NHS
Northern Lincolnshire and Goole
NHS Foundation Trust

AGENDA

A meeting of the Council of Governors
to be held on Thursday, 8 January 2026 at 14:00 to 17:00 hours
via MS Teams - Join the meeting now

For the purpose of transacting the business set out below:

No.	Agenda item	Format	Purpose	Time
1. CORE BUSINESS ITEMS				
1.1	**Welcome and Apologies for absence** Murray Macdonald, Interim Group Chair	Verbal	Information	**14:00**
1.2	**Declarations of Interest** Murray Macdonald, Interim Group Chair	Verbal	Information	
1.3	**Minutes of the previous meetings held on: 5 November 2025** Murray Macdonald, Interim Group Chair	CoG(26)001 Attached	Approval	
1.4	**Urgent Matters Arising** Murray Macdonald, Interim Group Chair	Verbal	Information	
1.5	**Action Tracker – Public** Murray Macdonald, Interim Group Chair	CoG(26)002 Attached	Approval	
1.6	**Questions submitted from the Public** Murray Macdonald, Interim Group Chair	Verbal	Information	**14:05**
2. REPORTS AND UPDATES				
2.1	**Interim Group Chair's Update** Murray Macdonald, Interim Group Chair	CoG(26)003 Attached	Information	**14:15**
2.2	**Interim Group Chief Executive's Update** Lyn Simpson, Interim Group Chief Executive	CoG(26)004 Attached	Information	**14:25**
2.3 2.3.1 2.3.2	**Lead Governor's Update** Ian Reekie, Lead Governor **To include:** • **Membership and Public Engagement & Assurance Group (MPEAG) Highlight Report** • **Appointments and Remuneration Committee (ARC) Highlight Report**	CoG(26)005 Attached	Information / Assurance & Approval	**14:40**
3. BOARD COMMITTEES-IN-COMMON HIGHLIGHT / ESCALATION REPORTS				
3.1	**Audit, Risk & Governance Committees-in-Common (CiC) Highlight / Escalation Report** Simon Parkes, Non-Executive Director CiC Chair	CoG(26)006 Attached	Assurance	**14:50**
3.2	**Capital & Major Projects CiC Highlight / Escalation Report** Gill Ponder, Non-Executive Director CiC Chair	CoG(26)007 Attached	Assurance	**15:00**
3.3	**Strategic Programmes and Partnerships CiC Highlight / Escalation Report** Gill Ponder, Non-Executive Director CiC Chair	CoG(26)008 Attached	Assurance	**15:10**
3.4	**Performance, Estates & Finance CiC Highlight / Escalation Report** Gill Ponder, Non-Executive Director CiC Chair	CoG(26)009 Attached	Assurance	**15:15**
BREAK - 15:25 – 15:35				

3.5	**Quality & Safety CiC Highlight Report / Escalation Report** Sue Liburd, Non-Executive Director CiC Chair	CoG(26)010 Attached	Assurance	**15:35**
3.6	**Workforce, Education & Culture CiC Highlight / Escalation Report** Julie Beilby, Non-Executive Director CiC Chair	CoG(26)011 Attached	Assurance	**15:45**
4. COG BUSINESS ITEMS				
4.1	**Goole & District Hospital Update** Murray Macdonald, Interim Group Chair and Lyn Simpson, Interim Group Chief Executive	Verbal	Information	**15:55**
4.2	**Digital Update** Andy Haywood, Group Chief Strategy, Partnerships & Digital Officer	CoG(26)012 To follow after CoG	Information	**16:05**
4.3	**Safety and Quality Priorities** Heather McNair, Interim Group Chief Nurse and Hilda Gwilliams, Improvement Director	Verbal	Information	**16:25**
5. OTHER				
5.1	**Questions from Governors** Murray Macdonald, Interim Group Chair	Verbal	Information	**16:50**
5.2	**Items for Information / To Note (as per Appendix A)** Murray Macdonald, Interim Group Chair	Verbal	Information	
5.3	**Any Other Urgent Business** Murray Macdonald, Interim Group Chair	Verbal	Information	
5.4	**Matters to be escalated to the Trust Board** Murray Macdonald, Interim Group Chair	Verbal	Information	
5.5	**Council Performance and Meeting Reflection** Murray Macdonald, Interim Group Chair	Verbal	Information	
6. DATE OF THE NEXT MEETING				
6.1	The next meetings of the Council of Governors will be held on: Council of Governors Annual Review Meeting (ARM) Wednesday, 25 February 2026 from 14:30 – 17:00 hours To be held via MS Teams			

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

APPENDIX A

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

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

5.2.	**Items for Information**		
5.2.1	Governors, Executive Directors, Non-Executive Directors and Other Directors Register of Interests	David Sharif, Group Director of Assurance	CoG(26)013 Attached
5.2.2	Finance Report	Emma Sayner, Group Chief Financial Officer	CoG(26)014 Attached
5.2.3	Board Assurance Framework (BAF)	David Sharif, Group Director of Assurance	CoG(26)015 Attached
5.2.4	Group Performance Report (IPR)	Adam Creeggan, Group Director of Performance	CoG(26)016 Attached
5.2.5	Acronyms & Glossary of Terms	Alison Hurley, Deputy Director of Assurance	CoG(26)017 Attached

PROTOCOL FOR CONDUCT OF COUNCIL OF GOVERNOR BUSINESS

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

PROTOCOL FOR QUESTION(S) SUBMITTED FROM TRUST MEMBERS AND THE PUBLIC

Please note - Trust members and the public are encouraged to submit any questions requiring information or clarification at least 7 days before the meeting. This ensures sufficient time to gather the necessary details and provide an appropriate response.

Questions received within 7 days of the meeting will be addressed at the next Council of Governors business meeting.

Staff charter

NHS
Humber Health
Partnership

COMPASSION

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

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

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

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

HONESTY

Take responsibility for your actions, decisions and behaviours

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

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

Be open about mistakes, apologise, learn and improve

RESPECT

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

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

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

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

TEAMWORK

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

Include all colleagues in key discussions about the team or service

Tackle poor behaviours as they arise

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

COUNCIL OF GOVERNORS BUSINESS MEETING

Minutes of the meeting held on Wednesday, 5 November 2025
at 14:00 to 17:00 hours held in the Chamber at UCNL, Ashby Road, Scunthorpe, DN16 1BU and via MS Teams
For the purpose of transacting the business set out below:

Present:

Core Members:

Murray Macdonald	Interim Group Chair
Kevin Allen	Public Governor
Jeremy Baskett	Public Governor (Virtual)
Mike Bateson	Public Governor
Brent Huntington	Public Governor
Wendy Lawtey	Public Governor
Corrin Manaley	Staff Governor
Emma Mundey	Stakeholder Governor (Virtual)
Ian Reekie	Lead Governor
Caroline Ridgway	Public Governor

In Attendance:

Julie Beilby	Non-Executive Director
Linsay Cunningham	Deputy Director of Strategy & Partnerships
Alison Hurley	Deputy Director of Assurance
Sue Liburd	Non-Executive Director
Simon Nearney	Group Chief People Officer
Gill Ponder	Non-Executive Director
Philippa Russell	Operational Director of Finance
David Sharif	Group Director of Assurance
Lyn Simpson	Interim Group Chief Executive
Suzanne Maclennan	Corporate Governance Officer (minutes)

Public Members:
Cheryl George, Michaela Kenning, John Palmer & Kevin Woolass

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

1. CORE BUSINESS ITEMS

1.1 Welcome and Apologies for Absence

The Interim Group Chair, Murray Macdonald, welcomed those present both in the room and virtually to the Council of Governors (CoG) Business Meeting. Sincere gratitude was declared to all Governors for their support in achieving the Interim Group Chair position. It was noted that Lyn Simpson, Interim Group Chief Executive was attending the first CoG since joining the Group and would be

highlighting work and progress which would be taking place over the coming months and years.

Murray Macdonald outlined a change that would be introduced at both CoG and Trust Boards-in-Common meetings which was to answer questions submitted by Trust members and the public at the beginning of the meeting instead of the end. This would allow those who had submitted a question to leave if they wish rather than sit through the entire meeting waiting for a response. Questions and answers would be published on the Trust websites following the meetings.

1.2 **Declarations of Interest**

Murray Macdonald requested any declarations of interests in respect of any of the agenda items. None were received.

Murray Macdonald provided details of apologies for absence for Governors, Paula Ashcroft, Cllr Linda Bayram, David James, Rob Pickersgill, Dr Sandeep Saxena, Dr Gorajala Vijay, Jackie Weavill and Clare Woodard. Apologies were also received from Andy Haywood, Group Chief Strategy, Partnerships & Digital Officer (represented by Linsay Cunningham), Matt Powls, Interim Group Chief Delivery Officer, Emma Sayner, Group Chief Financial Officer (represented by Philippa Russell) and Amanda Stanford, Group Chief Nurse.

1.3 **Minutes of the Previous Council of Governors Business Meeting 21 August 2025:**

The minutes of the Business Meeting held on the 21 August 2025 were reviewed and Gill Ponder reported that some suggested changes had been submitted and received by Suzanne Maclennan. Taking the amendments into account the minutes were accepted as a true and accurate record.

Minutes of the Joint NLaG CoG Annual Members Meeting (AMM) & HUTH Annual General Meeting (AGM) 22 October 2025:

The minutes of the Joint NLaG CoG Annual Members Meeting (AMM) & HUTH Annual General Meeting (AGM) 22 October 2025 were reviewed accepted as a true and accurate record.

Brent Huntington requested clarification that the Annual Reports and Accounts 2024/25 as presented at the Joint NLaG AMM & HUTH AGM had been laid before Parliament and available to the public on the Trust websites. David Sharif confirmed that they had been laid before Parliament and agreed to check the availability of the reports on the Trust websites

Action:

- The minutes of the CoG Business meeting held on 21 August 2025 to be updated by Suzanne Maclennan with suggestions submitted by Gill Ponder.
- David Sharif to check the availability of the Annual Reports and Accounts 2024/25 on the websites.

Post Meeting Note: The Annual Reports and Accounts 2024/25 were uploaded to the Trusts websites on 24 October 2025.

1.4 **Urgent Matters Arising**

Murray Macdonald invited members to raise any matters requiring discussion not captured on the agenda. None were received.

1.5 **Action Tracker**

The Council reviewed the Action Tracker and agreed the completed actions could be moved to the closed section following the meeting. There were no outstanding actions.

As previously referenced it was agreed to take agenda item 5.2 next

5.2 **Questions submitted from the Public**

David Sharif read out the submitted questions and the corresponding response provided by the relevant Executive Director or Director.

From John Palmer, Trust Member:
I would like to ask a question regarding purchasing beds in the community last winter when Goole was available with staff and room it doesn't add up when the Trust is struggling financially, have you put something in place for this winter so the same thing doesn't happen again? I did ask a similar question at the AMM but did not receive a response.

Response provided by Matt Powls, Interim Group Chief Delivery Officer:
Thank you for your question. The Trust does not purchase community beds, this is commissioned by the Integrated Care Board (ICB) on behalf of the patients in the region. Goole and District Hospital (GDH) provides an important share of bed capacity for our services and as such is an integral part of the decisions made on a daily basis to ensure we utilise inpatient beds for patients that are clinically appropriate.

From Kevin Woolass, Trust Member:
Is there a three year plan to close GDH?

Response provided by Ivan McConnell, Group Director of Transformation:
There is no plan to close GDH. We are currently undertaking a piece of work which looks at how we best meet the population health needs in partnership with the ICB / Local Authority (LA) and wider providers notably Primary Care.
At present we are looking to increase the Regional Rehabilitation Hub size, integrated care provision, increase surgery via increases in general surgery, as an example.

From Micheala Kenning, Chair of the Save Goole Hospital Action Group (SGHAG):

Q1: When will the Top-To-Toe Booklet be ready for distribution?

Response provided by Ivan McConnell, Group Director of Transformation and David Sharif, Group Director of Assurance:
It should be finalised this week and published in the next week – following publication of the ICB engagement report.

Q2: When can we expect an update regarding funds for the proposals for GDH?

Response provided by Ivan McConnell, Group Director of Transformation and David Sharif, Group Director of Assurance:
If this is regarding capital, we are undertaking some estates planning based upon potential options at this stage. The options need to be confirmed in ICB commissioning intentions. Capital would need to be funded from within internal capital resources. The wider revenue funding would need to be confirmed via the commissioning route and the ICB.

The business cases are being worked up during the period of November 2025 to end of March 2026. No definitive timeline has been identified yet as there are multiple dependencies

Q3: When can we expect an update on the amalgamation of NLAG and HUTH?

Response provided by Ivan McConnell, Group Director of Transformation and David Sharif, Group Director of Assurance:
The partnership of NLAG and HUTH has no firm plans at this stage to create a legally binding and different organisational form. We are focused on driving better patient access to services and opportunity for our staff through working closer together as a partnership.

Murray Macdonald confirmed that the questions and responses provided were tabled in advance of the meeting and no further queries would be accepted. A discussion ensued between Murray Macdonald and Michaela Kenning regarding the responses provided who felt that some of the answers were unsatisfactory. Michaela Kenning highlighted the following points:

- The Top-to-Toe booklet is factually inaccurate, having been produced for referrers who were unable to refer to GDH via the online booking system and telephone system
- The consultants' letter to Sean Lyons (former Group Chair), identifying unhappy working arrangements between the north and south bank staff.
- Concerns about the uncertainty surrounding GDH causing staff to leave for employment elsewhere
- Concerns about available funding despite the continued expense of two Chief Executive's wages
- Suggestion to hold a CoG meeting in Goole
- Accountability of the leadership team.

Murray Macdonald outlined that if all of the questions had been submitted prior to the meeting then an answer would have been duly provided. It was agreed that Murray Macdonald and Michaela Kening would meet outside

The agenda returned and resumed with item 2.1.

2. REPORTS AND UPDATES

2.1 Interim Group Chair's Update

Murray Macdonald noted the that future reports would be more fulsome due to this report being written during the second week in the position. The report was taken as read and questions were welcomed.

Ian Reekie requested that a Governor focus group be consulted by ValueCircle in relation to the governance review being undertaken, as it would be unsatisfactory to only consider the views of the Lead Governor. Murray Macdonald confirmed the request would be submitted to ValueCircle for consideration.

Brent Huntington queried why the Group Chief Delivery Officer was an interim post following the departure of Sarah Tedford. Murray Macdonald reported that the full recruitment process required a significant amount of time and to ensure there were no gaps within the Executive team it was initially recruited to on an interim basis.

Jeremy Baskett queried whether there was an action plan in place to address the two vacant seats within the East & West Lindsey constituency. Murray Macdonald highlighted this query would be addressed later in the agenda at item 4.2.

2.2 Interim Group Chief Executive's Update including Improvement Plan and Reflections

Lyn Simpson was pleased to be attending the CoG meeting and welcomed the opportunity to meet with Governors over the coming months. Since joining the Group at the beginning of August 2025, Lyn Simpson reported there were four clear priority areas which would be the main focus:

- Improving constitutional standards
- The financial plan
- The staff survey – understand and create greater co-operation in completion
- Staff welfare.

Through experience within other organisations both regionally and nationally Lyn Simpson shared that it was far more effective to achieve a few elements very well rather than too many elements well. Noting that if focus is on too many areas the efforts are dissipated which lessened the traction of improvement. This approach required further engagement with clinical staff resulting in a clinically led organisation which could take three to four years to embed.

Lyn Simpson reported that each of the five hospital sites had been visited and the fantastic work on display was impressive. The importance of sharing all the good news stories and examples of great practice was noted.

Lyn Simpson highlighted the improvement plan/model would ensure the Group climbed the national rankings which had unfortunately slipped in recent years. It was noted that elements of the improvement plan were in place before Lyn Simpson began in post, and had now been unpacked, repacked and enhanced. The improvement plan outlined three phases of work:

- Stabilisation
- Development
- Connection

The NHS England (NHSE) regional team had requested the improvement plan and expected immediate improvements having been concerned by the overarching operational performance. The NHSE regional team accepted the plan and associated timeline with an expected delivery time of two to three years. It was reported that Lyn Simpson had brought a small team of three to four people to work alongside the current Executives to transfer their skills and knowledge.

Lyn Simpson commended the huge amount of work completed by Simon Nearney and team to harmonise the policies and procedures which would ensure fairness and equity.

Wendy Lawtey queried what the consequences would be for the Trust if the financial gap was not closed. Lyn Simpson reported that in previous years there were no consequences if the financial challenges were not met as there was always some form of 'bail-out' procedure. This year it was made very clear by Sir Jim Mackey, Chief Executive of NHSE that Trusts cannot keep spending other people's money and they must live within their means. There has been a change in some of the deficit funding, incentives are in place and the expectation was that no consequences would be necessary.

Trust member, Cheryl George was pleased to hear that staff wellbeing was one of the focus areas and agreed that allowing the staff to have a voice was crucial for development. Encouragement to utilise mechanisms already in place was highlighted as NLaG was already included in a thriving workplace health scheme in North Lincolnshire along with other evidence based schemes. Lyn Simpson agreed that the Group should be utilising every option available as happy staff create a happy environment which impacts patient wellbeing and the Group had a responsibility to provide an environment for staff to thrive. Lyn Simpson outlined the requirement for all staff to complete the staff survey to ensure a collective response was gathered instead of sound bites from specific wards and departments.

Kev Allen provided four examples of patients he had spoken with who had struggled to rearrange appointments or had prescriptions changed without any notice which had been shared with the Patient Communications team. Lyn Simpson noted these as examples of poor practice and poor communication and apologised that no courtesy response had been provided. It was reported that communication could always improve and digital enhancements were moving at pace. Commitment to largely eradiate the flaws in the system was provided by Lyn Simpson by ensuring the attention required was fulfilled and the sharing of real life instances was welcomed.

Mike Bateson queried whether engagement with the patient community had been considered for feedback to ensure their needs were met. Lyn Simpson agreed that it was equally important to listen to the patients and stakeholders and encourage their voices to be heard. It was reported this process was in its infancy and ongoing.

2.3 **Lead Governor's Update**

The Lead Governor's Update report was taken as read and Ian Reekie highlighted one inconsistency which was the resignation date for Simon Parkes, Non-Executive Director which had been renegotiated to 31 January 2026. On behalf of the Governors Ian Reekie thanked Diana Barnes, Jeremy Baskett and particular thanks to Rob Pickersgill as Deputy Lead Governor for their many years of diligent service.

Murray Macdonald requested Governors consider nominating themselves for the role of Deputy Lead Governor which would become vacant as of 14 November 2025.

Brent Huntington raised one further question for Lyn Simpson following on from an earlier mention of consultant letters and unrest amongst consultants. It was noted within the referenced letter that there was minimal diversity of appointments within the Trust Board which could leave the Group open to criticism. Lyn Simpson confirmed that there was a need to review ethnicity across the Trust Board and departments.

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

3.1 **Audit, Risk and Governance Committees-in-Common (CiC) Highlight Report**

Murray Macdonald advised the Audit, Risk and Governance Committees-in-Common had not met since the August 2025 CoG meeting, and therefore was no update at this meeting.

