
Contact Officer / Author	Chris Fry, Associate Director, Performance & Insights
Title of Report	Group Performance Report – NLaG & HUTH
Executive Summary	<p>Key Messages:</p> <ul style="list-style-type: none"> • Significant Challenges relating to patient access • Group Trusts are in national Tier 1 oversight for UEC, Cancer, Diagnostics and RTT (NLaG only) • An Operational Improvement plan and associated in year recovery trajectories have been developed by the outgoing Interim Chief Delivery Officer, Sarah Telford • Delivery against both 25/26 Operating plan and in year recover trajectories for UEC and RTT are detailed in the paper • Format changed for accessibility requirements December 25
Background Information and/or Supporting Document(s) (if applicable)	
Prior Approval Process	Present to the Performance, Estates & Finance CiC March 26
Financial Implication(s) (if applicable)	Report references delivery of activity versus plan with inherent links to income generation via block contract.
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	<input type="checkbox"/> Approval <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance <input type="checkbox"/> Other – please detail below:

Integrated Performance Report

MONTH 10: January 2026 Performance

December 2025 for Cancer data

Produced February 2026

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1.Executive Summary

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

Domain	HUTH Performance	NLAG Performance	Commentary
RTT Long Waits <ul style="list-style-type: none"> • 104 weeks • 78 weeks • 65 weeks • 52 weeks 	January 2026 0 0 131 3,157	December 2025 0 1 26 930	<ul style="list-style-type: none"> • Decrease in 65w breaches for NLAG (-16) and increase at HUTH (+19) on previous month • Increase in 52w breaches for NLAG (+30) and increase at HUTH (+85) on previous month • Slight decrease in total waiting list size at both HUTH and static at NLAG
Diagnostic 6w Performance	January 2026 42.8%	January 2026 46.5%	<ul style="list-style-type: none"> • Deterioration in performance for both HUTH and NLAG compared to previous month
Cancer 62-day Performance (all sources)	December 2025 53.7%	December 2025 66.1%	<ul style="list-style-type: none"> • Both Trusts are in Tier 1 for Cancer delivery, working with NE&Y Regional Office on recovery assurance • 62-day performance at HUTH deteriorated to 53.7% (-3.7%). • 62-day performance at NLaG deteriorated to 66.1% (-4.4%) • 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 Urgent Suspected Cancer backlog remains a challenge at 20 in NLAG and 121 in HUTH.
ED: 4-hour standard (Type 1 & 3)	January 2026 57.1% Trust compliance inclusive of on-campus UTCs	January 2026 66.1% Trust compliance inclusive of on-campus UTCs	<ul style="list-style-type: none"> • HUTH A&E 4 Hour standard (all types) was 57.1% in January 2026 (plan 73.3%). Type 1 performance of 42.7% was below the 25/26 operating plan target of 62.8%. Type 3 performance (HRI UTC) was 92.4% against the 95% target. Type 1 attendances were above plan; Type 3 attendance volumes were below plan. • NLaG combined type 1 and 3 performance was 66.1% against a target of 77.1%. Type 1 performance = 41.7% (Target 62.4%) and Type 3 performance = 99.4% (Target 99%). Type 1 attendances were below plan; Type 3 attendances were above planned levels for January 2026.

2. Pathway Summary – Benchmark Report – Elective Care

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

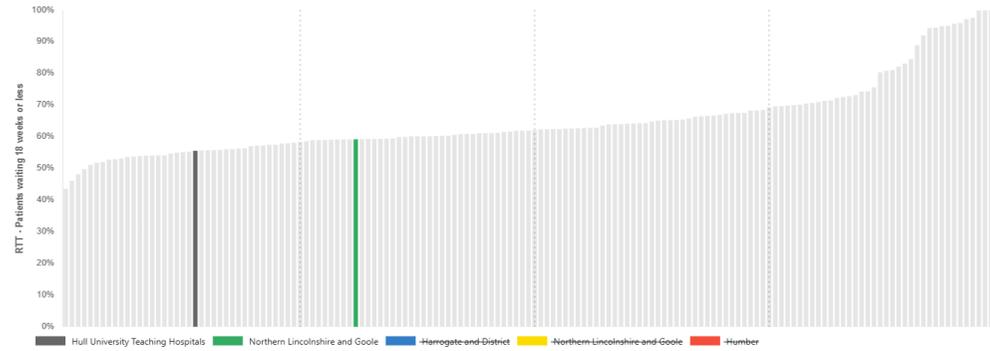
HUTH							NLAG						
Key Performance Indicator	Period	Target	🏆	SPC	Last 12 Months	Centile	Key Performance Indicator	Period	Target	🏆	SPC	Last 12 Months	Centile
RTT - Patients waiting 18 weeks or less	Dec 25	-	55.58%	🔴		14	RTT - Patients waiting 18 weeks or less	Dec 25	-	59.19%	🔴		31
RTT 52 Week Breach	Dec 25	0	3,072	🔴		4	RTT 52 Week Breach	Dec 25	0	915	🔴		37
RTT 65 Week Breach	Dec 25	-	112	🔵		4	RTT 65 Week Breach	Dec 25	-	42	🔵		16
RTT 95th Percentile Admitted Waiting Time	Dec 25	18.0	63.6	🔵		21	RTT 95th Percentile Admitted Waiting Time	Dec 25	18.0	60.3	🔵		48
RTT 95th Percentile Non-Admitted Waiting Time	Dec 25	18.0	55.4	🔴		22	RTT 95th Percentile Non-Admitted Waiting Time	Dec 25	18.0	53.6	🔴		31
RTT Admitted Treatment Within 18 Weeks	Dec 25	90.0%	56.2%	🔴		43	RTT Admitted Treatment Within 18 Weeks	Dec 25	90.0%	52.1%	🔴		29
RTT Average (Median) Admitted Waiting Time	Dec 25	9.0	13.8	🔴		47	RTT Average (Median) Admitted Waiting Time	Dec 25	9.0	16.5	🔴		28
RTT Average (Median) Non-Admitted Waiting Time	Dec 25	5.0	8.1	🔴		57	RTT Average (Median) Non-Admitted Waiting Time	Dec 25	5.0	8.9	🔵		49
RTT Average Wait for Incomplete	Dec 25	7.00	15.51	🔴		15	RTT Average Wait for Incomplete	Dec 25	7.00	14.07	🔴		36
RTT Incomplete 92nd Percentile	Dec 25	-	45.2	🔴		7	RTT Incomplete 92nd Percentile	Dec 25	-	42.1	🔴		26
RTT Incomplete Pathways With a DTA	Dec 25	25.0%	18.1%	🔵		34	RTT Incomplete Pathways With a DTA	Dec 25	25.0%	15.3%	🔵		48
RTT Non-Admitted Treatment Within 18 Weeks	Dec 25	95.0%	66.4%	🔴		47	RTT Non-Admitted Treatment Within 18 Weeks	Dec 25	95.0%	65.4%	🔴		42
RTT Total Clock Starts	Dec 25	-	17,606	🔴		86	RTT Total Clock Starts	Dec 25	-	8,971	🔴		49
RTT Total Clock Stops	Dec 25	-	17,925	🔴		91	RTT Total Clock Stops	Dec 25	-	8,067	🔴		54
RTT Total Incompletes	Dec 25	-	81,643	🔴		13	RTT Total Incompletes	Dec 25	-	39,294	🔵		50

2. Pathway Benchmarking & Trend – Elective Care

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

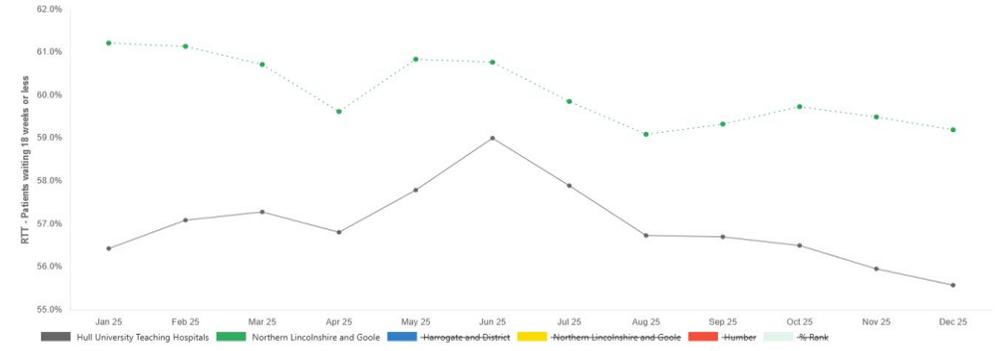
RTT – Incomplete Standard

Ranking Chart



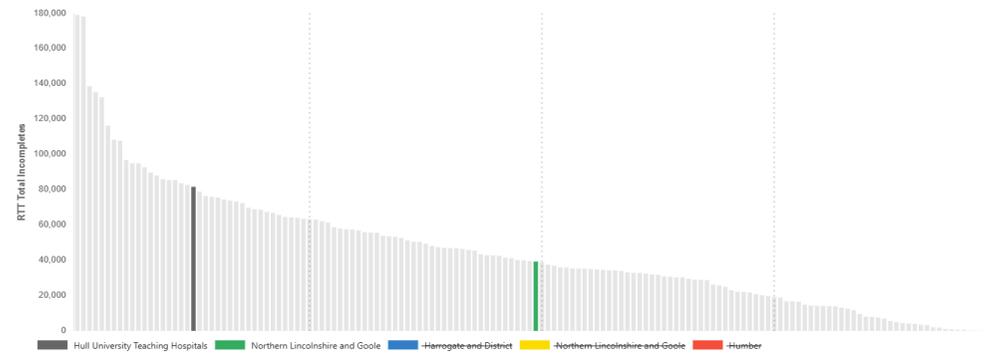
Rank 131 of 152 selected

Trend Chart



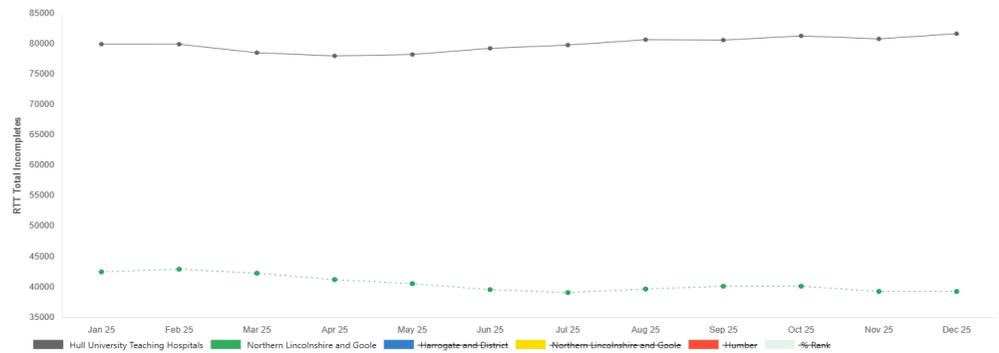
RTT – Total Waiting List Volume

Ranking Chart



Rank 133 of 152 selected

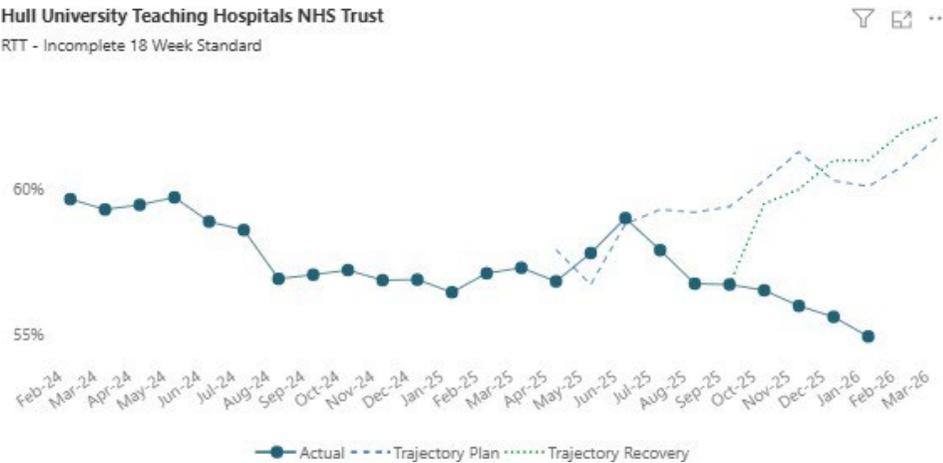
Trend Chart



3. Referral to Treatment - HUTH

Compliance

Hull University Teaching Hospitals NHS Trust
RTT - Incomplete 18 Week Standard

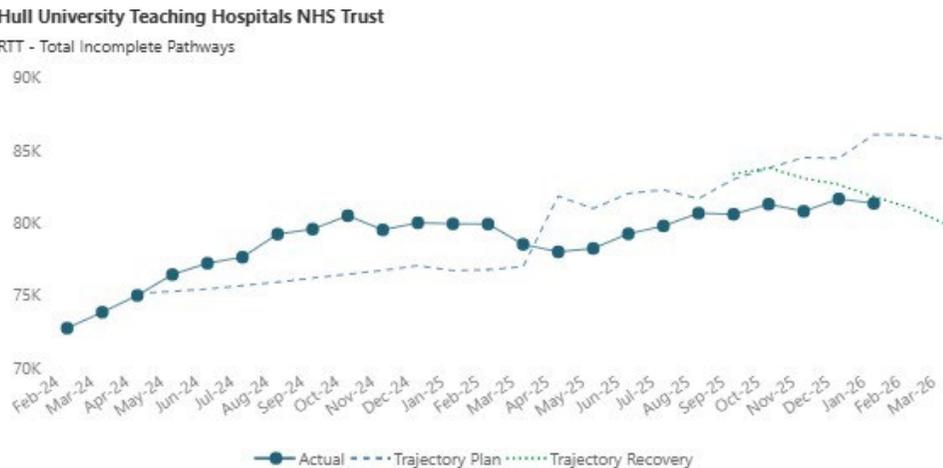


Key Themes

- The total waiting list volume is showing linear growth to 81,337 but is below the trajectory due to enhanced in year validation volumes.
- January RTT performance of 54.9% which is a further deterioration on the previous month and 6.1% below the recovery trajectory.
- Referrals are down 0.1% up on last year, and below the 3% planning assumption.
- 58% of patients on the PTL are awaiting a first outpatient appointment. Largest volumes in ENT, Dermatology, Ophthalmology, Neurology, Gynaecology and Respiratory Medicine
- Average wait for incomplete pathway is 15 weeks but remains broadly stable.

Critical Enabler

Hull University Teaching Hospitals NHS Trust
RTT - Total Incomplete Pathways

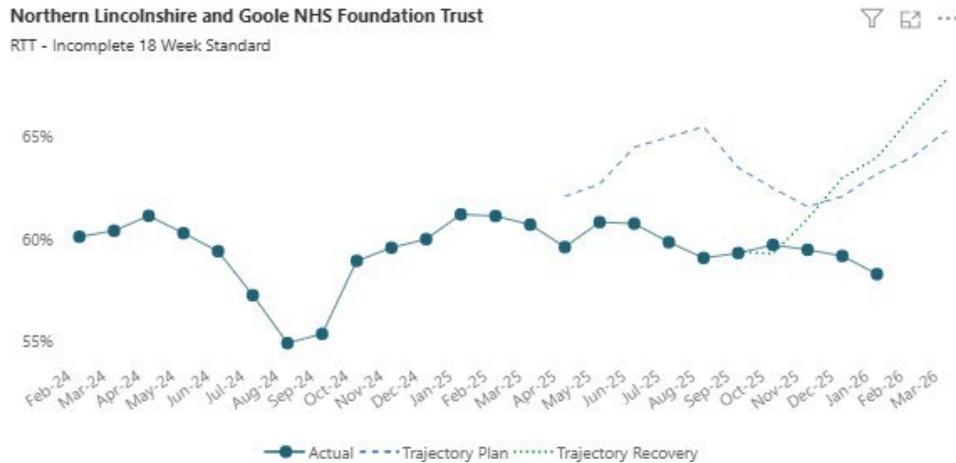


Actions

- Critical actions being progressed through RTT Delivery Group:
- LUNA ROVA (automated validation) Deployment project enacted at both HUTH and NLAG, with the supplier indicating an early Q4 go-live.
 - Ongoing planning process to develop additional outpatient & day case/inpatient capacity in response to sustained demand increases.
 - Commencement of the Q4 validation Sprint with incentive payment of £33 per clock stop above baseline.
 - Operational Improvement Plan developed to create enhanced elective capacity and utilisation efficacy to deliver in-year end elective commitments.

4. Referral to Treatment - NLAG

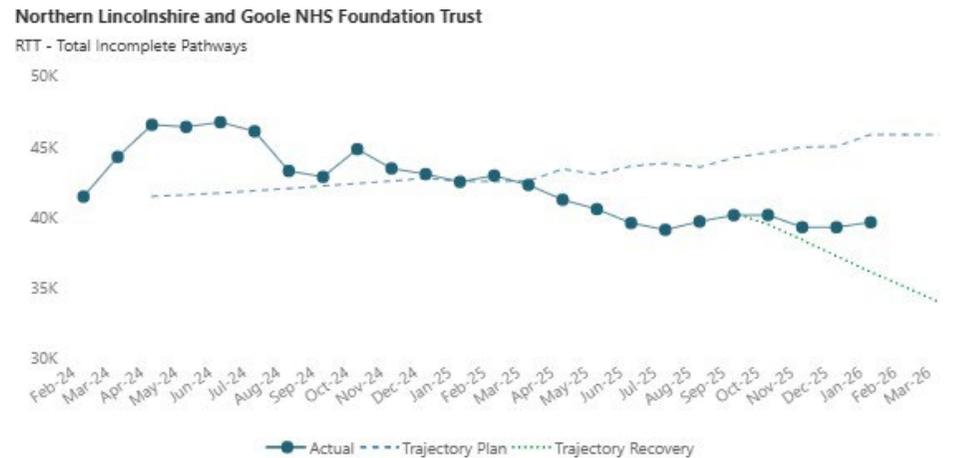
Compliance



Key Themes

- January performance of 58.3% which is a further deterioration and 5.7% below the recovery trajectory.
- The total waiting list volume is overall static a 39,644 but above the recovery trajectory by 3,520.
- Since the correction of ASI reporting in April 2024 the RTT waiting list volume has subsequently been reduced to 39,294 and is significantly below the 25/26 planned trajectory.

Critical Enabler



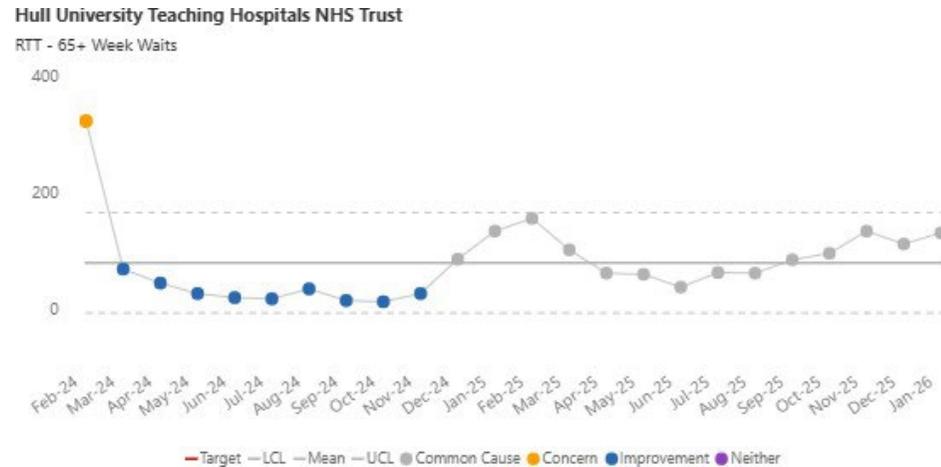
Actions

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 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.

5. Referral to Treatment – 65w Waits - HUTH

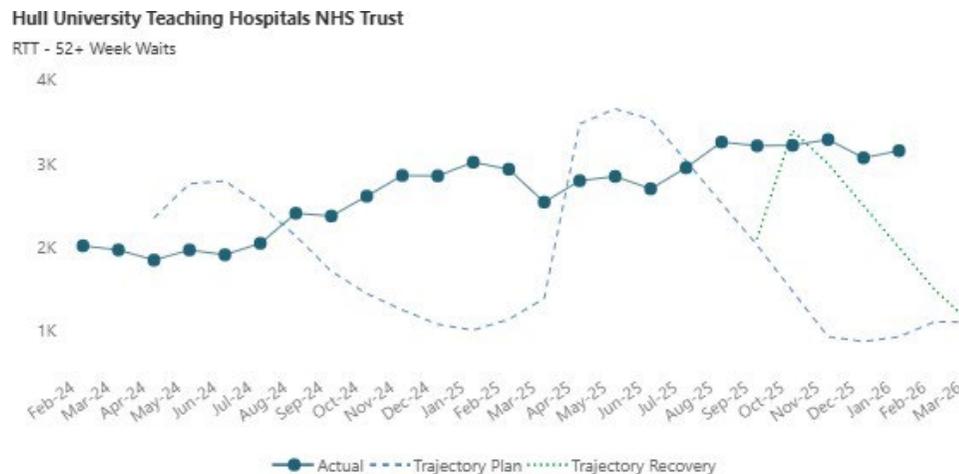
Compliance



Key Themes

- 131 patients exceeded 65 weeks at the end of January which is a decrease of 19 on the previous month
- Risks relating to delivery: -
 - ENT – additional weekend audiology and outpatient capacity is being delivered through DMC. Additional weekend theatre lists in place from December with HEYAS.
 - Plastic Surgery – additional sessional requirement to support delayed DIEPs and hand surgery
 - Breast Surgery – gender surgery – acknowledgement from NHSE and Spec Comm that due to increased referral demand no performance sanctions on long wait breaches
 - Delays in offering admission dates leading to unreasonable offers and patient choice breaches.
- 3.9% 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 by March 26.

Critical Enabler



Actions

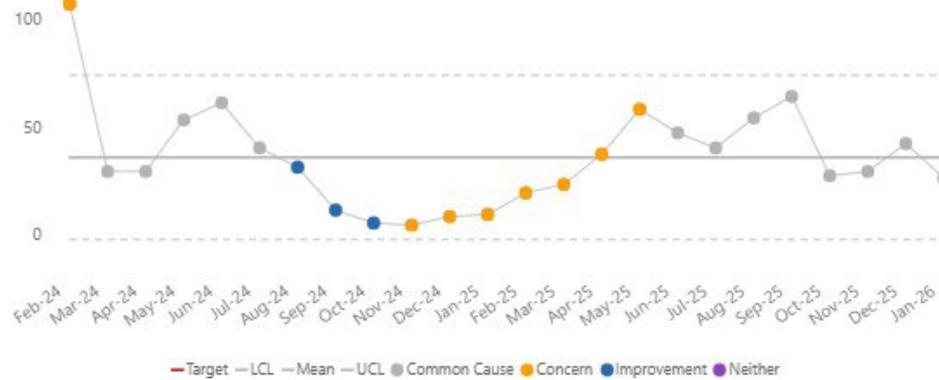
- Critical actions being delivered through the RTT Delivery Group
- Additional insourced activity in place and ongoing engagement with system partners on mutual aid support
 - Insourced capacity from Pioneer to deliver Dermatology first outpatient capacity commenced September 2025.
 - Executive oversight 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.
 - The use of the Independent Sector capacity to be mobilised from January 2026 for some specialties to reduce long wait backlog.

6. Referral to Treatment – 65w Waits - NLAG

Compliance

Northern Lincolnshire & Goole NHS Foundation Trust

RTT - 65+ Week Waits



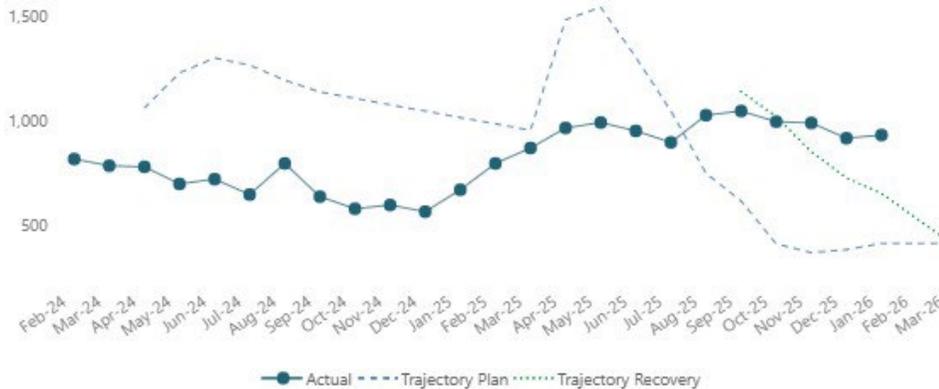
Key Themes

- 26 breaches >65 weeks at the end of December which was a decrease of 16 on the previous month. There was also 1 x 78w breach which was a late validation on to the PTL.
- 2.4% of the PTL is over 52 weeks which is an increase on the previous month.

Critical Enabler

Northern Lincolnshire and Goole NHS Foundation Trust

RTT - 52+ Week Waits



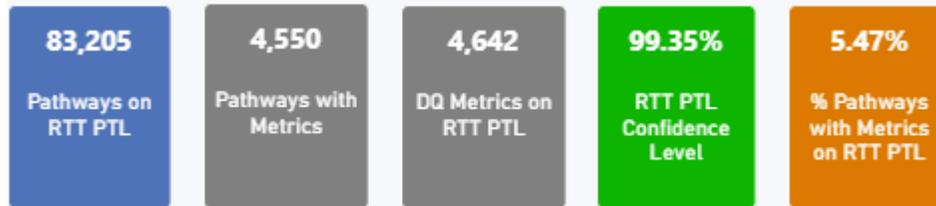
Actions

Critical actions being delivered through the RTT Delivery Group

- An insourcing contract for Paediatrics (ADHD commenced in October 2025 to clear the 65-week cohort. In tandem NHSE have issued new guidance which removes ADHD from RTT Acute Provider reporting and transfers to Community reporting.
- 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.

7. Referral to Treatment – Data Quality - HUTH

Compliance



Key Themes

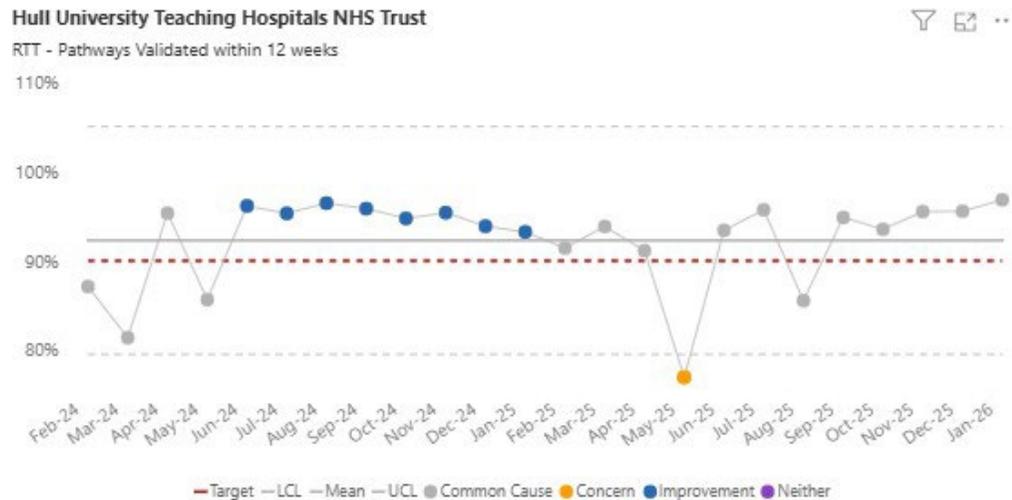
It is an NHSE mandated reporting requirement for Board to receive oversight of RTT Data Quality.

The Trust has robust oversight arrangements in place to support timely validation, these are monitored by RTT BI data quality reports in conjunction with the LUNA system, with established escalation processes in place. LUNA is currently reporting that the Trust has a 99.3% confidence level for RTT PTL data quality.

96.9% pathways have been validated every 12 weeks.

The Q4 validation sprint is ongoing and is supported by over-time to existing staff.

Critical Enabler



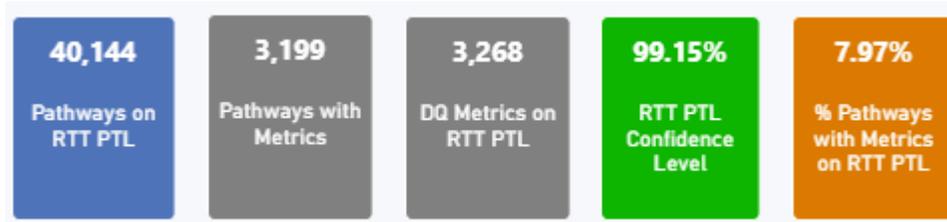
Actions

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.
- The Q4 Validation Sprint is ongoing. Additional national income at £33 per clock of the baseline waiting list.

8. Referral to Treatment – Data Quality - NLAG

Compliance



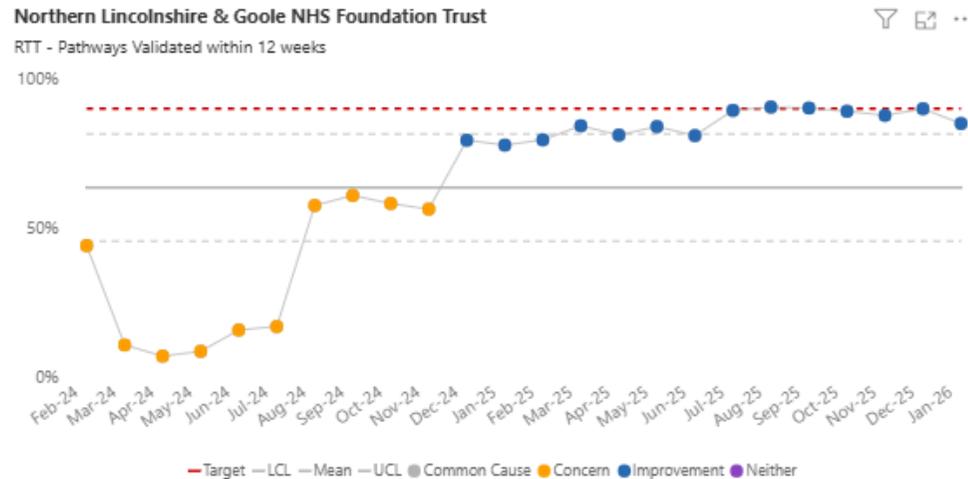
Key Themes

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 99.15%.
- The predominant sub metric generating the DQ flag is pathways validated every 12 weeks. Current performance is at 85.0%

The Q4 validation sprint is ongoing and is supported by over-time to existing staff from HUTH.

Critical Enabler



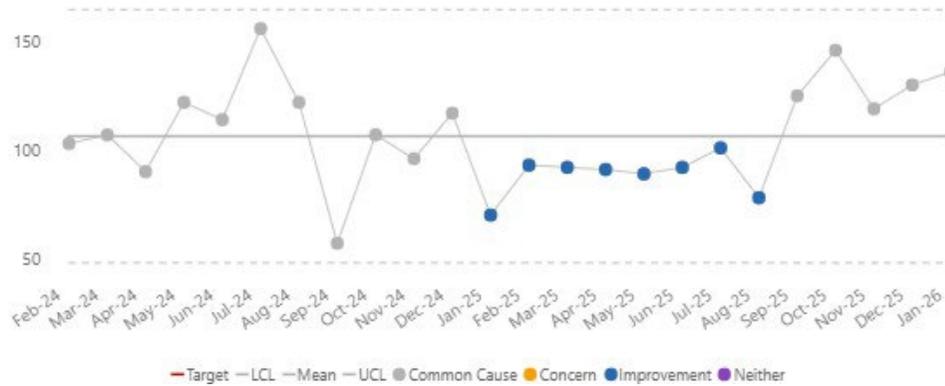
Actions

- Patient Services to reduce the number of unvalidated pathways and other key DQ reports including un-outcome clinic and admission attendances to proactivity improve incomplete pathway management.
- Focus on improving up-to-date validation / tracking comments.
- Deployment of LUNA ROVA proof of concept trial to support the national drive to deliver a minimum 65% incomplete standard by March 2026.
- The Q4 Validation Sprint is ongoing. Additional national income at £33 per clock of the baseline waiting list.