3.2 **Capital and Major Projects Committees-in-Common Highlight Report**

Gill Ponder advised that due to meeting scheduling the next Capital and Major Projects Committees-in-Common highlight report would be available at the 8 January 2026 CoG meeting.

3.3 **Strategic Programmes and Partnerships Committees-in-Common Highlight Report**

Similarly, as above, Gill Ponder advised that due to meeting scheduling the first Strategic Programmes and Partnerships Committees-in-Common highlight report would be available at the 8 January 2026 CoG meeting.

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

Gill Ponder provided a summary of the report which was taken as read.

Gill Ponder reported that between months five and six the Transformation Team and Programme Management Office (PMO) had successfully increased the forecast outturn by £5 million additional savings.

Gill Ponder confirmed that the artificial intelligence (AI) LUNA ROVA was due to be deployed in December 2025 although some slippage may be incurred. The delay was caused by the external supplier interfacing with internal systems and data. The AI would review the waiting list to assist clinicians in processing patients

and would not make any decisions regarding removal of patients from waiting lists. It was reported that during the weeks before Christmas some patients decide not to receive treatment which may affect spending time with family which would in turn impact the waiting lists.

A 3.6% deterioration in diagnostic performance was reported with a focus on the use of Community Diagnostic Centres (CDC) and mutual aid between the north and south bank.

It was noted that 75% of patients who had waited for longer than four hours in the emergency department (ED) were not admitted.

Kev Allen raised a concern that the main link corridor at SGH had been closed off for weeks due to an unsafe roof and was awaiting commencement of work. It was queried when the corridor would be reopened for use. Gill Ponder confirmed that this had not been raised within the PEF CiC and suggested an action to contact Tom Myers, Group Director of Estates and Facilities for a response on this query.

Kev Allen raised another concern regarding the servicing of fire extinguishers at SGH which had taken place during July 2025. Following this it was reported that there were fire extinguishers around the hospital with yellow stickers stating 'Caution – corrective action required'. Gill Ponder highlighted this query was an operational issue and would not traditionally be discussed at the PEF CiC, it was confirmed that an annual fire safety report would be received and a quarterly review of any risks on the Risk Register. David Sharif requested that queries regarding fire safety were brought to the attention of the Foundation Trust Office immediately and not held until the next CoG meeting to ensure timely action and responses.

Mike Bateson queried how the finances could be addressed to avoid reliance on non-recurrent savings. Gill Ponder confirmed that discussions took place at every PEF CiC meeting regarding the shift from non-recurrent savings to recurrent savings, it was reported that circa 48% were now recurrent.

Ian Reekie requested assurance that sufficient steps were in place to address the considerable variation in financial and operational performance across each Care Group. Gill Ponder reported that the PEF CiC were much more assured than previously with a detailed focus at Care Group level and some Care Groups were receiving intensive support. Historically the financial plan was less important although this year the message was very clear, there was no extra finances available and the plan must be delivered.

Brent Huntington raised a concern regarding guttering at GDH which had previously been reported. Murray Macdonald reminded Governors that all concerns must be addressed through the Foundation Trust Office to ensure the information was disseminated and addressed appropriately and not duplicated. The Foundation Trust Office would keep a log of all operational queries and ensure responses were provided .

Action:

- Request a response from Tom Myers, Group Director of Estates and Facilities regarding the work on the roof of the link corridor at SGH and the fire extinguisher issue.

- Foundation Trust Office to keep a log of all operational concerns and queries raised their respective responses.

A break took place at 15:23 hours and the meeting resumed at 15:37 hours.

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

Sue Liburd provided a summary of the report and highlighted that previously there had been 116 outstanding Care Quality Commission (CQC) actions which had significantly reduced to 39 now, with 14 of those being red rated.

Brent Huntington was pleased to note that there was an allocation in the Finance report for Carbapenemase Producing Enterobacterales (CPE).

Murray Macdonald reminded Governors that whilst fulfilling their duties within hospitals they also must demonstrate appropriate infection prevention control.

Mike Bateson reminded those present of a never event which happened several years earlier whereby a patient lost their life due to a power cut whilst in theatre. At the time Mike Bateson understood there had been an uninterruptible power supply to prevent this ever happening again and queried the Q&S CiCs position on all never events. In response Sue Liburd confirmed that the committees were concerned about all never events and highlighted they were now a substantive agenda item for very close scrutiny. It was noted that this cultural issue was being targeted and whilst the six never events at NLaG since April had identified patients were not unduly harmed there was harm nevertheless. Murray Macdonald highlighted that never events were an indicator to the Group that safety remained a priority.

Caroline Ridgway raised a concern regarding patients testing positive for Covid having been informed that some ward staff were not aware of the current processes in place for Covid patients. Sue Liburd agreed to discuss this feedback with colleagues for follow up outside of the meeting.

Action: Sue Liburd to feedback concerns raised regarding correct processes for Covid patients

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

Julie Beilby provided a summary of the report. Clarity was provided in relation to the assurance given being based on input and actions at this stage rather than long term outcomes which would take time. The WEC CiC were also more aware of the control mechanisms and authorisation process in relation to agency spend which would allow better understanding why agency support was required. Julie Beilby confirmed that since the report was written the Job Planning compliance rate had improved from 49% to 78%.

Ian Reekie highlighted the unusual occurrence for a CiC to note any assurance as minimal which related to the medical education/supervision and queried why this was specifically an NLaG issue and not across the Group and what consequences were in place. Julie Beilby reported a further meeting of the WEC CiC had taken place since the report was written which had provided some assurance the

challenging work was in progress. It was confirmed the consequence was that the Trust could lose some Resident Doctors.

Ian Reekie queried which of the two Trusts were the main issue in relation to the Job Plan compliance. Julie Beilby confirmed the issue was across both Trusts and within varying Care Groups which had proved complex to address.

Wendy Lawtey queried whether any timelines had been set for the mandatory training compliance. Julie Beilby reported that as a Group the target of over 85% compliance was being achieved although there were pockets of clinical staff who due a complex range of reasons were not achieving the target. The issue was reviewed at every WEC CiC and the Executive team were focused on this area too.

In response to a query from Wendy Lawtey, it was confirmed by Julie Beilby that the escalation for decision making would help to understand why agency staff are required. Gill Ponder confirmed that Emma Sayner, Group Chief Financial Officer had agreed to investigate why both the staffing cost and agency spend were increasing following discussions at the recent PEF CiC.

A discussion ensued regarding the ban of Christmas trees across the Group and why this had been agreed. It was confirmed that senior clinicians had enforced the ban of Christmas trees and decorations for infection, prevention and control purposes. Lyn Simpson agreed to review this decision outside of the meeting and ensure sufficient communication was shared.

Action: Lyn Simpson to review the ban on Christmas trees and decorations in patient areas

4. COG UPDATES

4.1 Group Strategy and Alignment with Associated Strategies

Linsay Cunningham and David Sharif delivered the presentation.

In relation to Health Inequalities Cheryl George suggested engagement with Public Health teams and Linsay Cunningham confirmed that this engagement was taking place.

As the work around Health Inequalities was of high importance to Governors, Ian Reekie requested that consideration was given for Governors to be involved in developing the action plan. Linsay Cunningham was happy to include Governors in the process.

In response to a query Linsay Cunningham confirmed that it was very important to reflect accurate information when developing strategies. It was confirmed that a wide range of information and insight had been gathered over a long period of time.

Emma Mundey queried how the strategy would fully align the benefits from the community perspective and the importance of community and preventative care as NLaG was an acute and community provider. Linsay Cunningham confirmed that NLaG was well placed in North Lincolnshire and understanding was required as to

what would be effective in other areas. The neighbourhood health model would be fundamental for working together.

4.2 **Governor Elections Update**

Alison Hurley provided a summary of the report which was taken as read. It was confirmed that despite a diligent approach to encourage nominations within the East & West Lindsey constituency, two seats remained vacant. Alison Hurley suggested this was discussed further at the next meeting of the Membership and Public Engagement and Assurance Group (MPEAG) to be held on 2 December 2025. Consideration for holding a bi-election was suggested. Alison Hurley advised that the only other approach would be to hold targeted engagement with neighbourhood groups.

Ian Reekie highlighted the need for a sequential process to ensure the Deputy Lead Governor was appointed before invitations to express interest in either the Appointments and Remuneration Committee (ARC) or MPEAG were requested. Governors were then requested to approve a six month leave of absence for Corrin Manaley from 1 January 2026. Governors approved this request.

Brent Huntington queried whether the unsuccessful candidate in the Goole and Howdenshire ballot would be able to cover one of the vacancies within East and West Lindsey. Alison Hurley confirmed that as stated in the Trust Constitution, candidates must reside within the constituency in which they nominate themselves for.

Murray Macdonald reiterated that it was important for the Trusts constituencies to be fully represented.

5. OTHER

5.1 **Questions from Governors**

Murray Macdonald welcomed any questions from Governors.

Brent Huntington shared an observation that the heating was on at GDH and many of the windows were open. Murray Macdonald noted this point.

Kev Allen highlighted that discussions regarding the transport infrastructure had been very minimal of late and requested consideration for this remained a focus. Murray Macdonald noted this point for feedback to the ICB.

5.2 **Items for Information / To Note**

Murray Macdonald drew the Council's attention to the items for information noted in Appendix A.

5.3 **Any other Urgent Business**

No items were raised.

5.4 **Matters to be escalated to the Trust Board**

Murray MacDonald noted that many of the discussions which had taken place during the meeting would be escalated to the Trust Board. No further items were raised.

5.5 **Council Performance, Meeting Reflection & Timings Review**

Murray Macdonald welcomed any reflections on the meeting. No items were raised.

6. DATE AND TIME OF THE NEXT MEETING

6.1 **Date and Time of the next Council of Governors meeting:**

Murray Macdonald thanked Suzanne Maclennan and Alison Hurley for arranging the meeting at UCNL and welcomed the opportunity to move round the three NLaG hospital sites for future meetings.

Murray Macdonald formally thanked Jeremy Baskett, Diana Barnes and Rob Pickersgill for their valued service as Governors over recent years.

The next Council of Governors Meetings will be held as follows:

Business meeting on Thursday, 8 January 2026 at 14:00 – 17:00 hours to be held virtually via MS Teams

The Interim Group Chair thanked those present for their attendance and contributions and closed the meeting at 16:32 hours.

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

Governors					
Name	**Possible**	**Actual**	**Name**	**Possible**	**Actual**
Ahmed Aftab	5	3	Wendy Lawtey	5	4
Kevin Allen	5	5	Corrin Manaley	5	5
Paula Ashcroft	5	1	Emma Mundey	5	3
Diana Barnes	5	4	Rob Pickersgill	5	4
Jeremy Baskett	5	4	Ian Reekie	5	5
Mike Bateson	5	5	Caroline Ridgway	5	3
Linda Bayram	4	2	Dr Sandeep Saxena	5	3
Paul Henderson	5	2	Dr Gorajala Vijay	5	3
David Howard	1	0	Jackie Weavill	5	4
Brent Huntington	5	5	Clare Woodard	5	3
David James	5	4			

Executives					
Name	**Possible**	**Actual**	**Name**	**Possible**	**Actual**
Andy Haywood	2	1	David Sharif	5	5
Jonathan Lofthouse	1	0	Lyn Simpson	3	3
Ivan McConnell	2	2	Amanda Stanford	4	1
Simon Nearney	4	4	Sarah Tedford	3	0
Matt Powls	1	0	Dr Kate Wood	4	3
Emma Sayner	4	3			

Non-Executive Directors					
Name	**Possible**	**Actual**	**Name**	**Possible**	**Actual**
Julie Beilby	5	5	Murray Macdonald	5	4
Linda Jackson	3	2	Simon Parkes	5	2
Sue Liburd	5	5	Gill Ponder	5	5
Sean Lyons	3	3			

NHS
Hull University Teaching Hospitals
NHS Trust

NHS
Northern Lincolnshire and Goole
NHS Foundation Trust

COUNCIL OF GOVERNORS
ACTION TRACKER

2025/26

ACTION TRACKER - CURRENT ACTIONS - 8 January 2025

COUNCIL OF GOVERNORS

NHS Hull University Teaching Hospitals NHS Trust

NHS Northern Lincolnshire and Goole NHS Foundation Trust

Minute Ref	Date / Month of Meeting	Subject	Action Ref (if different)	Action Point	Lead Officer	Target Date	Progress	Status	Evidence
COG(25)054	05/11/2025	Workforce, Education and Culture Committees-in-Common Highlight Report	3.6	Review the proposed ban on Christmas trees and decorations	Lyn Simpson	Jan-26	Lyn Simpson reported that following a number of discussions with and advice from the Infection Prevention and Control team and the Senior Leadership Group, the Group is happy to report that whilst Christmas trees in clinical areas do not meet infection control standards, alternative similar 'washable' decorations are available that allow staff, patients and visitors to enter the Christmas spirit.	Complete	Email 17.12.25
COG(25)053	05/11/2025	Quality and Safety Committees-in-Common Highlight Report	3.5	Feedback concern ensuring ward staff are aware of the process for managing Covid patients.	Sue Liburd	Jan-26	Captured in the Quality & Safety CiC Highlight Report to the January 2026 CoG meeting	Complete	Q&SC CiC Report to Jan 2026 CoG
COG(25)052	05/11/2025	Performance, Estates and Finance Committees-in-Common Highlight Report	3.4	Opertaional Log for CoG concerns and queries to be created.	Corporate Governance Officer	Nov-25	Log created following 5 November CoG meeting and updated accordingly	Complete	Operational Log for CoG
COG(25)051	05/11/2025	Performance, Estates and Finance Committees-in-Common Highlight Report	3.4	Request further details regarding repairs to the link corridor roof and fire extinguishers at SGH.	David Sharif / Corporate Governance Officer	Nov-25	* Response regarding the link corridor roof emailed to Governors 17 November 2025. * Further details provided by Governor regarding the fire extinguishers on 17 November 2025. * Response regarding fire extinguishers emailed to Governors 3 & 15 December 2025	Complete	Emails
COG(25)050	05/11/2025	Minutes of the Joint NLaG CoG AMM & HUTH AGM 22 October 2025	1.3	Check availability of the Annual Reports and Accounts 2024/25 on Trust websites.	David Sharif	Nov-25	The Communications team confirmed the Annual Reports and Accounts 2024/25 were uploaded to Trust websites on 24 October 2025	Complete	Emails and Trust websites
COG(25)049	05/11/2025	Minutes of the Previous Council of Governors Business Meeting 21 August 2025	1.3	Amendments for the 21 August CoG minutes suggested by Gill Ponder emailed and received by Corporate Governance Officer.	Corporate Governance Officer	Nov-25	The requested amendments were made on 10 November 2025	Complete	21 August CoG minutes

Key:

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

ACTION TRACKER - CLOSED ACTIONS

Council of Governors

NHS Hull University Teaching Hospitals NHS Trust

NHS Northern Lincolnshire and Goole NHS Foundation Trust

Minute Ref	Date / Month of Meeting	Subject	Action Ref (if different)	Action Point	Lead Officer	Target Date	Progress	Status	Evidence
COG(25)048	########	Any other Urgent Business	3.2	Facilitate the dermatology query on behalf of John Palmer once permission had been granted by the patient.	Alison Hurley / Corporate Governance Officer	Sep-25	Emails from John Palmer shared with Jackie France and Dermatology on 26 August & 3 September. Dermatology to contact the patient for follow up discussion/review. Update provided to John Palmer via email on 22 September 2025.	Complete	Emails
COG(25)047	########	Workforce, Education and Culture (WEC) Committees-in-Common Highlight Report	2.5	Provide an update on the outcome of the Consultants meeting	David Sharif	Aug-25	David Sharif provided an update via email to the CoG on 27 August 2025	Complete	Emails
COG(25)046	########	Capital and Major Projects (C&MP) Committees-in-Common Highlight Report	2.2	Follow up with queries raised by Kev Allen relating to patient communication.	David Sharif / Corporate Governance Officer	Aug-25	Response provided by Jackie France and shared with Kev Allen on 26 August 2025	Complete	Emails
COG(25)045	########	Minutes of the Previous Council of Governors Business Meeting 17 July 2025	1.3	Amend the wording in the 17 July 2025 business meeting minutes in Section 2.2.1, third paragraph, second sentence on page 4	Corporate Governance Officer	Aug-25	17 July 2025 Minutes updated 27 August 2025	Complete	Minutes
COG(25)044	17/07/25	Lead Governor's Update	2.3	Submit approved ARC Terms of Reference to Document Control for processing.	Corporate Governance Officer	Jul-25	ARC Terms of Reference sent to Document Control for processing on 21 July 2025	Complete	Emails
COG(25)043	17/07/25	Minutes of the Previous Council of Governors Business Meeting 16 April 2025	1.3	Amend Emma Sayner's job role in the 16 April 2025 minutes.	Corporate Governance Officer	Jul-25	16 April 2025 Minutes updated 29 July 25	Complete	Minutes
COG(25)039	16/04/25	Performance, Esates & Finance Highlight Report	3.3	Cancer patients - Investigate what support mechanisms are in place	Simon Nearney	Jul-25	Simon Nearney to discuss with Dr James Bailey. Simon Nearney provided a written update and shared during the July CoG meeting.	Complete	Emails
COG(25)038	16/04/25	Performance, Esates & Finance Highlight Report	3.3	Digital letters - investigate missing information - location of appointments	Dr Kate Wood	Jul-25	Report provided by Dr Kate Wood and emailed to Governors and NEDs on 15 May 25 & 17 June 25 * Briefing session scheduled 12 August 25 for Patient Communication with Jackie France & Andy Haywood	Complete	Emails