9. Cancelled Operations - HUTH

Compliance

Hull University Teaching Hospitals NHS Trust
Inpatient - Cancelled Operations (number)

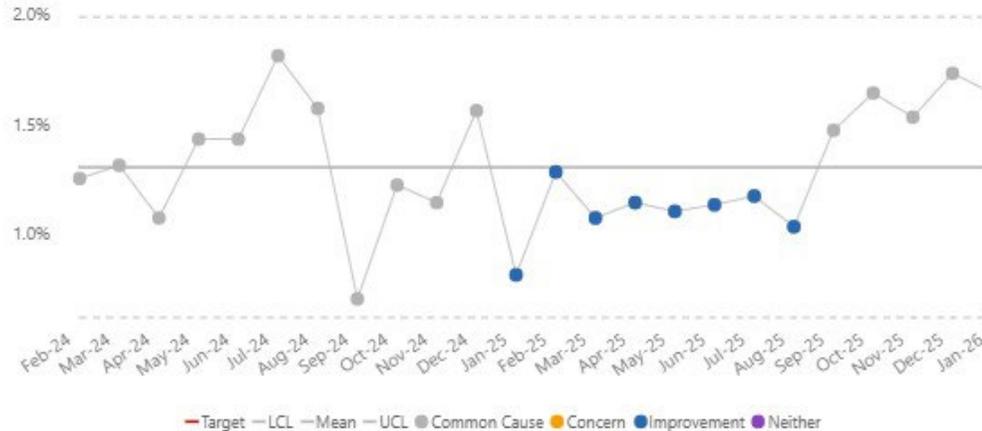


Key Themes

- In January there were 136 cancelled operations on the day for non-clinical reasons equating to 1.6% of elective activity.
- The largest reasons were –
 - No Theatre Time - 41
 - No Beds (General and ICU) - 31
 - Emergency Case - 23
- The main specialties incurring cancellations on the day were –
 - Interventional Radiology – 27
 - Vascular Surgery - 15
 - Gynaecology – 14
 - Neurosurgery – 14

Critical Enabler

Hull University Teaching Hospitals NHS Trust
Inpatient - Cancelled Operations (%)

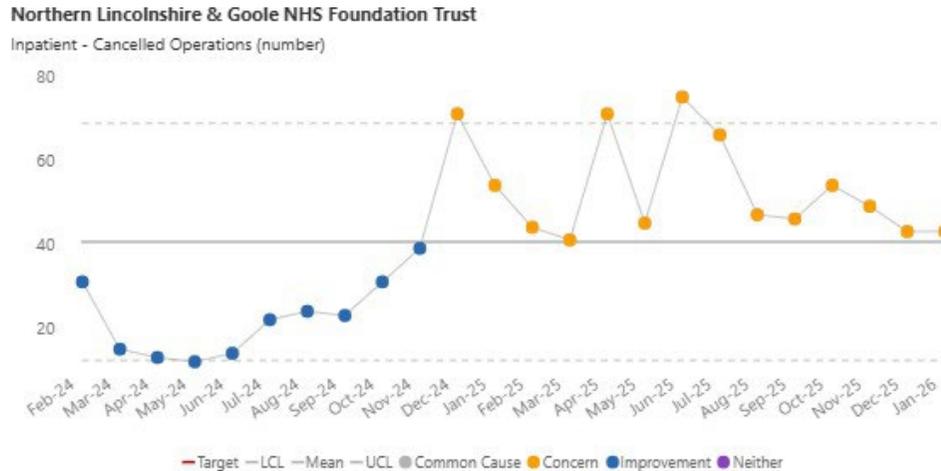


Actions

- 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
- 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

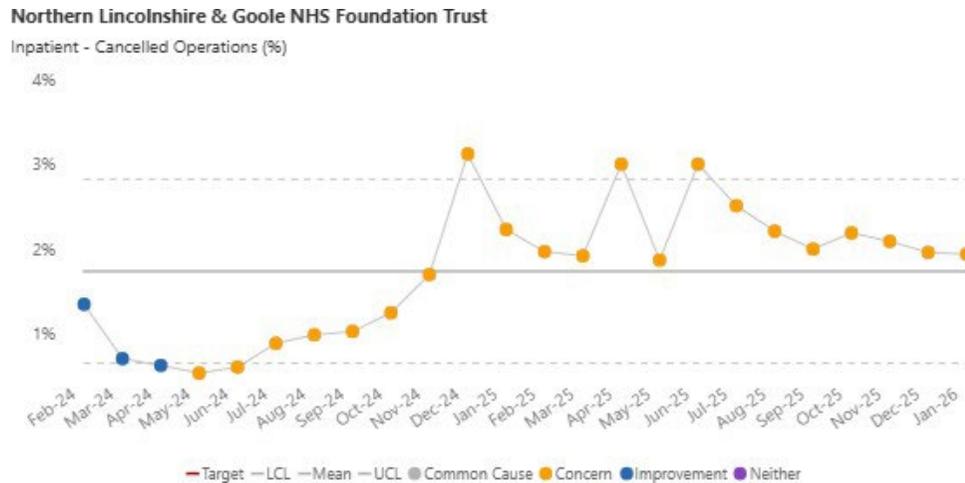
Compliance



Key Themes

- January cancellation volumes totalled 43 equating to 1.9% of elective activity
- The largest reasons were –
 - List overrun – 15
 - Surgery deferred - 11
 - Emergency case – 5
 - No Beds - 5
- The main specialties incurring cancellations on the day were –
 - Gynaecology – 11
 - Urology – 11
 - General Surgery - 5

Critical Enabler

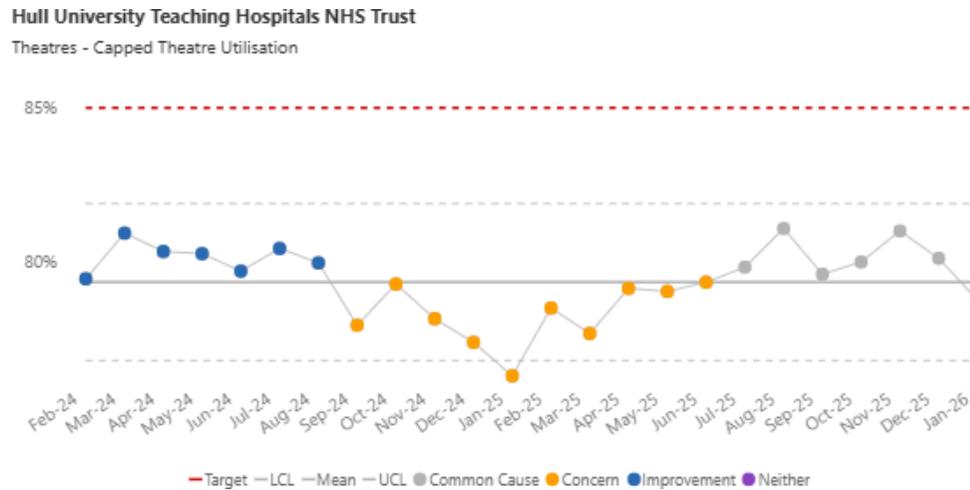


Actions

- 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

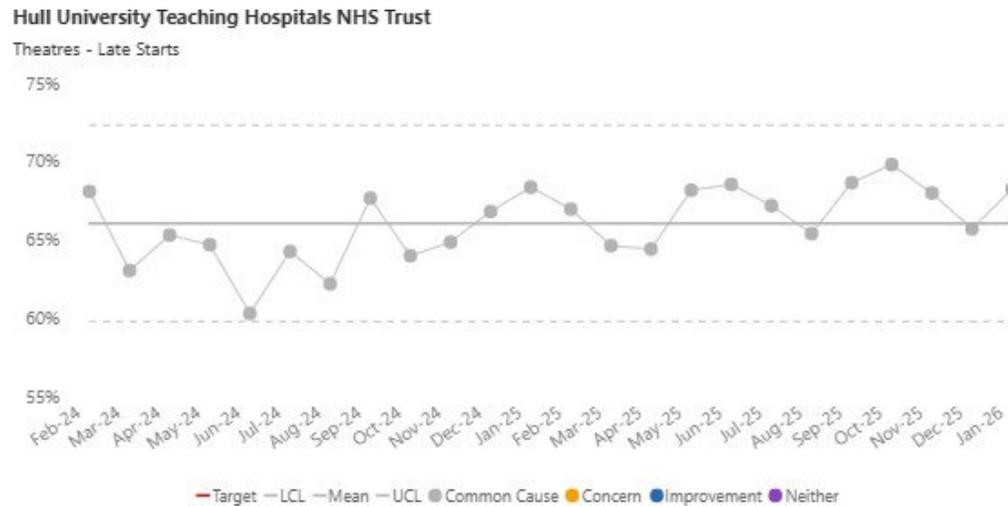
Compliance



Key Themes

- Internal reporting at 78.7% for capped theatre utilisation for January.
- Day Case capped theatre utilisation is at 74.2% - 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 68.2% (methodology 0 minutes = late start)

Critical Enabler



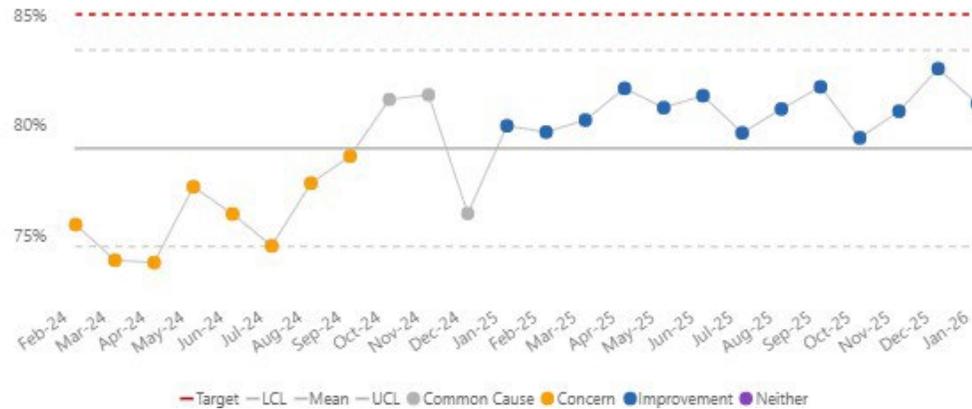
Actions

- 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.

12. Capped Theatre Utilisation - NLAG

Compliance

Northern Lincolnshire & Goole NHS Foundation Trust
Theatres - Capped Theatre Utilisation

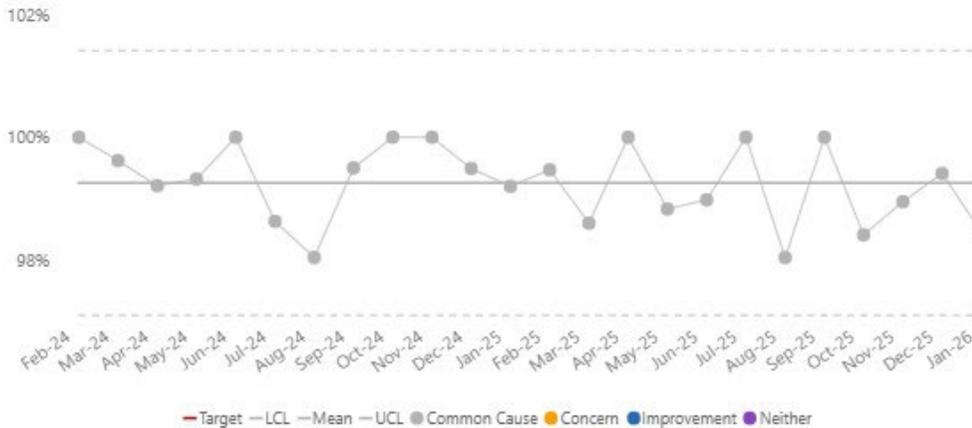


Key Themes

- Internal reporting shows performance at 81%.
- Theatre late starts issue at NLAG with 98.5% of sessions starting late in January on the zero-minute measure.

Critical Enabler

Northern Lincolnshire & Goole NHS Foundation Trust
Theatres - Late Starts



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

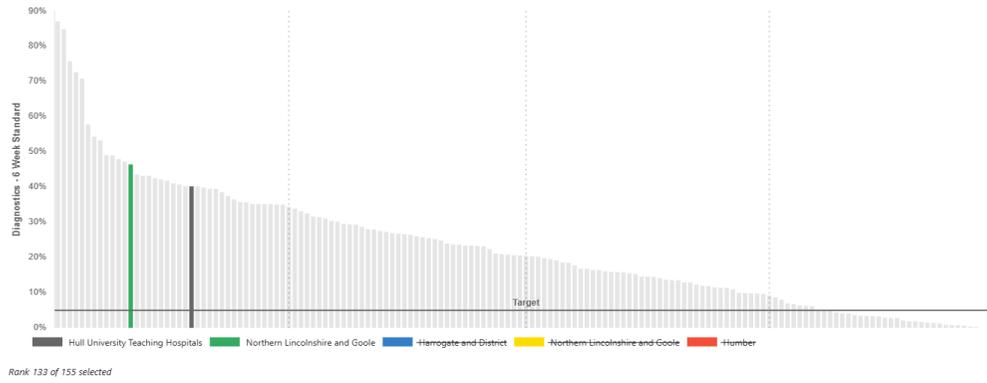
HUTH							NLAG						
Key Performance Indicator	Period	Target	♀	SPC	Last 12 Months	Centile	Key Performance Indicator	Period	Target	♀	SPC	Last 12 Months	Centile
Audiology	Dec 25	5.00%	25.69%	🔴		51	Audiology	Dec 25	5.00%	69.22%	🔴		13
Barium Enema	Dec 25	5.00%	1.67%	🟢		50	Barium Enema	Dec 25	5.00%	0.88%	🟢		54
Colonoscopy	Dec 25	5.00%	51.34%	🟡		15	Colonoscopy	Dec 25	5.00%	54.64%	🟡		11
Computed Tomography	Dec 25	5.00%	26.62%	🔴		7	Computed Tomography	Dec 25	5.00%	6.78%	🟡		40
Cystoscopy	Dec 25	5.00%	28.40%	🟡		31	Cystoscopy	Dec 25	5.00%	10.53%	🟢		65
DEXA Scan	Dec 25	5.00%	62.77%	🔴		3	DEXA Scan	Dec 25	5.00%	9.78%	🔴		33
Diagnostic activity levels - Audiology Assessments	Dec 25	-	1,010	🟢		85	Diagnostic activity levels - Audiology Assessments	Dec 25	-	401	🟢		45
Diagnostic activity levels - Barium Enema	Dec 25	-	39	🟢		76	Diagnostic activity levels - Barium Enema	Dec 25	-	136	🟢		97
Diagnostic activity levels - Colonoscopy	Dec 25	-	379	🟢		66	Diagnostic activity levels - Colonoscopy	Dec 25	-	204	🔴		34
Diagnostic activity levels - CT	Dec 25	-	6,692	🟢		73	Diagnostic activity levels - CT	Dec 25	-	10,951	🟢		95
Diagnostic activity levels - Cystoscopy	Dec 25	-	483	🟢		94	Diagnostic activity levels - Cystoscopy	Dec 25	-	357	🔴		82
Diagnostic activity levels - Dexa Scan	Dec 25	-	419	🔴		74	Diagnostic activity levels - Dexa Scan	Dec 25	-	328	🟢		59
Diagnostic activity levels - Echocardiography	Dec 25	-	637	🟡		37	Diagnostic activity levels - Echocardiography	Dec 25	-	1,061	🟡		63
Diagnostic activity levels - Endoscopy	Dec 25	-	1,439	🟡		77	Diagnostic activity levels - Endoscopy	Dec 25	-	996	🔴		57
Diagnostic activity levels - Flexi Sigmoidoscopy	Dec 25	-	108	🟡		66	Diagnostic activity levels - Flexi Sigmoidoscopy	Dec 25	-	95	🔴		59
Diagnostic activity levels - Gastroscopy	Dec 25	-	469	🟡		69	Diagnostic activity levels - Gastroscopy	Dec 25	-	340	🔴		55
Diagnostic activity levels - Imaging	Dec 25	-	14,285	🟢		65	Diagnostic activity levels - Imaging	Dec 25	-	21,039	🟢		90
Diagnostic activity levels - Non Obstetric Ultrasound	Dec 25	-	4,214	🟡		54	Diagnostic activity levels - Non Obstetric Ultrasound	Dec 25	-	4,945	🟢		65
Diagnostic activity levels - Total	Dec 25	-	17,952	🟢		64	Diagnostic activity levels - Total	Dec 25	-	23,910	🟢		86
Diagnostic activity levels - Urodynamics	Dec 25	-	55	🟡		77	Diagnostic activity levels - Urodynamics	Dec 25	-	90	🔴		90
Diagnostics - 6 Week Standard	Dec 25	5.00%	40.20%	🟡		14	Diagnostics - 6 Week Standard	Dec 25	5.00%	46.45%	🔴		8
Diagnostics - 6 Week Standard Reversed	Dec 25	95.00%	59.80%	🟡		14	Diagnostics - 6 Week Standard Reversed	Dec 25	95.00%	53.55%	🔴		8
DM01 Waiting <13 Weeks	Dec 25	100.00%	85.72%	🟡		16	DM01 Waiting <13 Weeks	Dec 25	100.00%	87.11%	🔴		18
Echocardiography	Dec 25	5.00%	74.75%	🔴		1	Echocardiography	Dec 25	5.00%	11.60%	🟡		55
Gastroscopy	Dec 25	5.00%	31.09%	🟡		31	Gastroscopy	Dec 25	5.00%	55.21%	🟡		9
Magnetic Resonance Imaging	Dec 25	5.00%	21.24%	🔴		33	Magnetic Resonance Imaging	Dec 25	5.00%	51.43%	🟡		2
Neurophysiology	Dec 25	5.00%	36.28%	🔴		33	Neurophysiology	Dec 25	5.00%	53.26%	🔴		17
Non-obstetric Ultrasound	Dec 25	5.00%	27.39%	🟡		26	Non-obstetric Ultrasound	Dec 25	5.00%	48.12%	🔴		3
Urodynamics	Dec 25	5.00%	35.97%	🟢		45	Urodynamics	Dec 25	5.00%	19.35%	🟡		62

14. Pathway Benchmarking & Trend – Diagnostics

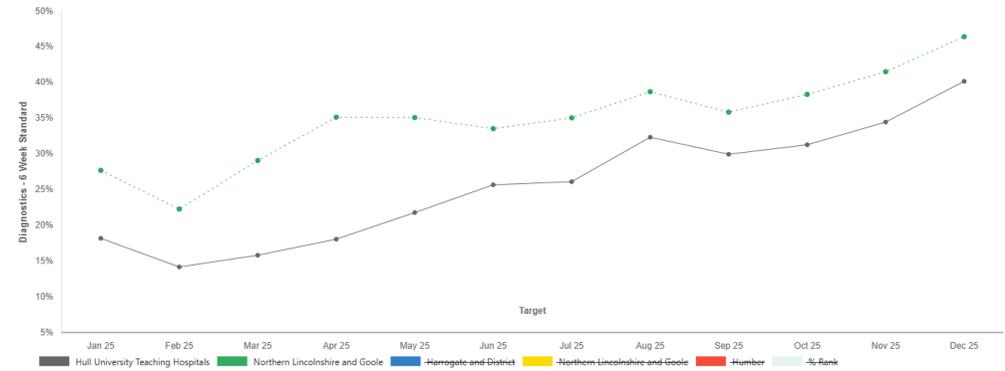
NB: National benchmarking data is a month in arrears due the NHSE publication timetable

Diagnostics – 6 week Performance Standard

Ranking Chart

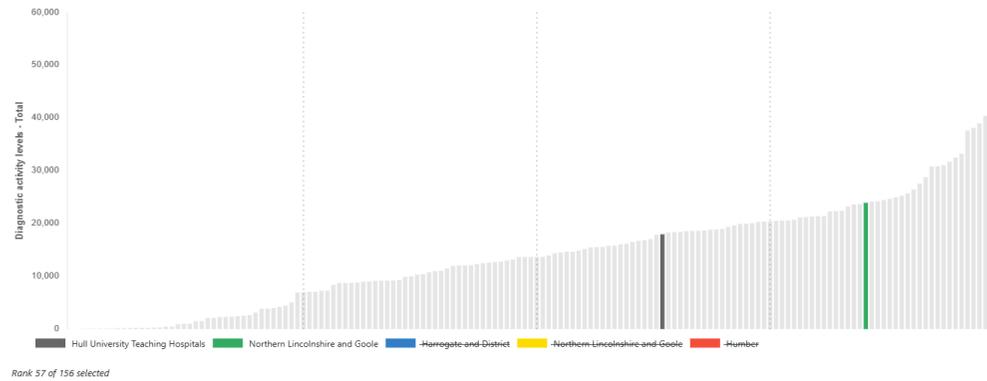


Trend Chart

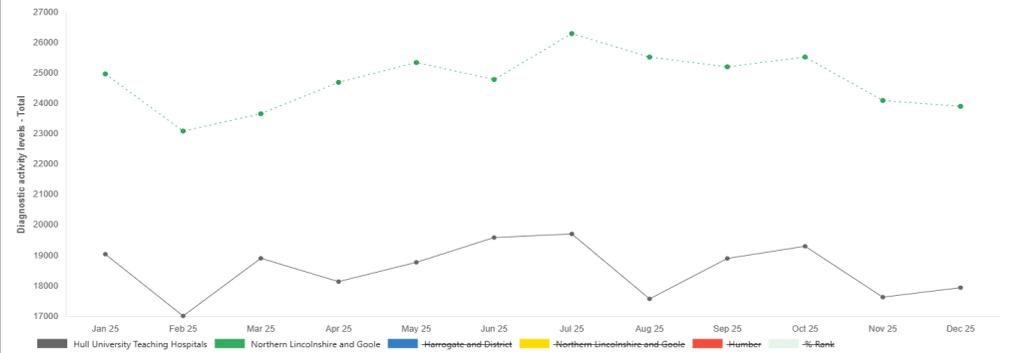


Diagnostics – Activity

Ranking Chart

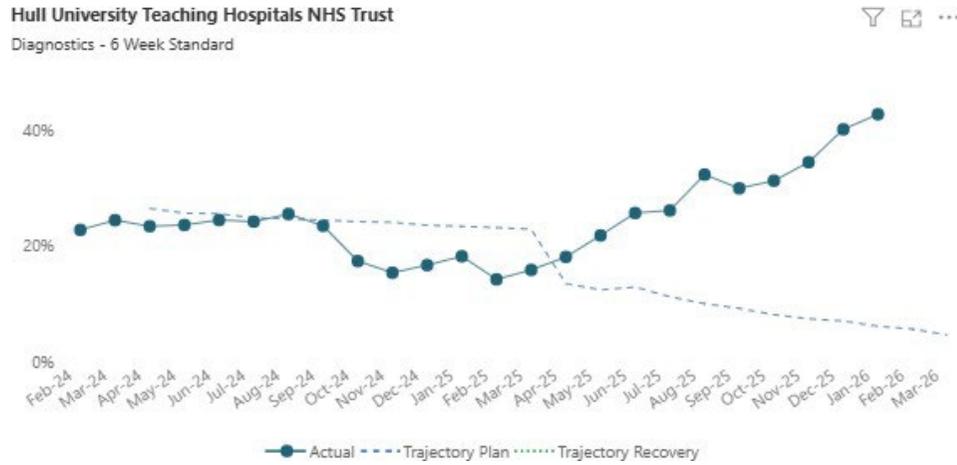


Trend Chart



15. Diagnostic 6 Week Standard - HUTH

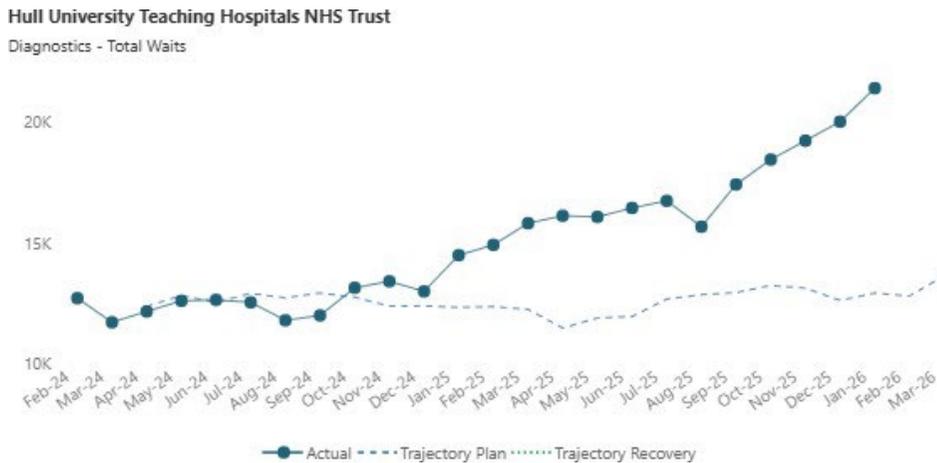
Compliance



Key Themes

- January showed a further deterioration in performance by 2.6% at 42.8%.
- The modalities with largest decreasing performance are MRI, Flexi, Gastroscopy and Audiology.
- Continuing pressures in Echo, DEXA, and Sleep Studies.
- Improvements were seen in Cystoscopy and Colonoscopy.
- Total waits continue an increasing theme.

Critical Enabler



Actions

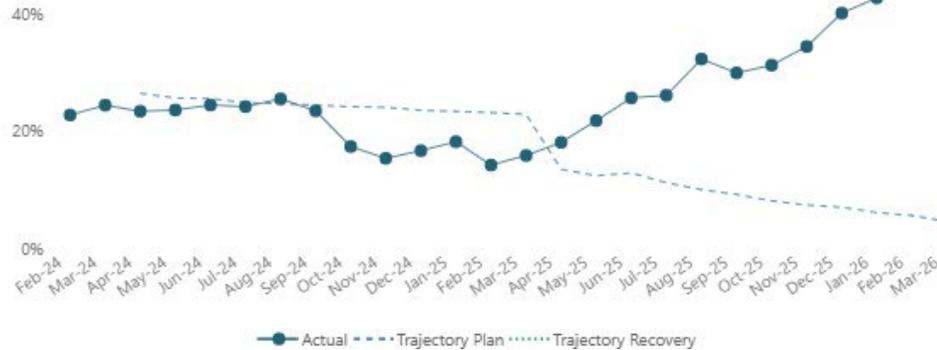
Critical actions being progressed through Diagnostic Delivery Group:

- IS and CDC capacity for Echo being worked up with Insourcing providers and HUTH CDC.
- Neurophysiology contract mobilisation commenced in October.
- CDC capacity for Sleep commenced in February.
- Operational Improvement Plan launched creating enhanced elective capacity and utilisation efficacy to deliver in-year end elective commitments.

16. Diagnostic 6 Week Standard - NLAG

Compliance

Hull University Teaching Hospitals NHS Trust
Diagnostics - 6 Week Standard

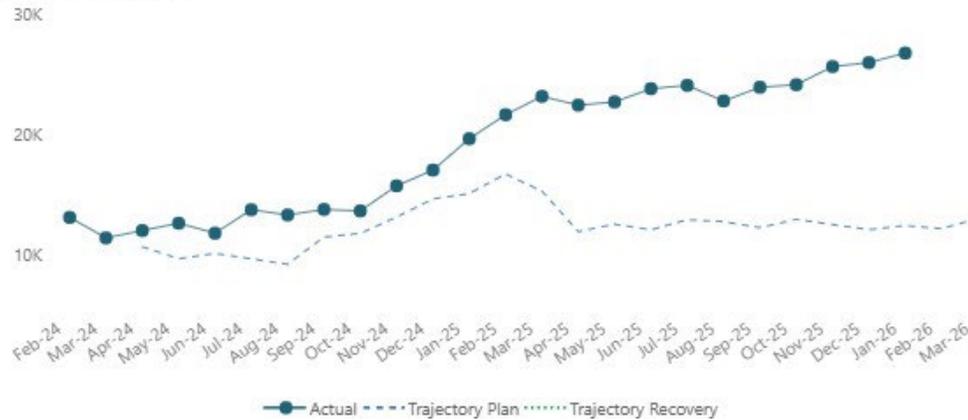


Key Themes

- January performance saw a 0.1% deterioration at 46.5%.
- The largest deteriorations were seen in Flexi, DEXA and NOUS.
- Continuing pressures are seen in Audiology, Colonoscopy, Gastroscopy, MRI and NOUS.
- Good improvements were seen in Neurophysiology, CT and Cystoscopy.
- Total Waits show an increasing position.

Critical Enabler

Northern Lincolnshire and Goole NHS Foundation Trust
Diagnostics - Total Waits



Actions

Critical actions being progressed through Diagnostic Delivery Group:

- Neurophysiology contract mobilisation commenced in October.
- 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.
- Change in counting methodology in April 2026 to remove duplicate exams in Soliton which will affect activity and waiters for Radiology modalities.

17. Pathway Summary – Benchmark Report – Cancer Waiting Times

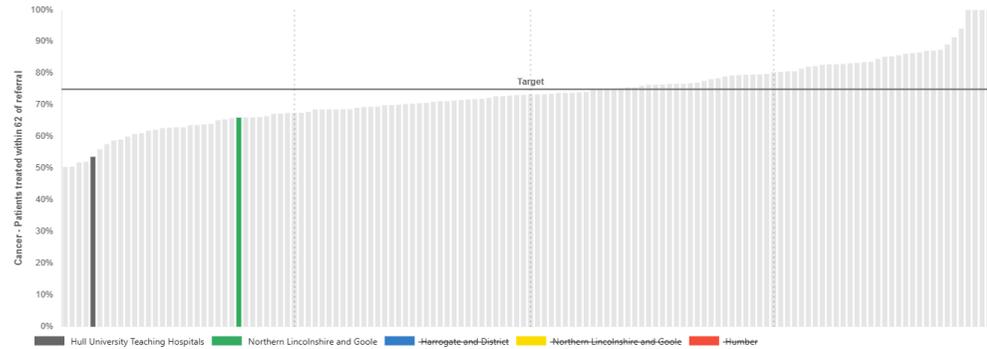
HUTH							NLAG						
Key Performance Indicator	Period	Target	🏆	SPC	Last 12 Months	Centile	Key Performance Indicator	Period	Target	🏆	SPC	Last 12 Months	Centile
Cancer - 2 Week Wait	Dec 25	93.00%	66.74%	🔴		16	Cancer - 2 Week Wait	Dec 25	93.00%	91.92%	🔴		76
Cancer - 2 Week Wait Breast Symptomatic	Dec 25	93.0%	5.7%	🔴		8	Cancer - 2 Week Wait Breast Symptomatic	Dec 25	93.0%	72.7%	🔴		57
Cancer - 31 Day All Stages	Dec 25	96.0%	76.7%	🟡		1	Cancer - 31 Day All Stages	Dec 25	96.0%	98.7%	🟢		84
Cancer - 31 Day First Treatment	Dec 25	96.00%	78.31%	🟡		1	Cancer - 31 Day First Treatment	Dec 25	96.00%	97.96%	🟢		75
Cancer - 31 Day Subsequent Treatment	Dec 25	96.0%	74.9%	🟡		4	Cancer - 31 Day Subsequent Treatment	Dec 25	96.0%	100.0%	🟢		100
Cancer - 31 Day Subsequent Treatment - Drugs	Dec 25	96.0%	96.7%	🟢		10	Cancer - 31 Day Subsequent Treatment - Drugs	Dec 25	96.0%	100.0%	🟢		100
Cancer - 31 Day Subsequent Treatment - Radiotherapy	Dec 25	96.0%	65.5%	🟡		5	Cancer - 31 Day Subsequent Treatment - Radiotherapy	Dec 25	96.0%	100.0%	🟢		100
Cancer - 62 Day Consultant Upgrade	Dec 25	85.0%	67.2%	🔴		4	Cancer - 62 Day Consultant Upgrade	Dec 25	85.0%	75.8%	🔴		19
Cancer - 62 Day Screening	Dec 25	90.0%	48.5%	🟡		22	Cancer - 62 Day Screening	Dec 25	90.0%	53.8%	🟡		26
Cancer - 62 Day Urgent Suspected	Dec 25	85.00%	43.60%	🔴		2	Cancer - 62 Day Urgent Suspected	Dec 25	85.00%	61.08%	🟡		31
Cancer - Patients treated within 62 of referral	Dec 25	75.00%	53.67%	🟡		3	Cancer - Patients treated within 62 of referral	Dec 25	75.00%	66.05%	🔴		19
Cancer - Urgent referrals diagnosis within 4 weeks	Dec 25	80.0%	58.7%	🔴		2	Cancer - Urgent referrals diagnosis within 4 weeks	Dec 25	80.0%	73.8%	🟡		20
Summary Hospital Mortality Indicator - Cancer of bronchus; lung	Sep 25	1.00	1.01	🟡		53	Summary Hospital Mortality Indicator - Cancer of bronchus; lung	Sep 25	1.00	1.16	🔴		23

18. Pathway Benchmarking & Trending – Cancer Waiting Times

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

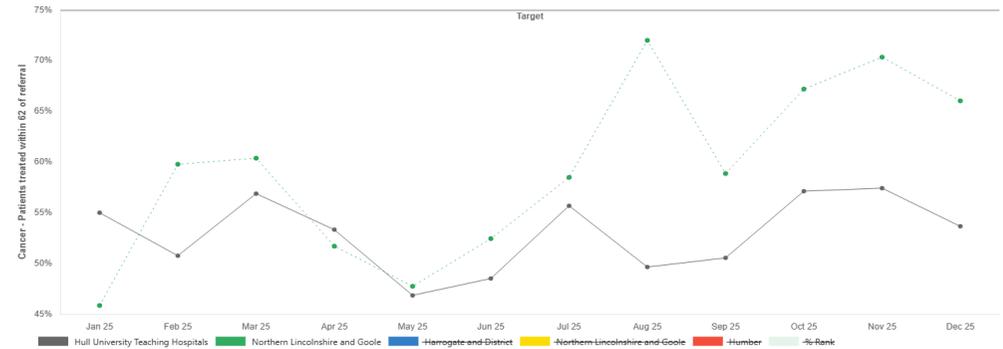
62 Day Performance

Ranking Chart



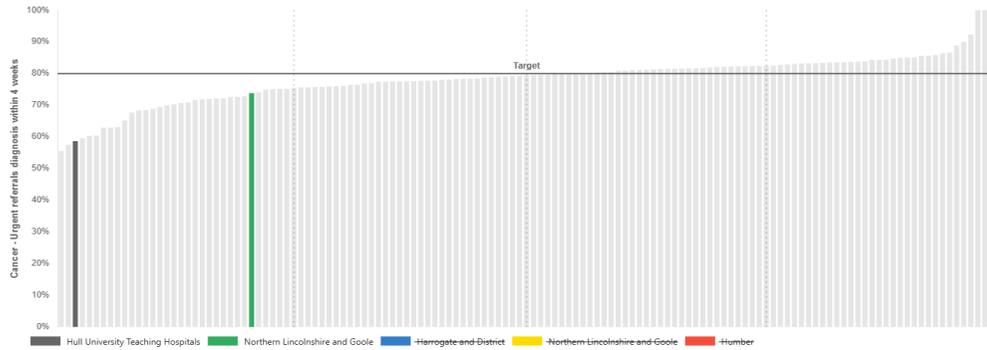
Rank 131 of 135 selected

Trending Chart



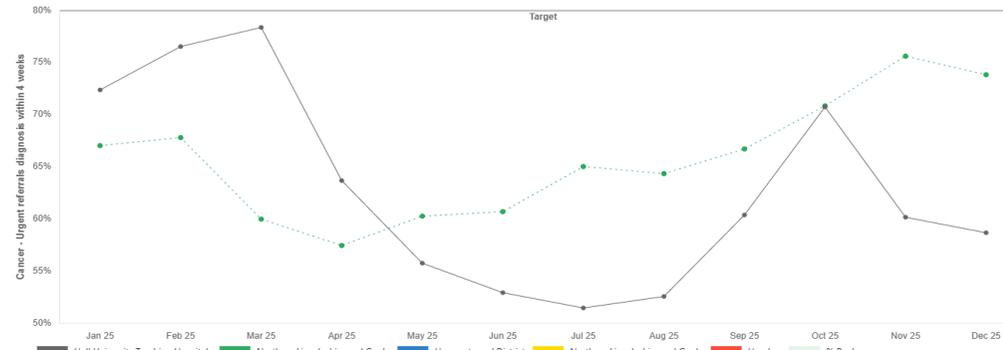
Faster Diagnosis Performance

Ranking Chart



Rank 131 of 133 selected

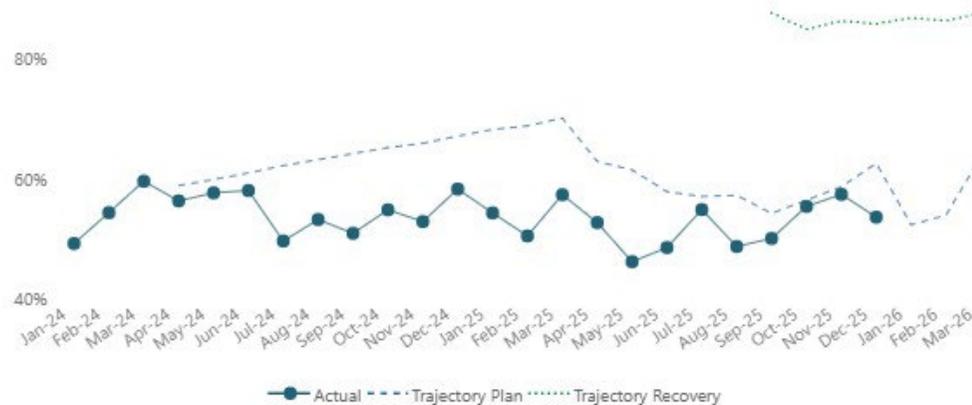
Trending Chart



19. 62 Day Cancer Performance - HUTH

Compliance

Hull University Teaching Hospitals NHS Trust
Cancer - 62 Day All Referral Sources

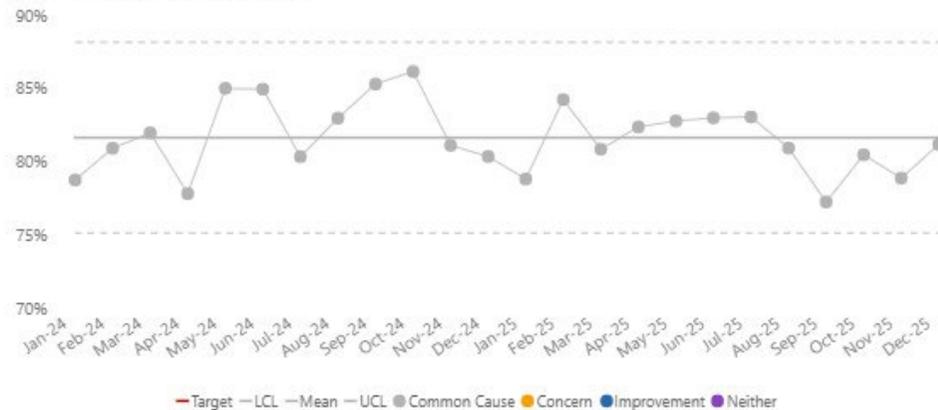


Key Themes

- December performance of 53.7% shows a deterioration on the previous month but remains within normal variation.
 - Breast – 1st outpatient radiology capacity constraints
 - Colorectal- Significant endoscopy capacity constraints, high Histopathology turnaround times (TAT), endoscopy equipment
 - Gynaecology- Long Histopathology TAT, late IPTs and theatre capacity constraints; high levels of sickness
 - Head and Neck- Surgical capacity constraints - thyroid
 - 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.