COG(25)029	09/01/25	Council Performance, Meeting Reflection & Timings Review	5.6	Conduct 6 month review of CoG timings and format 2025	Corporate Governance Officer	Jun-25	MS Forms survey circulated, response requested and report to be presented at 17 July CoG (agenda item 4.3)	Complete	MS Forms & CoG report
COG(25)042	16/04/25	Member & Public Engagement Strategy	5.2	Seek expressions of interest for the Member and Public Engagement Working Group	Corporate Governance Officer	May-25	Expressions of interest sought via email on 23.04.25 - No expressions of interest received in addition to those already on the Editorial Board	Complete	Emails
COG(25)041	16/04/25	Trust Priorities 2025-26	4.3	Arrange briefing session for the deferred Trust Priorities 2025-26	Corporate Governance Officer	May-25	Briefing session scheduled on 22 May	Complete	Emails & Diary invite
COG(25)040	16/04/25	National Staff Survey Summary	4.2	Share the People Strategy with Governors	Simon Nearney	May-25	The NHS HHP People Strategy 2025-2028 emailed to Governors on 06.05.25	Complete	Email
COG(25)037	16/04/25	Lead Governor's Update	2.3	Arrange Governor briefings for the Operational & Financial Plan 2025-26 and NHS Finance and Business Skills	Corporate Governance Officer	Jun-25	Briefings scheduled as: *22 May - Operational & Financial Plan 2025-26 *9 July - NHS Finance & Busness Skills	Complete	Emails, diary invites & presentations
COG(25)036	16/04/25	Group Chair's Update	2.1	Theatre Utilisation at Goole and District Hospital	Ivan McConnell	May-25	Ivan Mconnell provided a written update on the recent theatre utilisation which was emailed to Governors on 17.04.25	Complete	Emails
COG(25)035	16/04/25	Group Chair's Update	2.1	Request further details of Ward 24 closure at Scunthorpe General Hospital	Emma Sayner	May-25	Response provided by Simon Tighe and emailed to Governors on 13.05.25	Complete	Emails
COG(25)034	25/02/25	Workforce, Education & Culture CiC Highlight Report	2.5	Add Staff Survey update to the April CoG agenda	Corporate Governance Officer	Apr-25	Staff Survey added to the April CoG agenda - Item 4.2	Complete	April CoG agenda
COG(25)033	25/02/25	Quality & Safety CiC Highlight Report	2.4	Circulate the Patient Experience Annual Report 2023/24	Corporate Governance Officer	Mar-25	Patient Experience Annual Report 2023/24 ditsributed to Governors via email on 13.03.25	Complete	Emails
COG(25)032	25/02/25	Performance, Estates & Finance CiC Highlight Report	2.3	Add the following to the April CoG Agenda: -Provide details of savings since introduction of one Executive -PA Consulting update by Ivan McConnell	Corporate Governance Officer	Apr-25	* Update requested from Emma Sayner on 01.04.25 for sharing at the April CoG meeting. * PA Consulting added to the April CoG agenda - Item 4.1 - Transformation and Sustainability Update.	Complete	April CoG agenda
COG(25)031	25/02/25	Audit, Risk & Governance CiC Highlight Report	2.1	Risk Register data request from Dr Saxena - Could we ask the Group Chief Nurse to identify the top 20% risks at the earliest?	Corporate Governance Officer	Apr-25	David Sharif provided the Open High Risk and Risk Register Summary Report - Emailed to Dr Saxena 14.04.25	Complete	Emails

COG(25)030	25/02/25	Action Tracker	1.5	Governor expressions of interest for patient feedback project	Cllr Paul Henderson	Apr-25	Cllr Paul Henderson requested expressions of interest from fellow Governors to work on the patient feedback project. Cllr Paul Henderson canvassed the views of fellow Governors and no tangible feedback was received. NLaG staff were very happy to support but there didn't seem to be any demand.	Complete	Minutes and emails

Key:

Grey	Completed - can be closed/archived following meeting

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(26)003

Name of the Meeting	**Council of Governors Business Meeting**
Date of the Meeting	8 January 2026
Director Lead	Murray Macdonald, Interim Group Chair
Contact Officer/Author	Murray Macdonald, Interim Group Chair
Title of the Report	**Interim Group Chair's Update**
Executive Summary	Briefing for the Council of Governors on the key highlights from the recent Trust Boards and current issues
Background Information and/or Supporting Document(s) (if applicable)	N/A
Prior Approval Process	N/A
Financial implication(s) (if applicable)	N/A
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	☐ Approval ☐ Information ☐ Discussion ☐ Review ✓ Assurance ☐ Other – please detail below:

Interim Group Chair's Update

Interim Group Chair's Report for Northern Lincolnshire & Goole (NLaG) NHS Foundation Trust Council of Governors meeting – 8 January 2026

Introduction

Over the past two months since my last report my focus has been twofold, building our network with partners across the Integrated Care Board (ICB) and Region and working with the Interim Group Chief Executive and Boards to respond to the significant safety and performance challenges facing the Trust and the Group.

Performance and Scrutiny

Scrutiny of the Trust and wider Group by NHS England (NHSE) and the ICB has continued to be intense through the start of the winter period. Performance was not helped by sessional flu arriving about a month earlier than usual which resulted in the Trust moved to the use of face masks in front line clinical areas and the Resident Doctors strike.

The Trust has put in place a wide-ranging Improvement Plan which focusses on three key areas, Stabilise, Develop, Connect underpinned by a shift to a much more clinically led organisation. The Interim Group Chief Executive and I attended the half year review, chaired by the NHSE Regional Director at which we received support for the action being taken, however, they emphasised the need to significantly transform and improve performance across a number of areas but particularly the safety of services at our hospitals. In their summary they identified the number of Never Events as an indicator of poor quality and safety and requested that the Improvement plan move with pace to improve the learning culture and increase clinical engagement.

The Boards have been working to develop the 2026/27 Operational Plan that underpins the improvement required in our key service areas Elective, Cancer, Urgent & Emergency Care (UEC) whilst addressing the underlying financial concerns. The Boards have rightly placed Safety at the top of the agenda and are holding a Safety Development Day in January 2026 as part of the work that it will be undertaking to complete a final Operational plan submission in February 2026. In addition, the Regional NHSE team will be meeting with the Interim Group Chief Executive and me to discuss the level of compliance and the robustness of the plan and consider the actions being taken by the board leadership prior to triangulate across activity, workforce, finance and quality and the alignment between the Trusts and the ICB.

It is clear that the Trusts are in a challenged position going into 2026 and I would expect the level of scrutiny and oversight to continue or be enhanced as Regional and National NHSE seek to support us to improve our performance.

Despite the overall concerns it is important to remember that, across all our hospitals, members of our clinical, operational and administrative teams deliver excellent service to our patients every day. It is for us as leaders to support the teams and

enable them to perform at their best whilst we address the underlying challenges we face.

Governance Review

The governance review that I commissioned through ValueCircle has completed the document review stage along with most of the one-to-one interviews and has now started to triangulate information through observation of meetings and attending focus groups by specialty area. I meet with the Project lead on a fortnightly basis and have been assured that the review is to be completed by the deadline of March 2026 with a draft report to Trust Boards-in-Common in early February 2026.

Organisational Changes

The Governors have previously commented upon the need to stabilise the Leadership team with permanent appointments, and I am therefore pleased to report that following a national recruitment campaign Sam Peate has been appointed as our Group Chief Delivery Officer. Sam Peate is an experienced Operations Executive currently Chief Operating Officer at South Tees Hospitals NHS Foundation Trust having started his career in the NHS at Hull. Sam will join us at the beginning of March 2026.

Matthew Powls who has been Interim Group Chief Delivery Officer will step down from the position at the beginning of March 2026 and I would like to thank him for the work he has undertaken for the Trusts and wish him well for the future.

As mentioned at the last meeting Amanda Stanford has been successful in an application to join the ICB on secondment for the next six months. At that point we had not appointed an Interim Group Chief Nurse, however since then Heather McNair has taken up the position. Heather McNair is well known across the Trust having acted in this role during the time that Amanda Stanford was acting Group Chief Executive.

Earlier this year Simon Parkes indicated that he wished to step down from his role as NLaG Non-Executive Director (NED) and he kindly agreed to stay until the end of January 2026. As this will be Simon's last Council of Governors meeting I wish to extend our thanks to him for his work for the Trust, the Governors and the patients we serve.

Council of Governors Changes

Following the completion of the latest round of elections I am delighted to welcome three new Governors to the Council

Dietmar Harteveld	Goole and Howdenshire
Marian Davison	North Lincolnshire
Cheryl George	North East Lincolnshire

In addition, we have one re-election with Mike Bateson being reappointed to North East Lincolnshire.

Following the changes to membership of the Council of Governors the position of Deputy Lead Governor had become vacant. I am pleased to announce that Mike Bateson has been appointed to the role and I look forward to working with him as we move forwards.

Finally following changes to his business interests Councillor Paul Henderson has identified a possible conflict of interest with the Trust and has decided that he should step down as a Governor. I would like to thank Paul for his service to the Governors and Trust and wish him well in the future. North East Lincolnshire Council will appoint a new representative in due course.

Goole and District Hospital

After the last Council of Governors meeting at which the future of Goole & District Hospital (GDH) was raised during public questions I committed to meet with members of the Save Goole Hospital Action Group to discuss their concerns.

The meeting took place on the 19 November 2025 and the Interim Group Chief Executive and I met with Michaela Kenning, the groups Chair, along with three leaders. We spent time to listen to their concerns which they set out in an honest and constructive manner. Between us we agreed to four key actions that the Trust will take

- Review the public information made available through the service directory to make sure it is complete and accurate.
- Review IT and process barriers which appear to hinder accurate patient information.
- Ensure that booking teams at other hospitals have access to service bookings at Goole.
- We agreed to review the current and future use of Ward Three but that we would not make any sudden or unannounced changes.

The meeting was positive, and all involved stated that it was the start of building trust between us. We agreed to meet again in the early New Year to take the work forwards and we are currently looking for suitable dates.

The Interim Group Chief Executive and I also met with Sir David Davis MP later that same week. He was reassured by the meeting that we had held with the Action Group and asked us to confirm that we would not make any sudden changes to the services provided at GDH. We were happy to do so and have agreed that going forwards we will meet with him on a regular basis.

Murray Macdonald
Interim Group Chair

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(25)004

Name of the Meeting	**Council of Governors Business Meeting**
Date of the Meeting	8 January 2026
Director Lead	Lyn Simpson, Interim Group Chief Executive
Contact Officer/Author	Lyn Simpson, Interim Group Chief Executive
Title of the Report	**Interim Group Chief Executive's Update**
Prior Approval Process	N/A
Financial implication(s) (if applicable)	N/A
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ☐ Assurance ☐ Other – please detail below:

Interim Group Chief Executive's Update

Council of Governors
8 January 2026

1. GIRFT visit to Goole: National recognition of local progress

Professor Tim Briggs' visited to Goole & District Hospital in November, as part of the NHS Getting It Right First Time (GIRFT) national programme.

GIRFT is, in essence, a practical, clinically led check-in for hospitals across the NHS. Senior doctors review local services, compare them with national best practice and offer straightforward recommendations to improve productivity, reduce delays and strengthen quality and safety.

Professor Briggs leads GIRFT nationally and is one of the most experienced surgeons in the country. His benchmark for what 'good' looks like comes from hundreds of visits to hospitals nationwide.

Following his visit to Goole, he shared the following feedback:

"Over the last 4–5 months Goole & District Hospital has stepped up to the plate and increased its productivity and efficiency and, as a result, has reduced waiting times for patients requiring surgery in orthopaedic and cataract procedures. A huge well done to all staff who have contributed to this achievement."

This endorsement carries real weight. It acknowledges the commitment of our colleagues at Goole & District Hospital, the tangible improvements in waiting times, and the hospital's growing importance within both local care and the elective recovery model for the wider region.

It is also fully aligned with the conversations we have been having with community representatives in Goole where our engagement with local stakeholders is resetting relationships and strengthening trust through openness, reliability and shared progress.

Professor Briggs' feedback is therefore both a validation of recent efforts and a signal of what is possible when teams are empowered, supported and aligned behind a clear improvement ambition.

2. Clinically led improvement and the finalisation of the Improvement Plan

The Improvement Plan has now been finalised following extensive clinical engagement through autumn and early winter. The Plan is structured around three core anchors - Stabilise, Develop and Connect -each reflecting the leadership and insight of the Partnership's senior clinicians, working alongside operational teams.

The ethos of the Plan is simple and foundational:

- Listen to clinicians.
- Learn from patients.
- Build practical solutions together

The Plan has been designed deliberately to shift the organisation away from top-down management and towards genuine clinical ownership, supported by the Senior Leadership Team and the newly established Clinical Policy Group.

This ethos is also reflected in the planned development of the Learning, Improvement & Safety Academy, which will bring clinical education, improvement support and leadership development into one coherent system for all colleagues.

3. Operational Performance and Quality

Urgent and Emergency Care
Following the CQC's confirmation of improved ratings at Hull Royal Infirmary in November - moving four domains from Inadequate to Requires Improvement - work continues to sustain these gains while addressing environment, IPC, and medicines management. This remains a priority area for both Trusts.

Elective Recovery and Outpatients
Alongside the national recognition at Goole, Professor Briggs used his visit to encourage the same pace and discipline at Castle Hill. This aligns closely with our Improvement Plan's focus on theatre utilisation, pre-operative optimisation and specialty-led productivity improvements.

Diagnostics and Cancer
The Scunthorpe Community Diagnostic Centre has now delivered over 300,000 tests since opening, with MRI commissioning underway and CT with contrast operational. Feedback from recent MP visits has praised the professionalism and positive culture of the teams delivering this service. The Haemophilia service at Hull has also received an excellent UKHCDO peer-review outcome, securing Comprehensive Care Centre status and signalling continued progress in specialist care.

4. National Context

The NHS Medium-Term Planning Framework and Strategic Commissioning Framework published in the autumn, provide clarity on the direction for 2026-2029. Both emphasise prevention, access, productivity, digital innovation and integrated partnership working. Our Improvement Plan aligns strongly with these themes and positions the Partnership well for the coming planning cycle.

5. Internal Engagement

Listening events which I held in Scunthorpe and Grimsby in November, alongside ongoing team visits, continue to shape our understanding of colleagues' experiences and priorities. Their feedback has directly influenced the Improvement Plan, particularly around leadership, culture, governance and the need to standardise good practice across all sites.

Alongside wider listening events and site visits, I continue to place strong emphasis on improving how we engage with, recognise and support our colleagues at all levels of the organisation.

In recent weeks, I met with our resident doctor leads in a constructive and open discussion focused on their priorities, working environment and the practical issues that matter most to

them. This included exploring how we respond to issues raised through the Guardian of Safe Working and ensuring that feedback from resident doctors is better connected into our improvement and governance processes. The meeting was well received and forms part of a broader commitment to more visible, consistent and responsive engagement with our medical workforce

More broadly, we are actively reviewing how we recognise and celebrate staff contribution and achievement across the Partnership. This includes developing proposals for enhanced recognition and initiatives, such as team-based and individual colleague/team of the week/month recognition schemes, designed to highlight everyday excellence as well as significant contributions to improvement. Importantly, we will seek colleagues' views before finalising any new approaches.

These actions sit alongside our wider internal engagement programme and reflect a deliberate shift towards more frequent, authentic conversations with colleagues, clearer feedback loops, and visible appreciation of the work colleagues do every day to support patients and services.

6. External Engagement

We continue to engage directly with MPs across the region, including recent discussions at Goole and Scunthorpe, where themes have included community service resilience, diagnostic expansion, and elective pathways. These conversations reinforce the value placed on local hospital services and the expectation of continued improvement.

Conclusion

The Partnership begins 2026 with clearer priorities, and stronger clinical leadership in the way we allocate resources and deliver care

I continue to be grateful to colleagues for their commitment and resilience, and I look forward to updating the Council of Governors on our progress over the coming months.

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(26)005

Name of the Meeting	**Council of Governors**
Date of the Meeting	8 January 2026
Director Lead	
Contact Officer/Author	Ian Reekie, Lead Governor
Title of the Report	**Lead Governor's Update**
Executive Summary	The purpose of this report is to update governors on highlights from the Membership and Public Engagement & Assurance Group (MPEAG) meeting held on 2 December 2025 and the Appointments & Remuneration Committee (ARC) meeting held on 22 December 2025. The report also summarises the latest briefings available from NHS Providers and the National Lead Governors Association regarding the Government's intention to remove the requirement for Foundation Trusts to have a Council of Governors. It is **recommended** to the Council of Governors: 1. that highlights from the MPEAG meeting held on 2 December 2025 be noted. 2. that the requirement contained in the NLaG constitution for the interview panel in respect of the appointment of a Chair to contain the Senior Independent Director and at least three governors be waived subject to: a. the Senior Independent Director and the Lead Governor being included as members of the Group Chair interview panel; and b. the opportunity being given to governors and NEDs to participate in stakeholder events with the ability to feedback views on candidate suitability to the interview panel prior to interviews being undertaken. 3. that Dietmar Harteveld be granted leave of absence from his role as a governor and a member of ARC for a period of three months ending 31 March 2026. 4. that an interim member of ARC be appointed to cover the period January – March 2026. 5. that CoG notes with concern the emerging detail of how the Government intends to implement the proposed removal of the requirement for foundation trusts to have governors.
Background Information and/or Supporting Document(s) (if applicable)	None
Prior Approval Process	Recommendations 2, 3 and 4 seek CoG ratification of decisions taken at the ARC meeting held on 22 December 2025.
Financial implication(s) (if applicable)	None

Implications for equality, diversity and inclusion, including health inequalities (if applicable)	None	
Recommended action(s) required	✓ Approval ☐ Discussion ☐ Assurance	✓ Information ☐ Review ☐ Other – please detail below:

COUNCIL OF GOVERNORS

8 January 2026

Lead Governor's Update

MEMBERSHIP AND PUBLIC ENGAGEMENT & ASSURANCE GROUP (MPEAG) HIGHLIGHTS

An MPEAG meeting was held on Tuesday 2 December 2025 when issues discussed included:

- Patient Experience – An update was provided on patient experience developments including the introduction of QR codes to improve Friends and Family Test response rates and the possible introduction of a groupwide outpatient contact centre.
- Operational Performance – A biannual review of the Integrated Performance Report (IPR) was undertaken and although some areas of improvement were noted the serious performance issues being faced by Humber Health Partnership (HHP) were highlighted.
- Member and Public Engagement Strategy – An update was provided on progress with implementation of the strategy which is being overseen by a MPEAG working group.
- Groupwide Patient/Public Engagement – MPEAG considered a report prepared by the Lead and Deputy Lead Governor following their attendance at a meeting of the HUTH Patient, Public and Carers Council. Consideration was given to how best to align patient/ public voice mechanisms across the HHP.
- Governor Contact – MPEAG approved a revised process for responding to governor queries via the Foundation Trust Office.

APPOINTMENTS & REMUNERATION COMMITTEE (ARC)

A meeting of ARC was held on 22 December 2025 specifically to consider the arrangements for the recruitment of a substantive Group Chair. Discussion focused on the following issues:

- **Role of Executive Search Consultants** – ARC was advised that, at the insistence of NHS England, GatenbySanderson had been appointed to support the recruitment process. The envisaged extent of this support was outlined and questioned by ARC members.
- **Recruitment Timetable** – Approval was given to the following provisional recruitment timetable:
    - 23/12/25 – Commencement of advertising
    - 29/01/26 – Closing date for applications
    - 04/02/26 – Shortlisting of candidates
    - 18/02/26 – Candidate interviews preceded by stakeholder events (possibly on the previous day)
- **Composition of Interview Panel** – The NLaG Trust Constitution states that for the appointment of a Chair the Trust shall appoint a nominations (interview) panel comprising the Senior Independent Director (SID) and at least three governors. ARC recognised that in the case of the appointment of a Group Chair it was impractical to include three NLaG governors on a reasonably sized interview panel which also needs to have NHS England and HUTH representation. ARC was however concerned that the composition of the panel proposed by the NHSE Regional Director, which only included the Lead Governor, failed to provide adequate NLaG representation. It was therefore agreed to recommend that CoG should waive the interview panel composition constitutional requirement subject to the Senior Independent Director being added to the panel as originally proposed.
- **Stakeholder Events** – Notwithstanding the precise composition of the interview panel, ARC agreed on the importance of giving all governors and NEDs the opportunity to meet shortlisted candidates at stakeholder events prior to the formal interviews. ARC

stressed the importance of feedback from these stakeholder events regarding candidate suitability being provided to the interview panel prior to the interviews taking place.