Critical Enabler

Hull University Teaching Hospitals NHS Trust
Cancer - Decision to Treat within 38 days



Actions

- Breast – Radiology recovery plan implemented. Additional weekend clinics and insourcing in place, but not enough to meet trajectories.
- Histopathology SHYPS performance and improvement review progressing.
- Gynaecology –Workforce optimisation business case approved, phased implementation underway. Clinical lead to review and address MDT inefficiencies and late IPTs. 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 declined by executive team, productivity challenged. Case to be resubmitted.
- Urology – Cancer Alliance funding secured for additional weekend theatre lists, not a sustainable solution. Robotic theatre capacity remains a bottleneck.
- New fortnightly Service improvement and performance monitoring meetings in place
- Improvement trajectories in place for all tumour sites

20. 62 Day Cancer Performance - NLAG

Compliance

Northern Lincolnshire and Goole NHS Foundation Trust
Cancer - 62 Day All Referral Sources

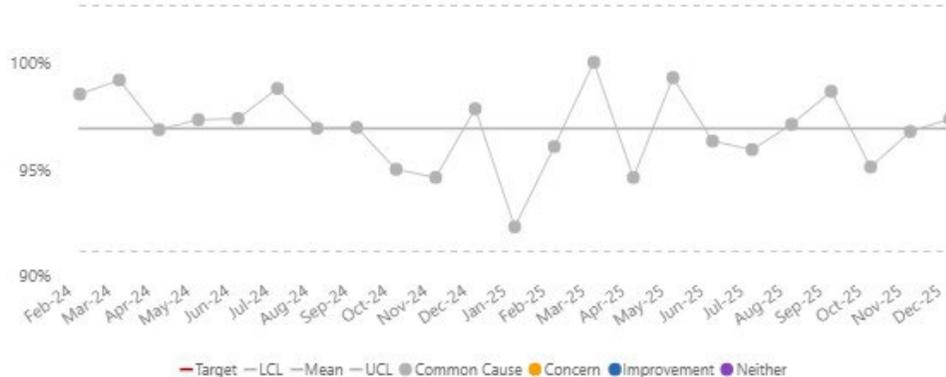


Key Themes

- December performance of 66.1% shows a deterioration, although performance is above trajectory.
- Breast- Consultant vacancies, radiology capacity constraints, sickness and leave resulting in pathway delays
- Colorectal- Endoscopy capacity constraints, demand and capacity analysis progressing
- Gynaecology- Rightsizing business case being implemented. This will address the need for gynae oncology theatre requirements at NLAG. C&D work also to review hysteroscopy and USC capacity for 1st OPA
- Lung- clinical vacancies, Oncology capacity constraints
- Urology- Haematuria STT pathway introduced using CDC capacity. 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

Northern Lincolnshire & Goole NHS Foundation Trust
Cancer - Decision to Treat within 38 days



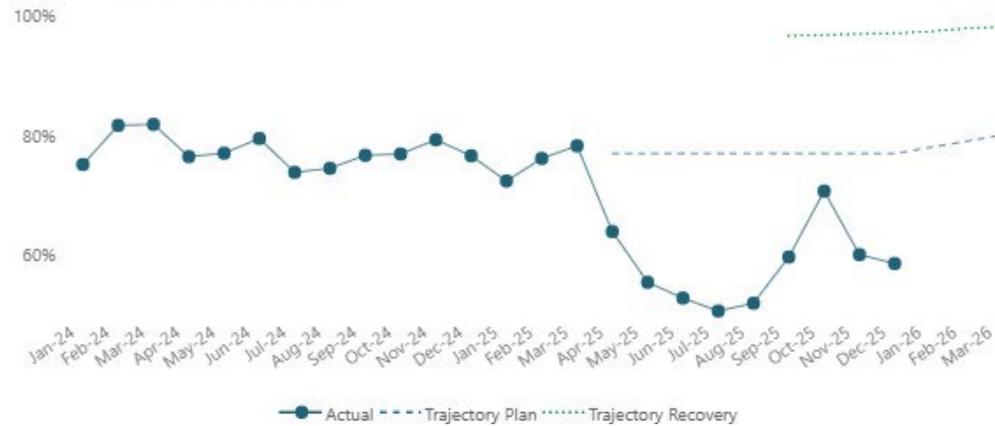
Actions

- Breast – Consultants x 2 WTE recruitment underway, with OD support. Radiology recovery plan in place, with additional weekend clinics and insourcing.
- Colorectal – Cancer Alliance funded WLIs in place. Weekly monitoring of the PTL with navigators and trackers.
- Gynaecology – Capacity and demand work undertaken. Cancer Alliance funded WLIs in place to mitigate.
- Lung – Continuous advertisement for recruitment to 5 x WTE posts, locums in place
- Urology – Weekend theatres and in week additional theatre sessions in place funded by Cancer Alliance
- Improvement trajectories in place for all tumour sites.

21. 28 Day Faster Diagnosis Standard - HUTH

Compliance

Hull University Teaching Hospitals NHS Trust
Cancer - 28 Day Faster Diagnosis Standard

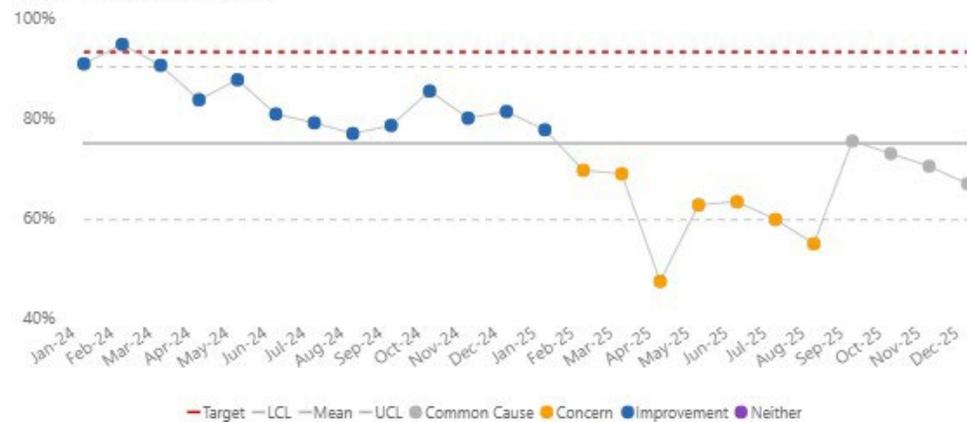


Key Themes

- December performance 58.7%, is a deterioration from previous month.
- Histopathology turnaround times are significantly high approx. 22 days on average.
- Breast triple assessment clinics- 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

Hull University Teaching Hospitals NHS Trust
Cancer - 2 Week Wait (All Cancers)



Actions

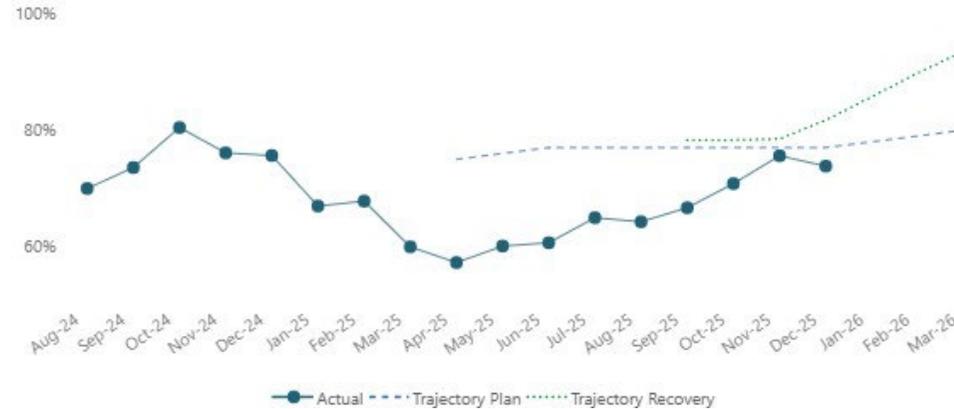
- Histopathology – Risk raised to Executive team to support
- Breast – Radiology recovery plan in place. Additional weekend clinics agreed and insourcing in place
- Lower GI – restructured endoscopic allocation to support focussed capacity for USC patients. Rightsizing business case development underway.
- 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 – rightsizing business case submitted
- Improvement trajectories in place for all tumour sites

22. 28 Day Faster Diagnosis Standard - NLAG

Compliance

Northern Lincolnshire and Goole NHS Foundation Trust

Cancer - 28 Day Faster Diagnosis Standard



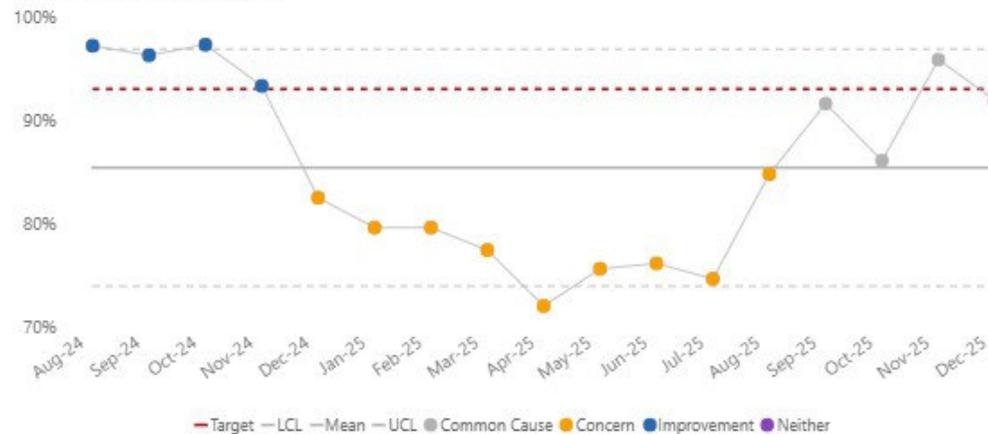
Key Themes

- December performance 72.6%, which is a deterioration on the previous month.
- Breast- first outpatient capacity constraints, Radiology
- Colorectal- endoscopy core capacity constraints, screening continued delays due to patient choice
- Lung- Due to vacancies, locums in place to cover inpatient activity and allow the substantive consultants to focus on outpatient activity.
- Urology- increase in referrals and demand for prostate biopsies

Critical Enabler

Northern Lincolnshire & Goole NHS Foundation Trust

Cancer - 2 Week Wait (All Cancers)



Actions

- Breast- recruitment to consultant vacancies underway, additional capacity for biopsies allocated
- Colorectal- Additional sessions for weekend theatres and STT capacity in place
- Gynaecology- Business case progressing to meet workforce constraints
- Head & Neck- Time out session with clinicians and managers arranged to streamline pathways
- Upper GI- extra contractual sessions maximised
- Lung- Direct to CT for suspected CXR, introduction of Cancer Physician of the week, introduction of OPD triage by CNS in place
- Urology- Utilising additional capacity with registrars where possible.
- Improvement trajectories in place for all tumour sites

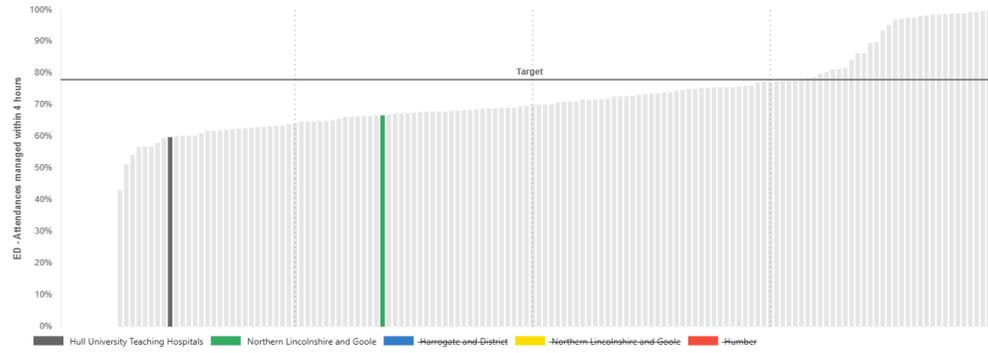
23. Pathway Summary – Benchmark Report – Unscheduled Care

HUTH							NLAG						
Key Performance Indicator	Period	Target	🕒	SPC	Last 12 Months	Centile	Key Performance Indicator	Period	Target	🕒	SPC	Last 12 Months	Centile
ED - Attendances All Types	Jan 26	-	14,254	🔴		47	ED - Attendances All Types	Jan 26	-	17,090	🔴		37
ED - Attendances managed within 4 hours	Jan 26	78.00%	59.85%	🔴		11	ED - Attendances managed within 4 hours	Jan 26	78.00%	66.72%	🔴		34
ED - Attendances managed within 4 hours (Type 1)	Jan 26	78.0%	46.6%	🔴		35	ED - Attendances managed within 4 hours (Type 1)	Jan 26	78.0%	41.4%	🔴		23
ED - Attendances managed within 4 hours (Type 2 or 3)	Jan 26	95.0%	92.4%	🔵		21	ED - Attendances managed within 4 hours (Type 2 or 3)	Jan 26	95.0%	99.5%	🔵		79
ED - Attendances over 12 hours in department	Jan 26	-	15.9%	🔴		30	ED - Attendances over 12 hours in department	Jan 26	-	22.2%	🔴		6
ED - Attendances Type 1	Jan 26	-	10,124	🔵		44	ED - Attendances Type 1	Jan 26	-	9,631	🔵		47
ED - Attendances Type 3	Jan 26	-	4,130	🔴		45	ED - Attendances Type 3	Jan 26	-	7,459	🔴		27
ED - Conversion Rate	Jan 26	25.0%	27.5%	🔵		10	ED - Conversion Rate	Jan 26	25.0%	33.0%	🔴		2
ED - DTA to Admission >12 Hours	Jan 26	0.0%	21.8%	🔴		32	ED - DTA to Admission >12 Hours	Jan 26	0.0%	20.2%	🔴		36
ED - DTA to Admission >12 Hours#	Jan 26	0.0	856.0	🔴		21	ED - DTA to Admission >12 Hours#	Jan 26	0.0	1,139.0	🔴		11
ED - DTA to Admission >4 Hours	Jan 26	10.00%	42.13%	🔴		42	ED - DTA to Admission >4 Hours	Jan 26	10.00%	32.16%	🔴		57
ED - Left Department Before Being Seen	Dec 25	5.00%	7.64%	🔴		14	ED - Left Department Before Being Seen	Dec 25	5.00%	3.07%	🔵		78
ED - Reattendance Rate	Dec 25	5.0%	9.1%	🔴		51	ED - Reattendance Rate	Dec 25	5.0%	9.8%	🔴		33
ED - Time to Initial Assessment	Dec 25	15.0	17.0	🔴		13	ED - Time to Initial Assessment	Dec 25	15.0	26.0	🔴		4
ED - Time to Treatment	Dec 25	60.0	73.0	🔴		40	ED - Time to Treatment	Dec 25	60.0	63.0	🔴		57
ED - Total Time in A&E	Dec 25	160.0	230.0	🔴		7	ED - Total Time in A&E	Dec 25	160.0	169.0	🔵		60
ED - Total Time in A&E (Admitted)	Dec 25	180.0	212.0	🔴		74	ED - Total Time in A&E (Admitted)	Dec 25	180.0	459.0	🔴		14
ED - Total Time in A&E (Non-Admitted)	Dec 25	140.0	233.0	🔴		2	ED - Total Time in A&E (Non-Admitted)	Dec 25	140.0	130.0	🔵		75
Emergency Admissions Type 1	Jan 26	-	3,926	🔴		21	Emergency Admissions Type 1	Jan 26	-	5,644	🔴		7
Emergency Admissions via A&E	Jan 26	-	3,926	🔴		22	Emergency Admissions via A&E	Jan 26	-	5,644	🔴		7
Other Emergency Admissions	Jan 26	-	2,284	🔴		11	Friends & Family A&E Score	Dec 25	85%	75%	🔴		27
Total Emergency Admissions	Jan 26	-	6,210	🔴		14	Other Emergency Admissions	Jan 26	-	379	🔵		61
							Total Emergency Admissions	Jan 26	-	6,023	🔴		18

24. Pathway Benchmarking & Trending – Unscheduled Care

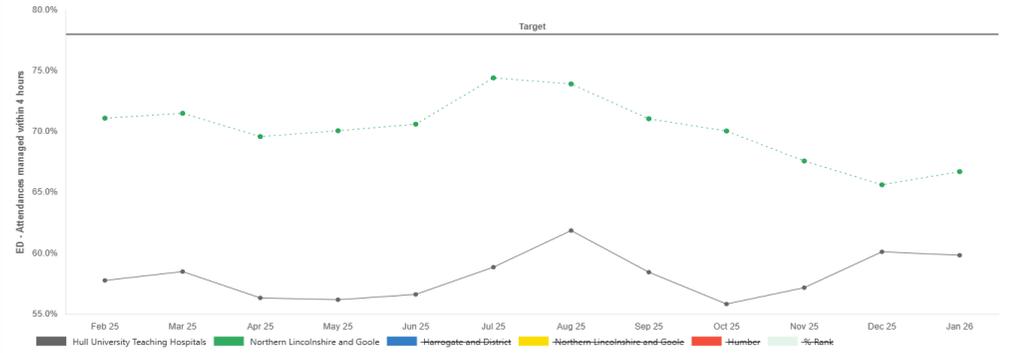
A&E - 4 Hour Performance

Ranking Chart



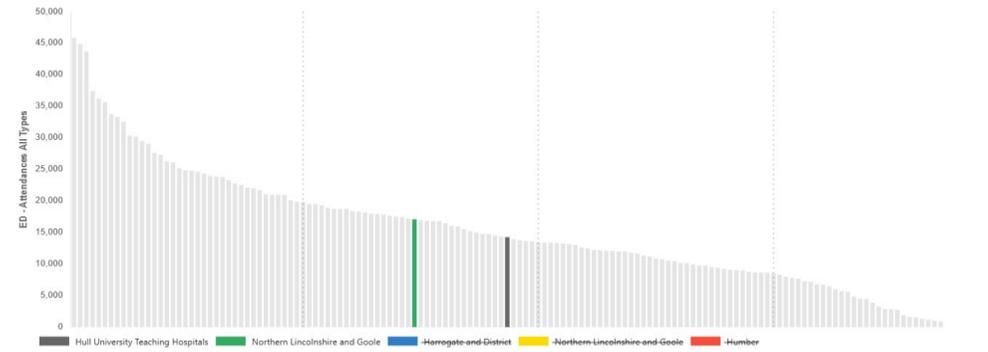
Rank 133 of 150 selected

Trending Chart



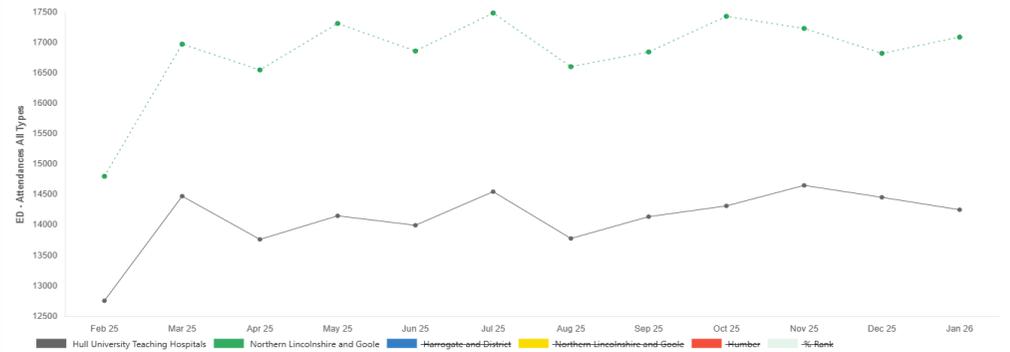
A&E – Attendances

Ranking Chart



Rank 80 of 150 selected

Trending Chart

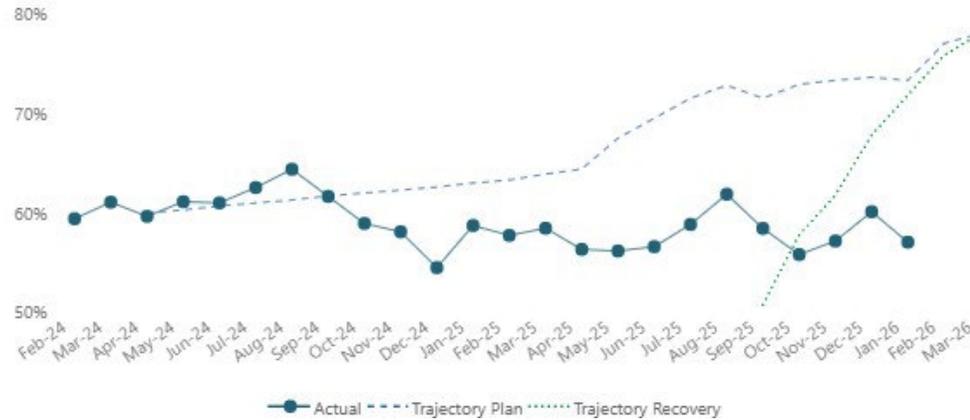


25. Emergency Care Standards – 4 hour Performance - HUTH

Compliance

Hull University Teaching Hospitals NHS Trust

A&E - 4 Hour Standard (All)



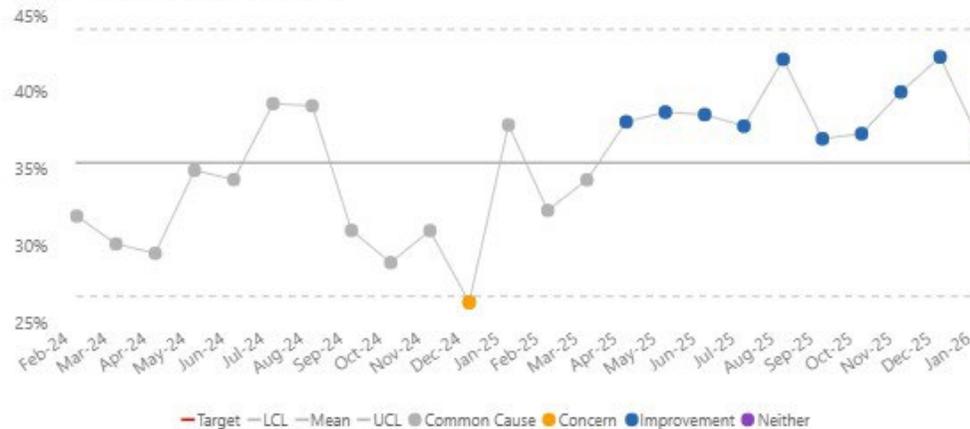
Key Themes

- A&E 4 Hour standard (all types) remains challenged with performance of 57.1% in January 2026 behind the 25/26 Operating Plan (73.3%) and the in-year recovery plan of 74.3%.
- Type 1 performance of 42.7% was below the 25/26 operating plan target of 62.8%. Attendances were above plan.
- Type 3 performance (HRI UTC) was 92.4% against the 95% target. Attendances at the UTC were below planned levels in January.
- The percentage of patients seen by a clinician within 60 minutes of arrival totalled 36.9%, a deterioration on the previous month's position

Critical Enabler

Hull University Teaching Hospitals NHS Trust

A&E - Time to Treatment within 60 minutes



Actions

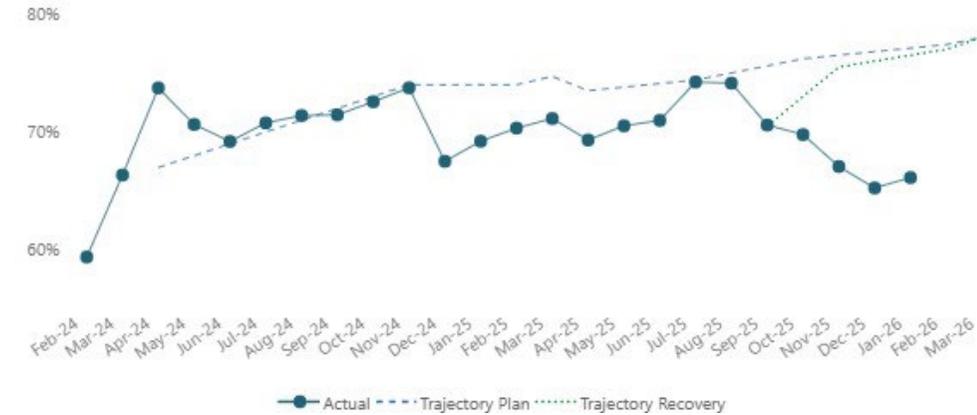
- Flow out of the department is a challenge, particularly if patients require side rooms. Close monitoring of 12 hours is being presented to Senior Leaders to increase awareness and ownership by Clinical Care Groups
- Working closely with Place partners aiming to increase UTC operating hours until 2am during winter to increase capacity
- Work ongoing with Yorkshire Ambulance Service to develop a falls care home pathway to avoid ED attendance where appropriate
- The Group has reiterated its commitment to 78% delivery by March 2026 for both sites via the action programme agreed via national Tiering.

26. Emergency Care Standards – 4 hour Performance - NLAG

Compliance

Northern Lincolnshire and Goole NHS Foundation Trust

A&E - 4 Hour Standard (All)



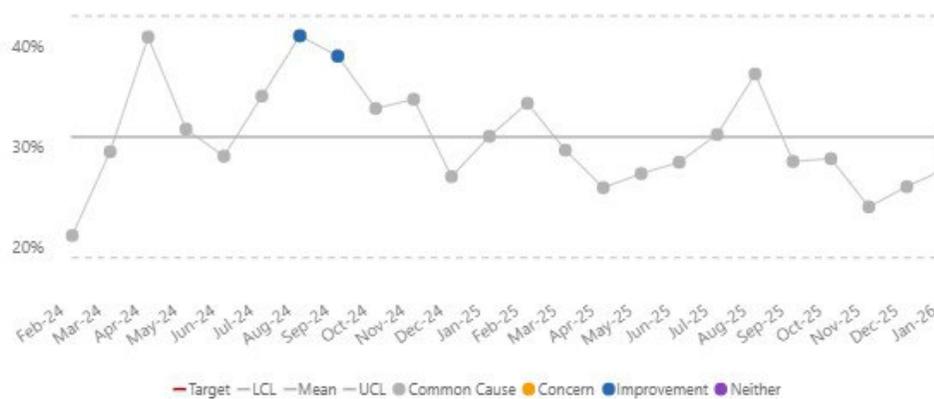
Key Themes

- A&E 4 Hour standard (all types) performance was 66.1% in January 2026, which was behind the 25/26 Operating Plan (77.1%) and the in-year recovery plan of 76.5%.
- Type 1 performance of 41.7% was below plan at 62.4%. Attendances were in below plan.
- Type 3 performance of 99.4% which was in line with plan of 99%. Attendances were above plan
- Time to treatment within 60 minutes was 27.7% in January, a deterioration on the previous month

Critical Enabler

Northern Lincolnshire & Goole NHS Foundation Trust

A&E - Time to Treatment within 60 minutes



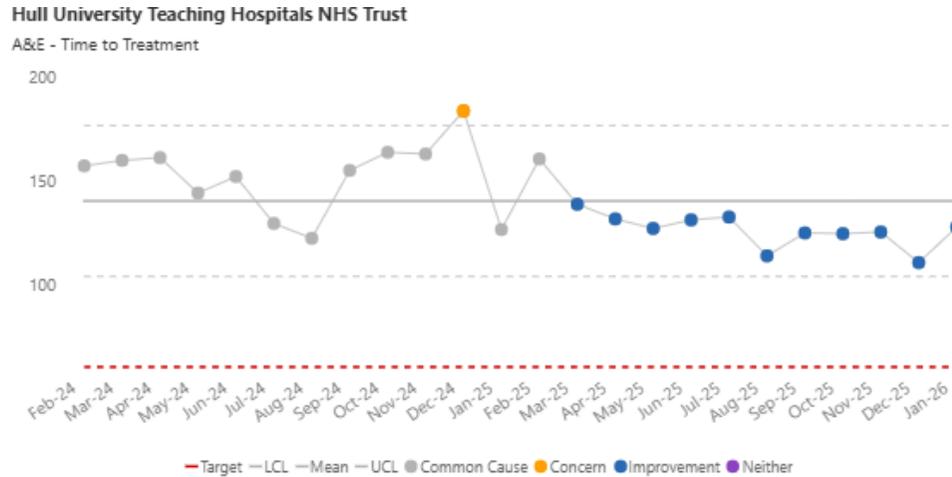
Actions

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 sites via the action programme agreed via national Tiering

27. Core Objective 1 – Mean Time to Treatment

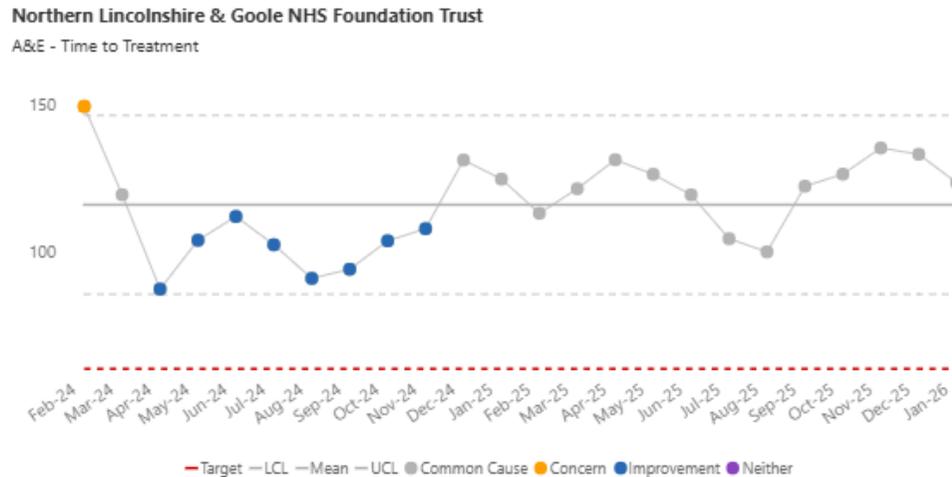
Compliance



Key Themes

- The Group established an operating target of 60 minutes for time to first clinician (time to treatment)
- HUTH performance in January was 127 minutes.
- NLaG performance was 123 minutes

Compliance



Actions

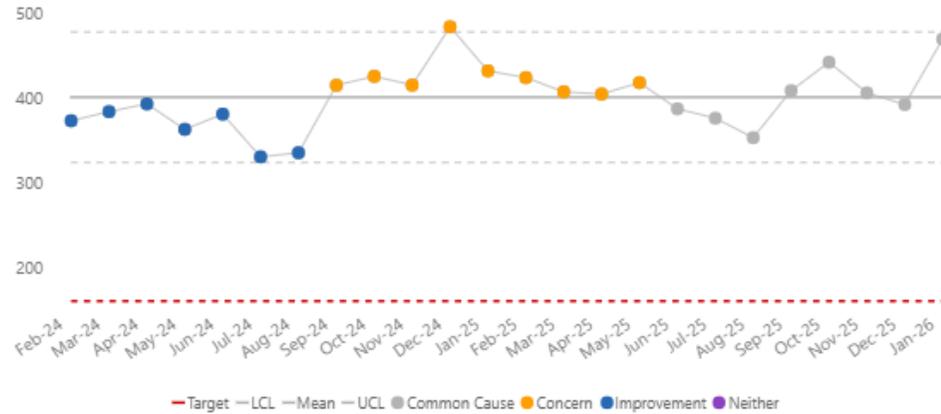
- Ongoing monitoring and focus on time first seen by doctor in department
- HUTH – Rapid Assessment now taking place in ECA & Majors.
- HUTH – consultant cover 24 hours Mon – Thurs. When team is fully established this will cover the 7 days.
- NLAG GIM ward and medical staff proposal agreed, launched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

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

Compliance

Hull University Teaching Hospitals NHS Trust

A&E - Total Time in A&E



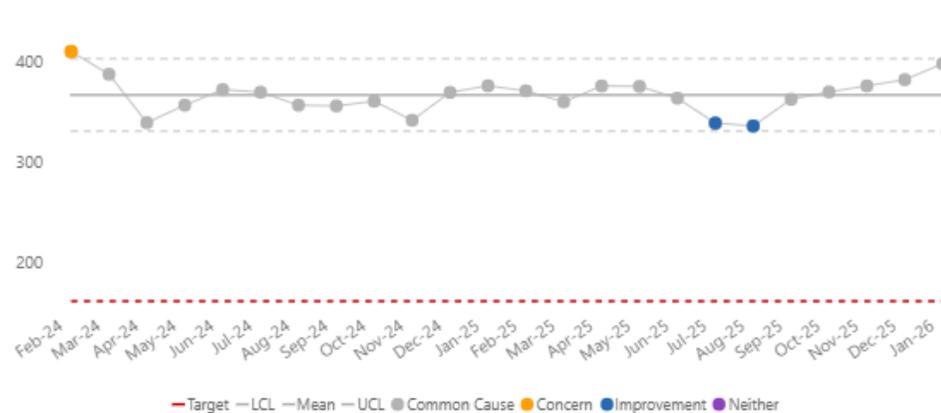
Key Themes

- The Group established a target of 140 minutes for time spent by non-admitted Type 1 patients in the ED
- HUTH's performance improved in January was 325 minutes average
- NLaG has performed consistently in 265-300 mins range since late Spring 2024. December 2025 performance saw a deterioration at 321 mins

Compliance

Northern Lincolnshire & Goole NHS Foundation Trust

A&E - Total Time in A&E



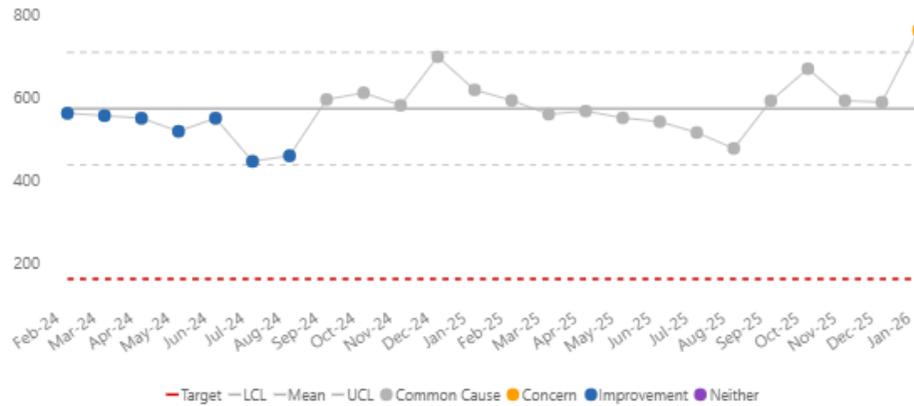
Actions

- 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

Hull University Teaching Hospitals NHS Trust
A&E - Total Time in A&E (Patients >=65 years)

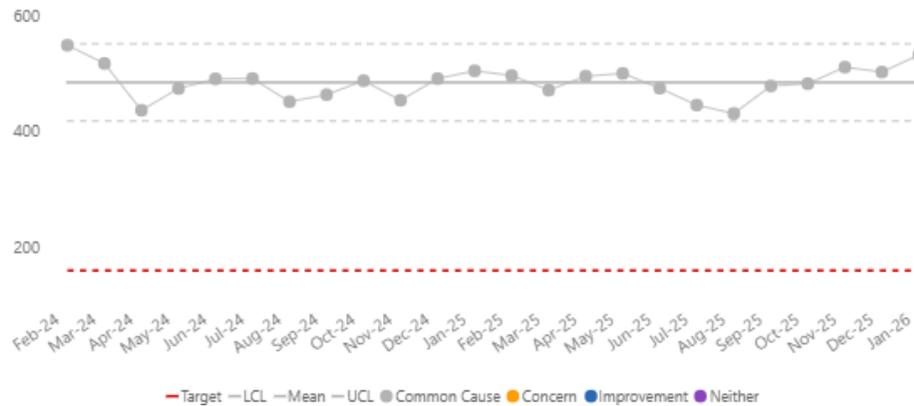


Key Themes

- 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 760 minutes in January, a deterioration on the previous month.
- NLaG's average time also saw a deterioration from the previous month's position with January's average time in A&E at 531 minutes.

Compliance

Northern Lincolnshire & Goole NHS Foundation Trust
A&E - Total Time in A&E (Patients >=65 years)



Action

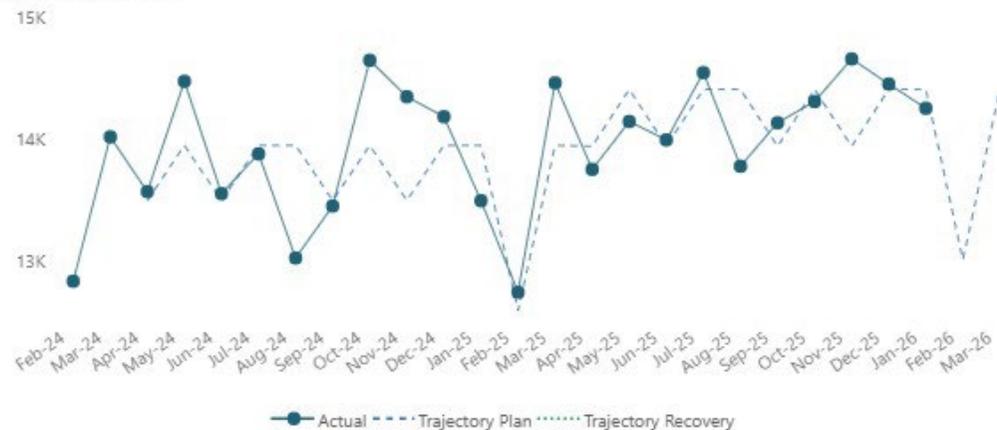
- More movement out of ED in the morning due to continuous flow programme at HUTH
- Hourly monitoring of 12-hour position and reported to Director of the Day and visibility at Site Meetings for action
- Aim to move patients out of ED within 30 minutes as per Continuous Flow model utilising TES/escalation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

30. A&E Attendances – All Types

Compliance

Hull University Teaching Hospitals NHS Trust

A&E - Attendances (All)



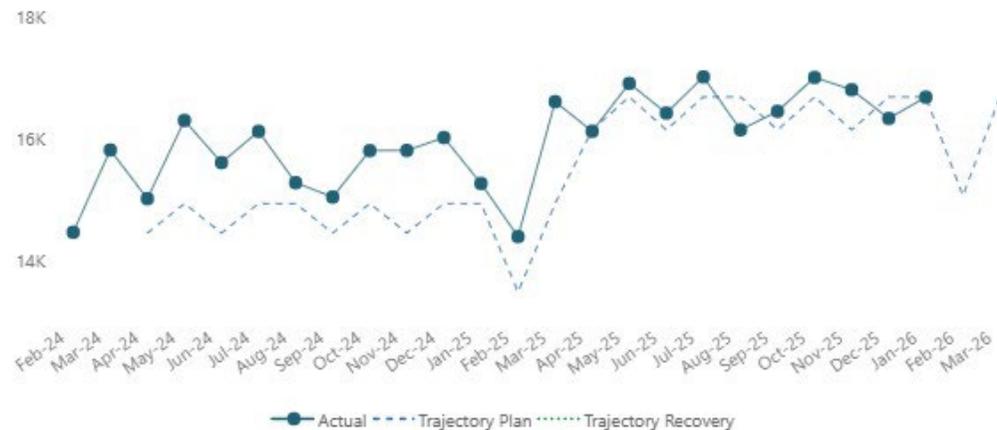
Key Themes

- HUTH January 2026 – 14,254 total attendances comprising 10,124 Type 1 (above plan) and 4,130 Type 3 (below plan)
- NLaG January 2026 – 16,692 total attendances comprising 9,631 Type 1 (below plan) and 7,061 Type 3 (above plan)

Compliance

Northern Lincolnshire and Goole NHS Foundation Trust

A&E - Attendances (All)



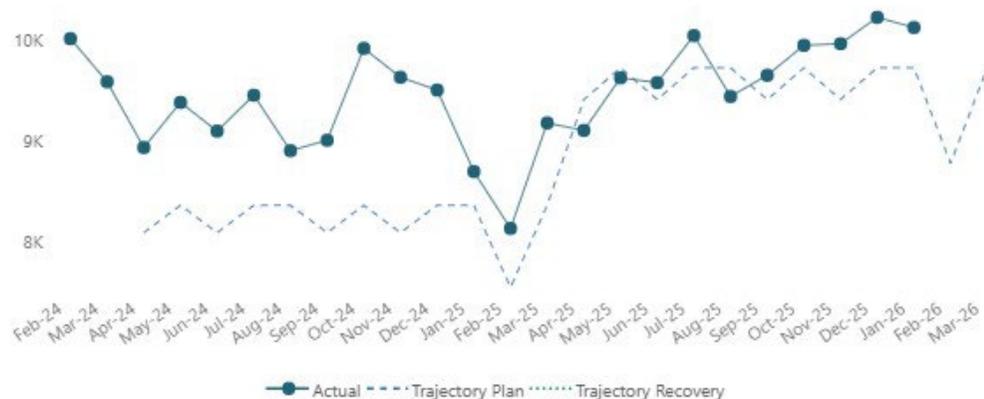
Actions

- 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

Hull University Teaching Hospitals NHS Trust
A&E - Attendances (Type 1)

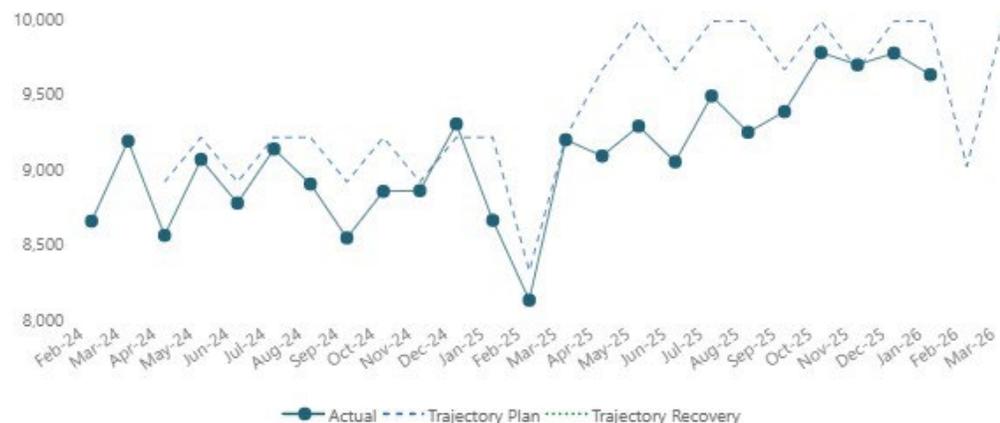


Key Themes

- HUTH Type 1 attendances – January actuals were 10,124, above plan by 397.

Compliance

Northern Lincolnshire and Goole NHS Foundation Trust
A&E - Attendances (Type 1)



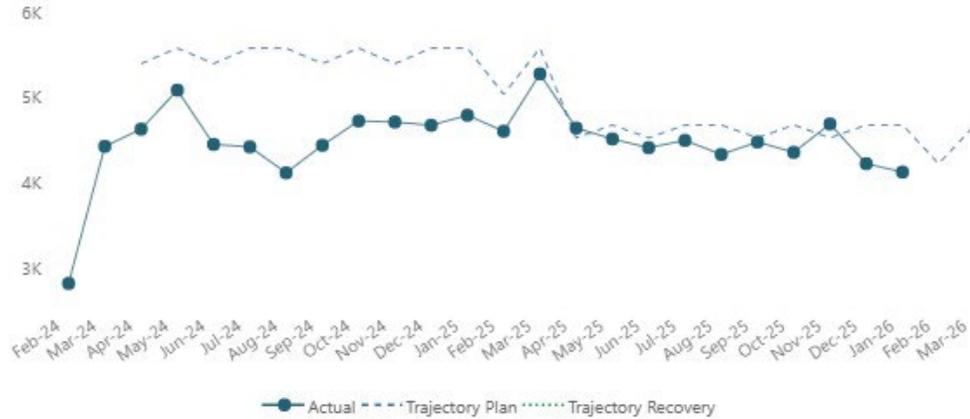
- NLaG Type 1 attendances in January were 9,631 vs plan of 9,987 (356 below plan)

32. A&E Attendances – Type 3 Attendances

Compliance

Hull University Teaching Hospitals NHS Trust

A&E - Attendances (Type 3)



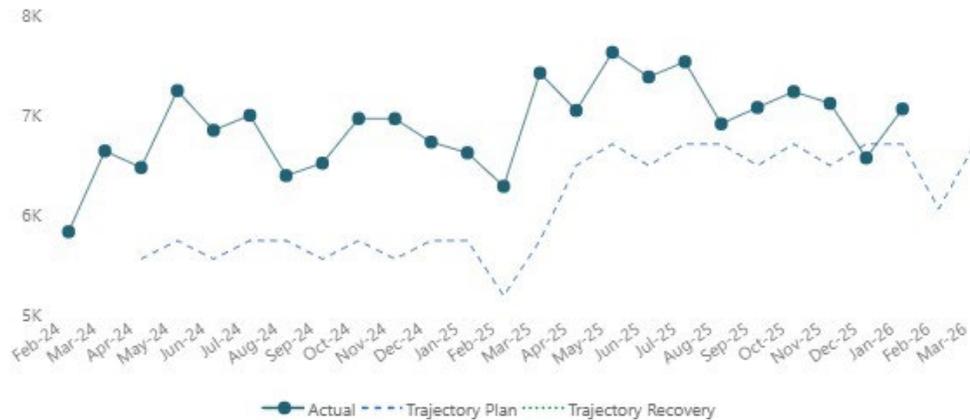
Key Themes

- HUTH Type 3 attendances at HRI – 4,130 seen in January vs plan of 4,681 (551 below plan)

Compliance

Northern Lincolnshire and Goole NHS Foundation Trust

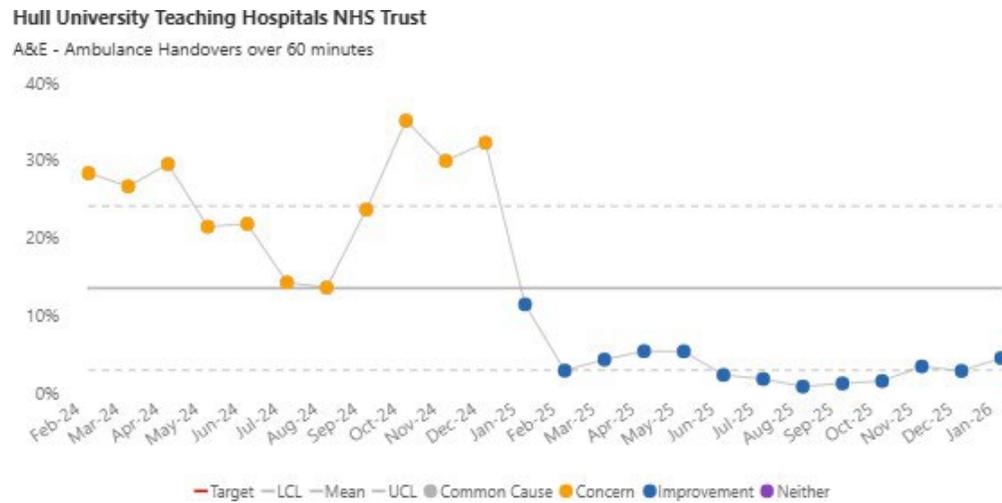
A&E - Attendances (Type 3)



- NLaG Type 3 attendances were 7,061 vs plan of 6,709 (352 below plan).

33. Ambulance Handovers >60 minutes - HUTH

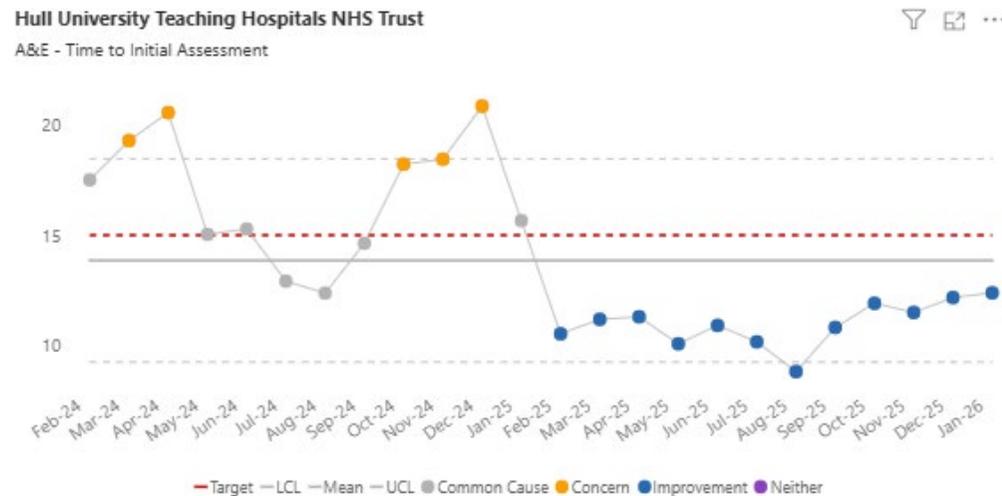
Compliance



Key Themes

- Significant sustained improvement on ambulance handover since the joint work with YAS in December 2024
- Average ambulance handover time in January 2026 was 27 minutes
- Total ambulance conveyances in January were 4,410
- Time to initial assessment 12 minutes

Critical Enabler

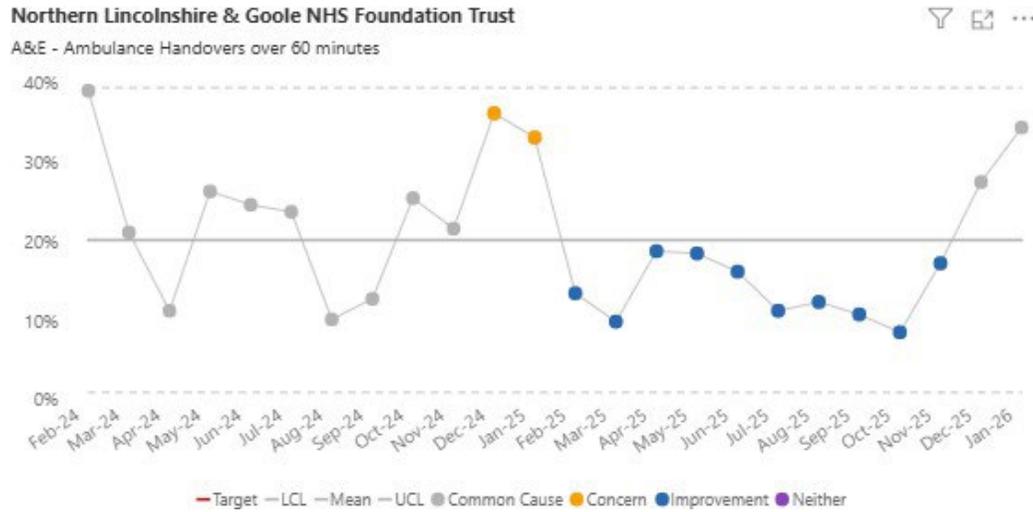


Actions

- 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

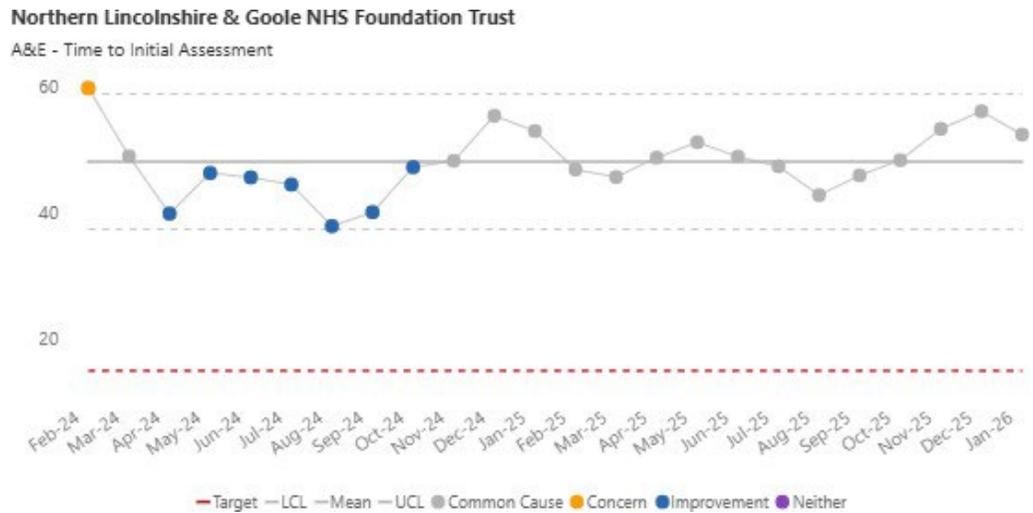
Compliance



Key Themes

- Performance in percentage of ambulance handovers >60 minutes has decreased in January 2026 = 34.4%
- Time to initial assessment was 52 minutes against target of 15 minutes
- Average ambulance handover time in January was 61 minutes
- Total ambulance conveyances were 3,464.

Critical Enabler



Actions

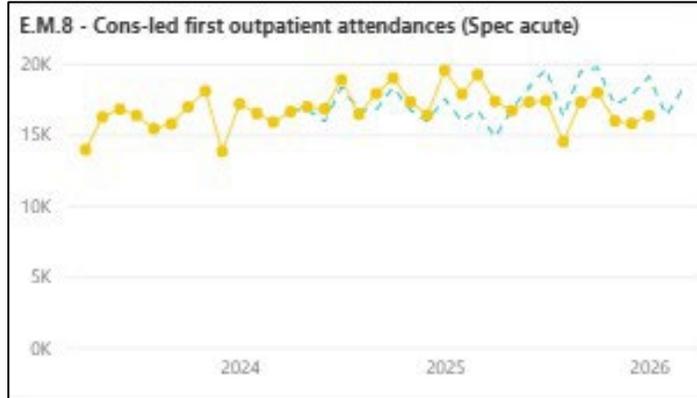
- Relaunched handover processes with ED and EMAS team which is working well.
- Daily 2 hourly monitoring and escalation are in place to maintain ambulance performance.
- Discuss and agree new pathways with EMAS sharing lessons learnt from work undertaken with YAS.

35. Activity

HUTH (Month 10)

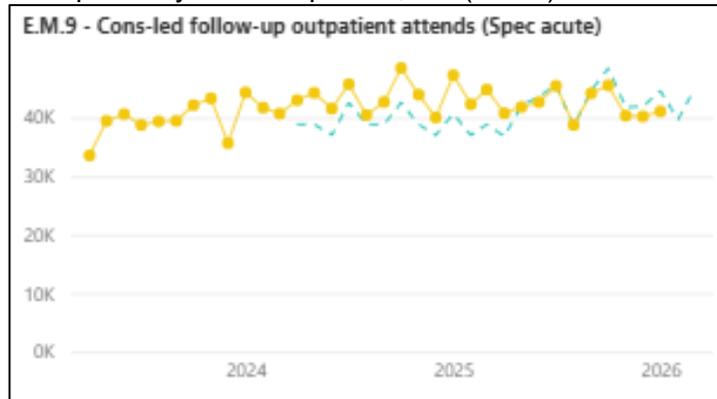
New Outpatient Attendances vs Plan

YTD New consultant-led activity is below plan at -12,399 (-6.9%).



Follow up Outpatient Attendances vs Plan

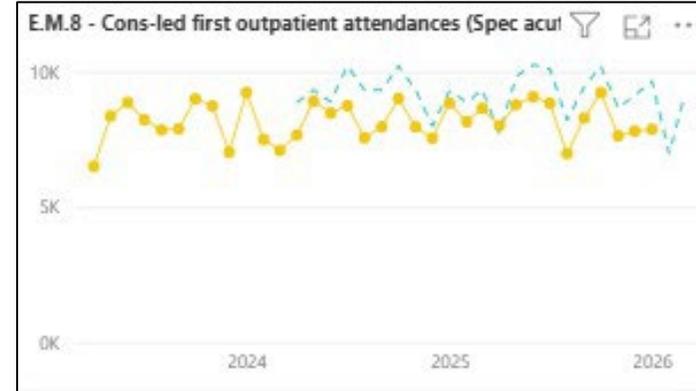
YTD Follow up activity is below plan -7,200 (-1.7%)



NLAG (Month 10)

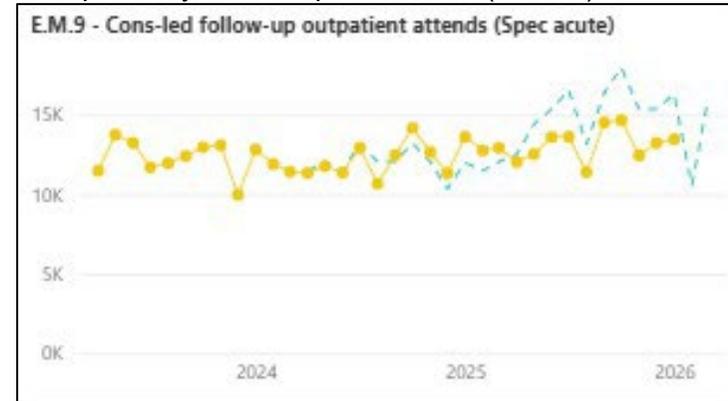
New Outpatient Attendances vs Plan

YTD New consultant-led activity is below plan at -10,695 (-11.5%).



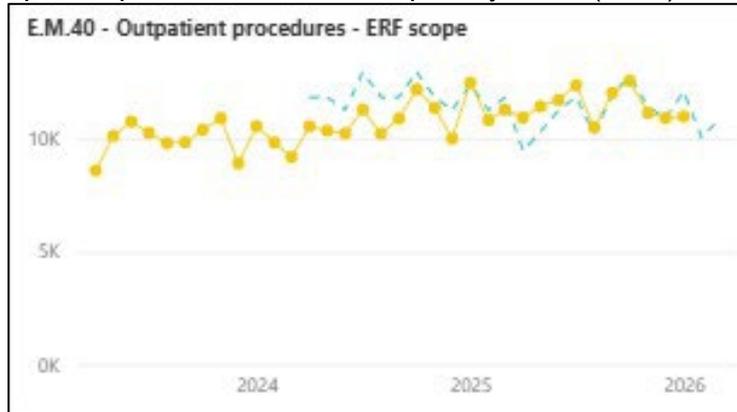
Follow up Outpatient Attendances vs Plan

YTD Follow up activity is below plan -21,860 (-14.3%).



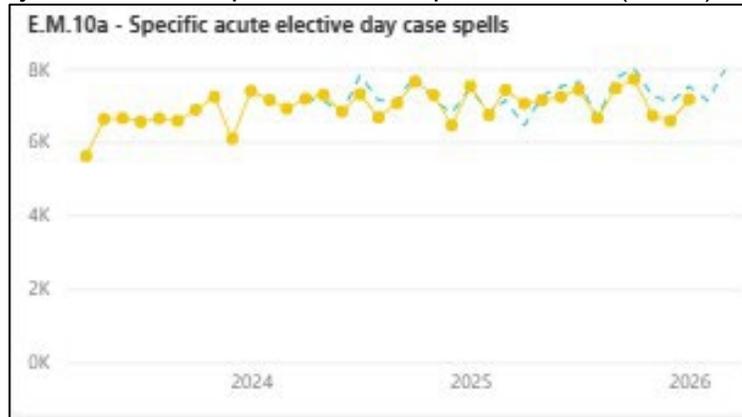
Outpatient Procedures vs Plan

YTD Outpatient procedures are above plan by 2,314 (2.1%).



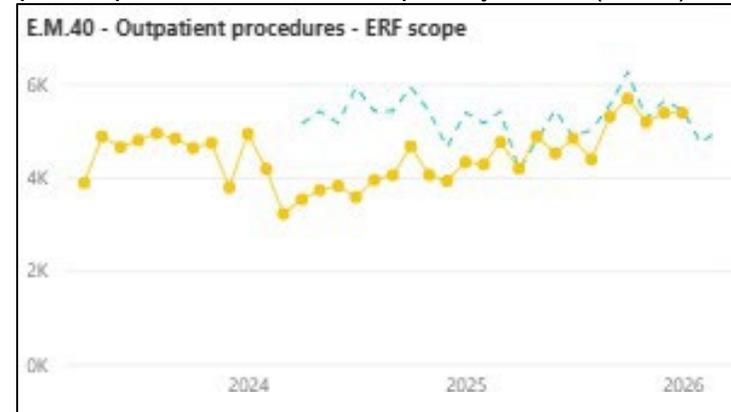
Day Case Admissions vs Plan

YTD Day case elective spells are below plan at -1,995 (-2.7%)



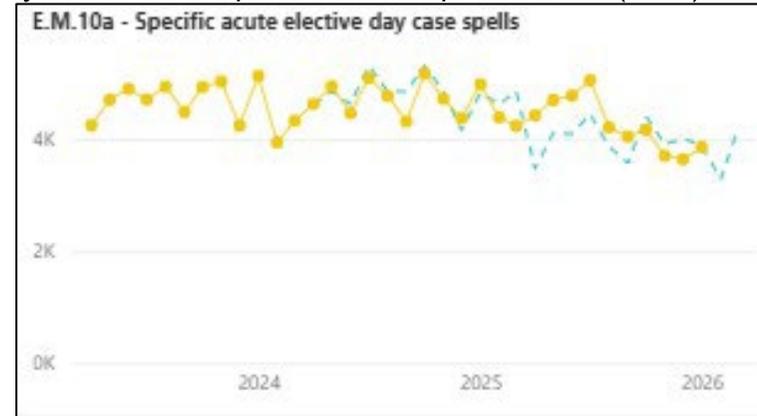
Outpatient Procedures vs Plan

YTD Outpatient procedures are below plan by -2,666 (-5.1%).