- **ARC Quoracy** – ARC expressed concern that there was a risk of the committee being inquorate at a critical point in the Group Chair recruitment process due to Dietmar Harteveld being about to embark on a world tour. It was therefore agreed to recommend that CoG should grant Dietmar leave of absence from his role as a governor and should appoint an interim additional ARC member to serve for a period of three months ending 31 March 2026.

FUTURE OF COUNCIL OF GOVERNORS

CoG members will recall that in *Fit for the Future – A 10 Year Health Plan for England* published in July 2025 the Government stated that: *'We will remove the requirement for FTs to have governors. While governors have provided helpful advice and oversight for some FTs, we expect the next generation of FTs to put in place more dynamic arrangements to take account of patient, staff and stakeholder insight'.*

There was initially some doubt about the precise meaning of this statement. It could have meant that while existing FTs will not be required to have a Council of Governors they could still choose to do so. Or it could have meant that the removal of the requirement to have governors would apply only to the proposed new wave of FTs. However, on the basis of briefings from NHS Providers and the National Lead Governors Association, it is now apparent that the Government's intention is to remove the powers exercised by Council of Governors from all FTs. It is expected that provisions to this effect will be included in a Health Bill which will feature in the King's Speech in May 2026. Subject to progress of this legislation through Parliament the role of FT governor could be abolished as early as April 2027.

NHS Providers suggests that the statutory duties likely to be removed from governors include:

Current Council of Governors Powers	Likely Government Proposals
Holding NEDs to account for Board performance	DHSE/CQC to undertake oversight
Represent the interests of FT members and public	To be removed
Appointment/removal of NEDs including Chair	Move to DHSE
Determine remuneration of NEDs	Move to DHSE
Approving significant transactions	To be removed
Approve appointment of Chief Executive	Likely to move to DHSE
Appointment/removal of external auditor	Unknown
Receipt of annual report and accounts	Move to DHSC
Amendment of constitution	Likely to move to DHSE
Approval of more than 5% per annum increase in private income	Unknown

It is recommended that CoG notes with concern the emerging detail of how the Government intends to implement the proposed removal of the requirement for foundation trusts to have governors. If legislation proceeds as anticipated CoG will no doubt wish to engage with the Board regarding how the patient/public/staff voice can continue to influence the governance of the Humber Health Partnership, perhaps along the lines currently being discussed by MPEAG (see above).

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(26)006

Name of the Meeting	**Council of Governors Business Meeting**
Date of the Meeting	8 January 2026
Director Lead	Simon Parkes, Non-Executive Director / Chair of NLaG Audit, Risk and Governance Committees-in-Common
Contact Officer/Author	Simon Parkes
Title of the Report	**Audit, Risk and Governance Committees-in-Common Highlight / Escalation Report**
Executive Summary	The attached highlight / escalation report to the December 2025 Trust Boards-in-Common summarises the key matters presented to, and discussed by the meeting of the Audit, Risk and Governance Committees-in-Common on 12 November 2025.
Background Information and/or Supporting Document(s) (if applicable)	Audit, Risk and Governance Committees-in-Common Agenda Papers – 12 November 2025
Prior Approval Process	Simon Parkes, Non-Executive Director / Chair of NLaG Audit, Risk and Governance Committees-in-Common
Financial implication(s) (if applicable)	N/A
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	☐ Approval ☐ Information ☐ Discussion ☐ Review ✓ Assurance ☐ Other – please detail below:

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

Report for meeting of the Trust Boards to be held on:	11 December 2025 – Public
Report from:	Audit, Risk and Governance Committees-in-Common
Report from meeting(s) held on:	12 November 2025
Quoracy requirements met:	Yes

1.0 Purpose of the report

1.1 This report sets out the items of business considered by the Audit, Risk and Governance Committees-in-Common (ARG CiC) at their meeting held on 12 November 2025 including those matters which the Committees specifically wish to escalate to either or both Trust Boards.

2.0 Matters considered by the committees

2.1 The ARG CiC considered the following items of business:

- NLAG & HUTH External Audit Routine Updates
- NLAG and HUTH External Auditor Annual Performance / Additional Fees
- Group Internal Audit Progress Report 2025/26 & Status of Management Actions
- Group LCFS Update
- Group Annual LCFS Report 2024/25
- Group EPRR Regulatory Report
- Group Procurement Update inc. Waving of Standing Orders
- Group Board Assurance Framework
- Group Risk Register
- Annual Review of Adequacy & Effectiveness of System for Management & Monitoring of Risk
- Annual Review of Risk Management Strategy
- Review of Group Losses and Compensations
- Review of Group Standards of Business Conduct Declarations
- Group Document Control Report
- Highlight Reports and Actions Logs from other Trust Board Sub-Committees-in-Common
- Group Data Protection and IG Report (Private Item)

*[*Items marked with an asterisk are on the boards' agenda as a standalone item in accordance with the board reporting framework – as applicable]*

3.0 Matters for reporting / escalation to the Trust Boards

3.1 The ARG CiC agreed the following matters for reporting / escalation to the Trust Boards:

a) **Group EPRR Regulatory Report** – The ARG CiC received the report and noted substantial progress made in terms of compliance with the NHS England (NHSE) Core Standards for Emergency Preparedness, Resilience and Response (EPRR) since the last annual report, particularly for HUTH. Compliance rates increased at NLAG from 90% to 94% and from 69% to 90% at HUTH, achieving these levels one year ahead of target. The focus will be on sustaining / improving these levels going forward. The Committees raised concerns around the risk of denial of access to systems, citing the critical incident being declared at another NHS Trust as a result of introducing their new Electronic Patient Record (EPR) system, and agreed that it needed continuing focus to ensure vigilance to the risks posed. Matt Overton, Group Operations Director (EPRR) shared details of work being done around this by the Group Digital team, and also in conjunction with the ICB and NHSE. The ARG CiC were assured on the responsiveness of the EPR processes, and also in relation to the work done on the HRI tower block to test evacuation and other processes for the building. The ARG CiC **endorsed the report** and recommended approval by the Boards-in-Common at its December 2025 meeting (which will be a specific agenda at the December Boards-in-Common meeting).

b) **Group Board Assurance (BAF) Framework** – Following discussion, the ARG CiC concluded that although the BAF was in a much better state they were not seeing the progress expected. It was suggested this may be due to not getting the level of necessary buy in and as a result the BAF was not driving things in the way that was needed. Therefore, the level of assurance around the effectiveness of the BAF process was agreed to be still **limited assurance**, and that the purpose of the BAF needed to be strengthened.

c) **Group Risk Register / Adequacy & Effectiveness of System for Management and Monitoring of Risks** – The Committees discussed their concerns with the Group Risk Register in detail, including high risks overdue for review, scoring of risks, missing or out of date narrative (e.g. comments from 2021), mitigated actions and mitigated risk scores and overall risk appetite. It was noted that key to the risk management process is Executive level buy in and ownership, as well as the need to focus on the Group's top key risks as the Committees considered there was too much in the Risk Register. Training on the new Ulysses system was raised, in that it was not sufficient to train people to use the system, but that training needed to be given on how to identify and manage risks. David Sharif, Group Director of Assurance advised that risk training is in two parts – the basics of good risk management and also the Ulysses system training. The ARG CiC concluded from its discussions that there was **no assurance**, as the process of risk management was not working in the way the Boards-in-Common needed it to work i.e. it is being used to report risks, not to actively manage them by driving actions and behaviours. The Committees agreed that this was a very significant issue which required escalating to the Boards-in-Common for discussion.

d) **Group Losses and Compensations Report** – The value of HUTH pharmacy stock write-offs (£233k for April to September 2025) was highlighted to the Committees. The ARG CiC were pleased to note the actions being taken to focus on the opportunities it presented, given the financial challenges of the Group. The Committees also discussed overseas visitors write-offs and requested assurance that the process was robust.

4.0 Matters on which the committees have requested additional assurance:

4.1 The ARG CiC requested additional assurance in relation to items as detailed above.

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

5.1 The ARG CiC received its routine item on the Board Assurance Framework (BAF). Please refer to section 3 for escalation regarding this.

6.0 Trust Board Action Required

6.1 The Trust Boards are asked to note the highlight report from the Audit, Risk and Governance Committees-in-Common.

Simon Parkes
NLAG ARG CiC Chair / NED
12 November 2025

(Apologies received from Jane Hawkard, HUTH ARG CiC Chair / NED)

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(26)007 & 008

Name of the Meeting	**Council of Governors Business Meeting**
Date of the Meeting	8 January 2026
Director Lead	Gill Ponder, Non-Executive Director CiC Chair
Contact Officer/Author	Gill Ponder, Non-Executive Director CiC Chair
Title of the Report	**Strategic Programmes and Partnerships CiC Highlight/Escalation Report**
Executive Summary	This report sets out the items of business considered by the Strategic Programmes and Partnerships CiC (previously Capital and Major Projects CiC) at their meeting held 22nd October 2025 including those matters which the committees specifically wish to escalate either or both the Trust Boards. The Council of Governors are asked to note the issues highlighted in the report and note the closure of the Capital and Major Projects CiC, which has been replaced by the Strategic Programmes and Partnerships CiC.
Background Information and/or Supporting Document(s) (if applicable)	N/A
Prior Approval Process	Boards-in-Common
Financial implication(s) (if applicable)	Any financial implications are included in the report
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ✓ Assurance ☐ Other – please detail below:

CiC ESCALATION REPORT

Strategic Programmes and Partnerships (SPP) Committees-in-Common – 22 October 2025

Humber Health Partnership

1. Matters for Reporting

The Digital update highlighted the requirement for Board support to approve the Full Business Case for EPR within desired timescales. The case would be brought to the CiC before Board.

Specific project assurance was given for EPR, bed management system and patient led booking.

2. Positive assurances

The HASR programme was at the implementation stage. Regular performance updates would be presented to the CIC.

The CDCs (except ERCH) were now at the implementation stage. Regular performance updates would be presented to the CIC.

DrDoctor is now live in HUTH, which is an App that allows patients to manage their own appointments. The Group had seen a number of improvements, including a 20% drop in DNAs. 327,000 appointments had been managed via the App so far. Overall, the CiC had significant assurance on the implementation of the Digital strategy and programmes.

3. Matters on which the committees have requested additional assurance

Partnership Strategy – The CIC approved the first draft, however requested that the strategy be split into annual plans which would include programme leads and expected delivery timescales to enable the CiC to gain assurance on implementation of the strategy on behalf of the Board.

The CIC requested further information regarding the Luna Rover programme, why it had been delayed and what could be done to remove the barriers to recovering slippage.

There was a request to update the workplan to include all major transformation programmes.

A schedule of schemes requiring post project evaluation would be provided at the next meeting. This will include the CDCs, as there will be lessons learned around delays and whether the intended service change and benefits have been realised.

4. Decisions made

The CIC approved the Terms of Reference for the SPP CIC.

5. Escalation to Trust Boards

The Boards-in-Common are asked to note the closure of the Capital and Major Projects Committees-in-Common and receive the inaugural meeting report of the Strategic Programmes and Partnerships Committees-in-Common.

#	Agenda item	BAF mapping		Purpose	Assurance given
		#	Score		
1	Board Assurance Framework	-	-	Assurance	N/a
2	Risk Register Report Q1	-	-	Not received	N/a
3	Review and Evaluation of Business Cases	8	16	Not yet due	N/a
4	CDC Expansion – Albion Street	5	12	Information	N/A
5	Post Capital Project Evaluation	8	16	Information	N/a
6	Post Strategic Programme Completion Benefit Realisation Review	8	16	Not yet due	
7	Major Service Change/Transformation quarterly update	4	12	Information	N/a
8	Ground Floor HRI Programme	2	20	Not received	N/a
9	Draft Partnerships Strategy	5	12	Information	N/a
10	National Neighbourhood Health Implementation Programme	5	12	Information	N/a
11	Digital Plan Delivery – Quarterly Updates	4	12	Assurance	Significant
12	EPR	4	12	Assurance	Significant
13	Patient Led Booking (DrDoctor)	4	12	Assurance	Significant
14	Bed Management System	2	20	Assurance	Significant

6. Comments on the effectiveness of the meeting

The new Strategic Programmes and Partnerships CIC is evolving and will be developing its workplan, especially around partnerships and the benefits realisation schedule.

7. Escalation to CiCs

David Sharif to escalate the impact of the changes to the apprenticeship levy and the impact on attracting young people from disadvantaged backgrounds into training etc. and the challenge of sustaining finance for advanced practice roles. The CIC queried whether these changes require any amendments to the People Strategy.

8. Attendance record

Members / Attendees		A	M	J	J	A	S	O	N	D	J	F	M
Gill Ponder	Non-Executive Director (Chair)	Y		Y				Y					
Helen Wright	Non-Executive Director (Chair)	Y		Y				Y					
David Sharif	Group Director of Assurance	Y		Y				Y					
Emma Sayner	Group Chief Finance Officer	Y		Y				Y					
Sarah Tedford	Group Chief Delivery Officer	Y		Y				N					
Ivan McConnell	Group Chief of Strategy and Partnerships	Y		Y				Y					
Andy Haywood	Group Chief Digital Officer	Y		Y				Y					
Tom Myers	Group Chief of Estates and Facilities	Y		Y				N					
Simon Parkes	Non-Executive Director	Y		Y				Y					
Jane Hawkard	Non-Executive Director	Y		Y				N					

Gill Ponder, Chair of the Strategic Programmes and Partnerships Committees-in-Common
Helen Wright, Chair of the Strategic Programmes and Partnerships Committees-in-Common

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(26)009

Name of the Meeting	**Council of Governors Business Meeting**
Date of the Meeting	8 January 2026
Director Lead	Gill Ponder, Non-Executive Director CiC Chair
Contact Officer/Author	Gill Ponder, Non-Executive Director CiC Chair
Title of the Report	**Performance, Estates and Finance CiC Highlight/Escalation Report**
Executive Summary	This report sets out the items of business considered by the Performance, Estates and Finance CiC at their meetings held 4th November and 2nd December 2025 including those matters which the committees specifically wish to escalate either or both the Trust Boards. The Council of Governors are asked to note the issues highlighted in the report.
Background Information and/or Supporting Document(s) (if applicable)	N/A
Prior Approval Process	Boards-in-Common
Financial implication(s) (if applicable)	Any financial implications are included in the report
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ✓ Assurance ☐ Other – please detail below:

CiC ESCALATION REPORT

Humber Health Partnership

PERFORMANCE, ESTATES AND FINANCE COMMITTEES-IN-COMMON – 4 November 2025

1. Matters for Reporting

The **Group finance** report at month 6 highlighted a deterioration of £0.3m to a YTD deficit of c£16m. Risks included delivery of the constitutional standards, unidentified CIP for the last part of the year, high cost drug expenditure increases and claw back of IPT referral income from the ICS. There is a risk to the deficit support funding in Q3 and Q4 from a revenue and cash perspective. Enhanced controls on spending are not yet delivering financial recovery trajectories and reductions in run rate.

Transformation progress highlighted a number of risks including workforce and Care Groups being behind plan and 100 projects with a £5m adjusted risk impact. This has resulted in the overall programme being £10m behind plan. Care Group support and challenge is now in place and monitored at the Senior Leadership Team meeting. All Care Groups have recovery plans in place. A review of Waiting List Initiatives was taking place and new criteria had been developed for additional contractual payments.

The CIC gave limited assurance due to deteriorating run rate and an overall gap to plan.

On **Performance**, the Group Performance report remained relatively unchanged and the planning for 2026/27 had commenced. Outpatient follow-ups were reducing and the Group had seen a 10% reduction overall. Bed-modelling, prioritising and level loading elective patients against non-elective patients was being progressed.

The CIC gave limited assurance as the Group was still on an improvement pathway with detailed plans in place. The CIC highlighted the need for more radical plans to address the long standing issues.

Estates Update – Work was ongoing regarding the Tower Block fire risk with Humber Fire and Rescue Service and comprehensive plans were being implemented in line with timescales.

The CIC gave significant assurance for the grip and control being displayed in this area.

2. Positive assurances

CQC Actions – actions for HUTH are now closed and NLAG actions are rated green.

Procurement Improvement Plan – Expired contracts had reduced from 208 last October 2024 to 88 in 2025.

3. Matters on which the committees have requested additional assurance

The CIC asked for further assurance relating to cancelled operations and Outpatient DNA numbers and the strategies being adopted to address.

4. Decisions made

Sterilisation Services (Decontamination) - The CIC approved the intent to explore option 5 and approved the direction of travel.

Contract approval, Cleaning Services – The CIC endorsed the decision to extend the OCS contract for a further 12 months and to go out to the market for the tender process.

Terms of Reference – The CIC approved the Terms of Reference with minor changes.

#	Agenda item	BAF mapping		Purpose	Assurance given
		#	Score		
1	CQC Actions Report	-	-	Assurance	
2	Group Finance Report – Month 6	6	16	Assurance	Limited
3	Update and transformation Programmes	2	20	Assurance	Limited
4	Group Performance Report	2	20	Assurance	Limited
5	Deep Dive: Elective Care	2	20	Assurance	Limited
6	Estates and Facilities and Development Update	6	16	Assurance	Significant
7	Sterilisation Services (Decontamination)	6	16	Approval	Approved
8	Procurement Improvement Plan and Expired Contracts	6	16	Assurance	Significant
9	Contract approval: Cleaning harmonisation (HUTH)	6	16	Approval	Approved

CiC ESCALATION REPORT

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

Humber Health Partnership

1. Matters for Reporting

The CIC received a Theatres Utilisation deep dive and partial assurance was the rating of the KPMG audit. The CIC gave reasonable assurance due to the detailed action plan in place and actions remaining on track so far.

The **Group finance** report - at month 7 the Group is £4.8m away from plan, but that included £15.7m of non-recurrent Balance Sheet support. The CIC noted the worsening Financial position and the lack of improvements to the run rate and underlying position. CIP at M7 is £53m which is £12.1m behind plan and the year end forecast is £108m against a target of £130m. Actions were in place to limit bank and agency use, to maximise planned care activity and intensive support on the delivery of the Care Group Recovery action plans was in place. Converting non-recurrent savings into recurrent delivery schemes and identifying additional schemes to close the gap to target was being worked through. The CiC will determine what more can be done to hold Care Groups to account to deliver their financial plans. Limited assurance was given.

On **Performance**, the Operational Planning timetable and process was presented.

The Group Performance report provided limited assurance due to poor performance across most areas, in particular UEC, RTT and Diagnostics. There were however, improvements with Cancer waiting list reductions and the Faster Diagnosis Standard. Eliminating elective 65 week waits by 21-12-25 would not be achieved until mid-late January as increased urgent referrals and non-elective demand were absorbing diagnostic and outpatient capacity, leaving less for routine waiting list reduction. This revision had been agreed at Tier 1 support meetings.