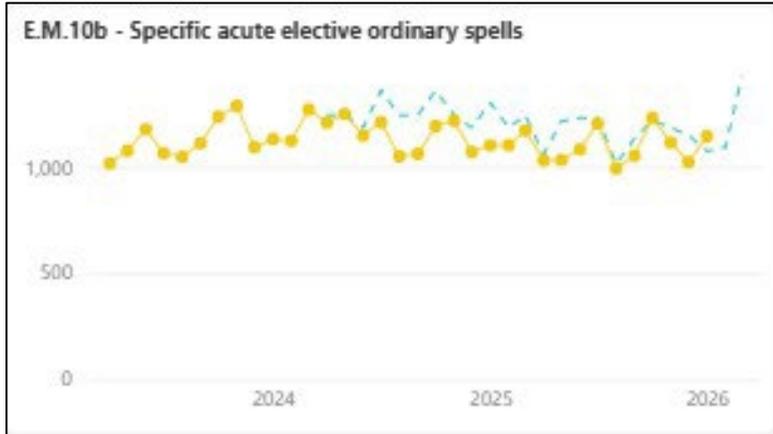
Day Case Admissions vs Plan

YTD Day case elective spells are above plan at 2,796 (7.0%)



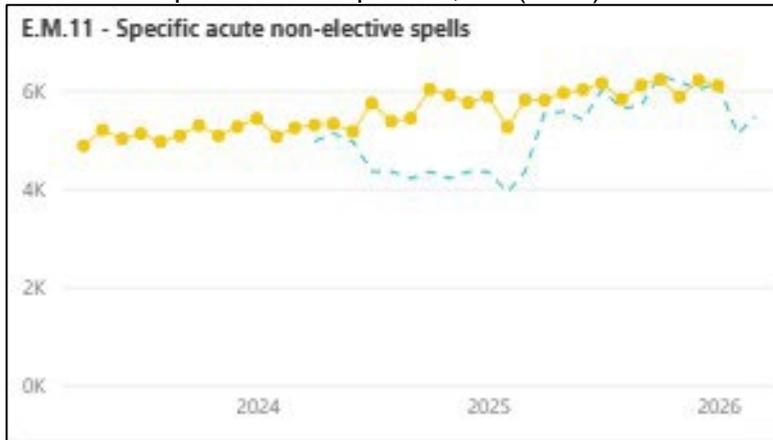
Elective Admissions vs Plan

YTD Inpatient spells are below plan at -600 (-5.2%)



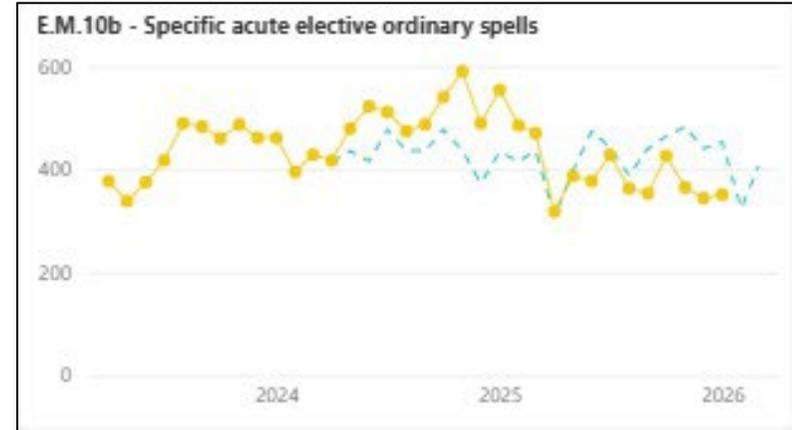
Non-Elective Admissions vs Plan

YTD non-elective spells are over plan +1,738 (3.0%)



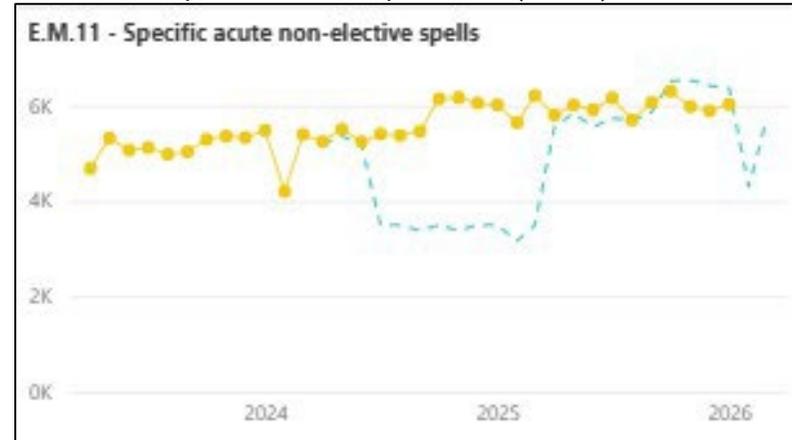
Elective Admissions vs Plan

YTD Inpatient spells are below plan at -577 (-13.5%)



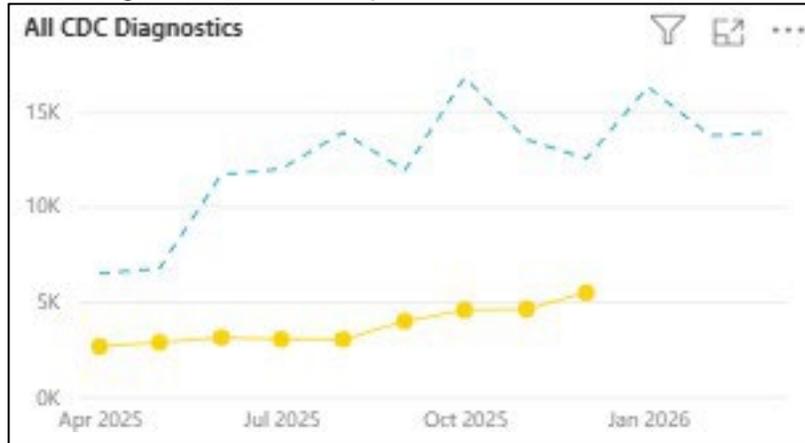
Non-Elective Admissions vs Plan

YTD non-elective spells are below plan -227 (-0.4%)



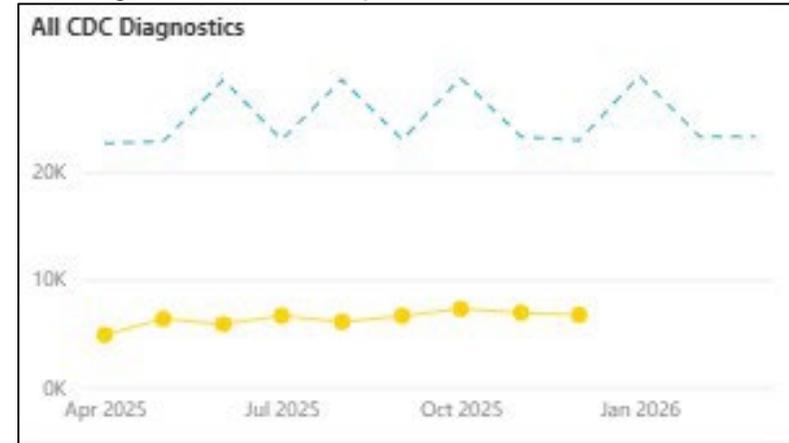
All CDC Diagnostics

YTD CDC diagnostics are below plan at -88,342



All CDC Diagnostics

YTD CDC diagnostics are below plan at -195,443



36. Financial Activity Summary - HUTH

HUTH 2025/26 Elective Recovery Activity M10

	Activity Plan	Activity Actual	Activity Variance	Price Plan	Price Actual	Price Variance
Daycase	73,947	70,269 -	3,678	56,943,846	52,895,218 -	4,048,628
Elective	16,020	14,779 -	1,241	63,635,990	57,459,764 -	6,176,226
Outpatient New Attendance	167,891	160,991 -	6,900	33,896,556	32,179,758 -	1,716,798
Outpatient New Procedure	30,805	32,886	2,081	5,793,539	6,247,854	454,314
Outpatient Follow Up Procedure	96,456	100,424	3,968	10,520,767	10,658,424	137,657
	385,119	379,349 -	5,770	170,790,698	159,441,017 -	11,349,681

Data includes 1675 uncoded January spells priced at Average Tariff by Specialty

37. Financial Activity Summary - NLAG

NLAG 2025/26 Elective Recovery Activity M10

	Activity Plan	Activity Actual	Activity Variance	Price Plan	Price Actual	Price Variance
Daycase	39,476	42,655	3,179 £	27,630,187 £	30,397,272 £	2,767,085
Elective	4,976	4,196 -	780 £	19,330,243 £	17,551,486 -£	1,778,758
Outpatient New Attendance	64,742	62,932 -	1,810 £	13,483,173 £	13,041,532 -£	441,642
Outpatient New Procedure	21,034	17,940 -	3,094 £	4,303,769 £	3,517,133 -£	786,636
Outpatient Follow Up Procedure	34,090	40,173	6,083 £	4,546,162 £	7,153,349 £	2,607,186
	164,318	167,896	3,578	69,293,535	71,660,771	2,367,236

Data includes 1742 uncoded January spells priced at Average Tariff by Specialty

To Note

Some Intended Management fields had not been correctly filled in on NLAG Lorenzo, a DQ piece of work to backdate the completion is almost complete. This has meant a shift to Daycase for some spells that were previously classified as Elective. Prices remain the same.



Humber Health
Partnership

Quality Performance Metrics

January 2026

United By Compassion: Driving For Excellence

Highlights and Lowlights

The IPR is now published following development with the Information Team, building a refreshed reporting tool for the Group. There are some datasets being worked on as DQ issues identified through deployment. Most of the report used BI data from Information Services. A glossary is provided on the last slide.

	HUTH	NLAG
Highlights	<ul style="list-style-type: none"> HUTH is identified as having a ‘as expected’ SHMI, with an overall SHMI of 1.0249. This is higher than last month’s value of 1.0199 The HSMR is improving and the downward trend tracks more recent data than SHMI, with a ratio of 99.8 improved from 100.5. P. Aeruginosa and Klebsiella rates are below trajectory. 	<ul style="list-style-type: none"> NLaG is identified as having a ‘as expected’ SHMI, with an overall SHMI of 1.0207. This is lower than last month’s value of 1.0297. There has been a statistically significant improvement with successive reduction in the HSMR over the past fifteen months, now remains under 100 for 21 months, and at 90.7 improved from 92.2. All current safety alerts are managed within the timeframe.
Lowlights	<ul style="list-style-type: none"> Duty of candour compliance is lower than target. Some care groups have systems in place and are working effectively, while others are developing their processes. There were no Never Events identified in December 2025 or January 2026, but there have been 7 cases in the rolling 12 months. Safety Alert for Medical beds trolleys bed grab handles and lateral turning devices: risk of death from entrapment or falls is overdue. (all others are in progress and within timeframes) For the conditions for which SHMI is calculated by NHS Digital - HUTH is identified as having a higher-than-expected SHMI for: <ul style="list-style-type: none"> Septicaemia Pressure Ulcer rates are higher for the last 4 months, and this is being investigated and thought to be a data quality and validation issue. Patient complaint rate of completion within timescales remains below target consistently. The FFT data collection has been interrupted with the contract ending and a new process being introduced. There has been no A&E FFT collected for 4 months, and a digital collection solution is being implemented currently to remedy. MRSA bacteraemia rates are over the target for the year. VTE data remains below the 95% target overall and at 14 hours from admission. 	<ul style="list-style-type: none"> Duty of candour compliance is not as timely as it should be, although tracked and monitored, with an updated mandatory field structure to enable closure introduced from October across the group. There was one never event in December, with 6 in the rolling 12 months, and none in January 2026. For the conditions for which SHMI is calculated by NHS Digital – NLAG is identified as having a higher-than-expected SHMI for: <ul style="list-style-type: none"> Septicaemia Patient complaint rate of completion within timescales remains below target consistently. C.difficile rates, E-coli, Klebsiella and P Aeruginosa bacteraemia are over the annual target MRSA bacteraemia rates are over the annual target. VTE data remains below the 95% target overall and at 14 hours from admission.

Quality IPR dashboard (Safe)

Hull University Teaching Hospitals NHS Trust

Right click metric to drill through to SPC chart or view metric breakdown

Metric	Month	Target	Result	Var	Asr
Falls - Moderate and above (per 1,000 bed days)	Jan-26		0.13	👍	
Falls - per 1,000 bed days	Jan-26		9.80	👎	
Falls - Serious harm or death	Jan-26		4	👍	
Falls - Serious harm or death (per 1,000 bed days)	Jan-26		0.13	👍	
Falls - Total incidents	Jan-26		308	👍	
Medication Incidents	Jan-26		94	👍	
Medication Incidents - Moderate harm	Jan-26		0	👍	
Medication Incidents - per 1,000 bed days	Jan-26		2.99	👍	
Medication Incidents - Serious harm	Jan-26		0	👍	
Mixed Sex Accommodation Breaches	Jan-26		4	👎	
Patient Incidents	Jan-26		2,118	👍	
Patient Safety Incidents - % Harmful	Jan-26		2.6%	👍	
Patient Safety Incidents - Fatal	Jan-26		3	👍	
Patient Safety Incidents - Investigation rate (per 1,000 bed ...	Sep-25		0.00	👍	
Patient Safety Incidents - Investigations (PSIIs)	Sep-25		3	👍	
Patient Safety Incidents - Low harm	Jan-26		491	👍	
Patient Safety Incidents - Moderate and above (per 1,000 b...	Jan-26		1.72	👍	
Patient Safety Incidents - Moderate harm	Jan-26		43	👍	
Patient Safety Incidents - No harm	Jan-26		1,573	👍	
Patient Safety Incidents - Severe harm	Jan-26		8	👍	
Pressure Ulcers - Category 1	Jan-26		13	👍	
Pressure Ulcers - Category 2	Jan-26		55	👎	
Pressure Ulcers - Category 3	Jan-26		2	👎	
Pressure Ulcers - Category 4	Jan-26		0	👍	
Pressure Ulcers - Device related	Jan-26		20	👍	
Pressure Ulcers - Hospital acquired	Jan-26		129	👎	
Pressure Ulcers - Hospital acquired (per 1,000 bed days)	Jan-26		4.10	👎	
Pressure Ulcers - Hospital acquired moderate and above (p...	Jan-26		0.32	👍	
Pressure Ulcers - Suspected deep tissue injury	Jan-26		29	👍	
Pressure Ulcers - Total community acquired	Jan-26		0	👍	
Pressure Ulcers - Unstageable	Jan-26		7	👍	
VTE Risk Assessment	Jan-26	≥ 95.0%	91.7%	👎	👎
VTE Risk Assessment 14 Hour Standard	Jan-26	≥ 95.0%	90.0%	👎	👎

Northern Lincolnshire and Goole NHS Foundation Trust

Right click metric to drill through to SPC chart or view metric breakdown

Metric	Month	Target	Result	Var	Asr
Falls - Moderate and above (per 1,000 bed days)	Jan-26		0.19	👍	
Falls - per 1,000 bed days	Jan-26		6.53	👍	
Falls - Serious harm or death	Jan-26		2	👍	
Falls - Serious harm or death (per 1,000 bed days)	Jan-26		0.09	👍	
Falls - Total incidents	Jan-26		139	👍	
Medication Incidents	Jan-26		82	👍	
Medication Incidents - Moderate harm	Jan-26		0	👍	
Medication Incidents - per 1,000 bed days	Jan-26		3.85	👍	
Medication Incidents - Serious harm	Jan-26		0	👍	
Mixed Sex Accommodation Breaches	Jan-26		0	👍	
Patient Incidents	Jan-26		1,672	👍	
Patient Safety Incidents - % Harmful	Jan-26		2.9%	👍	
Patient Safety Incidents - Fatal	Jan-26		1	👍	
Patient Safety Incidents - Investigation rate (per 1,000 bed ...	Jan-26		0.00	👍	
Patient Safety Incidents - Investigations (PSIIs)	Dec-25		1	👍	
Patient Safety Incidents - Low harm	Jan-26		422	👍	
Patient Safety Incidents - Moderate and above (per 1,000 b...	Jan-26		2.30	👍	
Patient Safety Incidents - Moderate harm	Jan-26		46	👍	
Patient Safety Incidents - No harm	Jan-26		1,201	👍	
Patient Safety Incidents - Severe harm	Jan-26		2	👍	
Pressure Ulcers - Category 1	Jan-26		13	👍	
Pressure Ulcers - Category 2	Jan-26		137	👍	
Pressure Ulcers - Category 3	Jan-26		13	👍	
Pressure Ulcers - Category 4	Jan-26		0	👍	
Pressure Ulcers - Device related	Jan-26		17	👍	
Pressure Ulcers - Hospital acquired	Jan-26		267	👍	
Pressure Ulcers - Hospital acquired (per 1,000 bed days)	Jan-26		12.55	👍	
Pressure Ulcers - Hospital acquired moderate and above (p...	Jan-26		1.65	👍	
Pressure Ulcers - Suspected deep tissue injury	Jan-26		59	👍	
Pressure Ulcers - Total community acquired	Jan-26		0	👍	
Pressure Ulcers - Unstageable	Jan-26		24	👍	
VTE Risk Assessment	Jan-26	≥ 95.0%	96.1%	👍	👍
VTE Risk Assessment 14 Hour Standard	Jan-26	≥ 95.0%	93.2%	👎	👎

Quality IPR dashboard (Mortality)

Hull University Teaching Hospitals NHS Trust

Right click metric to drill through to SPC chart or view metric breakdown

Metric	Month	Target	Result	Var	Asr
Mortality - Crude Mortality (non-elective)	Jan-26		3.2%		
Mortality - HSMR	Nov-25	≤ 100.0	99.8		
Mortality - SHMI	Sep-25	≤ 1.0	1.025		
Mortality - Still Births (per 1,000 births)	Jan-26		7.481		

Northern Lincolnshire and Goole NHS Foundation Trust

Right click metric to drill through to SPC chart or view metric breakdown

Metric	Month	Target	Result	Var	Asr
Mortality - Crude Mortality (non-elective)	Jan-26		1.9%		
Mortality - HSMR	Nov-25	≤ 100.0	90.7		
Mortality - SHMI	Sep-25	≤ 1.0	1.021		
Mortality - Still Births (per 1,000 births)	Jan-26		3.497		

Quality IPR dashboard (Patient Experience)

Hull University Teaching Hospitals NHS Trust

Right click metric to drill through to SPC chart or view metric breakdown

Metric	Month	Target	Result	Var	Asr
Complaints - 40 day compliance	Jan-26	≥ 85.0%	25.7%		
Complaints - 60 day compliance	Jan-26	≥ 85.0%	40.0%		
Complaints - Average response time	Jan-26	≤ 40	77		
Complaints - Received	Jan-26		31		
Complaints - Received (per 1,000 bed days)	Jan-26		0.99		
Complaints - Reopened	Dec-25		0		
Friends & Family - A&E Score	Jan-26	≥ 85.0%	72.4%		
Friends & Family - Antenatal Score	Jan-26	≥ 95.0%	0.0%		
Friends & Family - Birth Score	Jan-26	≥ 95.0%	100.0%		
Friends & Family - Inpatient Score	Jan-26	≥ 95.0%	96.5%		
Friends & Family - Outpatient Score	Jan-26	≥ 95.0%	98.6%		
Friends & Family - Postnatal Score	Jan-26	≥ 95.0%	100.0%		
PALS - Complaints	Jan-26	≤ 1	254		
PALS - Complaints compliance within 5 working days	Jan-26		38.3%		
PALS - Compliments	Sep-25		0		
PHSO Referrals	Sep-25		0		

Northern Lincolnshire and Goole NHS Foundation Trust

Right click metric to drill through to SPC chart or view metric breakdown

Metric	Month	Target	Result	Var	Asr
Complaints - 40 day compliance	Jan-26	≥ 85.0%	24.1%		
Complaints - 60 day compliance	Jan-26	≥ 85.0%	48.3%		
Complaints - Average response time	Jan-26	≤ 40	63		
Complaints - Received	Jan-26		47		
Complaints - Received (per 1,000 bed days)	Jan-26		2.21		
Complaints - Reopened	Jan-26		2		
Friends & Family - A&E Score	Jan-26	≥ 85.0%	76.8%		
Friends & Family - Antenatal Score	Jan-26	≥ 95.0%	68.0%		
Friends & Family - Birth Score	Jan-26	≥ 95.0%	100.0%		
Friends & Family - Community Score	Jan-26	≥ 95.0%	98.7%		
Friends & Family - Inpatient Score	Jan-26	≥ 95.0%	97.5%		
Friends & Family - Outpatient Score	Jan-26	≥ 95.0%	95.1%		
Friends & Family - Postnatal Community Score	Jan-26	≥ 95.0%	100.0%		
Friends & Family - Postnatal Score	Jan-26	≥ 95.0%	100.0%		
PALS - Complaints	Jan-26	≤ 1	262		
PALS - Complaints compliance within 5 working days	Jan-26		61.4%		

Quality IPR dashboard (Infection Prevention)

Hull University Teaching Hospitals NHS Trust

Right click metric to drill through to SPC chart or view metric breakdown

Metric	Month	Target	Result	Var	Asr
CQC Inpatient Survey Satisfaction Mean Score	Jan-26		8.2		
CQC Safe Inspection Score	Jan-26		1.0		
Infections - C.Difficile	Jan-26		16		
Infections - C.Difficile (Cumulative)	Jan-26		82		
Infections - C.Difficile (per 1,000 bed days)	Jan-26		0.51		
Infections - E.Coli	Jan-26		12		
Infections - E.Coli (Cumulative)	Jan-26		184		
Infections - E.Coli (per 1,000 bed days)	Jan-26		0.38		
Infections - Klebsiella	Jan-26		7		
Infections - Klebsiella (Cumulative)	Jan-26		64		
Infections - Klebsiella bacteraemia (per 1,000 bed days)	Jan-26		0.22		
Infections - MRSA	Jan-26		0		
Infections - MRSA (Cumulative)	Jan-26		4		
Infections - MRSA (per 1,000 bed days)	Jan-26		0.00		
Infections - MSSA	Jan-26		8		
Infections - MSSA (Cumulative)	Jan-26		74		
Infections - MSSA (per 1,000 bed days)	Jan-26		0.25		
Infections - Pseudomonas aeruginosa	Jan-26		1		
Infections - Pseudomonas aeruginosa (Cumulative)	Jan-26		26		
Infections - Pseudomonas aeruginosa bacteraemia (per 1,0...	Jan-26		0.03		

Northern Lincolnshire and Goole NHS Foundation Trust

Right click metric to drill through to SPC chart or view metric breakdown

Metric	Month	Target	Result	Var	Asr
CQC Inpatient Survey Satisfaction Mean Score	Jan-26		8.1		
CQC Safe Inspection Score	Jan-26		2.0		
Infections - C.Difficile	Jan-26		3		
Infections - C.Difficile (Cumulative)	Jan-26		39		
Infections - C.Difficile (per 1,000 bed days)	Jan-26		0.14		
Infections - E.Coli	Jan-26		14		
Infections - E.Coli (Cumulative)	Jan-26		225		
Infections - E.Coli (per 1,000 bed days)	Jan-26		0.66		
Infections - Klebsiella	Jan-26		6		
Infections - Klebsiella (Cumulative)	Jan-26		100		
Infections - Klebsiella bacteraemia (per 1,000 bed days)	Jan-26		0.28		
Infections - MRSA	Jan-26		1		
Infections - MRSA (Cumulative)	Jan-26		4		
Infections - MRSA (per 1,000 bed days)	Jan-26		0.05		
Infections - MSSA	Jan-26		6		
Infections - MSSA (Cumulative)	Jan-26		70		
Infections - MSSA (per 1,000 bed days)	Jan-26		0.28		
Infections - Pseudomonas aeruginosa	Jan-26		1		
Infections - Pseudomonas aeruginosa (Cumulative)	Jan-26		31		
Infections - Pseudomonas aeruginosa bacteraemia (per 1,0...	Jan-26		0.05		

Duty of Candour

HUTH

	No of PS Incidents for DoC				Completed DoC in Writing				Compliance rate			
	Oct-25	Nov-25	Dec-25	Jan-26	Oct-25	Nov-25	Dec-25	Jan-26	Oct-25	Nov-25	Dec-25	Jan-26
HUTH												
Acute And Emergency Medicine	5	4	9	9	3	1	4	1	60%	25%	44%	11%
Cardiovascular	5	2	2	4	4	2	2	2	80%	100%	100%	50%
Community, Frailty & Therapy Services	1	2	2	3	0	2	2	1	0%	100%	100%	33%
Digestive Diseases	2	2	4	7	1	2	1	1	50%	100%	25%	14%
Family Services	4	8	3	5	4	8	3	4	100%	100%	100%	80%
Head And Neck	4	1	2	3	4	1	2	1	100%	100%	100%	33%
Major Trauma	4	0	1	1	3	0	1	0	75%	NA	100%	0%
Neuroscience	0	1	4	3	0	0	3	3	NA	0%	75%	100%
Pathology Network	0	1	0	1	0	0	0	0	NA	0%	NA	0%
Patient Services	1	0	2	0	1	0	0	0	100%	NA	0%	NA
Specialist Cancer And Support Services	1	1	3	2	1	0	2	2	100%	0%	67%	100%
Specialist Medicine	2	1	3	3	1	1	2	2	50%	100%	67%	67%
Specialist Surgery	2	2	0	1	1	2	0	0	50%	100%	NA	0%
Theatres, Anaesthetics And Critical Care	2	1	1	0	1	0	0	0	50%	0%	0%	NA
Total	33	26	36	42	24	19	22	17	73%	73%	61%	40%

NLAG

	No of PS Incidents for DoC				Completed DoC in Writing				Compliance rate			
	Oct-25	Nov-25	Dec-25	Jan-26	Oct-25	Nov-25	Dec-25	Jan-26	Oct-25	Nov-25	Dec-25	Jan-26
NLAG												
Acute And Emergency Medicine	1	7	3	8	0	7	3	6	0%	100%	100%	75%
Cardiovascular	0	1	1	1	0	1	0	0	NA	100%	0%	0%
Community, Frailty & Therapy Services	23	22	18	26	23	21	18	24	100%	95%	100%	92%
Digestive Diseases	2	4	5	4	2	4	4	4	100%	100%	80%	100%
Family Services	7	6	1	3	6	6	1	2	86%	100%	100%	67%
Head And Neck	1	1	0	0	1	1	0	0	100%	NA	NA	NA
Neuroscience	1	1	1	1	1	1	0	2	100%	100%	0%	200%
Patient Services	0	1	0	0	0	0	0	0	NA	0%	NA	NA
Site Management And Discharge Teams	0	0	3	0	0	0	0	0	NA	NA	0%	NA
Specialist Cancer And Support Services	2	1	1	0	0	0	1	0	NA	NA	100%	NA
Specialist Medicine	1	0	1	1	1	0	1	1	100%	NA	100%	100%
Specialist Surgery	4	0	1	0	4	0	1	0	100%	NA	100%	NA
Theatres, Anaesthetics And Critical Care	1	1	3	2	1	1	1	0	NA	100%	33%	0%
Total	43	45	38	46	39	42	30	39	91%	93%	79%	85%

There is a 10 working day target for completing written DoC and an improvement plan to achieve completion and improve timeliness with achievement expected by February's reporting cycle.

HUTH

There is some improvement in completion of written DoC, with the greatest challenges of volume and lower compliance performance in AEM and Digestive Diseases

Key themes

Key points identified with compliance are:

- the change in process to provide written DoC
- Implementation of Ulysses as new system to adjust to, although exceeding Datix performance now.
- Documentation of all steps taken including the assurance of letters uploaded onto the database.
- Ownership by departments and Care Groups.

Actions taken

- Validation of appropriate completion when closed by the Head of Patient Safety.
- ADQG review of incidents and suggest resolution plans shared to prompt action.

NLAG

Key themes

Key points identified with compliance are the process change from using the questionnaire tool, to the fields being part of the manager form from October 2025.

There is improved completion and compliance at NLAG in October and November, with some lag seen for December, but confident that this will improve as previous months.

Group Actions being taken to improve:

- Ulysses closure requirement ensures DoC section of the manager forms is completed.
- Dashboard on Ulysses provides realtime data.
- Care Group weekly performance reporting through the weekly monitoring report and ADQG reminders to all care groups.
- Sharing of good practice.
- Further training for teams that require support.

Never Events

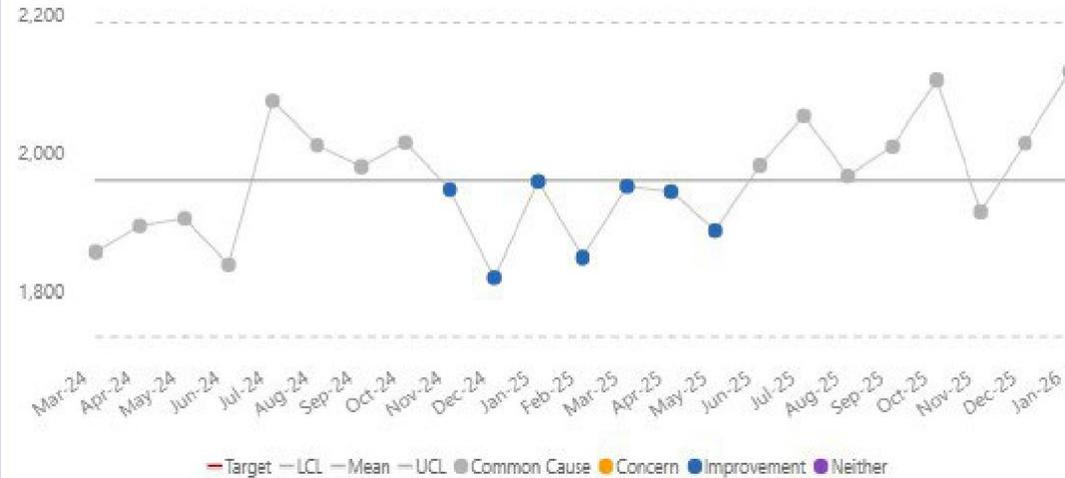
HUTH	<ul style="list-style-type: none">• There have been 7 Never Events in HUTH in the rolling 12 months up to the end of January 2026, with the last in November 2025.
NLAG	<ul style="list-style-type: none">• There have been 6 Never Events in NLAG in the rolling 12 months up to the end of January 2026, with the last case identified in December 2025.
	<p>Group wide actions</p> <ul style="list-style-type: none">• Safer Surgery and Interventions Group is meeting monthly, with focus on practice across interventional procedures in and outside the operating theatre.• Introduction of a compliant NatSSIPs2 checklist in critical care and theatres for central line insertion, with a New document in December 2025.• The remaining specialty and procedure specific NatSSIPs2 SOP and checklists are being updated• Introduction of culture reporting tools• Promotion of the FTSU role• Use of the NHSE Being fair tools for all staff directly involved• Thematic review of Never Event learning points.• Surgical Safety and professional standards in the operating theatre environment are in development.• Observational audits undertaken by Chief Nurse and Quality Governance teams.• Revision of the audit tools to align to the checklists for both documentation and observation tools.• Recognition of some education and implementation of change improvements being taken forward with clinical education teams.• Development and update of the remaining NatSIPPS checklists for different procedures and settings continues with prioritisation of the Ophthalmology checklist for cataract surgery and interventional radiology.• Seek wider engagement for monitoring and audit of compliance across all relevant environments.• Simulation based training for theatre team leaders and team members.• Training information and video recording has been updated and published for NatSSIPS2 compliance.• Take the learning from each investigation and learning response outcome to ensure the range of training, simulation and orientation packages across the group are duly considered.• Quality Summit is planned for April 2026.• Surgical Safety Summit planned, being led by TACC Care Group.• A structured forum for a panel discussion about the impact of Never Events on patients and staff.• Introduction of culture reporting tools• Assessing culture as an additional measure, including individuals and the team approach to training, workload and quality performance.• Strategic action plan document to demonstrate the range of activities being undertaken to support learning across the organisation.• Networking with other organisations to gain insights from their experiences.• Participation in Safer Surgery and Interventional Procedures Network Meeting, a national forum led by Patient Safety Learning.

Patient Safety Incident (PSI) reporting

HUTH

Hull University Teaching Hospitals NHS Trust

Patient Incidents



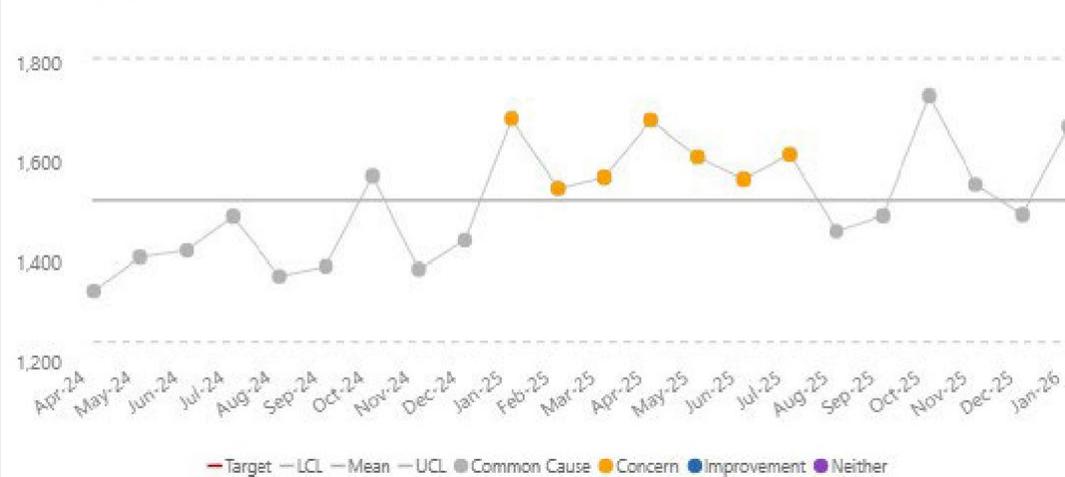
Key themes

- Normal variation seen in this chart
- Reporting incidents, including no harm and near misses is a property of the safety culture and so the intent is to continue promoting incident reporting.
- Benchmarking data is limited currently due to NRLS changes to LFPSE and the transition period, is now in the pipeline from national team updates for coming months.
- HUTH has Quartile 3 rates of Patient Safety Incident rates of reporting, with proportionally lower harm levels than the national data from LFPSE.

NLAG

Northern Lincolnshire & Goole NHS Foundation Trust

Patient Incidents



Key themes

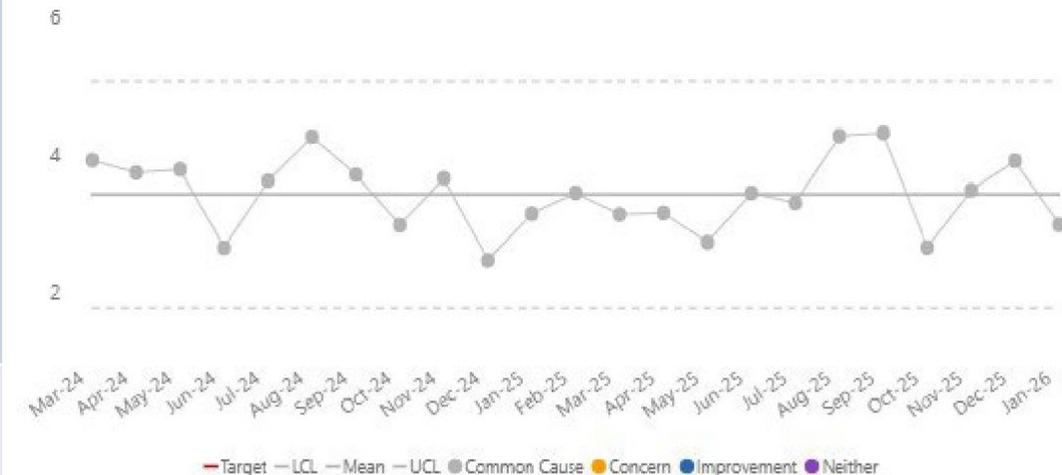
- The rate of reporting shows a return to normal variation of reporting after a rise from January to July 2025, which correlates with no harm reporting rates that had also increased.
- NLAG has Quartile 4 rates of Patient Safety Incident rates of reporting, with proportionally lower harm levels than the national data from LFPSE.

Patient Safety Incident (PSI) – Medication incidents per 1000 bed days

HUTH

Hull University Teaching Hospitals NHS Trust

Medication Incidents - per 1,000 bed days



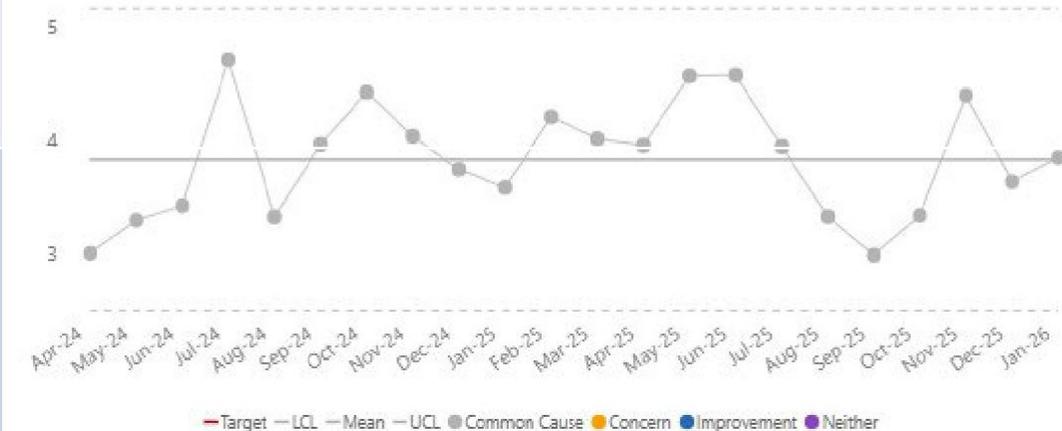
Key themes

- Normal variation seen on the chart.

NLAG

Northern Lincolnshire & Goole NHS Foundation Trust

Medication Incidents - per 1,000 bed days



Key themes

- Normal variation is seen on the chart.

Improvement activities:

Safer Medication Group and Operational Medicines Group review of incidents and learning points.

Quality Priority workstreams on:

- IV/Oral switch of antibiotics
- Insulin Safety
- Weight related doses.
- Time Critical Medicines

Patient Safety Alerts

HUTH

Overdue – 1 alert:

- Medical beds trolleys bed grab handles and lateral turning devices: risk of death from entrapment or falls. Closure report and evidence collation has 2 actions that lack evidence for: Action 3 - Inventory/database of assets (incomplete ~90% capture on Tagnos system) and Action 4 - subcontracted maintenance process oversight. Escalation for resolution with Estates and Clinical Engineering.
 - Estates and Clinical Engineering are working together to ensure there is a solution to ensure a full inventory and maintenance tracking database is in place, replicating the NLAG database and Clinical Engineering accountability. A paper is being prepared for presentation to the Executive team.

Group

Current open Alerts:

- NatPSA/2025/005/NHSPS - Harm from delayed administration of rasburicase for tumour lysis syndrome due by 9 March 2026.
- NatPSA/2025/006/NHSPS - Harm from incorrect recording of a penicillin allergy as a penicillamine allergy, due by 20 November 2026.
- NatPSA/2025/008/NHSPS - Risk associated with adult breathing circuits lacking a patent exhalation route. Due on 12 June 2026.

Completed Alerts:

NatPSA/2026/001/DHSC - Steriflex® No. 109 (1L) and No. 171 (2L): Potassium Chloride 0.15%, Sodium Chloride 0.45%, Glucose 2.5% Bags. Due by 6/2/2026.

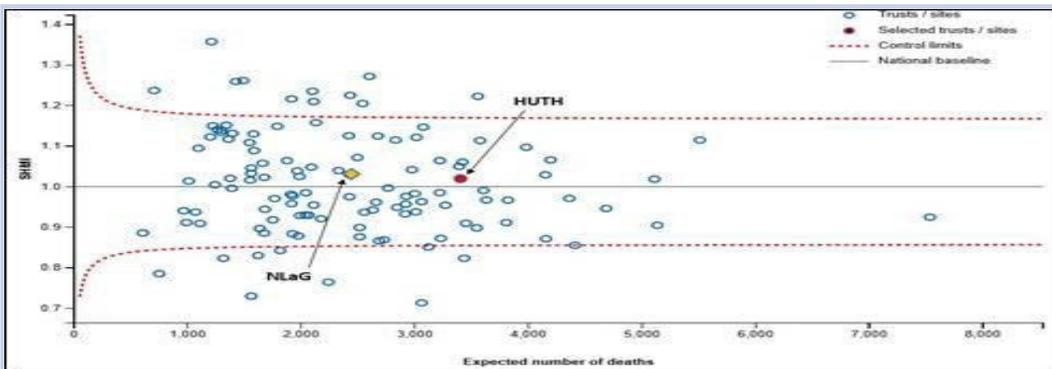
NLAG

Overdue:

- None

Mortality - SHMI

Benchmark

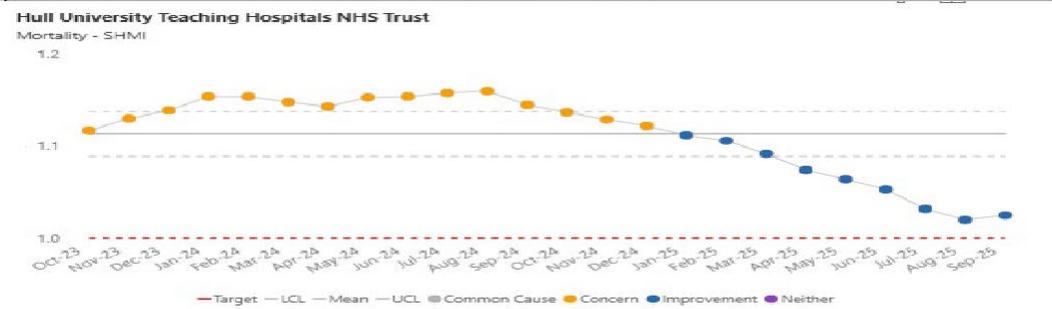


SHMI values include the episode of care and 30 days following discharge survival and deaths risk ratings..

The latest SHMI values for each site are:

- Castle Hill – 0.9733; ‘as expected’ (previously 0.9739 and ‘as expected’)
- Hull – 1.0479; ‘as expected’ (previously 1.0412 and ‘as expected’)
- Grimsby – 0.9747; ‘as expected’ (previously 0.9976 and ‘as expected’)
- Scunthorpe – 1.0747; ‘as expected’ (previously 1.0703 and ‘as expected’)
- Goole – insufficient activity for SHMI to be calculated

HUTH



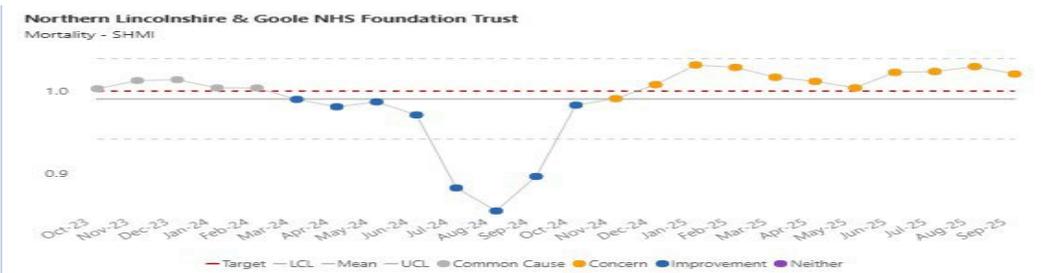
Key themes

- HUTH is identified as having a ‘as expected’ SHMI, with an overall SHMI of 1.0249. This is higher than last month’s value of 1.0199.

For the conditions for which SHMI is calculated by NHS Digital - HUTH is identified as having a higher than expected SHMI for:

- Septicaemia

NLaG



Key themes

- NLaG is identified as having a ‘as expected’ SHMI, with an overall SHMI of 1.0207. This is lower than last month’s value of 1.0297.

For the conditions for which SHMI is calculated by NHS Digital – NLaG is identified as having a higher than expected SHMI for:

- Septicaemia

NLaG has a data issue shown in July-September 2024, which may be rectified once processed by NHS Digital. An additional chart is provided from CHKS providing charts reflecting the difference between the national published data and the SUS data complete data set.



Actions being taken to improve across the Group:

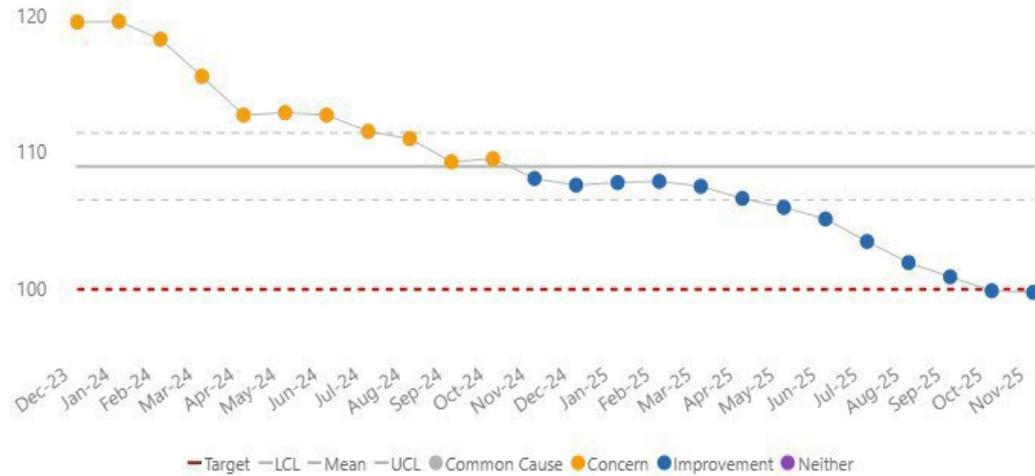
- Septicaemia is a Quality priority for the Group and remains an area of focus through the Mortality Improvement Group.
- Mortality Improvement Group workplan and oversight of workstreams to investigate causes of concern in the data.
- Learning from deaths reporting arrangements each quarter.

Mortality - HSMR

HUTH

Hull University Teaching Hospitals NHS Trust

Mortality - HSMR



HSMR is a risk adjusted mortality index for a basket of 56 diagnosis groups. The risk adjusted tool uses 100 as the national baseline, focusing on the inpatient episode, and therefore the inpatient risk of death.

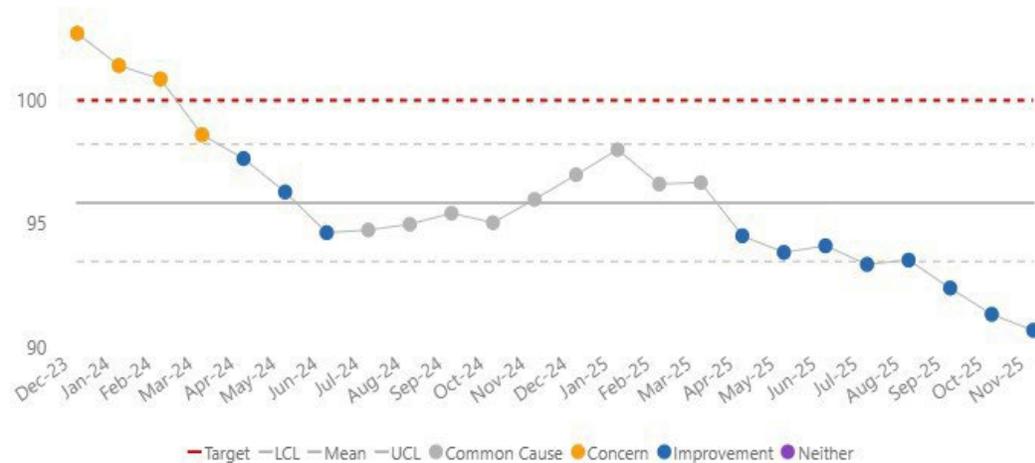
Key themes

The HSMR is improving and the downward trend tracks more recent data than SHMI, with a ratio of 99.8.

NLAG

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Mortality - HSMR



Key themes

There has been a statistically significant improvement with successive reduction in the HSMR over the past fifteen months, now remains under 100 for 21 months, and at 90.7.

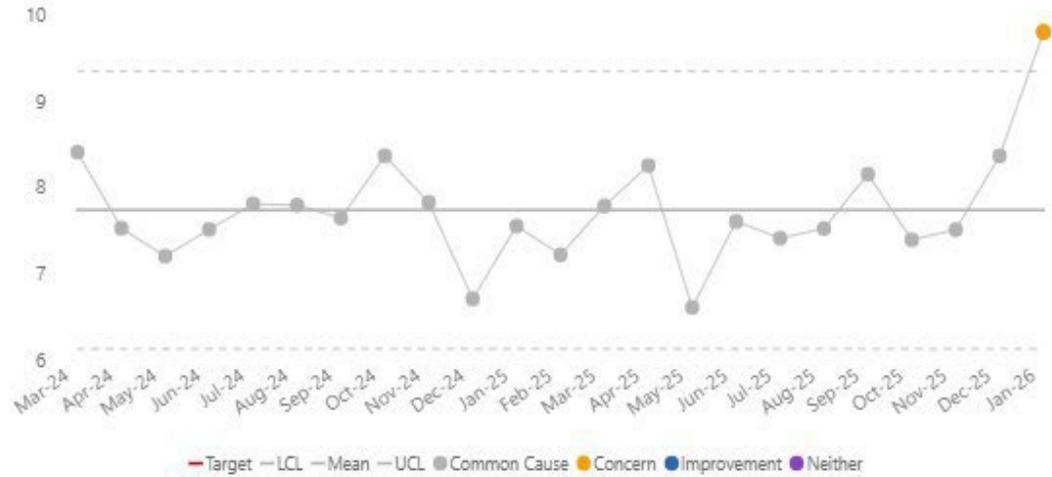
Actions are included in the same way for the SHMI description, and HSMR is used as part of the analysis of the mortality data, recognising a different methodology and risk adjustment is applied.

Falls

HUTH

Hull University Teaching Hospitals NHS Trust

Falls - per 1,000 bed days



Key themes

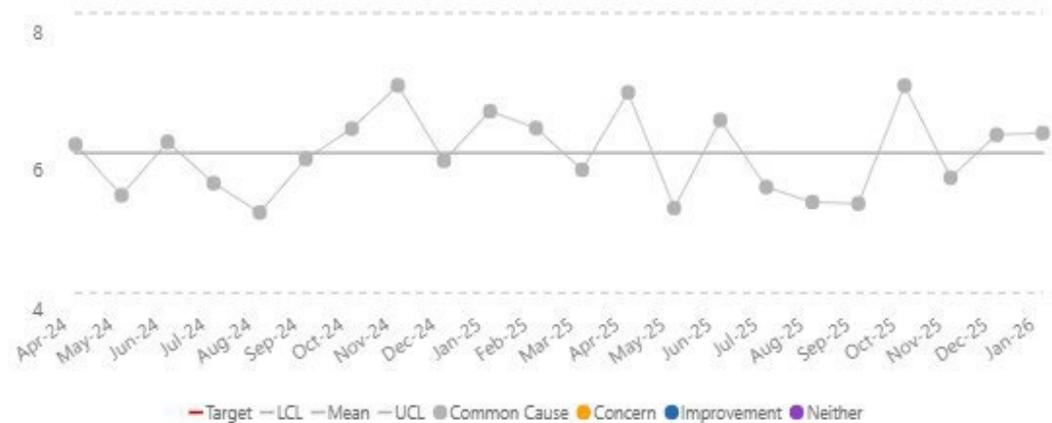
HUTH – The Falls Improvement Programme has been successful in driving a reduction in the number of falls across the Trust, through the appointment of key leads, focus on risk assessments and environment and learning from incidents.

There is an increased rate of falls per 1000 bed days in January 2026. When comparing the overall rate of falls incidents then there is a correlating increase in incidents, however this does not breach the thresholds of normal variation.

NLAG

Northern Lincolnshire & Goole NHS Foundation Trust

Falls - per 1,000 bed days



Key themes

NLAG Falls rate data shows common cause variation.

Actions being taken to improve across the Group:

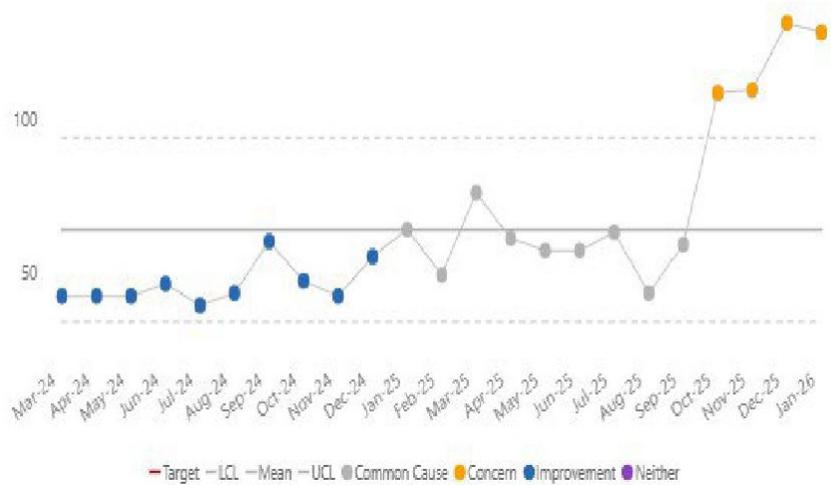
- A strategic action plan has been in place in NLAG and is being reviewed for the group context.
- Falls team review all repeated fall cases.
- Weekly review of all falls incidents
- Escalation of concerns, including fatal outcomes are reported to the Weekly Learning Response Panel

Pressure Ulcers

HUTH

Hull University Teaching Hospitals NHS Trust

Pressure Ulcers - Hospital acquired



Key themes

- There is an increase in the rate of hospital acquired pressure ulcers for October 2025 to January 2026, which is seen for the last month usually and then reduces as reviews of incidents are made over the following month. The rate does trigger as a moderate increase on the rate per 1000 bed days.
- This rise correlates with Category 2 pressure ulcers.

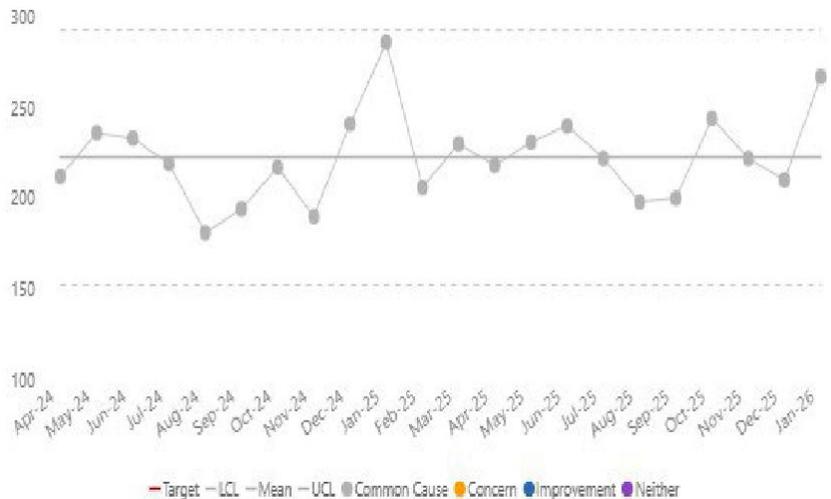
Actions being taken to improve across the Group:

- Groupwide Pressure Ulcer Group has been established
- Strategic Action Plan is in development
- Weekly Pressure Ulcer Incident review process.
- Likely Data quality issue from initial analysis, with a meeting arranged to review processes for recategorization of incidents.

NLAG

Northern Lincolnshire & Goole NHS Foundation Trust

Pressure Ulcers - Hospital acquired



Key themes

- The NLAG BI report data is provided for Community which includes Category 2, 3 and 4 pressure ulcers and unstageable. Cat 1 cases are not included in the community bar chart.
- The Hospital Acquired data is inclusive of in-hospital and on caseload for community of all categories and appears static.
- There is no per 100 bed days data available for NLAG at this time.
- BI updates are being worked through with Information team.

NLAG Community actions

- NL Community team have a weekly pressure ulcer group to review and monitor incidents.

PU Acquired on Caseload by Category

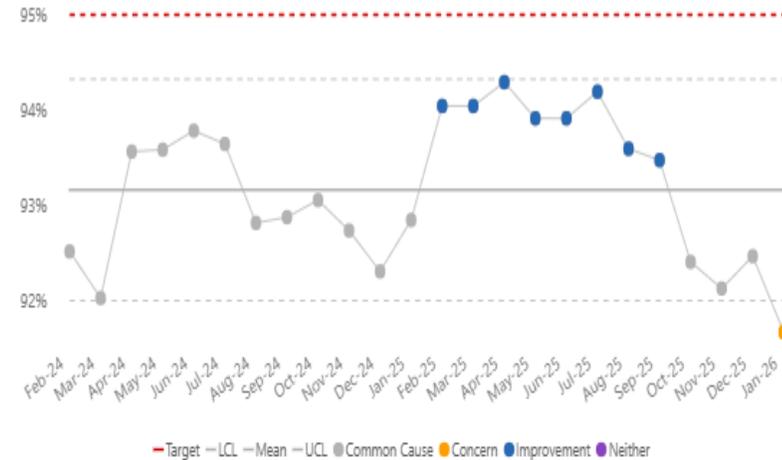


VTE Risk assessment rate

HUTH

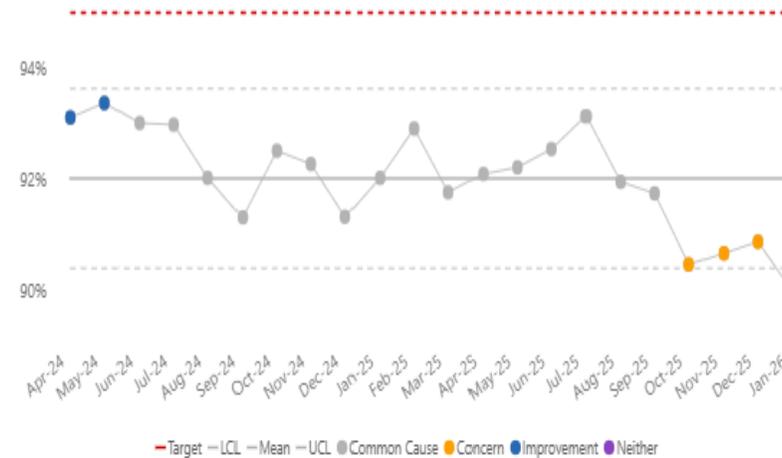
Hull University Teaching Hospitals NHS Trust

VTE Risk Assessment



Hull University Teaching Hospitals NHS Trust

VTE Risk Assessment 14 Hour Standard



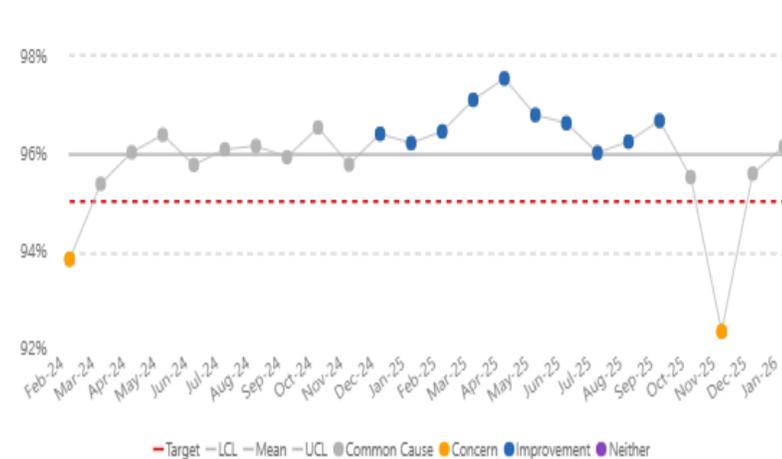
Key themes

- VTE risk assessment compliance has been measured historically, which is the chart to the left, is within one day of admission.
- With the renewal of the quarterly national data submissions in 2024, the guidance is clear that providers should submit data reflecting the percentage of assessments completed within 14 hours of admission, recognising this is the specified time to start pharmacological thromboprophylaxis should the assessment reflect this. This is illustrated on the charts to the right.
- HUTH data demonstrate that the 95% target is not achieved for these measures, with a deterioration since October 2025.
- NLAG has returned to similar to the previous rate of completion and timely completion.

NLAG

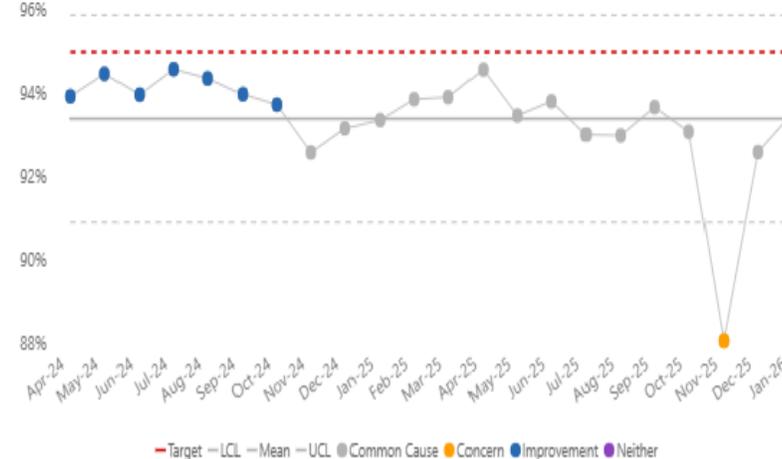
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VTE Risk Assessment



Northern Lincolnshire & Goole NHS Foundation Trust

VTE Risk Assessment 14 Hour Standard



Actions being taken to improve:

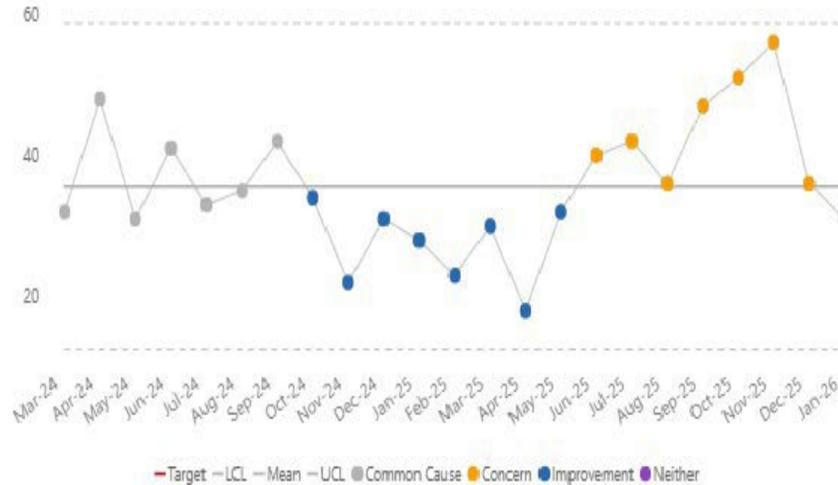
- Care Group data is available to provide focus on the relevant teams to address their performance and will be used in the Performance Review meetings and at the Patient Safety and Learning Group as part of Care Group Highlight reports.

Patient Experience: Complaints – received and compliance with KPIs

NLAG

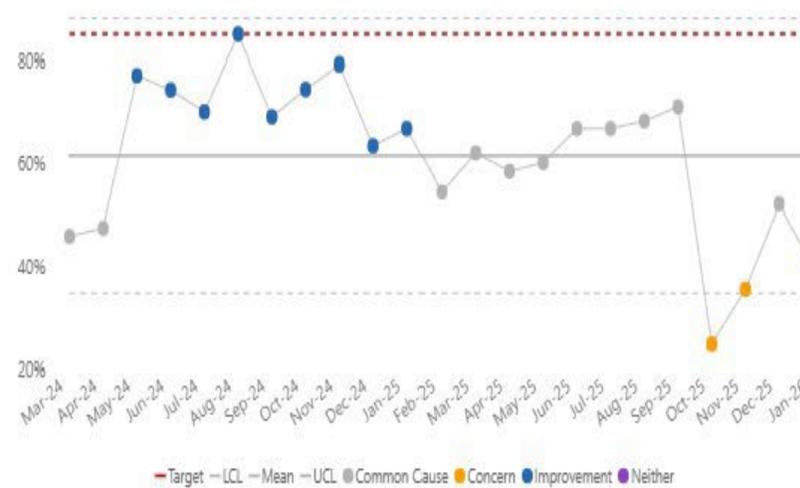
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Complaints - Received



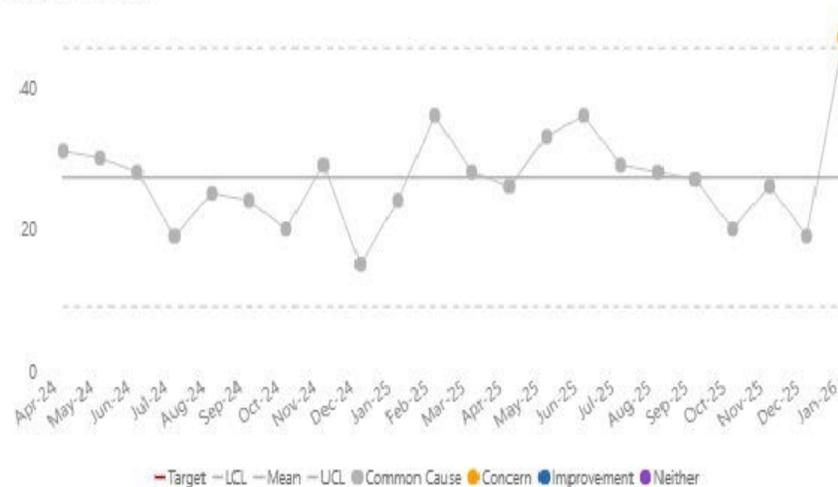
Hull University Teaching Hospitals NHS Trust

Complaints - 60 day compliance



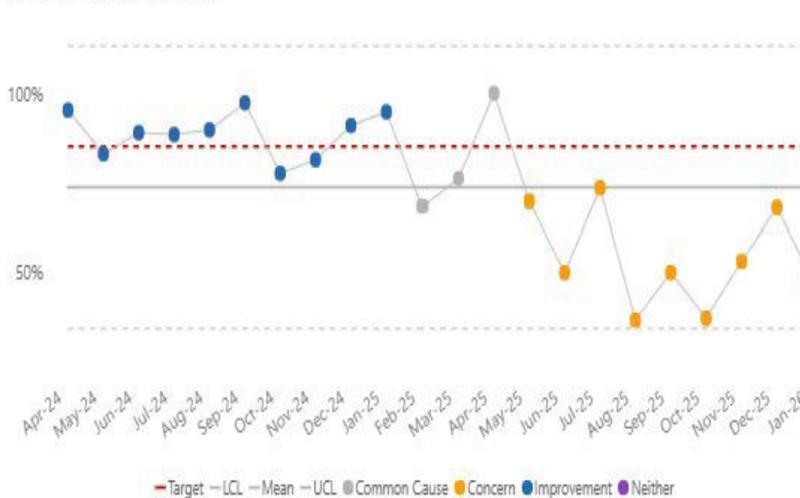
Northern Lincolnshire & Goole NHS Foundation Trust

Complaints - Received



Northern Lincolnshire & Goole NHS Foundation Trust

Complaints - 60 day compliance



Key themes

Actions to improve:

- Central team are aiming to work across the group, following the NLAG investigation and response model.
- Reporting of Care Group performance
- Weekly meetings with Care Group and Central team case handlers.

Key themes

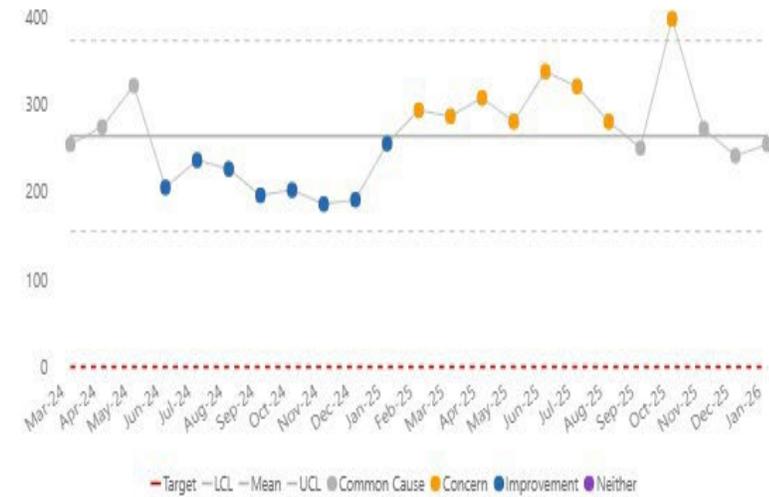
- The rate of complaints received showing normal variation patterns.
- The NLAG performance has deteriorated below the standard, and is a group wide similar issue. A targeted approach to support timely completion and sign off continues.