Estates Update – The EPRR Team and Fire Safety Team had carried out a staged practical evacuation of the Tower Block, using various methods. The timings identified as part of the exercise will be included in the updated evacuation plan and risk assessment. The CIC are to receive the Humberside Fire and Rescue Service (HFRS) report from their recent site visit when it is available. The CIC gave significant assurance due to the grip and control being displayed across the Estates area in general but recognised the ongoing work with HFRS to quantify and reduce the risks identified until all the remedial works can be completed on the Tower Block.

2. Positive assurances

Additional grip and control had reduced the number of patients waiting more than 65 weeks.

3. Matters on which the committees have requested additional assurance

A report detailing additional actions the Group will take to close the financial gap against plan was requested by the CiC for Board consideration.

The CiC would dedicate time to agree ways to further improve effectiveness and improve financial and performance outcomes.

More detail regarding risk actions and how they are impacting on the BAF risk scores.

4. Decisions made

Cleaning harmonisation contract – The CIC endorsed the decision to extend the contract for a year, whilst a comprehensive market analysis of other potential suppliers took place. The CIC requested an action plan with milestones and accountability to ensure that the tender process was completed within the extension period. It was confirmed that a PMO was in place.

#	Agenda item	BAF mapping		Purpose	Assurance given
		#	Score		
1	Board Assurance Framework	-	-	Assurance	N/a
2	KPMG Audit: Theatres Utilisation	2	20	Assurance	Reasonable
3	Group Finance Report Month 7	6	16	Assurance	Limited
4	Transformation Programme update	6	16	Assurance	Limited
5	Operational Planning Update	2	20	Information	N/a
6	Group Performance Report	6	16	Assurance	Limited
7	Deep Dive – Outpatient Transformation	6	16	Information	N/a
8	Estates Facilities and Development Update	6	16	Assurance	Significant
9	Contract approval: Cleaning harmonisation (HUTH)	6	16	Endorse	Endorsed

5. Escalation to Trust Boards

Continued deterioration in financial performance and the need for a detailed plan to close the gap between planned and actual results to be agreed by the whole Board.

6. Comments on the effectiveness of the meeting

The annual Committee effectiveness review results were discussed. Whilst the results were positive, the CiC agreed to dedicate time to reviewing ideas for ways in which outcomes could be further improved.

7. Escalation to CiCs

N/a

Humber Health Partnership

8. Attendance record

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

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(26)010

Name of the Meeting	**Council of Governors Business Meeting**
Date of the Meeting	8 January 2026
Director Lead	Sue Liburd, Non-Executive Director and Chair of the Quality and Safety Committees in Common (CIC)
Contact Officer/Author	Sue Liburd, Non-Executive Director and Chair of the Quality and Safety Committees in Common (CIC)
Title of the Report	**Quality and Safety Committees-in-Common Highlight and Escalation Report**
Executive Summary	The attached report for the Council of Governors, provides an update on the work of the Quality and Safety Committees-in-Common held on 18 December 2025. There was no meeting of the Committees in November 2025. In addition, it provides an Infection Prevention and Control report following Governors concerns regarding ward staff awareness of the process for managing COVID patients. The Council of Governors are asked to note the issues and items highlighted in item 3.
Background Information and/or Supporting Document(s) (if applicable)	N/A
Prior Approval Process	N/A
Financial implication(s) (if applicable)	N/A
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ✓ Assurance ☐ Other – Detail below:

Northern Lincolnshire and Goole NHS Foundation Trust

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

Report for meeting of the Council of Governors:	8 January 2026
Report from:	Quality and Safety Committees-in-Common
Report from meeting(s) held on:	18 December 2025
Quoracy requirements met:	Yes

1.0 Purpose of the report

This report outlines the topics discussed by the Quality and Safety Committees-in-Common (QSC) during their meeting on 18th December 2025, as well as the matters they wish to bring to the attention of the Council of Governors. The Committees did not meet in November 2025, as a development session had been scheduled; however, this session was postponed to January.

2.0 Matters considered by the Committees in Common

2.1 18 December 2025

The committees considered the following items of business:

- Operational pressures.
- Infection Prevention & Control BAF Q2.
- Never events - Emerging concerns.
- Integrated Performance Review (IPR).
- Quality Priority: End of Life.
- CQC Improvement Plan.
- Commitment to Excellence (ACE).
- Maternity & Neonatal Assurance Report.
- Children & Young People Assurance Report.
- Quarterly Patient Safety Report and Triangulation, Learning and Improvement plan (including Patient Safety themes & analysis, including PSII, PSIRF & legal).
- Learning from deaths.
- Equality and Quality Impact Assessment.
- Safeguarding.
- Audiology.
- Ophthalmology.
- Elective Waiting List Harm Review
- Patients experience report (including learning from complaints).
- Clinical Effectiveness Report Q2.
- Sub-committee Highlight Reports.

3.0 Matters for reporting / escalation to the Council of Governors

The committees agreed the following matters for reporting to the Council of Governors from the meeting of 18 December 2025:

3.1 Never Events and Surgical Safety Concerns

Since April 2024, when the Group was established, there have been 17 reported Never Events, with six of these occurring at Northern Lincolnshire and Goole (NLaG). Non-Executive Directors remain seriously concerned about the prevailing patient safety culture. Immediate response meetings and measures to enhance safer surgery and interventions were put in place as previously outlined, and a Task and Finish group was created to tackle these problems. The compliance processes for theatre checklists are currently being reviewed, and progress will continue to be tracked by QSC, which will receive monthly updates.

3.2 Quality Priority: End of Life

The main goals for end-of-life care are to enhance personalised palliative support and help patients have a dignified death. At QSC, two key initiatives were discussed: implementing Comfort Observations and identifying End-of-Life patients earlier. The End-of-Life team worked with the WebV Systems team to co-design and launch a pilot of the Comfort Observations and clinical evaluation tool across NLaG. The pilot has shown promising results so far. Nonetheless, some areas need improvement, such as ensuring consistency in recording responses to symptoms, maintaining regularity in observation frequency, and resolving shortages in IT equipment. It was proposed that funding support could be requested from the Health Tree Foundation to address these IT equipment issues.

3.3 A Commitment to Excellence (ACE)

At the Group Board meeting on 11/12/2025, Non-Executive Directors (NEDs) raised concerns about the lack of visibility and involvement in the paused ACE programme, which, along with the former 15 Steps programme, had previously allowed direct NED engagement in assurance activities. The ACE accreditation framework, introduced in March 2025 for Humber Health Partnership, aimed to standardise quality and safety through defined standards and peer reviews, with data managed digitally. After six months, the programme was paused for evaluation. A six-week point prevalence study involving senior clinical staff observing care across five sites and addressing immediate safety issues was instigated. The point prevalence process continues beyond the study period to ensure continuity whilst new assurance tools are being finalised, with plans for ongoing Executive and NED involvement to ensure continuous Board oversight.

3.4 Infection Prevention and Control (IPC)

Effective infection prevention and control (IPC) are essential for safe, high-quality patient care and remain a top priority for the Group, which is proactively addressing healthcare associated infections such as CPE, C. difficile, E. Coli, Klebsiella, and MRSA. The Group is currently exceeding its infection reduction trajectories. The ongoing challenge posed by multi-drug-resistant bacteria and respiratory viruses including influenza, Covid-19, and norovirus continue to be an IPC antimicrobial stewardship focus.

In response to Governor queries and following consultation with the Group Chief Nurse, please be advised the respiratory virus's policy has been updated, and anti-microbial stewardship measures are ongoing. The revised policy, launched on 16th December 2025, (Refer to Appendix A) standardises management of respiratory viruses across all sites, aligns with national guidance, and is supported by comprehensive staff communications and engagement to ensure effective implementation.

4.0 Matters on which the committees have requested additional assurance

4.1 The Committees in Common requested further assurance on Never Events, Surgical Safety Concerns, and the ACE assurance framework. Progress will be monitored, with updates provided at each meeting.

5.0 Council of Governors Actions Required

5.1 The Council of Governors is asked to note the reporting in item 3.

Sue Liburd
Non-Executive Director
30 December 2025

Appendix A

Management of Acute Respiratory Infections (ARI) for Adults

Reference	GP054
Directorate / Care Group	Chief Nurse Directorate
Version	1.0
Result of last review	Alignment with National Guidelines and HHP
Issue date	19/12/25

NHS
Humber Health
Partnership

Management of Acute Respiratory Infections (ARI) for Adults

Document control use only	
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Directorate / Care Group	Chief Nurse Directorate
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Author / Owner Use Only	
Group or Trust specific document	HHP (Group)
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Next full review date	December, 2028
Lead Director	Wendy Millard, Group Deputy Director of Infection Prevention and Control
Document type	Policy
Author / Contact	Michelle Lawtie, Group Head of Infection, Prevention, Control and Cleanliness
Key words	Flu Influenza Covid-19 Coronavirus RSV Respiratory Acute Respiratory Infections ARI

Printed copies valid only if separately controlled

Working in partnership:
Hull University Teaching Hospitals NHS Trust
Northern Lincolnshire and Goole NHS Foundation Trust

United by Compassion:
Driving for Excellence

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1. Summary

This Acute Respiratory Infection (ARI) Management Policy for adults reflects Humber Health Partnership mandatory commitment to delivering safe, high-quality care while minimising the risk of associated transmission of acute respiratory pathogens (including influenza, Covid-19 and RSV) within the hospital environment. The policy ensures compliance with National Standards set by NHS England, UKHSA and HSE.

2. Definitions / Glossary

Term	Definition
Acute Respiratory Infection (ARI)	Any acute illness (e.g. new cough, fever, shortness of breath) primarily affecting the respiratory tract requiring Transmission-Based Precautions (TBP)
Aerosol-Generating Procedure (AGP)	A procedure that creates a high risk of aerosol generation (as per UKHSA guidance C1632_rapid-review-of-aerosol-generating-procedures.pdf) and requires enhanced PPE (e.g. FFP3 fit tested masks)
Severely Immunocompromised	Patients with specific conditions or treatments that significantly impair immune function, requiring extended isolation and expedited treatment pathways (nhs-england-ipc-a-to-z-pathogen-resource-2025-v4.1.xlsm)
Transmission-Based Precautions (TBP)	Standard Precautions alone are insufficient to prevent the spread of specific infections. Types of TBP include; contact precautions, droplet/airborne precautions and GI precautions
Filtering face-piece 3 (FFP3) mask	A respiratory mask which filters >99% of airborne particles which is required by HSE legislation to be face fit tested for maximum efficacy.

3. Purpose

The primary purpose of this policy is to:
Standardise practice with clear, mandatory and consistent procedures for the prompt identification, isolation, diagnosis and management of adult patients with suspected or confirmed ARI.
Prevent nosocomial transmission. Implement stringent infection, prevention and control (IPC) measures, including appropriate PPE use and patient placement.
Improve patient outcomes. Ensure the timely initiation of supportive care and specific therapeutic agents for all patients, particularly those identified as high-risk.

4. Scope

This policy is mandatory and applies to:

- All staff: All permanent, temporary, agency, bank and contract staff who work within the group.
- All areas: All clinical areas within the group, including ED, Acute Admission Units, inpatient wards and specialist areas
- All patients: All adult patients presenting with suspected or confirmed acute illness from a respiratory pathogen including but not limited to; Influenza (A & B), Covid-19 and Respiratory Syncytial Virus (RSV).

5. Responsibilities, Accountabilities and Duties

Infection Control Doctor (ICD) / Director of Infection Prevention and Control (DDIPC/DIPC):

- DIPC has Trust-wide responsibility and accountability to the CEO and Board for ensuring effective IPC arrangements and systems are in place to mitigate and manage risks effectively.
- Provides expert advice on the clinical management and diagnosis of respiratory virus infections (ICD role).

Infection Prevention and Control Team (IPCT):

- Expert advice on ARI, isolation prioritisation and testing.
- Develop, update, and review the respiratory infections policy as required, ensuring consistency with current national guidance.
- Provide IPC training for relevant staff and support them in implementing the policy.
- Conduct surveillance of healthcare-associated infections and assist with risk assessments for complex situations.
- Inform and support staff in the identification and management requirements of patients with suspected/known infection.
- Initiates outbreak meetings in the event of an outbreak or cluster of cases.

Site Matrons:

- Ensures the implementation of the policy across sites/multiple departments and acts upon IPC advice, disseminating information accordingly.
- Involved in clinical operational management and isolation precautions and prioritisation
- Monitors compliance with IPC measures and addresses shortfalls

Care Group (including directorate/Clinical Directors/Nurse Directors):

- Responsible for monitoring compliance with this policy in their areas.
- Ensures that staff within their group/directorate are aware of and have access to the policy, with adequate support and resources to implement it.

Charge Nurse (Ward/Department Managers/Service Leads):

- Ensures the respiratory management policy is implemented and adhered to within their specific area.
- Acts as a role model for best IPC practice and ensures staff adhere to the principles.
- Undertakes risk assessments with staff that have respiratory symptoms before return to work.
- Ensures staff are trained in and fit-tested for appropriate PPE, such as FFP3 masks for aerosol-generating procedures.
- Ensures the local environment is managed safely, including appropriate patient placement/isolation and cleaning schedules.

All Staff:

- Adhere to Trust policies, procedures, and guidelines relating to infection prevention and control (IPC) at all times.
- Apply Standard Infection Control Precautions (SICPs), including hand hygiene, respiratory/cough hygiene, appropriate use of Personal Protective Equipment (PPE), and safe management of equipment and the environment.
- Report any deficits in knowledge, resources, or equipment, or any incidents/near misses that may result in transmitting infection, to their line manager.
- Not provide care while at risk of transmitting infectious agents to others (e.g., when symptomatic with a respiratory infection) and consult with their line manager, occupational health, or the IPCT if in doubt.
- Complete all mandatory IPC training and updates.
- Ensure respiratory testing for patients with ARI symptoms and no testing of asymptomatic patients

6. Policy

6.1 Initial Assessment and Triage

All patients presenting with ARI symptoms must be immediately flagged at the point of entry.
Patients with suspected or confirmed ARI must be immediately placed in a single room with the door closed, preferably with an ensuite.
Hang hygiene must be performed by all staff, adhering to the 5 moments of hand hygiene.

6.2 PPE Requirements

Suspected OR confirmed ARI: Staff must undertake droplet precautions i.e. fluid resistant surgical face mask, standard gloves and disposable apron.
Aerosol Generating Procedure (AGP): For any procedure classified as an AGP on a suspected or confirmed patient with ARI, airborne precautions are mandatory:
FFP3 Mask (staff must be face fit tested)
Full-face visor or goggles
Long-sleeved fluid-resistant gown
Gloves

6.3 ARI Symptoms

ARI symptoms, but are not limited to:

- Cough (can be new and continuous)
- Sneezing
- Sore throat
- Fever
- Short of breath
- Generally unwell
- Loss of taste and or smell
- Headache
- Stuffy and running nose
- Muscle aches
- Loss of appetite
- D&V

6.4 High-Risk Departments HHP

Severely immunocompromised patients likely to be in high-risk departments across HHP have been assessed and include the following areas:
HUTH: All of Queens, all ICU's, C7 and H50
NLAG: All ICU's

6.5 Patient Placement and Cohorting

Single rooms are gold standard, however there is limited isolation facilities, therefore priority isolation and IPC advice is essential to ensure the highest risk ARI are isolated in a timely manner, reducing the risk to other patients. Cohorting is only permitted when the patient has a confirmed diagnosis of the same specific pathogen, and the decision is approved by the department and IPCT. For example, patients positive for Flu A, only isolated with other Flu A patient, not patients with Flu B, RSV and others.

ARI patients should wear surgical face masks during transfer, if tolerated.

6.6 Environmental Cleaning and Waste Management

All ARI rooms must receive enhanced cleaning using disinfectant product for the site.

After a patient has transferred or discharged from the department, if positive for ARI, this area has a discharge post infection clean. Refer to the discharge cleaning guidance.

Waste for patients suspected or confirmed ARI required infectious waste stream bags. Refer to waste management policy.

7 Clinical Management and Treatment Pathways

7.1 Diagnosis and Testing

All patients with ARI symptoms must have a respiratory PCR test, this will cover Influenza A, B, Covid-19 and RSV. In HUTH only, during the influenza season, point of care (POC) testing may be available in key areas, please refer to the seasonal influenza plan. Covid-19 POC testing is available in key admission areas year-round.

All staff who send a respiratory PCR are required to check this result and follow up with the patient accordingly.

7.2 Risk Stratification and Therapeutics

Patients with a positive test for influenza or Covid-19 require immediate notification to a medic for review and to ensure prescribing of therapeutics. Please refer to Trust guidelines for details of treatment available on Eolas.

8 Isolation Period ARI

8.1 Pathogen-Specific Isolation Criteria

Severely Immunocompromised definition:

- Haematopoietic Stem Cell Transplant Patients
- Solid organ transplant
- Receiving chemotherapy or radiotherapy treatment
- Immunosuppressive therapy in previous 12 months – biologicals
- Immunosuppressive therapy in previous 3 months – high-dose corticosteroids (>40mg per day) for more than 1 week.
- HIV/AIDS
- Other haematology / oncology conditions
- Single or multiple organ failure

The isolation requirements are for adult inpatients. If patients are clinical well and do not require staying in hospital, the below does not apply.

Pathogen	Non-immunocompromised Adult Patient	Severely Immunocompromised Adult Patient (High-risk)
Covid-19	Isolate minimum 7 days	Isolate minimum 14 days, discuss with IPCT
Influenza (Flu A&B)	Isolate minimum 5 days with Tamiflu	Isolate minimum 10 days with Tamiflu. Contact IPCT for specific advice to stop isolation
RSV	Isolate minimum 5 days	Isolate minimum 10 days
Other ARIs	Based on clinical review (apyrexial >24 hours)	Refer to IPCT for guidance

All patients isolate for the minimum periods as stated above, and ensuring 24 hours fever free, prior to ending isolation.

C33 (CHH) to discuss with ID/Micro/IPCT for isolation periods of severely immunocompromised patients and contacts.

Covid-19: For ***immunocompetent*** adult patients. Isolate for 7 days. For example, patient tests positive on 8th December 2025, day 1, end isolation on 14th December, day 7.

Covid-19: For ***Immunocompromised*** adult patients or patients in high-risk areas, isolate for 14 days, following IPCT instructions. For example, patient tests positive for Covid-19 on 8th December, day 1, end isolation on 21st December, 14 days. Ensure discussion with IPCT for further advice for immunocompromised patients.

Influenza A & B: For ***immunocompetent*** adult patients, isolate minimum of 5 days if on Tamiflu. For example, patient tests positive for Influenza A on 8th December 2025 and Tamiflu commenced on 8th December, day 1, 12th December 2025 end isolation.

Influenza A & B: For ***immunocompromised*** adult patients, isolate minimum of 10 days if on Tamiflu, following IPCT instructions. For example, patient tests positive on 8th December, day 1, 17th December, 10 days, ensure discussion with IPCT for further advice for immunocompromised patients.

RSV: For ***immunocompetent*** adults patients. Isolate for 5 days. For example, patient tests positive on 8th December 2025, day 1, end isolation on 12th December, day 5.

RSV: For ***immunocompromised*** adults patients. Isolate for 10 days. For example, patient tests positive on 8th December, day 1, end isolation on 17th December, day 10. Ensure discussion with IPCT.

9 Management of contacts of confirmed cases

9.1 Pathogen-Specific Contact Isolation

Contact definition for ARI's:
Patients who are in the same bay as a confirmed ARI case, for over 4 hours.

Pathogen	Non-immunocompromised adult patient	Severely Immunocompromised adult patient (High-risk)
Covid-19	No longer required to isolate	Isolate minimum 10 days
Influenza (Flu A&B)	Isolate minimum 3 days with Tamiflu	Isolate minimum 10 days with Tamiflu
RSV	No need to isolate	Isolate minimum 8 days
Other ARIs	Refer to IPCT for guidance	Refer to IPCT for guidance

Only test ARI contacts if they develop ARI symptoms, no asymptomatic testing is to be done.

10 Discharge including No Criteria to Reside Patients (NCTR)

For patients being discharged, into social care, there is no additional requirements for respiratory testing, if the patient remains asymptomatic.
If the patient has respiratory symptoms, then following this policy e.g. PCR testing.

11 Outbreak Investigation and Management

Outbreak management will remain unchanged – 2 or more cases related to time and place warrants a review by the IPCT to ascertain if the ward/ department have an active outbreak. If an outbreak is reported, advice by the IPCT will be provided and escalated appropriately, this may result in bed, bay and/or full ward closures and an outbreak meeting, if deemed necessary.

12 Staff Health

Staff with ARI symptoms can continue to work, if they feel well enough but should wear a surgical face mask.
If staff are feeling unwell that they cannot work, then to report through absence pathway.
C33 to continue with their own SOP due to Stem Cell Transplant Patient Group.

7 Monitoring Compliance and Effectiveness Process

Compliance is monitored through continuous auditing

- FFP3 Fit Test Compliance Rate: Target 100% of eligible staff
- Timely Antiviral Initiation: Audit of high-risk patients receiving appropriate therapeutics within the timeframe, monitored daily by IPCN
- Isolation Compliance: Audit of symptomatic patients isolated appropriately, if unable cohort bays. Bed closures monitoring for compliance with isolation in cubicles.

8 References

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9 Consultation

Infectious Diseases Consultant, Virology, Infection Control Doctor's, Deputy Director of Infection Prevention and Control. Wider distribution and review at the following committees: OIRC and SIRC.

10 Dissemination and Implementation

All staff will receive this policy by electronic format, distributed through central comms and a message on Bridget for all staff.

IPCT will provide education to ward teams on daily visits to ensure compliance with this policy.

11 Document History / Version Control

Date	Version	Revision description
Dec 2025	V1	New Humber Health Partnership management of ARI including all updated national guidelines and alignment for group approach

12 Equality Act (2010)

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

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

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

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

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

13 Freedom to Speak Up

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

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(26)011

Name of the Meeting	**Council of Governors Business Meeting**
Date of the Meeting	8 January 2026
Director Lead	Julie Beilby, Non-Executive Director CiC Chair
Contact Officer/Author	Julie Beilby, Non-Executive Director CiC Chair
Title of the Report	**Workforce, Education and Culture CiC Highlight/Escalation Report**
Executive Summary	This report sets out the items of business considered by the Workforce, Education and Culture CiC at their meetings held 28th October and 26th November 2025 including those matters which the committees specifically wish to escalate either or both the Trust Boards. The Council of Governors are asked to note the issues highlighted in the report.
Background Information and/or Supporting Document(s) (if applicable)	N/A
Prior Approval Process	Boards-in-Common
Financial implication(s) (if applicable)	Any financial implications are included in the report
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ✓ Assurance ☐ Other – please detail below:

CiC ESCALATION REPORT

WORKFORCE, EDUCATION AND CULTURE COMMITTEES-IN-COMMON – 28 October 2025

Humber Health Partnership

1. Matters for Reporting

The NLAG consultant dispute was still not resolved – a response from the NLAG consultants is still awaited.

The CIC heard about the 5-day, resident doctor industrial action and the comprehensive plans being developed to address the gaps**.**

The People Strategy Progress Report - There was a £5.1m overspend in agency costs. An executive intervention had taken place to increase governance, grip and control.

Job Planning compliance had improved and was at 68%. Reasonable assurance was given due to the processes in place and the improvements made.

2. Positive assurances

Potential charitable funding was available to refurbish staff rooms within the Group.

3. Matters on which the committees have requested additional assurance

CQC Actions– Improvements have been made been made in NLAG in the Children and Young people team, but further assurance was still required regarding mandatory training for medical staff. Limited assurance was given.

4. Decisions made

The NHSE Annual Self-Assessment relating to student placements was approved by the CIC. The Placement Tariff was discussed, and it was agreed that a review of where the funding was being used would take place.

The new EDI Steering Group Terms of Reference were approved by the CIC.

5. Escalation to Trust Boards

The PEF CIC had referred allocating resources over 7 day working to the WECC CIC. It was agreed that this should be managed by the Group Chief Delivery Officer.

The CIC had a challenging discussion regarding Operational Workforce Planning. The CIC gave reasonable assurance due to the actions that had been agreed by the Executive Team to recover the position .

#	Agenda item	BAF mapping		Purpose	Assurance given
		#	Score		
1	CQC Actions Group Progress Report	N/a	N/a	Assurance	Limited
2	People Strategy Progress Report – Q2	1	20	Assurance	Reasonable
3	Operational Workforce Planning Summary	1	20	Assurance	Reasonable
4	Freedom to Speak Up Q2 HUTH	1	20	Assurance	Significant
5	Freedom to speak Up Q2 NLAG	1	20	Assurance	Significant
6	NHSE Annual Self-Assessment Return	N/a	N/a	Approval	Approved
7	Employee Relations Case Analysis – Focus on Timescales	1	20	Information	N/a
8	Job Planning	1	20	Assurance	Reasonable
9	EDI Steering Group Re-design	1	20	Approval	Approved
10	Terms of Reference review	1	20	Review	N/a

CiC ESCALATION REPORT

WORKFORCE, EDUCATION AND CULTURE COMMITTEES-IN-COMMON – 26 November 2025

Humber Health Partnership

1. Matters for Reporting

Resident Doctors Industrial Action –There were no issues due to consultants acting down and prompt clinical decisions. UEC performance and patient flow was better. A post learning review is being undertaken.

NLAG Doctor dispute – This issue had been settled and harmonised with the HUTH consultants. The new rate would be in place from 1st December 2025.

Guardian of Safe Working HUTH – A business case was in progress due to significant staffing issues and high fines in Paediatric Surgery. The CIC gave reasonable assurance.

Guardian of Safe Working NLAG – The CIC gave limited assurance due to a lack of confidence in the mitigations to address the issues raised..

Bands 4-9 Profile Review - The nationally mandated profile review of nursing and midwifery bands 4-9 had commenced**.** The CIC noted the risks related to the exercise, particularly the added costs involved.

2. Positive assurances

Apprenticeship Levy – Apprenticeship numbers had increased and external funding from NHSE was supporting a graduate engineering scheme at HUTH and level 6 construction skills at NLAG. The CIC gave reasonable assurance.

Medical and Dental Job Planning – The current compliance was 79.6% which had been an overall increase since the last meeting. The March 2026 target was 95%. A Focus on capacity and demand would be received at a future meeting.

3. Matters on which the committees have requested additional assurance

Work had commenced on the **Resident doctor 10-point plan** and this would be presented to the CIC on a regular basis. The initiative is in place to improve the working lives of resident doctors through health and wellbeing, rota and work schedules, payroll and expenses, rest areas, exception reporting etc.

Undergraduate Medical Education NLAG – The high number of students was causing pressure in the system and there was an issue highlighted regarding cancelled clinics which was impacting on students getting placements.

HUTH – Work was underway with clinical groups to determine how the Tariffs were spent across the Group.

The CIC gave reasonable assurance for the report but requested further information regarding cancelled clinics and tariff expenditure.

4. Decisions made

There were no decisions made by the CIC.

5. Escalation to Trust Boards

There were no concerns raised.

#	Agenda item	BAF mapping		Purpose	Assurance given
		#	Score		
1	BAF and Risk Register	N/a	N/a	Information	N/a
2	Resident Doctor 10 Point Plan	1	20	Information	N/a
3	Apprenticeship Levy Annuary Report 2024/25 (Progress)	1	20	Assurance	● Reasonable
4	Undergraduate Medical Education Annual Report	1	20	Assurance	● Reasonable
5	Guardian of Safe Working Hours – Q2 HUTH	1	20	Assurance	● Reasonable
6	Guardian of Safe Working Hours – Q2 NLAG	1	20	Assurance	● Limited
7	Medical and Dental Job Planning	1	20	Information	N/a
8	Organisational Development Update	1	20	Information	N/a
9	Nursing and Midwifery Bands 4-9 National Profile Review	1	20	Information	N/a
10	Safer Nurse Staffing Establishment Review	1	20	Endorse for BIC	Paper withdrawn

6. Comments on the effectiveness of the meeting

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

7. Escalation to CiCs

N/a

8. Attendance record

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

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(26)013

Name of the Meeting	**Council of Governors Business Meeting**
Date of the Meeting	8 January 2026
Director Lead	David Sharif, Group Director of Assurance
Contact Officer/Author	David Sharif, Group Director of Assurance
Title of the Report	**Governors, Executive Directors, Non-Executive Directors and Other Directors Register of Interests**
Executive Summary	The report provides the current Register of Interests for Governors, Executive Directors, Non-Executive Directors and Other Directors as of January 2026.
Background Information and/or Supporting Document(s) (if applicable)	Standards of Business Conduct Policy (DCP120) and Conflicts of Interest Policy for Governors (DCP228)
Prior Approval Process	Register of Interest (ROI) system
Financial implication(s) (if applicable)	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ☐ Assurance ☐ Other – please detail below:

REGISTER OF GOVERNORS' INTERESTS
JAN 2026 (v1.0)

GOVERNOR NAME	INTERESTS	DATE
PUBLIC GOVERNORS – EAST & WEST LINDSEY		
Dr Gorajala Vijay	➢ None	08.12.2025
Vacancy		
Vacancy		
PUBLIC GOVERNORS – GOOLE & HOWDENSHIRE		
Dietmar Harteveld	➢ None	16.12.2025
Brent Huntington	➢ Trustee Friends of Oakhill, Goole ➢ Member of Montague Practice PPG ➢ Board member Goole & Airmyn IDB	08.12.2025
Clare Woodard	➢ Deputy Chief Executive Officer for HEY Smile Foundation	16.12.2024
PUBLIC GOVERNORS – NORTH LINCOLNSHIRE		
Kevin Allen	➢ Volunteer worker at SGH ➢ Local Authority Governor at Scunthorpe C E Primary School ➢ Local Authority Governor at Enderby Road Infants School	15.12.2025
Paula Ashcroft	➢ Persons Voice Co-ordinator for North Lincolnshire Council	15.12.2025
Marian Davison	➢ None	16.12.2025
Wendy Lawtey	➢ Care Quality Commission (CQC) Inspector Adult Social Care (from 12 January 2026)	31.12.2025
Caroline Ridgway	➢ Employed by City Health Care Partnership (CHCP) as a Podiatrist	03.12.2025
PUBLIC GOVERNORS – NORTH EAST LINCOLNSHIRE		
Michael Bateson	➢ Board member/Trustee of local charity Friendship at Home and Niece employed as a Midwife by NLaG	03.11.2025
Cheryl George	➢ None	16.12.2025
David James	➢ Military Care Navigator for Lincolnshire Maternity and Neonatal Programme (Better Births Team)	15.12.2025
Ian Reekie	➢ Director of Lincs Inspire Venues & Enterprises and Member of the Board of Trustees at Lincs Inspire	23.04.2025
Vacancy		

STAKEHOLDER GOVERNORS		
Cllr Linda Bayram – East Riding of Yorkshire Council	➢ Councillor for East Riding of Yorkshire Council (Conservative Group)	24.09.25
Vacancy – North East Lincolnshire Place		
Emma Mundey – North Lincolnshire Place	➢ Assistant Director of Transformation & Integration within N Lincs for Humber & North Yorkshire Integrated Care Board	16.12.2025
Vacancy – North East Lincolnshire Council		
Vacancy – North Lincolnshire Council		
Vacancy – Lincolnshire Council		

STAFF GOVERNORS		
Ahmed Aftab	➢ Director of Sazin Eyecare Limited and Director of Sazin Estates Limited ➢ Consultant Ophthalmologist - St Hugh's Hospital, Grimsby: Spamedica, Bolton: Lindsey Suite and Inspire Health, Scunthorpe ➢ Member of British Medical Association (BMA) with different local, regional and national roles ➢ Staff Governor	24.04.2025 09.12.2025
Corrin Manaley	➢ Staff Governor	08.12.2025
Dr Sandeep Saxena	➢ Staff Governor ➢ Member of Local Negotiating Committee (LNC) for NLaG	08.12.2025 01.04.2025
Jackie Weavill	➢ Staff Governor	27.11.2025

Register of Interests

Name and position	Interests
Executive and Other Directors	
Adam Creeggan, Group Director of Performance	None.
Amanda Stanford, Group Chief Nurse	None.
Andy Haywood, Group Chief Strategy, Partnerships and Digital Officer	Previous employer was a digital health consultancy that could potentially bid for services within the Trust. Procurement steps in place to remove Andy from any decision making and to ensure full transparency.
David Sharif, Group Director of Assurance	Trustee of WISHH Charity (HUTH).
Emma Sayner, Group Chief Finance Officer	Director of Hull Citycare Ltd (Representing the NHS shareholding interest), Partner in Burton Lodge Guest House (no link to NHS), Board member on Care 2 Independence (Social Enterprise).
Heather McNair, Interim Group Chief Nurse	Magistrate siting in the family court Hull and Holderness Bench.
Ivan McConnell, Group Transformation Director	None.
Dr Kate Wood, Group Chief Medical Officer	Family member is Trust employee – Theatres Manager at Diana, Princess of Wales Hospital Grimsby (DPOWH). Associate for AQUA. Trustee of WISHH Charity (HUTH). Trustee of Health Tree Foundation (NLAG).
Jonathan Lofthouse, Group Chief Executive Officer	Group Chief Executive Officer for Northern Lincolnshire and Goole NHS Foundation Trust, as part of HUTH and NLAG working in a Group model. This includes attending the NLAG Council of Governors when requested. Wife Volunteers with the Look Good Feel Better work with the Queens Cancer Centre.
Lyn Simpson, Interim Group Chief Executive Officer	Trustee for Tyneside and Newcastle MIND. Justice of the Peace at Teesside Magistrates.
Myles Howell, Group Director of Communications	Wife works as Divisional General Manager in the UEC Care Group.
Matt Powls, Interim Group Chief Delivery Officer	Wife is an employee of George Eliot NHS Trust.
Simon Nearney, Group Chief People Officer	Director at Cleethorpes Town FC / The Linden Club. Family members working at NLAG and HUTH. Family member working at Hull City Council.

Name and position	Interests
Tom Myers, Group Director of Estates	None.
Tracy Campbell, Group Director of Patient Safety and Governance	Temple Spa Consultant and providing skin care including experiences and personal website.

Non-Executive Directors at HUTH and NLAG	
Murray Macdonald, Interim Group Chair	Trustee Manby Scout Group – 2009. Trustee with Lincolnshire Refugee Doctors Project (Associate Non-Executive Director at NLaG)
Non-Executive Directors at NLAG	
Gillian Ponder, Non-Executive Director and Senior Independent Director	None.
Julie Beilby, Non-Executive Director	South Cockerington Parish Councillor.
Simon Parkes, Non-Executive Director	Lay Canon and Chair of the Finance Committee of Lincoln Cathedral.
Susan Liburd, Non-Executive Director	Managing Director and Principal Consultant of Sage Blue. Director and Trustee of British West India Regiments Heritage Trust CIC. Member of the Advisory Council for the University College Harlaxton Grantham.
Non-Executive Directors at HUTH	
Dr David Sulch, Non-Executive Director	Medicolegal reports on patients in the fields of stroke, geriatric or general medicine (split roughly 80:20 between defendant and claimant work). I have reported on the care of patients treated at HUTH and NLAG previously but do not do so now. Consultant Stroke Physician at Dartford and Gravesham NHS Trust. Medical Examiner at Medway NHS Foundation Trust.
Helen Wright, Non-Executive Director	Permanent role as Group FD of Eltherington Group Ltd – 3 days per week commencing 1st September 2024.
Jane Hawkard, Non-Executive Director	Director of JJJ+L Holdings Ltd (July 2020).
Professor Laura Treadgold, Non-Executive Director	As the Dean of the Faculty of Health Science at the University of Hull (since 02/01/24 – ongoing), the Faculty has a large research portfolio which receives funding from external bodies to undertake research.
Tony Curry, Non-Executive Director	None.

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(26)014

Name of the Meeting	**Council of Governors Business Meeting**
Date of the Meeting	8 January 2026
Director Lead	Emma Sayner, Group Chief Financial Officer
Contact Officer/Author	Philippa Russell, Deputy Director of Finance
Title of the Report	**Finance Report – Month 8**
Executive Summary	This report highlights the reported financial position at month 8 of the 2025/26 reporting period.
Background Information and/or Supporting Document(s) (if applicable)	-
Prior Approval Process	-
Financial implication(s) (if applicable)	Contained within the report
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	-
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ☐ Assurance ☐ Other – please detail below:

NHS
Humber Health
Partnership

Finance Report Month 8
November – 2025/26

Finance Overview

In-month I&E Performance – page 3

(£3.1m)

The Group reported an in-month deficit for month 8 of (£2.2m), (£3.1m) adverse to plan. This includes £4.2m of non-recurrent balance sheet support in month.

Year to Date I&E Performance – page 3

(£7.9m)

The Group reported a (£18.8m) year to date deficit for month 8, (£7.9m) adverse to plan. This also includes £19.9m of non-recurrent balance sheet support.

I&E Forecast Outturn – page 4

(£23.1m)

The Group is forecasting a deficit of (£50.3m) based on an adjusted straight-line projection. Mitigating actions are forecast to reduce the deficit leaving an unidentified gap of (£23.1m), but many of these mitigations are high risk.

YTD Cost Improvement Plan – page 5 to 6

(£17.5m)

The Group has delivered £60.4m in CIP against a YTD target of £77.9m, (£17.5m) behind target. The Group are forecasting CIP delivery of £103.3m, (£26.7m) adverse to plan.

Underlying I&E – page 7

(£90.9m)

The Group's underlying position is estimated at a deficit of circa (£90.9m). Recurrent CIP and FYE of in year schemes will be the key variable to the Group's underlying position.

System Performance – page 8

(£12.0m)

The ICS reported a YTD deficit of (£29.9m), (£12.0m) adverse to plan at month 7. The ICS is forecasting a break-even position as planned.