PALS – received and response times

HUTH

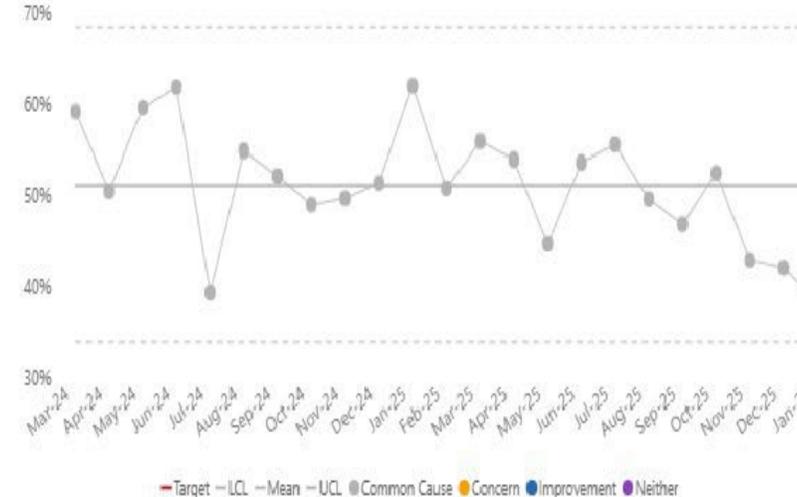
Hull University Teaching Hospitals NHS Trust

PALS - Complaints



Hull University Teaching Hospitals NHS Trust

PALS - Complaints compliance within 5 working days



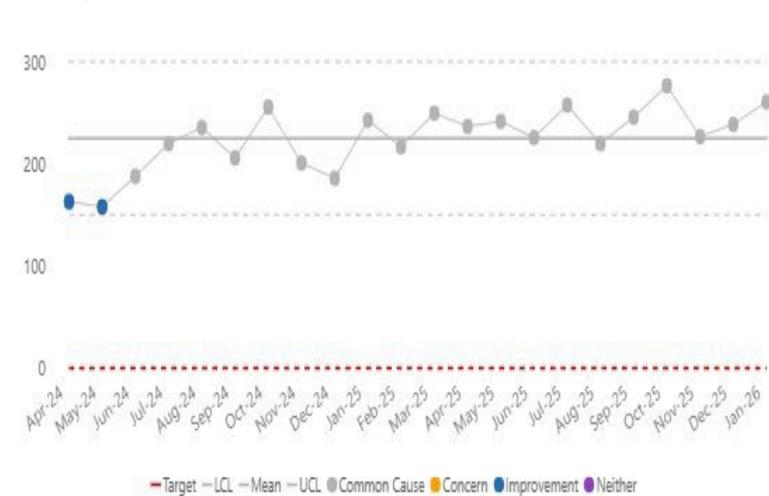
Key themes

- There is an increase in the rate of PALS from February to August 2025 and October 2025 which has returned to normal variation.
- There is no specific correlating increase for a care group. The Patient Experience Quarterly report provides further details.
- There is a 42% completion of PALS concerns within 5 days.

NLAG

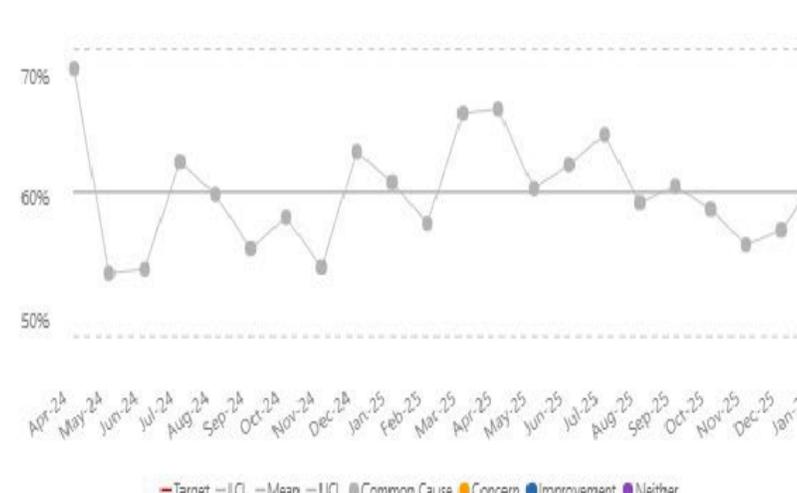
Northern Lincolnshire & Goole NHS Foundation Trust

PALS - Complaints



Northern Lincolnshire & Goole NHS Foundation Trust

PALS - Complaints compliance within 5 working days



Key themes

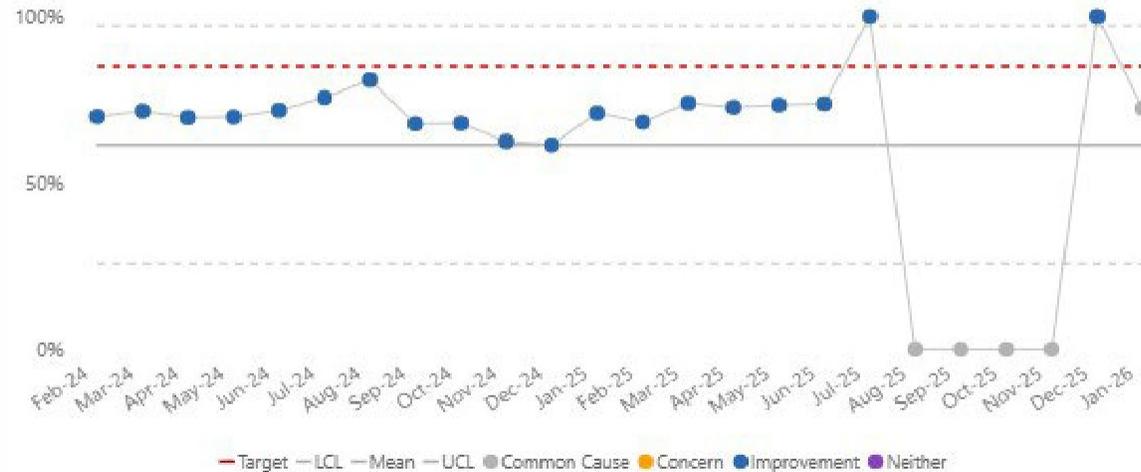
- There is normal variation in the rate of PALS contacts.
- There is a 57.3% completion of PALS concerns within 5 days.

Patient Experience – Friends and Family Test A&E

HUTH

Hull University Teaching Hospitals NHS Trust

Friends & Family - A&E Score



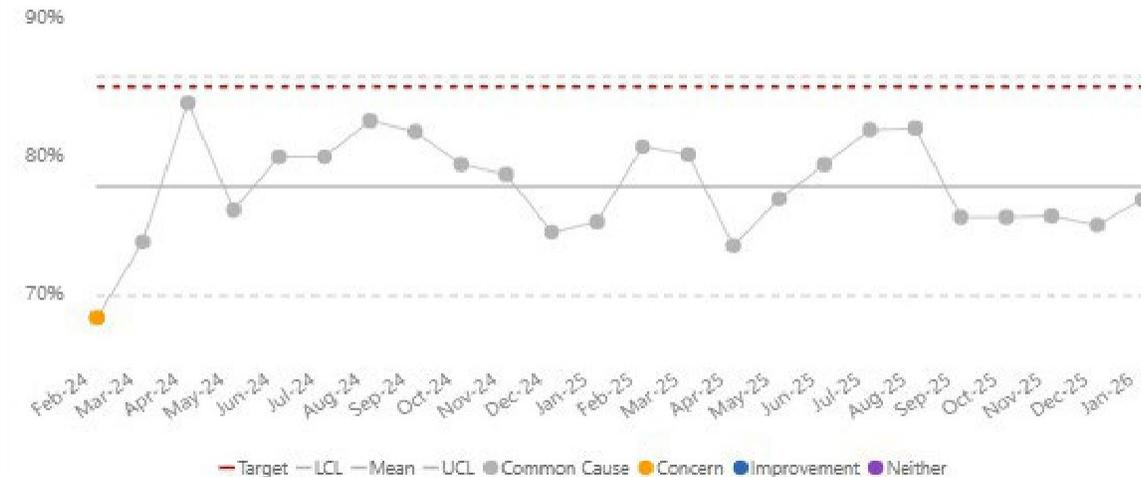
Key themes

- Collection of FFT for HUTH is under review due to contract end date. Solutions being sought for process moving forward. No FFT data has been collected for 4 months from August to November 2025. Smaller samples obtained for January 2026 and July 2025 are the likely caused for the high scores of 100%. NHS England aware and being updated with resolution plan. An electronic solution is being implemented.

NLAG

Northern Lincolnshire & Goole NHS Foundation Trust

Friends & Family - A&E Score



Key themes

- Normal variation patterns observed for the recent period.
- Remains below the target.

Actions being taken to improve across the Group:

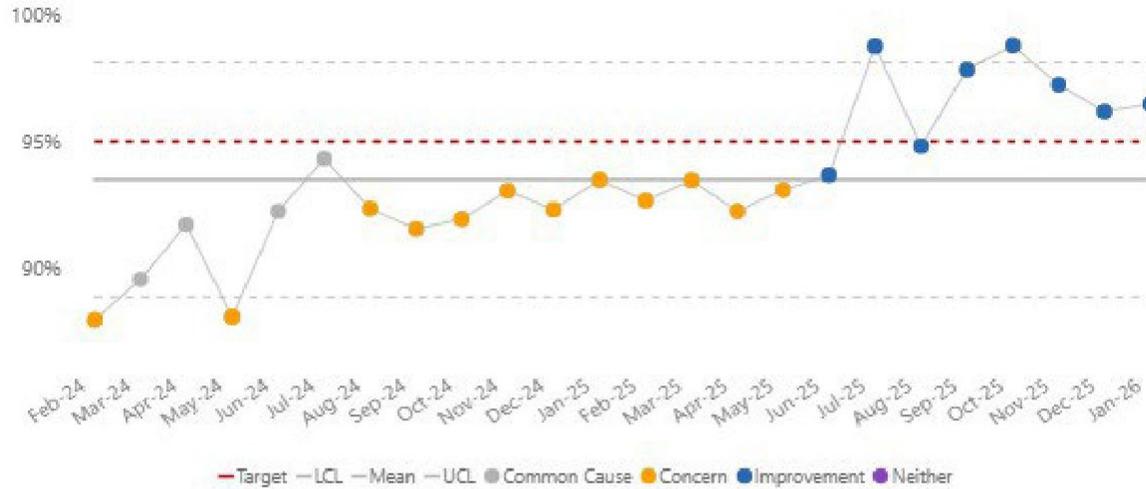
- Performance data available in the Care Group
- Initiatives to improve timely ambulance handover delays
- Initiatives to support patients despite crowding in the EDs.

Patient Experience – Friends and Family Test Inpatient and daycase

HUTH

Hull University Teaching Hospitals NHS Trust

Friends & Family - Inpatient Score



Key themes

- Data collection method changed due to contract end. Digital form being introduced.
- A smaller number of forms are being undertaken, with a higher score, which is not directly comparable to the previous data.

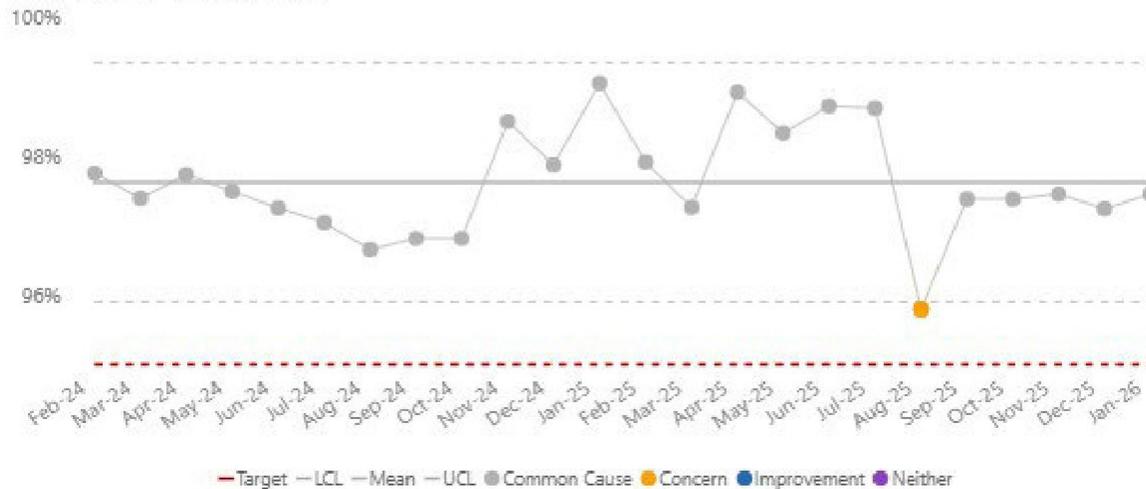
Actions to improve:

- Negative responses are disseminated to care groups for learning which is a key focus of improvement across the themes of staff attitude, communication and environment.
- Care Group performance monitoring.

NLAG

Northern Lincolnshire & Goole NHS Foundation Trust

Friends & Family - Inpatient Score



Key themes

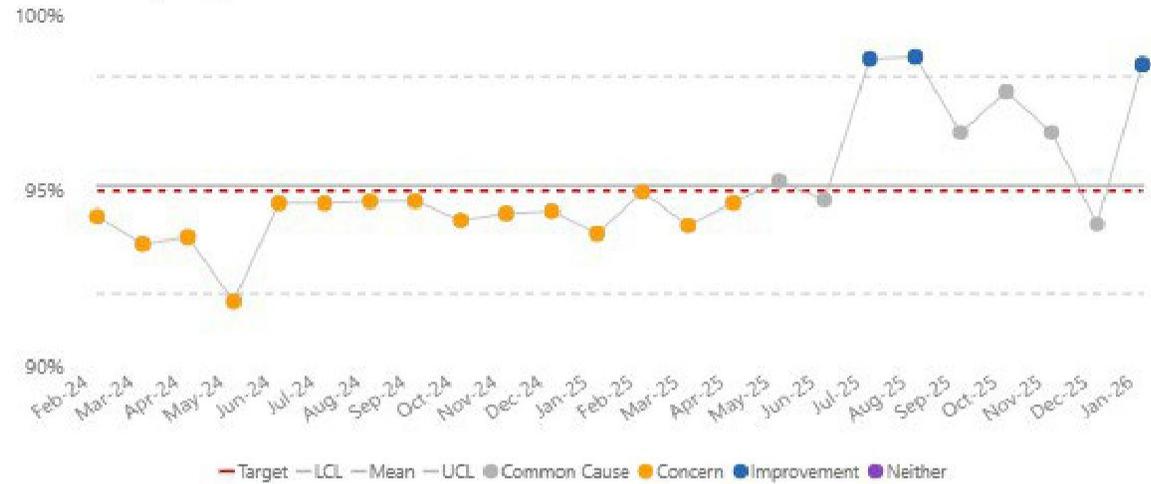
- Consistency in achievement of the 95% target.

Patient Experience – Friends and Family Test Outpatient

HUTH

Hull University Teaching Hospitals NHS Trust

Friends & Family - Outpatient Score



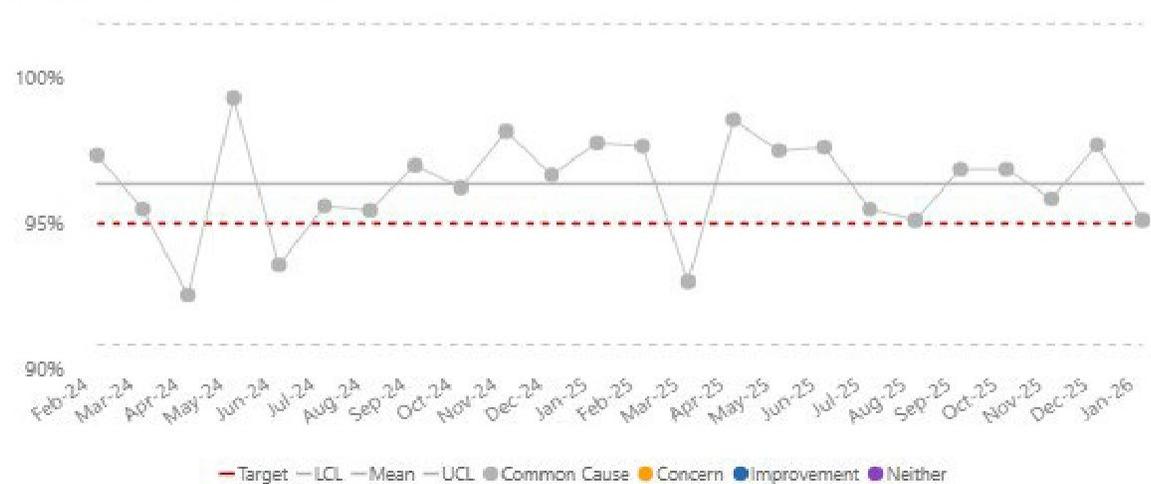
Key themes

- Data collection method changed due to contract end. Digital form being introduced.

NLAG

Northern Lincolnshire & Goole NHS Foundation Trust

Friends & Family - Outpatient Score



Key themes

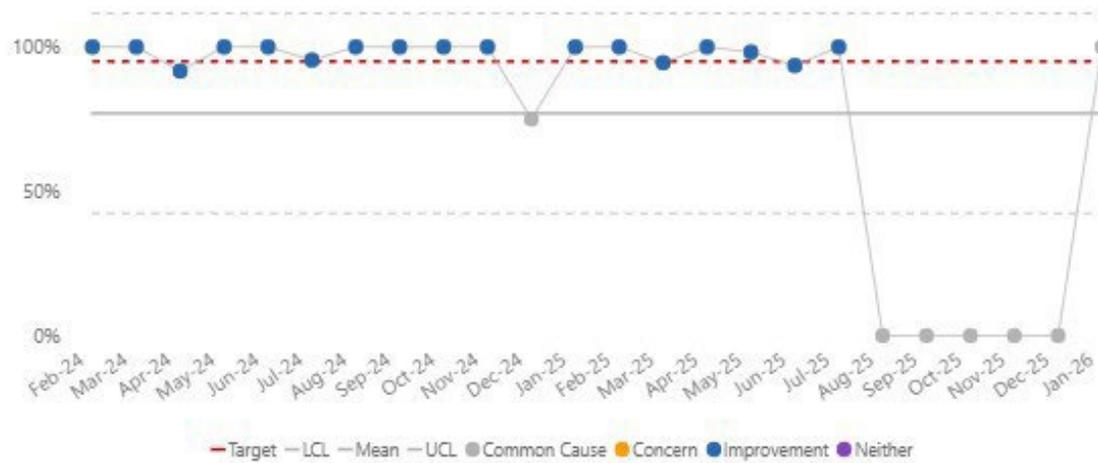
- Previously sustained achievement over the target of 95%.

Patient Experience – Friends and Family Test Maternity (Birth)

HUTH

Hull University Teaching Hospitals NHS Trust

Friends & Family - Birth Score



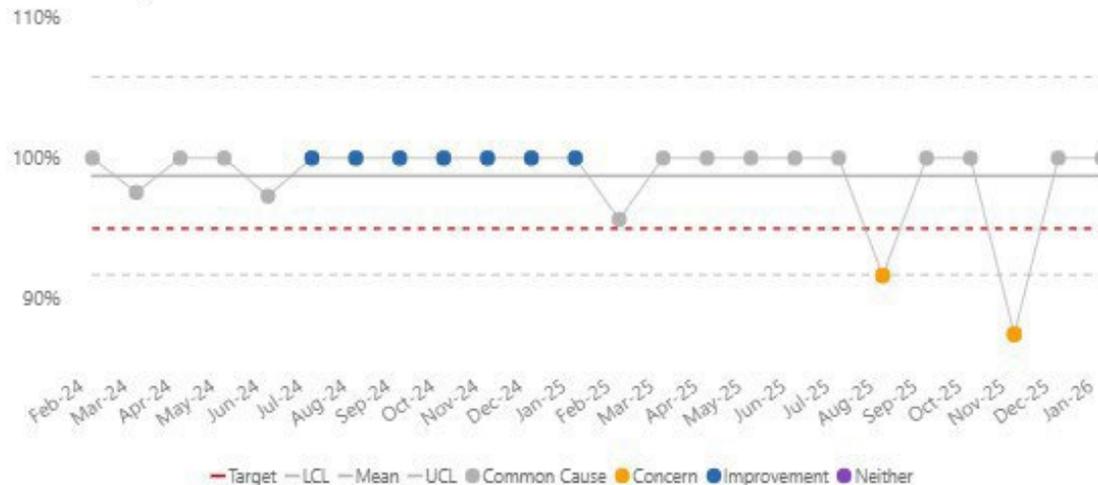
Key themes

- Some positive results following a dip of performance in December 2024, with a rate of 100% in August.
- Recent results are due to a changes in the capture process.

NLAG

Northern Lincolnshire & Goole NHS Foundation Trust

Friends & Family - Birth Score



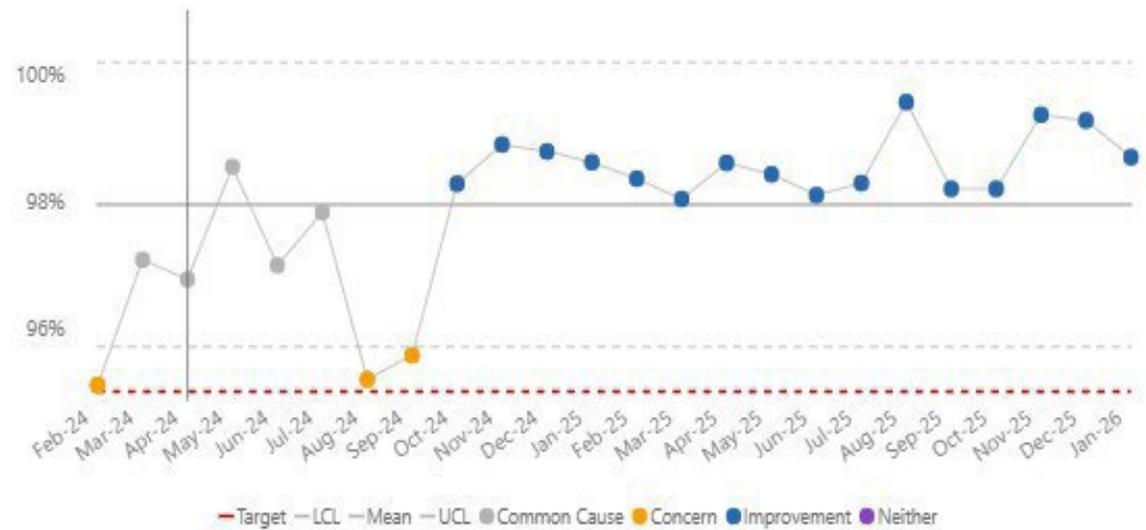
Key themes

- Sustained positive results are seen, remaining above the target and at 100% with the exception of February and August 2025..

Patient Experience – Friends and Family Test Community (NLAG only)

NLAG

Northern Lincolnshire & Goole NHS Foundation Trust
Friends & Family - Community Score

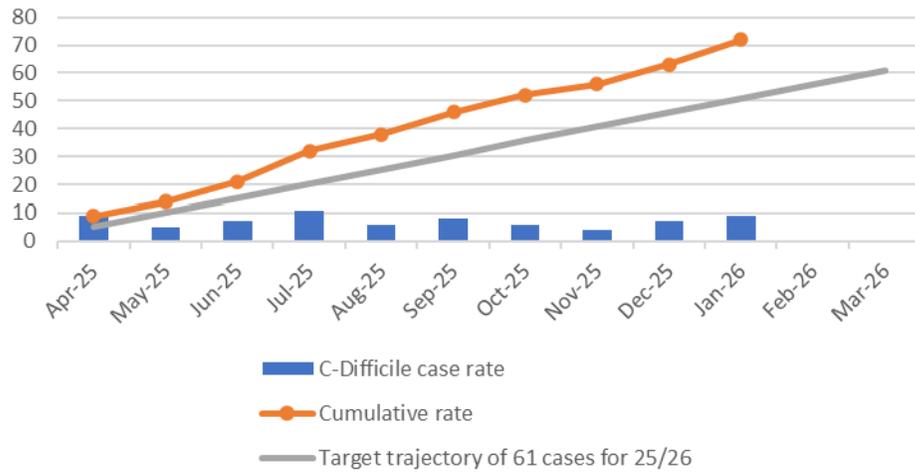


Key themes

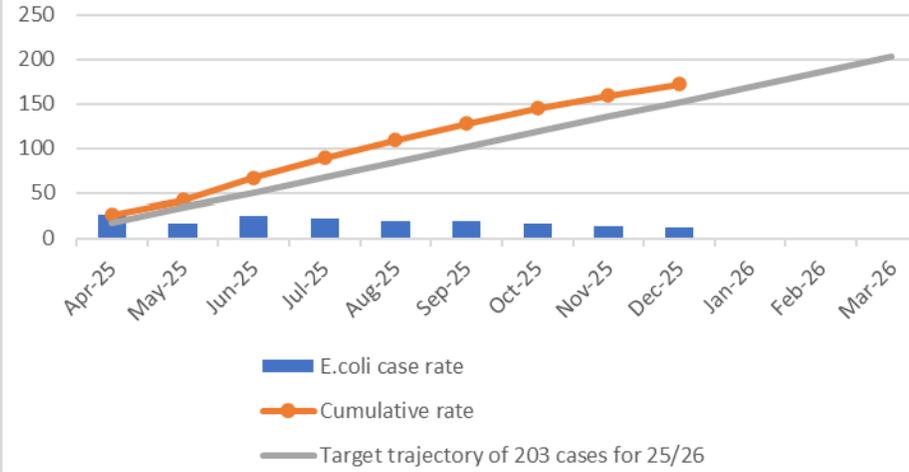
- Normal variation pattern is found and the Trust is consistently achieving the 95%.

Infection Control - HUTH

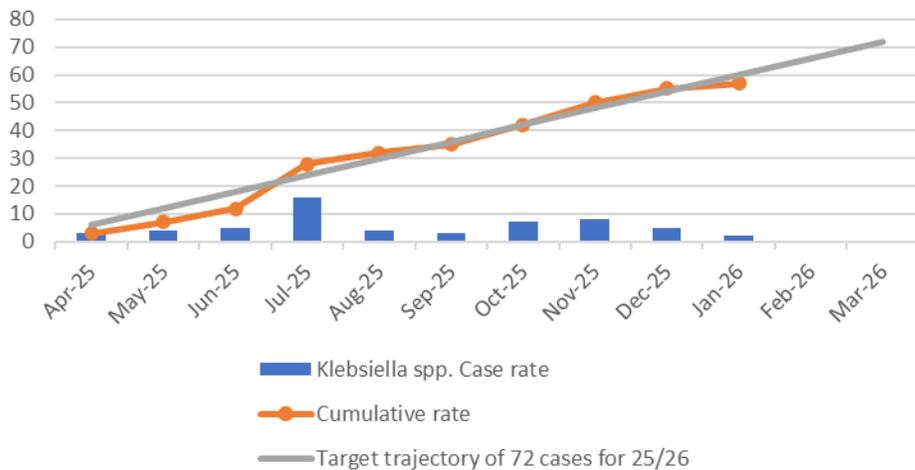
HUTH C.difficile infection



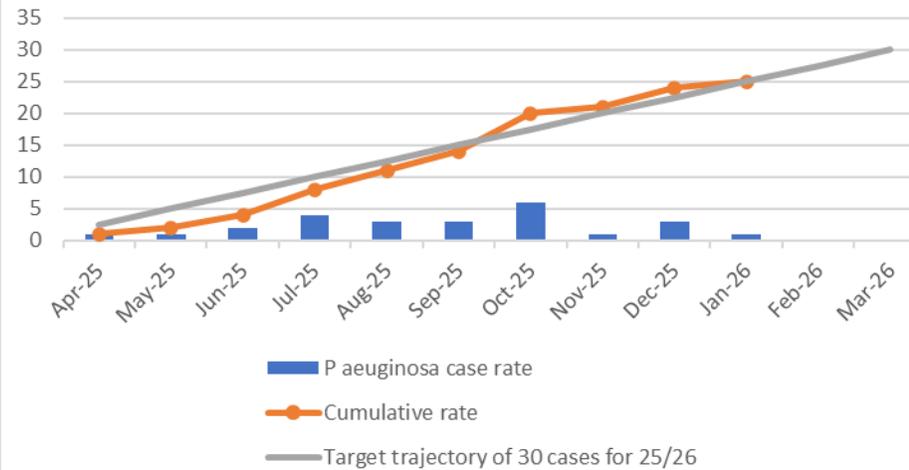
HUTH E.coli bacteraemia



HUTH Klebsiella spp. Bacteraemia rate



HUTH P. aeruginosa bacteraemia cases



Alert organism	2025/26 Target	M10	YTD rate	Trajectory RAG
C. Difficile	61	9	63	Red
E. Coli	203	13	172	Amber
P. Aeruginosa	30	1	25	Green
Klebsiella spp.	72	2	57	Green
MRSA bacteraemia	0	0	4	Red
MSSA bacteraemia	No target	0	65	NA

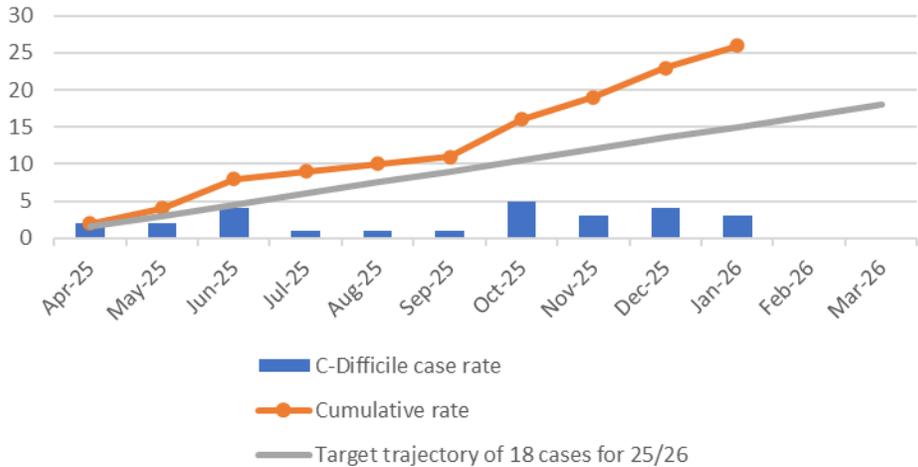
Key: Red – over annual target; Amber - over trajectory; Green – within trajectory

The latest data is refreshed when validated and approved from 15th of the month, so this charting shows the December 2025 position.

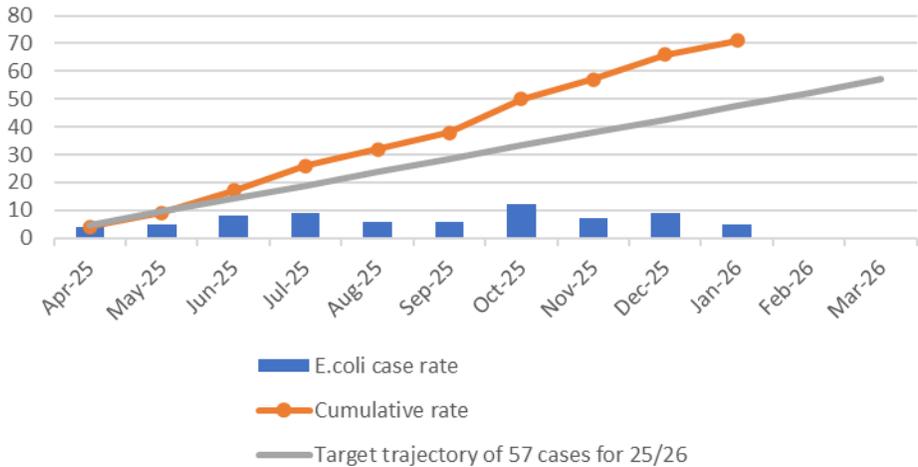
- C.difficile and MRSA rate are over the annual target.
- E-coli are over the trajectory and within the annual target.
- Klebsiella and P Aeruginosa are within the target trajectory for the year.
- MSSA rates show normal variation (see charts on following pages)

Infection Control - NLAG

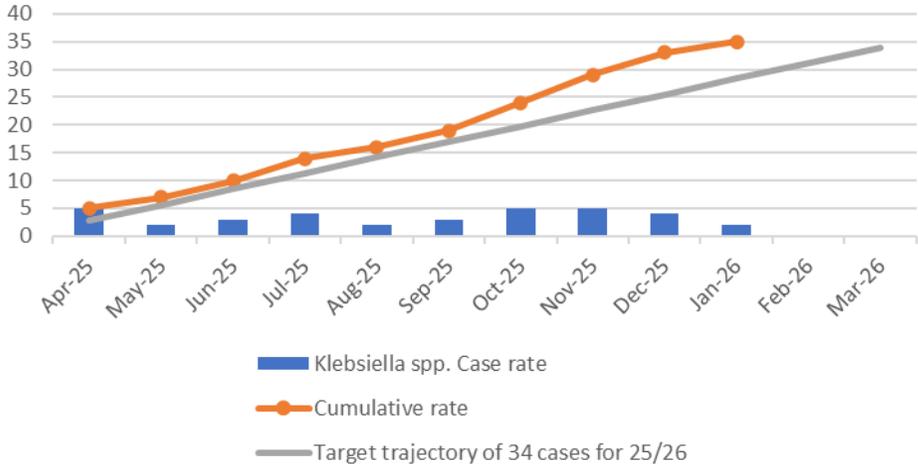
NLAG C.difficile infection



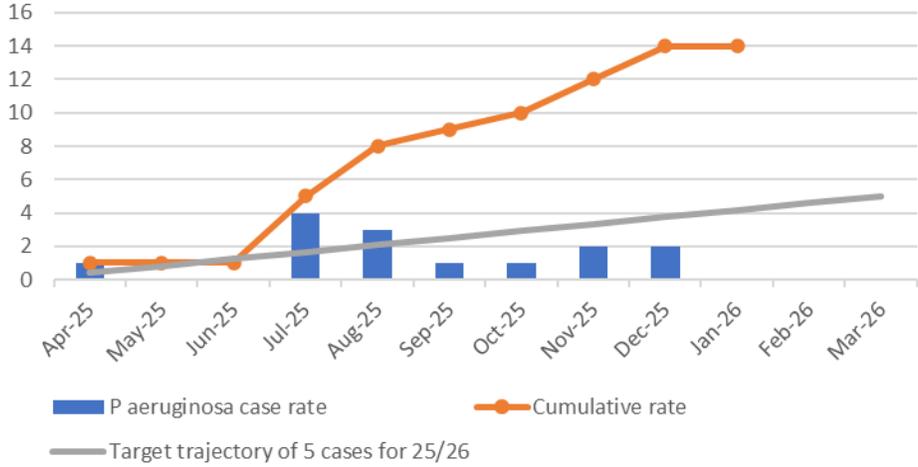
NLAG E.coli bacteraemia



NLAG Klebsiella spp. Bacteraemia rate



NLAG P. aeruginosa bacteraemia cases



Alert organism	2025/26 Target	M 10	YTD rate	Trajectory RAG
C. Difficile	18	3	26	Red
E. Coli	57	5	71	Red
P. Aeruginosa	5	0	14	Red
Klebsiella spp.	34	2	35	Red
MRSA bacteraemia	0	0	2	Red
MSSA bacteraemia	No target	2	19	NA

Key: Red – over annual target; Amber - over trajectory; Green – within trajectory

- The latest data is refreshed when validated and approved from 15th of the month.
- C.difficile, E.coli, Klebsiellais and P.Aeruginosa are over trajectory, and over the annual target.
 - MSSA rates remain within normal variation patterns
 - There have been 2 MRSA cases this year.