Capital Expenditure – page 9

(£27.0m)

The Group has spent £32.4m on capital expenditure against a plan of £59.4m, (£27.0m) behind plan.

Balance Sheet & Cash – pages 10 to 11

£39.2m

The Group's cash balance at the end of month 8 was £39.2m. CIP delivery and financial recovery will be the key variables in determining if external cash support will be required in year. This will be monitored closely.

Elective Recovery Performance – page 12

(£4.7m)

The Group is currently under-performing against ERF baselines by (£4.7m). Due to the block income arrangements no additional income or penalties have been assumed year-to-date.

Temporary Staffing – pages 13 to 16

£0.0m

The Group has spent £45.1m on agency and bank pay YTD. This is broadly in line with spend in the same period in 2024/25.

Key Risks

- ❑ Continued high value of unidentified CIP and high-risk CIP opportunities.
- ❑ ICS Risk share arrangement for CDC and HCDs growth.
- ❑ Unfunded costs associated with delivery of Constitutional Standards improvement plan.
- ❑ Unidentified stretch income target
- ❑ Capital Expenditure profile
- ❑ Requirement for Revenue Cash Support if CIP not fully identified

Key Actions

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

Financial Performance Summary

The Group ended November with a year-to-date (YTD) deficit at month 8 of (£18.8m), (£7.9m) 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	75.5	76.1	0.6	603.3	606.6	3.3	46.7	46.7	(0.1)	373.3	373.0	(0.2)	122.3	122.8	0.5	976.6	979.6	3.0
Other Income	5.9	6.2	0.3	63.6	65.0	1.5	6.3	6.6	0.4	50.1	44.6	(5.4)	12.2	12.9	0.7	113.6	109.7	(4.0)
Total Operating Income	**81.5**	**82.3**	**0.8**	**666.9**	**671.6**	**4.7**	**53.0**	**53.3**	**0.3**	**423.3**	**417.7**	**(5.7)**	**134.5**	**135.6**	**1.2**	**1,090.2**	**1,089.3**	**(0.9)**
Pay Costs																		
Clinical Pay	(39.3)	(41.7)	(2.4)	(314.0)	(325.4)	(11.4)	(27.5)	(28.7)	(1.2)	(223.5)	(227.7)	(4.2)	(66.8)	(70.3)	(3.6)	(537.6)	(553.1)	(15.5)
Other Pay	(8.4)	(8.2)	0.2	(67.0)	(66.8)	0.2	(7.3)	(7.1)	0.2	(58.6)	(57.5)	1.1	(15.7)	(15.3)	0.4	(125.5)	(124.3)	1.3
Total Pay Costs	**(47.7)**	**(49.9)**	**(2.2)**	**(381.0)**	**(392.2)**	**(11.2)**	**(34.8)**	**(35.8)**	**(1.0)**	**(282.1)**	**(285.1)**	**(3.1)**	**(82.5)**	**(85.7)**	**(3.2)**	**(663.1)**	**(677.4)**	**(14.3)**
Clinical Non Pay	(18.1)	(19.8)	(1.7)	(146.1)	(153.2)	(7.2)	(6.5)	(6.7)	(0.2)	(58.0)	(61.1)	(3.1)	(24.6)	(26.5)	(1.9)	(204.1)	(214.3)	(10.2)
Other Non Pay	(11.3)	(11.4)	(0.2)	(98.2)	(93.1)	5.1	(7.0)	(5.9)	1.1	(55.5)	(52.2)	3.3	(18.3)	(17.3)	0.9	(153.6)	(145.2)	8.4
Total Non Pay Costs	**(29.3)**	**(31.2)**	**(1.9)**	**(244.2)**	**(246.3)**	**(2.1)**	**(13.5)**	**(12.6)**	**0.9**	**(113.5)**	**(113.3)**	**0.3**	**(42.9)**	**(43.8)**	**(0.9)**	**(357.7)**	**(359.5)**	**(1.8)**
Total Operating Expenditure	**(77.0)**	**(81.1)**	**(4.1)**	**(625.2)**	**(638.5)**	**(13.3)**	**(48.4)**	**(48.4)**	**(0.0)**	**(395.6)**	**(398.4)**	**(2.8)**	**(125.4)**	**(129.5)**	**(4.1)**	**(1,020.8)**	**(1,036.9)**	**(16.1)**
EBITDA	**4.4**	**1.2**	**(3.2)**	**41.7**	**33.1**	**(8.6)**	**4.7**	**4.9**	**0.3**	**27.7**	**19.3**	**(8.5)**	**9.1**	**6.2**	**(2.9)**	**69.4**	**52.4**	**(17.0)**
Depreciation	(2.5)	(2.5)	0.0	(19.8)	(19.6)	0.2	(2.2)	(1.9)	0.3	(16.8)	(15.1)	1.7	(4.7)	(4.3)	0.3	(36.6)	(34.7)	1.9
Non Operating Items	(1.4)	(1.4)	(0.0)	(11.2)	(10.8)	0.4	(0.7)	(0.6)	0.1	(5.4)	(4.8)	0.6	(2.1)	(2.0)	0.1	(16.6)	(15.6)	0.9
Surplus/(Deficit)	**0.6**	**(2.7)**	**(3.2)**	**10.7**	**2.6**	**(8.0)**	**1.8**	**2.5**	**0.7**	**5.6**	**(0.7)**	**(6.2)**	**2.4**	**(0.2)**	**(2.6)**	**16.2**	**2.0**	**(14.2)**
NHSE Allowable Adjustments	0.0	(0.3)	(0.4)	(15.1)	(14.1)	1.0	(1.5)	(1.7)	(0.2)	(12.0)	(6.7)	5.3	(1.4)	(2.0)	(0.6)	(27.1)	(20.8)	6.3
Adjusted Surplus / (Deficit)	**0.6**	**(3.0)**	**(3.6)**	**(4.4)**	**(11.4)**	**(7.0)**	**0.3**	**0.8**	**0.4**	**(6.4)**	**(7.4)**	**(0.9)**	**0.9**	**(2.2)**	**(3.1)**	**(10.9)**	**(18.8)**	**(7.9)**

- **The Group reported a (£2.2m) deficit in month, (£3.1m) adverse to plan. However, an extra £4.2m of non-recurrent technical balance sheet was released in month to support the financial position. £19.9m of balance sheet has now been released year-to-date to support the Groups financial position.**
- The Group is behind on its CIP programme by (£17.5m). The programme has £43.2m of schemes rated as high risk with £35.9m rated as an opportunity or unidentified.
- The Group cash balance decreased by (£5.8m) in month to £39.2m (£17.1m HUTH / £22.1m NLAG). CIP delivery and Care Group overspends will be the key risks to cash flow for the remainder of the year and continue to be monitored closely.
- The Group is behind plan year to date and currently forecasts an unmitigated gap of £23.1m which potentially adds a further risk from failing to secure the Quarter 4 Deficit Support funding (£7.0m across the Group).

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

Financial Performance – Forecast Outturn (FOT)

The Group is forecasting a deficit of (£50.3m) based on an adjusted straight-line projection. Mitigating actions are expected to reduce the deficit leaving an unidentified gap of (£23.1m) across the Group.

A straight-line forecast based on the M1-8 deficit position would leave the group with a £28.2m 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 £50.3m.

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

- Significantly improve efficiency delivery including delivery of £9.2m of 'opportunity' that is yet to be fully identified.
- Identify a further £26.7m of efficiency that is currently unidentified and unmitigated.
- Develop recovery plans of at least £4.4m to offset the additional pressure in the run-rate due to Care Group overspends.
- Secure £6.8m of unidentified income.

Failure to deliver the required recovery and close the gap will also result in the withdrawal of the Q4 Deficit Support Funding (£7m for the Group).

Forecast Bridge (Group)	HUTH £'m	NLAG £'m	HHP £'m
YTD deficit (M6)	(11.4)	(7.4)	(18.8)
Straight line forecast	**(17.1)**	**(11.0)**	**(28.2)**
Seasonality	(4.3)	(1.0)	(5.3)
Industrial Action	0.8	0.2	1.0
CDC	(1.0)	-	(1.0)
Daycase Unit	(0.5)	-	(0.5)
CPE & Opthalmology (Ironstone/Freshney)	-	(0.2)	(0.2)
Expected changes to run-rate	(5.0)	(0.9)	(5.8)
Non Recurrent Flexibility in YTD position	(6.6)	(2.9)	(9.5)
Depreciation, Interest Received & PDC	-	(0.8)	(0.8)
Adjusted Run Rate	**(33.8)**	**(16.5)**	**(50.3)**
Forecast CIP delivery (improvement in run-rate)	10.0	2.9	12.9
Non recurrent mitigation	3.2	-	3.2
Care Group Recovery Plans	4.4	-	4.4
Income target	3.4	3.4	6.8
Unidentified Gap	12.8	10.2	23.1
Reported Forecast deficit	**-**	**-**	**-**

Financial Performance – Forecast Outturn (FOT) - RISKS

At Month 8 the Group reported a net risk to delivery of the forecast break-even position of £48.8m.

Updated Risk Position	Plan 31/03/2026 Year Ending £'000	Forecast 31/03/2026 Year Ending £'000	Forecast 31/03/2026 Year Ending £'000	Forecast 31/03/2026 Year Ending £'000	Comments	Current risk status	Risk adjusted £'000
Risks and mitigations	Group	HUTH	NLAG	Group		RAG	Group
(Risks)/(Offsets to benefits):							
Additional cost risk - HCD growth (ICS block funded)	(5,000)	(4,000)	(1,000)	(5,000)	ICS Risk Share: Growth		(3,500)
Additional cost risk - CDC 15% cost reduction	(3,000)	(1,840)	0	(1,840)	ICS Risk Share: CDC		0
Additional Cost risk - emerging			(1,500)	(1,500)	CPE outbreak, Esclation beds, RTT and Cancer recovery		(550)
Additional Cost risk - Industrial Action		(800)	0	(800)	Assumes impact of Dec strike action		(500)
Additional cost risk (NP inflation)	(3,500)	(1,000)	0	(1,000)	Inflationary pressures above CUF		(150)
Efficiency risk	(47,072)	(13,854)	(12,840)	(26,694)	Unidentified CIP		(26,694)
Efficiency risk		(8,740)	(1,617)	(10,357)	Opportunity / Plans in Progress		(5,159)
Further recovery actions to be identified		(4,386)		(4,386)	Additional gap to recover due to: YTD cost pressures, Pay Award funding gap and Industrial action		(4,386)
Income risk	(13,950)	(3,400)	(3,400)	(6,800)	Income target - not yet indentified		(5,100)
Deficit Support Funding							
Income risk - IPT claw-back		(2,000)	(750)	(2,750)	IS spend with ICS relating to 24/25 IPT referrals		(2,750)
Mitigations/benefits:							
Additional cost control or income	7,050	0	0	0	Opportunity to review costs not yet fully implemented / income generation (Growth)		0
Non-recurrent mitigation	10,400	0	0	0	Non Recurrent flexibility / non -recurrent income		0
Total Provider Net Risk	**(47,072)**	**(40,020)**	**(21,107)**	**(61,127)**			**(48,789)**

Financial Performance – CIP Delivery

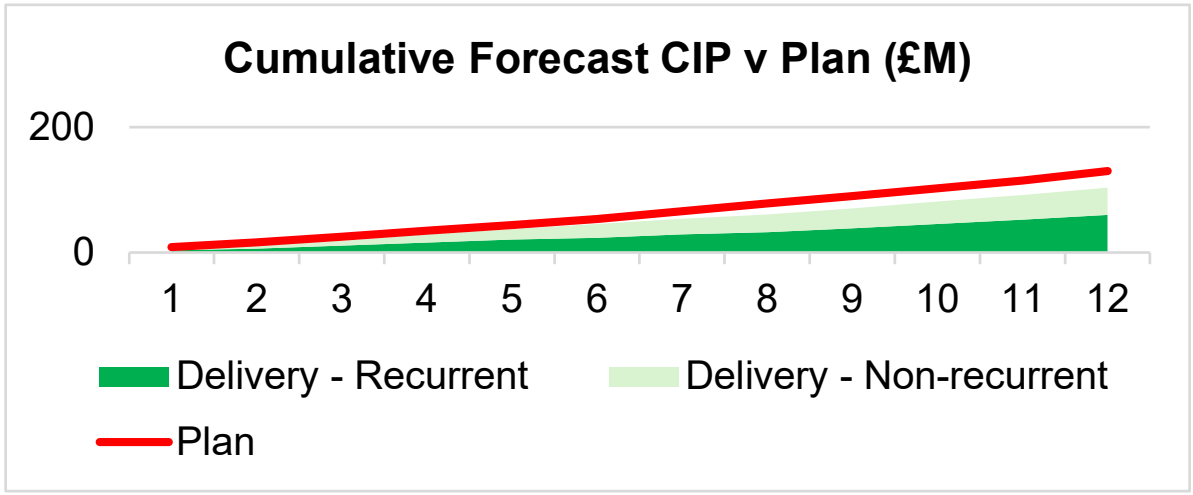
The Group has delivered £60.4m CIP year-to-date against a target of £77.9m, (£17.5m) adverse. The Group is forecasting CIP delivery of £103.3m, (£26.7m) adverse to plan. However, the forecast is inherently high risk and heavily reliant on NR schemes.

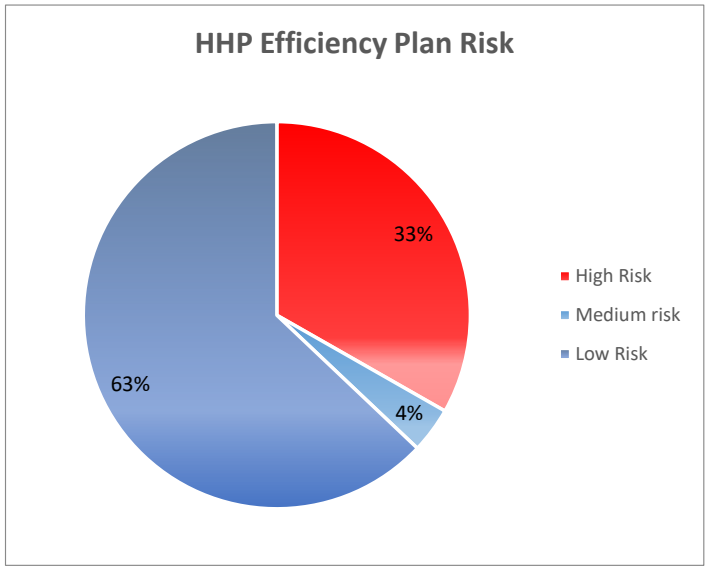
		HUTH						NLAG						HHP					
		Year to Date			Forecast Year-end			Year to Date			Forecast Year-end			Year to Date			Forecast Year-end		
£000		Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance
Operations	Acute And Emergency Medicine	1,152	635	(517)	1,800	1,101	(699)	3,399	2,980	(419)	5,086	4,421	(665)	4,551	3,615	(935)	6,886	5,522	(1,364)
	Cancer Network	128	75	(53)	196	116	(80)	135	109	(26)	202	163	(39)	263	184	(79)	398	279	(119)
	Cardiovascular	996	1,756	759	1,491	2,469	979	393	483	90	490	608	118	1,389	2,238	849	1,981	3,077	1,097
	Chief Delivery Officer	25	26	1	38	33	(5)	24	137	112	37	155	118	50	162	113	75	187	113
	Community, Frailty & Therapy	894	528	(366)	1,324	1,023	(301)	1,858	1,700	(157)	2,620	2,613	(6)	2,752	2,228	(523)	3,944	3,636	(308)
	Digestive Diseases	560	103	(458)	848	223	(625)	1,965	1,887	(79)	2,750	2,568	(182)	2,525	1,989	(536)	3,598	2,791	(807)
	Family Services	2,288	1,585	(703)	3,066	2,474	(592)	2,266	1,968	(297)	3,132	3,100	(32)	4,554	3,554	(1,000)	6,197	5,574	(623)
	Head & Neck	1,223	1,284	60	1,765	1,778	14	802	740	(63)	1,098	1,086	(12)	2,025	2,023	(2)	2,863	2,864	1
	Major Trauma Network	151	65	(86)	160	76	(84)	(25)	0	25	(35)	0	35	126	65	(61)	126	76	(49)
	Neuroscience	1,208	706	(502)	1,649	1,079	(570)	340	374	33	505	499	(6)	1,548	1,080	(468)	2,153	1,577	(576)
	Pathology Network Group	416	229	(188)	588	354	(234)	1,639	1,317	(322)	2,347	1,927	(420)	2,056	1,545	(510)	2,936	2,281	(655)
	Patient Services	637	328	(309)	955	558	(397)	553	537	(16)	830	890	60	1,190	865	(325)	1,785	1,447	(337)
	Site Management & Discharge Teams	70	43	(27)	104	64	(40)	188	143	(45)	257	180	(76)	258	186	(72)	361	245	(116)
	Specialist Cancer And Support Services	5,029	4,621	(408)	7,626	6,840	(786)	1,605	1,769	164	2,481	2,808	327	6,633	6,389	(244)	10,107	9,648	(458)
	Specialist Medicine	1,384	916	(467)	1,985	1,269	(716)	741	687	(53)	1,041	933	(108)	2,124	1,604	(521)	3,026	2,202	(824)
	Specialist Surgery	1,188	883	(305)	1,694	1,262	(432)	857	753	(104)	1,140	1,256	116	2,045	1,636	(408)	2,834	2,518	(316)
	Theatres, Anaesthetics And Critical Care	2,092	2,176	84	3,071	3,492	421	1,135	891	(245)	1,845	1,516	(328)	3,227	3,066	(161)	4,915	5,008	93
Total Operations		**19,440**	**15,958**	**(3,483)**	**28,358**	**24,211**	**(4,147)**	**17,875**	**16,474**	**(1,401)**	**25,824**	**24,724**	**(1,100)**	**37,316**	**32,432**	**(4,884)**	**54,182**	**48,935**	**(5,247)**
Corporate	Chief Executive	35	29	(6)	52	41	(12)	31	25	(6)	46	43	(3)	65	54	(11)	98	83	(15)
	Chief Medical Officer	298	192	(106)	447	235	(212)	116	80	(36)	174	103	(71)	414	272	(142)	621	338	(283)
	Chief Nurse	294	360	65	442	507	65	258	455	196	388	623	236	553	815	262	829	1,130	301
	Director Of Assurance	7	0	(7)	11	0	(11)	30	5	(25)	46	12	(34)	38	5	(33)	57	12	(45)
	Director Of People	442	535	94	662	755	93	412	649	237	618	954	337	853	1,184	330	1,280	1,709	430
	Finance - E&F	2,359	2,282	(78)	3,555	3,289	(266)	1,616	1,094	(522)	2,428	1,817	(610)	3,975	3,376	(600)	5,983	5,107	(876)
	Finance - Finance	190	369	178	286	491	206	135	211	77	202	266	65	325	580	255	488	758	270
	Finance - Procurement	77	22	(55)	115	34	(82)	52	0	(52)	79	0	(79)	129	22	(107)	194	34	(160)
	Finance - Strategy & Planning	0	332	332	0	480	480	0	398	398	0	568	568	0	730	730	0	1,048	1,048
	Strategy, Partnerships & Digital	255	211	(44)	393	348	(45)	158	620	462	237	913	675	413	831	418	630	1,261	631
Total Corporate		**3,957**	**4,331**	**374**	**5,963**	**6,180**	**217**	**2,808**	**3,536**	**728**	**4,216**	**5,300**	**1,084**	**6,765**	**7,868**	**1,102**	**10,179**	**11,480**	**1,301**
Total Allocated CIPCore Programme		**23,398**	**20,289**	**(3,109)**	**34,321**	**30,391**	**(3,930)**	**20,684**	**20,010**	**(673)**	**30,040**	**30,024**	**(16)**	**44,081**	**40,299**	**(3,782)**	**64,361**	**60,415**	**(3,946)**
Trustwide	Reserves	7,094	7,921	827	12,053	11,269	(784)	10,432	10,360	(71)	15,647	14,639	(1,008)	17,525	18,281	756	27,700	25,908	(1,792)
	Technical	420	461	41	630	671	41	310	310	0	466	466	0	730	771	41	1,096	1,137	41
	Unallocated	10,322	980	(9,342)	21,317	12,147	(9,170)	5,198	49	(5,149)	15,527	3,711	(11,816)	15,519	1,028	(14,491)	36,843	15,858	(20,985)
Total Technical & Unallocated		**17,835**	**9,362**	**(8,474)**	**33,999**	**24,087**	**(9,912)**	**15,939**	**10,719**	**(5,220)**	**31,640**	**18,816**	**(12,824)**	**33,775**	**20,081**	**(13,694)**	**65,639**	**42,903**	**(22,736)**
TOTAL		**41,233**	**29,650**	**(11,583)**	**68,320**	**54,478**	**(13,842)**	**36,623**	**30,730**	**(5,893)**	**61,680**	**48,840**	**(12,840)**	**77,856**	**60,380**	**(17,476)**	**130,000**	**103,318**	**(26,682)**