IPC

Current actions have been identified and shared within the care groups:

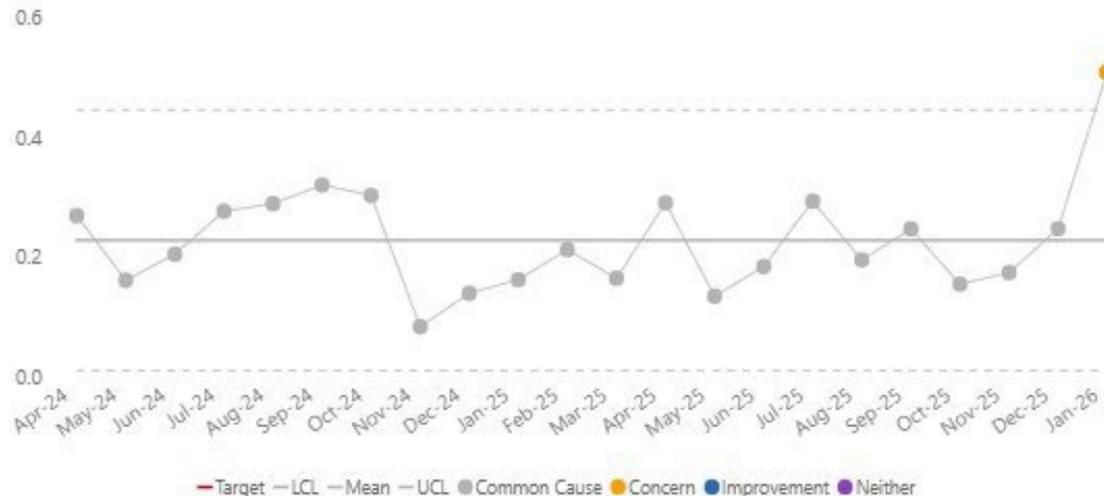
- Continued Deep Dive reviews of IPC incidents at Care Group Level
- Increased frequency of hand hygiene and IPC audits at ward level with real time feedback to teams
- Introduction of ward level compliance dashboards, reviewed weekly by care group leadership teams
- Targeted education sessions for wards/departments with repeated non-compliance
- Strengthen escalation process for persistent non-compliance to care group triumvirate
- Monthly review of training compliance across of staff groups
- Regular review and escalation of estate and infrastructure constraints effecting environmental controls
- Strengthened role of IPC link staff within Care Groups
- Daily Review of Isolation Capacity
- IPC Nurse Assigned to Care Groups to support the implementation of above initiatives

Infection control rates per 1000 bed days – C-difficile and E.Coli bateraemia

HUTH

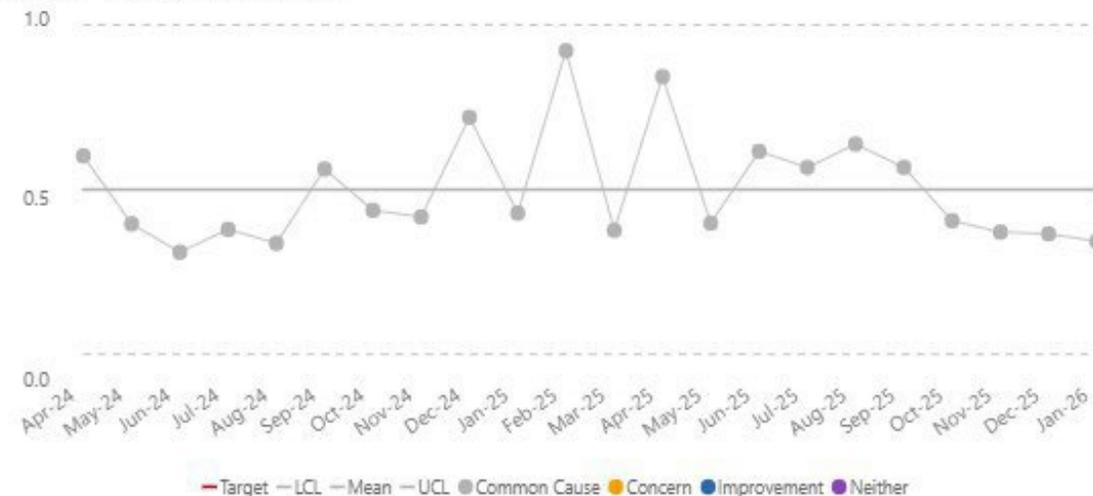
Hull University Teaching Hospitals NHS Trust

Infections - C.Difficile (per 1,000 bed days)



Hull University Teaching Hospitals NHS Trust

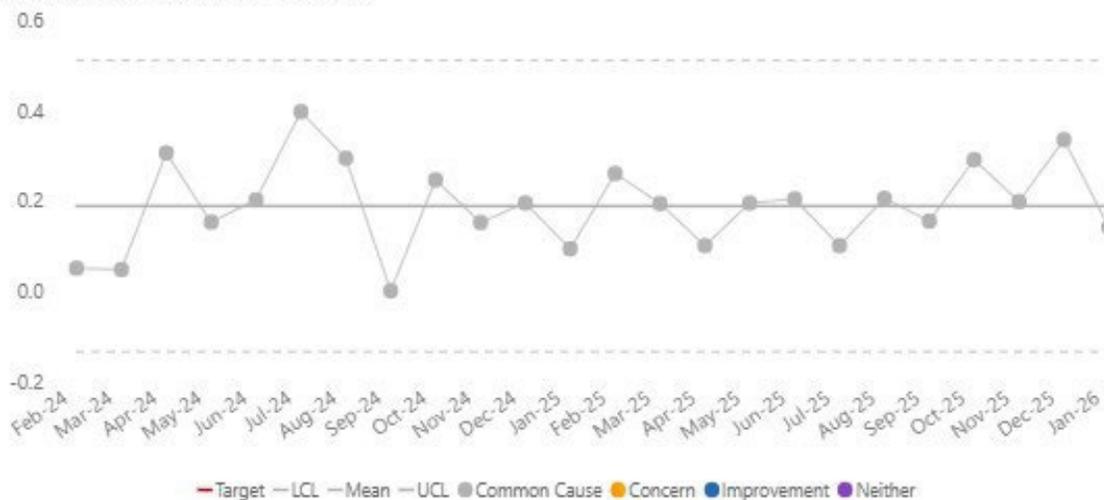
Infections - E.Coli (per 1,000 bed days)



NLAG

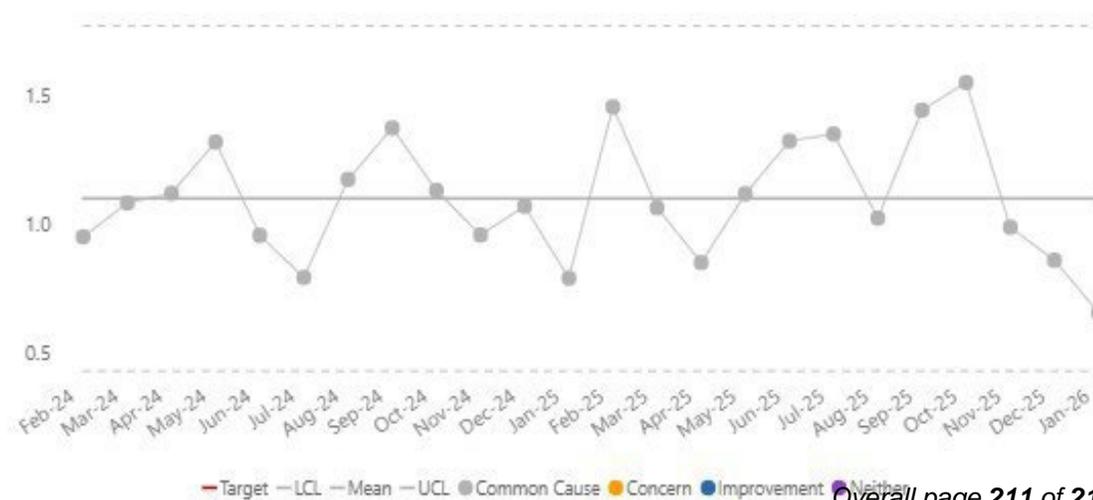
Northern Lincolnshire & Goole NHS Foundation Trust

Infections - C.Difficile (per 1,000 bed days)



Northern Lincolnshire & Goole NHS Foundation Trust

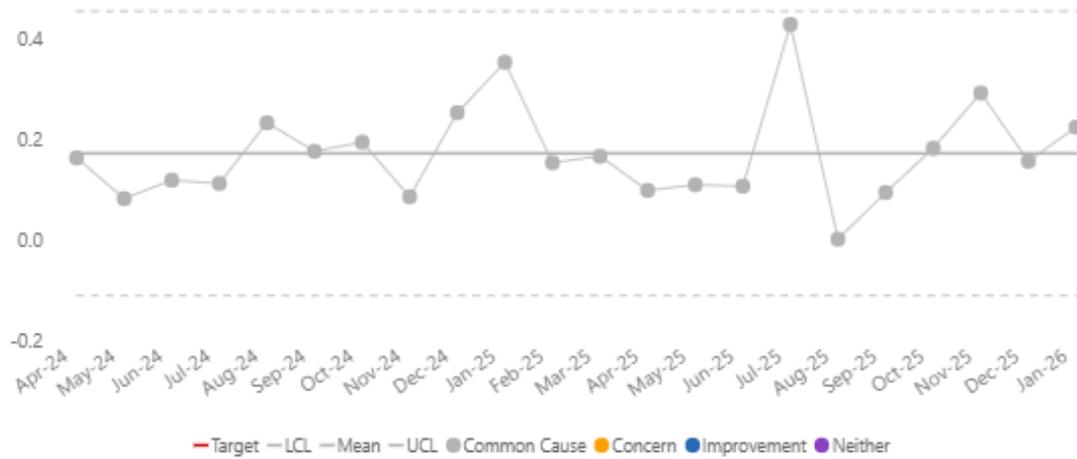
Infections - E.Coli (per 1,000 bed days)



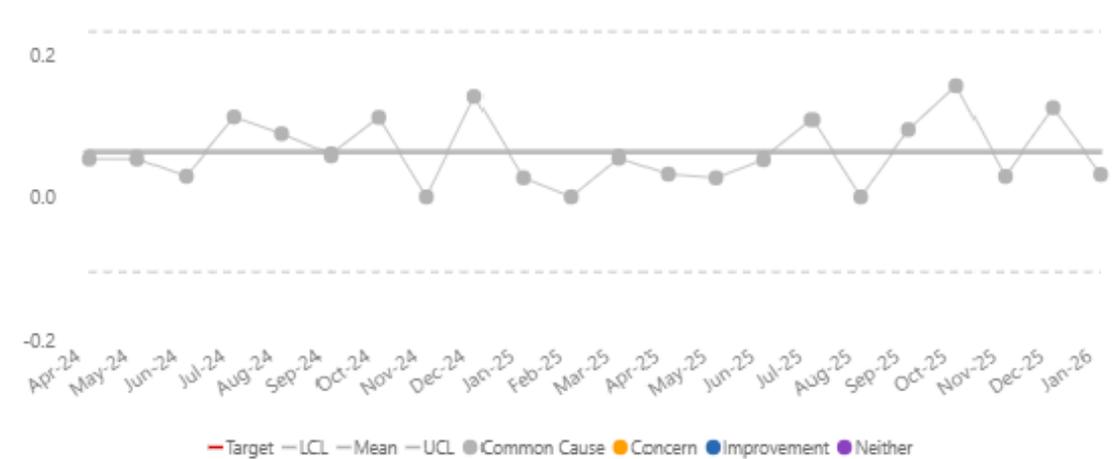
Infection control rates per 1000 bed days – Klebsiella and Pseudomonas aeruginosa bacteraemia

HUTH

Hull University Teaching Hospitals NHS Trust
Infections - Klebsiella bacteraemia (per 1,000 bed days)

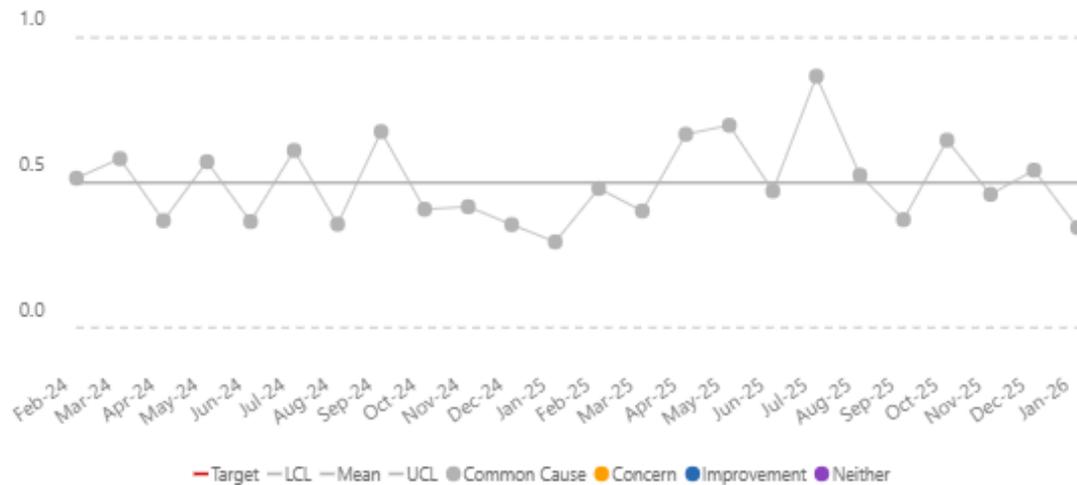


Hull University Teaching Hospitals NHS Trust
Infections - Pseudomonas aeruginosa bacteraemia (per 1,000 bed days)

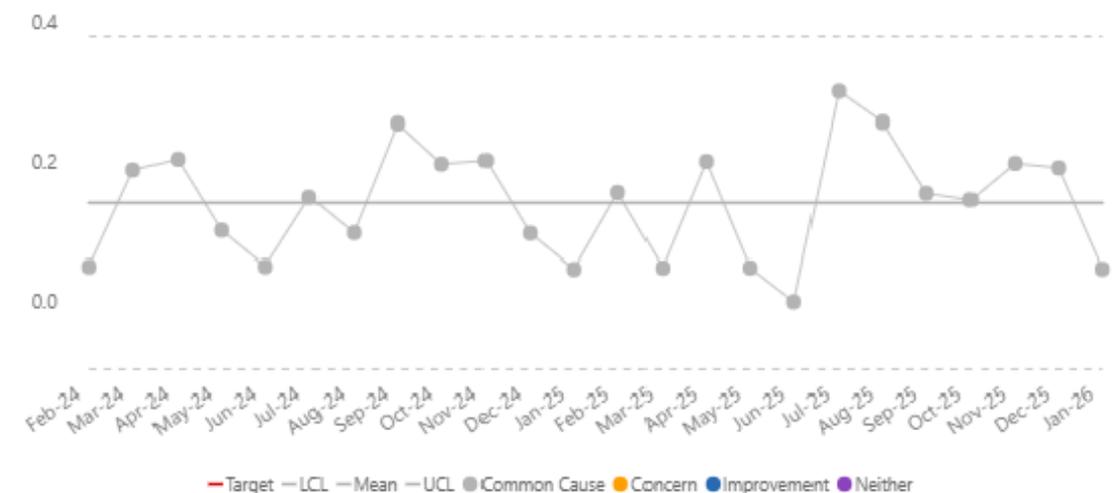


NLAG

Northern Lincolnshire & Goole NHS Foundation Trust
Infections - Klebsiella bacteraemia (per 1,000 bed days)



Northern Lincolnshire & Goole NHS Foundation Trust
Infections - Pseudomonas aeruginosa bacteraemia (per 1,000 bed days)

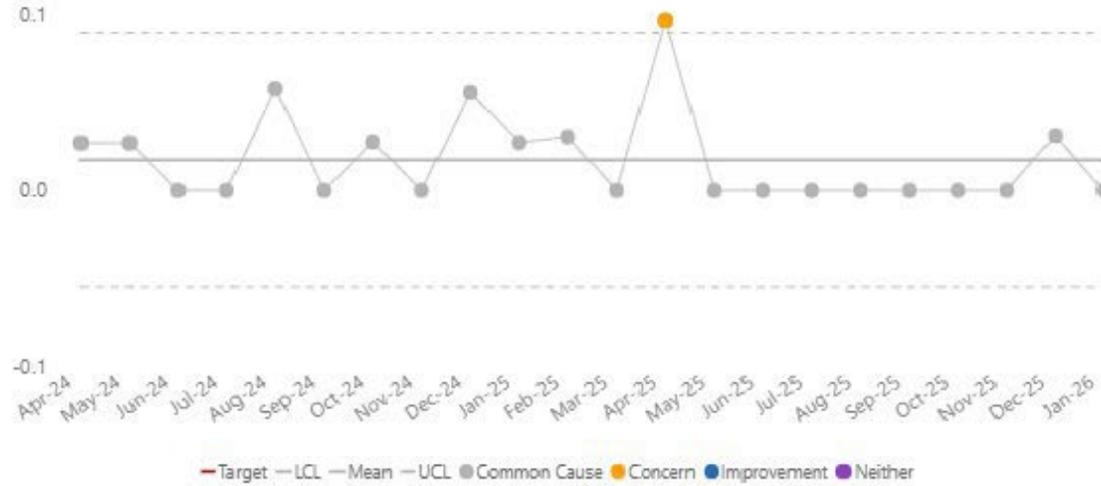


Infection control rates per 1000 bed days – MRSA and MSSA bacteraemia

HUTH

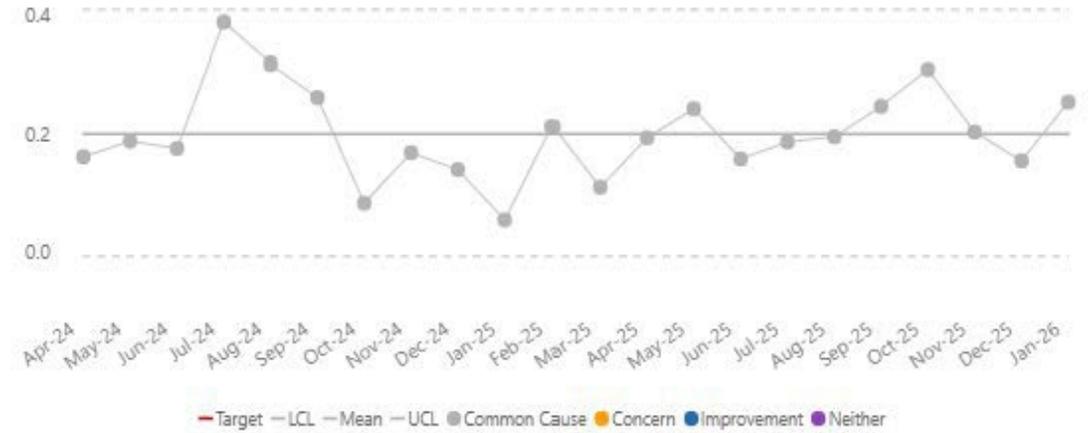
Hull University Teaching Hospitals NHS Trust

Infections - MRSA (per 1,000 bed days)



Hull University Teaching Hospitals NHS Trust

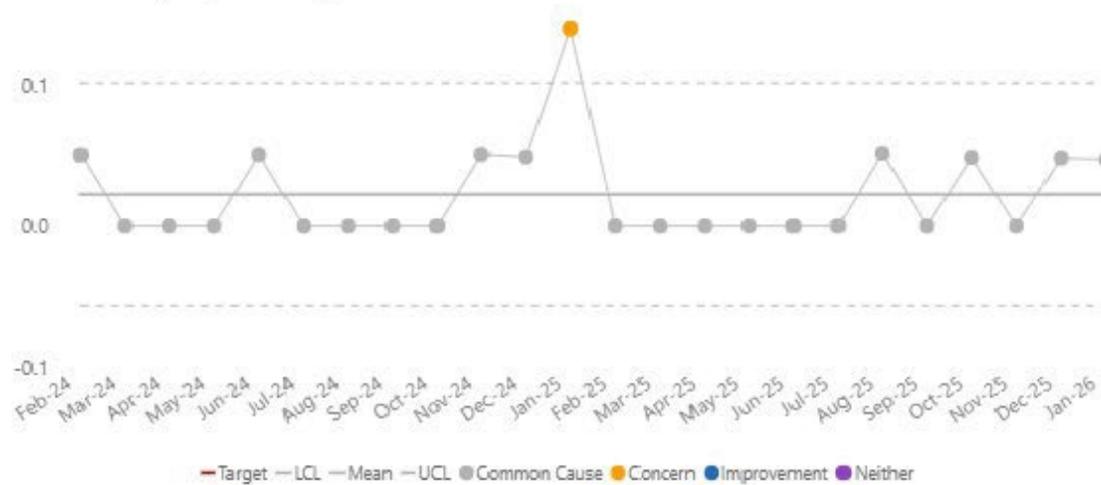
Infections - MSSA (per 1,000 bed days)



NLAG

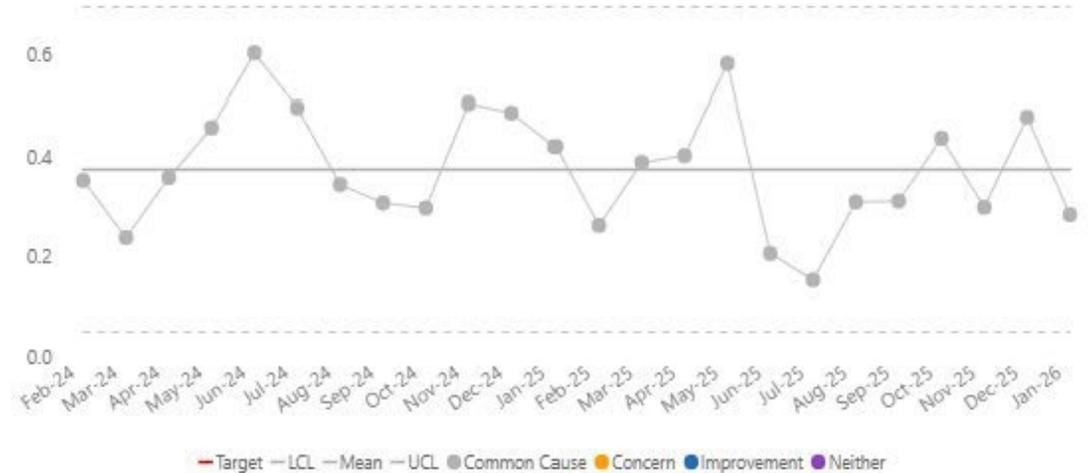
Northern Lincolnshire & Goole NHS Foundation Trust

Infections - MRSA (per 1,000 bed days)



Northern Lincolnshire & Goole NHS Foundation Trust

Infections - MSSA (per 1,000 bed days)



Glossary

- C.difficile – clostridium difficile is a type of bacteria that can cause bowel infection
- CCS – Clinical Classification Software
- CHH – Castle Hill Hospital
- COPD – Chronic Obstructive Pulmonary Disease
- CQC – Care Quality Commission
- CT – Computerised Tomography scan, using x-ray techniques to build detailed images.
- CVP – Central Venous Pressure lines are used to monitor haemodynamic status in critically unwell patients and can also be used to provide medicines into the large veins returning blood to the heart.
- DPOW – Diana Princess of Wales Hospital, Grimsby
- E.coli – Escherichia coli are a group of bacteria that are found in the gut of nearly all people, and can cause infections if gets into new areas, such as wounds, urinary catheter sites and can cause blood stream infections.
- ED/ A&E – Emergency Department
- FFT – Friends and Family Test
- GDH – Goole District Hospital
- HHP – Humber Health Partnership
- HSMR – Hospital Standardised Mortality Ratio, a measure to assess the in-hospital death rate
- HRI – Hull Royal Infirmary
- HUTH – Hull University Teaching Hospitals NHST
- ICB – Integrated Care Board
- IPC – Infection prevention and control
- Klebsiella – Klebsiella Pneumoniae are normally harmless bacteria that are found in the gut and can cause infections in the blood stream and pneumonia.
- LFPSE – Learning from Patient Safety Events is a national database that provider organisations automatically submit patient safety incidents to from their incident reporting systems.
- MRSA – Methicillin-resistant Staphylococcus aureus, which is resistant to the normal treatments for staphylococcus infections and can be difficult to treat in wound and blood stream infections.
- Never Event/NE – Considered to be wholly preventable due to safety measures available from national safety notices and defined by the Never Event List provided by NHS England.
- NLAG – Northern Lincolnshire and Goole NHSFT
- NPSA – National Patient Safety Alert
- NRFIT – An injection connection device to specifically reduce risk of error for spine and other anaesthetic blocks.
- PALS – Patient Advice and Liaison Service
- PIR – Post Infection Review
- Pressure Ulcer/PU – Tissue damage from pressure from prolonged pressure from sitting, laying or devices causing ulceration.
- PSI – Patient Safety Incident
- PSII – Patient Safety Incident Investigation, a detailed investigation as part of the response to an incident where there may be significant learning.
- RAG – Red, Amber, Green colour coded ranking, worst to best,
- RCEM – Royal College of Emergency Medicine
- SGH – Scunthorpe General Hospital
- SHMI – Summary Hospital-level Mortality Indicator, a measure to assess the in-hospital and for 30 days following discharge death rate.
- VTE – Venous thromboembolism, linked with risk assessment and prophylaxis.

Trust Boards-in-Common Front Sheet

Agenda Item No: BIC(26)057

Name of the Meeting	Trust Boards-in-Common
Date of the Meeting	12 March 2026
Director Lead	David Sharif, Group Director of Assurance
Contact Officer/Author	David Sharif, Group Director of Assurance
Title of the Report	Trust Boards-in-Common & Committees Meeting Cycle
Executive Summary	The attached schedule provides the planned dates and times of Trust Boards and Committees-in-Common meetings for the period between January 2026 and December 2026.
Background Information and/or Supporting Document(s) (if applicable)	This is a routine report in the agreed format.
Prior Approval Process	None
Financial implication(s) (if applicable)	N/A
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	<input type="checkbox"/> Approval <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance <input type="checkbox"/> Other – please detail below:

MEETING	Quarter 4 (25/26)			Quarter 1 (26/27)			Quarter 2 (26/27)			Quarter 3 (26/27)		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Trust Board												
Public & Private (including Board Development) (Thursdays - Public - 10.00 am - 5.00 pm)		12.02.26 Boardroom, DPOW	12.03.26 Boardroom, DPOW	09.04.26 Boardroom, DPOW	14.05.26 Boardroom, HRI	11.06.26 Boardroom, HRI	09.07.26 Boardroom, DPOW	13.08.26 Boardroom, DPOW	10.09.26 Boardroom, HRI	08.10.26 Boardroom, HRI	12.11.26 Boardroom, DPOW	10.12.26 Boardroom, DPOW
HUTH Annual General Meeting & NLaG Council Of Governors Annual Members Meeting (Virtual Meeting)										14.10.26 (2.30 pm - 5.00 pm)		
Committees in Common												
Performance, Estates & Finance (Tuesdays - 9.00 am - 12.30 pm)	06.01.26 Virtual Meeting	03.02.26 Virtual meeting	03.03.26 Virtual Meeting		05.05.26 Boardroom, CHH	02.06.26 Boardroom, DPOW	07.07.26 Boardroom, HRI	04.08.26 Nightingale, SGH	01.09.26 Boardroom, CHH	29.09.26 (please note falls in September) Boardroom, DPOW	03.11.26 Nightingale, SGH	01.12.26 Boardroom, HRI
Strategic Programmes & Partnerships (Thursdays - 9.00 am - 12.00 pm with exceptions as stated)						30.06.26 Virtual Meeting			17.09.26 Boardroom, DPOW			15.12.26 (Tuesday - 1.30 pm - 4.30 pm) Boardroom, HRI
Quality & Safety (Thursdays - 9.00 am - 12.30 pm with exceptions as stated)		26.02.26 Virtual Meeting (1.00 pm - 4.00 pm)	26.03.26 Virtual Meeting	30.04.26 Boardroom, HRI	28.05.26 Boardroom, DPOW	25.06.26 Boardroom, HRI	23.07.26 Nightingale, SGH		24.09.26 Boardroom, HRI	29.10.26 Boardroom, DPOW	26.11.26 Nightingale, SGH	17.12.26 TBC, Goole
Remuneration - (Virtual Meeting) (9.00 am - 11.30 am)					26.05.26			05.08.26			19.11.26	
Workforce, Education & Culture (Wednesdays - 9.00 am - 12.30 pm)	28.01.26 Virtual Meeting		25.03.26 Virtual Meeting	29.04.26 Boardroom, CHH	27.05.26 Nightingale, SGH	24.06.26 Boardroom, DPOW	22.07.26 Boardroom, CHH	26.08.26 Boardroom, HRI	23.09.26 Nightingale, SGH	28.10.26 Boardroom, CHH	25.11.26 Boardroom, HRI	16.12.26 Boardroom, DPOW
Audit, Risk & Governance Committee (Thursdays - 9.00 am - 12.30 pm with exceptions as stated)	22.01.26 Virtual Meeting			23.04.26 (subject to NHSE Submission Deadline) Boardroom, DPOW		18.06.26 HUTH & NLaG Annual Accounts 1.30 pm - 4.30 pm Nightingale, SGH	30.07.26 Boardroom, DPOW				11.11.26 (Wednesday) Boardroom, HRI	
Charitable Funds												
NLAG (9.00 am - 12.00 pm)	15.01.26			01.04.26			08.07.26 Boardroom, DPOW			07.10.26		
HUTH (9.00 am - 12.00 pm)		05.02.26			06.05.26			06.08.26			20.11.26	
Executive Team Meetings												
Group Cabinet Meeting (Tuesdays - 2.00 pm - 5.00 pm)	06.01.26 13.01.26 20.01.26 27.01.26	03.02.26 10.02.26 17.02.26 24.02.26	03.03.26 10.03.26 17.03.26 24.03.26 31.03.26	07.04.26 14.04.26 21.04.26 28.04.26	05.05.26 12.05.26 19.05.26 26.05.26	02.06.26 09.06.26 16.06.26 23.06.26 30.06.26	07.07.26 14.07.26 21.07.26 28.07.26	04.08.26 11.08.26 18.08.26 25.08.26	01.09.26 08.09.26 15.09.26 22.09.26 29.09.26	06.10.26 13.10.26 20.10.26 27.10.26	03.11.26 10.11.26 17.11.26 24.11.26	01.12.26 08.12.26 15.12.26 22.12.26
Financial Planning & Improvement Board (Mondays - 2.00 pm - 4.00 pm)	12.01.26 26.01.26	09.02.26 23.02.26	09.03.26 23.03.26	13.04.26 27.04.26	11.05.26	08.06.26 22.06.26	13.07.26 27.07.26	10.08.26 24.08.26	14.09.26 28.09.26	12.10.26 26.10.26	09.11.26 23.11.26	14.12.26
Governors												
Council of Governors (2.00 pm - 5.00 pm, with exceptions as stated)	08.01.26	25.02.26 (2.30 pm - 5.00 pm) (ARM - NED & Governor only Meeting)		15.04.26			16.07.26	20.08.26 (NED only Meeting - 4.00 pm - 5.30 pm)			04.11.26	
Member & Public Engagement & Assurance Group (MPEAG) (Tuesdays - 5.30 pm - 7.00 pm)			03.03.26			02.06.26			22.09.26		24.11.26	
Appointments & Remuneration Committee (Thursdays - 3.00 pm - 4.30 pm)		19.02.26			28.05.26				24.09.26			
NED & CEO Meetings												
NED & CEO Meetings (Wednesdays - 10.30 am - 12.30 pm - exceptions ast stated)	14.01.26 (2.00 pm - 4.00 pm)		18.03.26	21.04.26 (11.30 am - 1.30 pm)	20.05.26	17.06.26	15.07.26	19.08.26	16.09.26	14.10.26 (10.00 am - 12.00 pm)	18.11.26	08.12.26 (2.00 pm - 4.00 pm)
Union Meetings												
JNCC - NLAG (Mondays - 2.30 pm - 4.30 pm)	19.01.26	16.02.26	16.03.26	20.04.26	18.05.26	15.06.26	20.07.26	17.08.26	14.09.26	19.10.26	16.11.26	14.12.26
JNCC - HUTH (Thursdays - 10.45 am - 12.45 pm)	08.01.26		05.03.26		07.05.26		02.07.26		03.09.26		05.11.26	
Consultant Meetings												
JLNC - NLAG (Tuesdays - 12.30 pm - 2.00 pm)	20.01.26	17.02.26	17.03.26	21.04.26	19.05.26	16.06.26	21.07.26	18.08.26	15.09.26	20.10.26	17.11.26	15.12.26
LNC - HUTH (Wednesdays - 10.00 am - 1.00 pm)	14.01.26		18.03.26		20.05.26		15.07.26		16.09.26		18.11.26	

8 - ANY OTHER URGENT BUSINESS

 Murray Macdonald, Interim Group Chair

9 - MATTERS FOR REFERRAL TO BOARD COMMITTEES-IN-COMMON

 Murray Macdonald, Interim Group Chair

10 - DATE OF THE NEXT MEETING

 Murray Macdonald, Interim Group Chair

Thursday, 9 April 2026 at 10.00 am