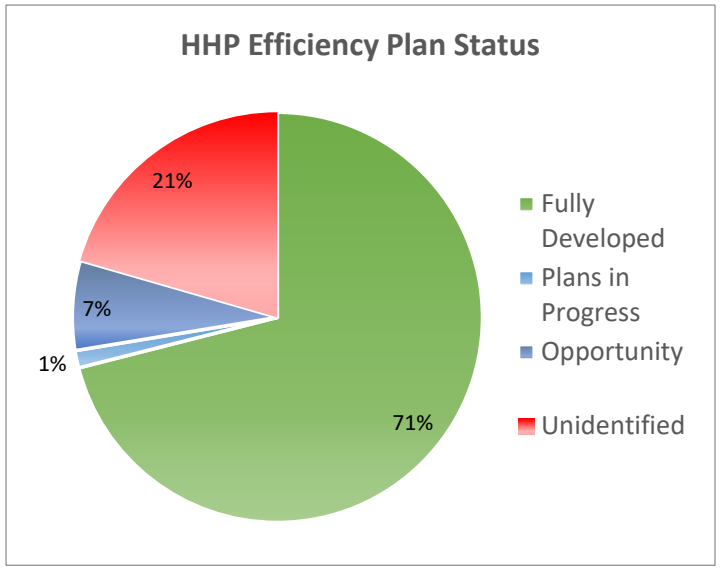
Financial Performance – CIP Planning Progress

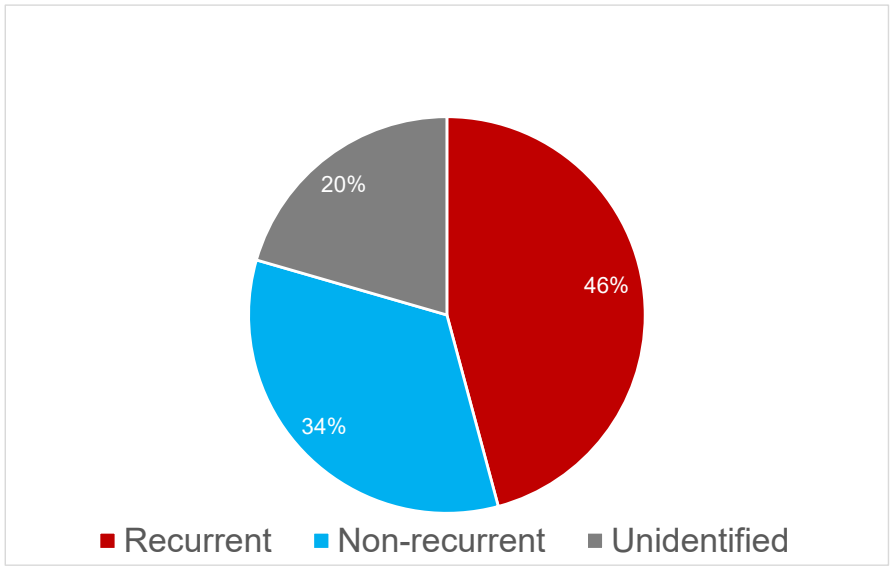
Efficiency Plan Status	HUTH	NLAG	HHP
Fully Developed	45,739	46,611	92,350
Plans in Progress	1,557	219	1,776
Opportunity	7,182	2,010	9,192
Unidentified	13,842	12,840	26,682
TOTAL	**68,320**	**61,680**	**130,000**

Efficiency Plan Risk	HUTH	NLAG	HHP
High Risk	27,469	15,748	43,217
Medium risk	4,090	876	4,966
Low Risk	36,762	45,056	81,817
TOTAL	**68,320**	**61,680**	**130,000**









Underlying Position

The Group's underlying financial position is estimated at a deficit of (£90.9m)

Bridging from the balanced planned for 2025-26 the below are the main drivers:

1. The Group is in receipt of specific Non-Recurrent Income support totalling (£26.9m).
2. Non-Recurrent Deficit funding received in 2025/26 of (£29.1m).
3. The Group has historically relied on Non-Recurrent savings delivery to achieve its financial targets. This is forecast to be (£26. 3m) within the current year's savings plan. The Group must look to convert non-recurrent savings schemes into recurrent schemes where possible.
4. In addition, the Group currently has unidentified CIP of (£26.7m).
5. The in year CIP schemes have a potential FYE of £34.0m if delivered in full in year.
6. The Groups has been heavily reliant on Non-recurrent technical support in year of (£15.9m)

CIP delivery will be the key driver for the Trust's underlying financial position both in year and the potential full year effects of in year schemes.

£million	NLAG	HUTH	HHP
2025/26 - Surplus/(Deficit) Plan	**0.0**	**0.0**	**0.0**
Non-recurrent Adjustments			
NR Additional Stretch Income Support	(1.4)	(25.6)	(26.9)
NR 25/26 Deficit Funding	(14.9)	(14.2)	(29.1)
NR CIP (Forecast)	(11.6)	(14.7)	(26.3)
Undidentified CIP (Forecast)	(12.8)	(13.9)	(26.7)
FYE 25/26 CIP	9.0	25.0	34.0
NR Flexibility	(5.7)	(10.2)	(15.9)
Underlying Deficit	**(37.3)**	**(53.5)**	**(90.9)**

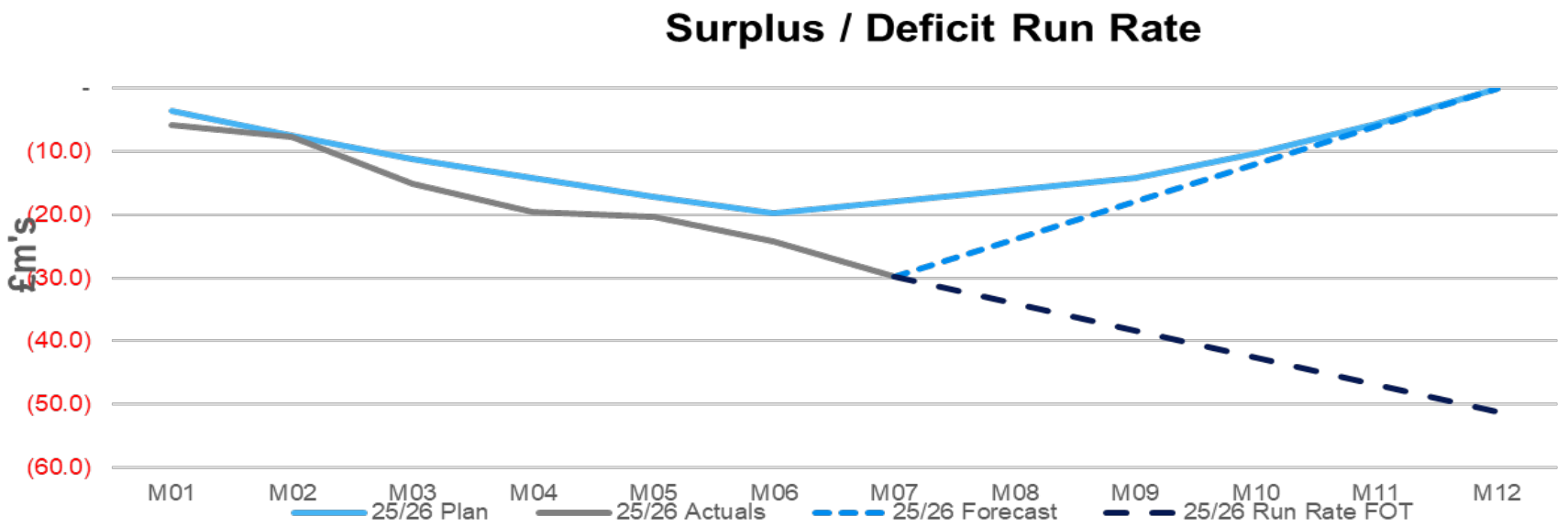
System Financial Performance – October 2025

The ICS reported a YTD deficit of (£29.9m), (£12.0m) adverse to plan. The ICS is forecasting a break-even position as planned.

M7 Position

- ICB £5k underspend YTD, FOT breakeven.
- Providers £12m overspend YTD, FOT breakeven.
- Straight line extrapolation of run rate is circa £51m deficit.
- YTD variance has deteriorated in providers by circa £7m mainly due to further slippage against efficiency schemes. Medical staffing and drugs and devices cost pressures continue.

Organisation	Surplus / (Deficit) - Adjusted Financial Position							
	Plan YTD £000	Actual YTD £000	Variance YTD £000	Variance YTD %	Plan Year Ending £000	Forecast Year Ending £000	Variance Year Ending £000	Variance Year Ending %
Humber And North Yorkshire ICB	-	5	5	0.0%	-	-	-	0.0%
Harrogate And District NHS Foundation Trust	(4,649)	(11,623)	(6,974)	(3.1%)	-	-	-	0.0%
Hull University Teaching Hospitals NHS Trust	(5,052)	(8,438)	(3,386)	(0.6%)	-	-	-	0.0%
Humber Teaching NHS Foundation Trust	(613)	2,392	3,005	1.9%	-	-	-	0.0%
Northern Lincolnshire And Goole NHS Foundation Trust	(6,754)	(8,147)	(1,393)	(0.4%)	-	-	-	0.0%
York And Scarborough Teaching Hospitals NHS Foundation Trust	(812)	(4,046)	(3,234)	(0.6%)	-	-	-	0.0%
ICS Total	(17,880)	(29,857)	(11,977)	(0.4%)	-	-	-	0.0%



Capital Expenditure

The Group has spent £32.4m year to date on capital expenditure against a plan of £59.4m plan, (£27.0m) behind plan.

£million	NLAG Year to Date			HUTH Year to Date			HHP Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.	Plan	Actual	Var.
Estates Major Schemes									
Ward/Department Refurbishment/Development	0.6	0.6	0.0	2.6	1.6	(1.0)	3.2	2.2	(1.0)
Day Surgery CHH	0.0	0.0	0.0	4.8	0.2	(4.6)	4.8	0.2	(4.6)
Theatres & IRT	0.0	0.0	0.0	2.4	0.5	(1.9)	2.4	0.5	(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	0.0	0.3	0.3	3.9	0.4	(3.5)	3.9	0.7	(3.2)
NEEF 4	0.0	0.0	0.0	0.0	0.2	0.2	0.0	0.2	0.2
Total Estates Major Schemes	**0.6**	**0.9**	**0.4**	**13.7**	**2.9**	**(10.8)**	**14.3**	**3.8**	**(10.4)**
Other Estates Schemes	0.1	0.0	(0.0)			0.0	0.1	0.0	(0.0)
IM&T Programme	1.1	0.4	(0.7)	0.8	0.8	0.0	1.9	1.2	(0.7)
EPR	3.2	0.4	(2.8)	0.0	0.7	0.7	3.2	1.1	(2.1)
Equipment Renewal	1.7	0.7	(1.0)	1.0	1.1	0.1	2.7	1.8	(0.9)
Facilities Maintenance	2.8	0.6	(2.2)	1.1	1.3	0.2	3.9	1.9	(2.0)
Other Capital Expenditure	14.3	7.3	(6.9)	19.1	14.9	(4.2)	33.4	22.2	(11.1)
Total Capital Programme	**23.7**	**10.5**	**(13.2)**	**35.7**	**21.7**	**(14.0)**	**59.4**	**32.2**	**(27.2)**
Funded By:									
Internally Generated	6.7	2.6	(4.1)	12.3	6.5	(5.8)	19.0	9.1	(9.9)
PDC Funded	2.7	0.7	(2.0)	8.9	0.0	(8.9)	11.6	0.7	(10.9)
Donated	13.2	7.3	(5.9)	0.9	1.8	0.9	14.1	9.1	(5.0)
IFRS16	1.1	0.1	(1.0)	13.6	13.4	(0.2)	14.7	13.5	(1.2)
Disposals - Net Book Value	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Funding	**23.7**	**10.7**	**(13.0)**	**35.7**	**21.7**	**(14.0)**	**59.4**	**32.4**	**(27.0)**

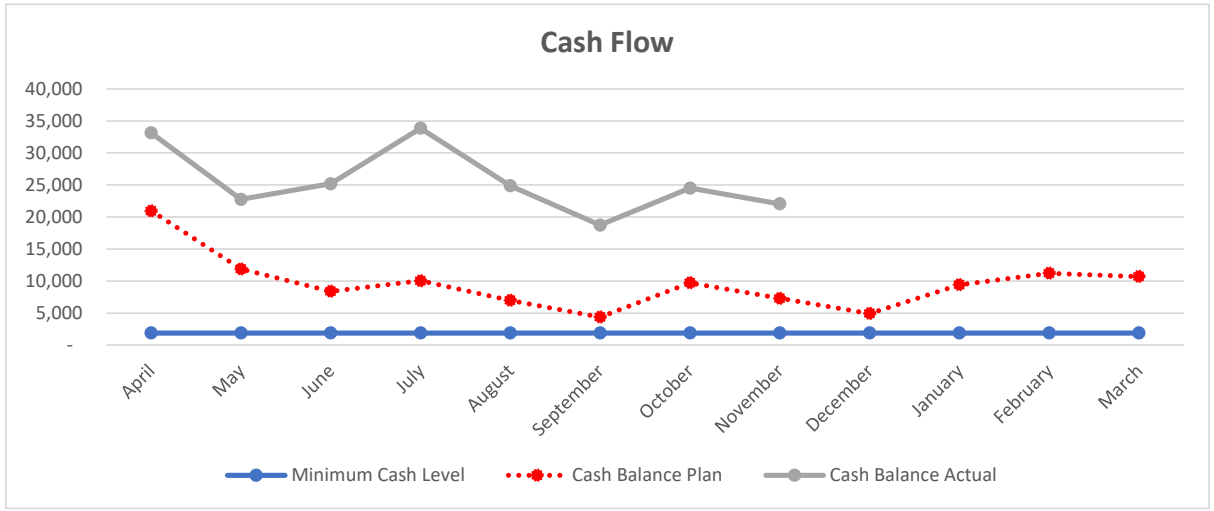
Balance Sheet

£ million	NLAG			HUTH			HHP		
	Actual	Actual	In month	Actual	Actual	In month	Actual	Actual	In month
	31-Oct-25	30-Nov-25	movement	31-Oct-25	30-Nov-25	movement	31-Oct-25	30-Nov-25	movement
Fixed Assets	294.6	296.2	1.6	486.5	487.3	0.8	781.1	783.5	2.4
Other Investments	0.0	0.0	0.0	0.6	0.6	0.0	0.6	0.6	0.0
Current Assets	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Inventories	4.7	5.0	0.3	19.1	19.6	0.4	23.8	24.6	0.8
Trade and Other Debtors	21.9	20.3	(1.6)	37.9	40.3	2.3	59.9	60.6	0.7
Cash	24.5	22.1	(2.5)	20.5	17.1	(3.3)	45.0	39.2	(5.8)
Total Current Assets	**51.1**	**47.4**	**(3.8)**	**77.5**	**77.0**	**(0.5)**	**128.7**	**124.3**	**(4.3)**
Current Liabilities									
Trade and Other Creditors	(42.8)	(42.3)	0.4	(52.9)	(68.2)	(15.3)	(95.6)	(110.5)	(14.9)
Accruals	(17.7)	(17.4)	0.3	(38.6)	(33.2)	5.4	(56.3)	(50.6)	5.7
Other Current Liabilities	(14.5)	(11.8)	2.7	(31.6)	(25.0)	6.6	(46.1)	(36.8)	9.2
Total Current Liabilities	**(74.9)**	**(71.6)**	**3.4**	**(123.1)**	**(126.4)**	**(3.3)**	**(198.0)**	**(198.0)**	**0.1**
Net Current Liabilities	**(23.8)**	**(24.2)**	**(0.4)**	**(45.6)**	**(49.4)**	**(3.8)**	**(69.4)**	**(73.6)**	**(4.2)**
Debtors Due > 1 Year	0.8	0.8	0.0	2.3	2.3	0.0	3.0	3.0	0.0
Creditors Due > 1 Year	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Loans > 1 Year	(4.2)	(2.9)	1.3	(3.8)	(3.8)	0.0	(8.0)	(6.7)	1.3
Finance Lease Obligations > 1 Year	(7.4)	(7.4)	0.0	(72.3)	(72.0)	0.3	(79.7)	(79.4)	0.3
Provisions - Non Current	(3.6)	(3.6)	0.0	(2.3)	(2.3)	0.0	(5.9)	(5.9)	0.0
Total Assets/(Liabilities)	**256.4**	**258.9**	**2.5**	**365.3**	**362.7**	**(2.7)**	**621.7**	**621.6**	**(0.2)**
TOTAL CAPITAL & RESERVES	**256.4**	**258.9**	**2.5**	**365.3**	**362.7**	**(2.7)**	**621.7**	**621.6**	**(0.2)**

Cash Flow

The Group's cash balance at month 8 was £39.2m. CIP delivery will be the key variable in minimising any cash support requirements in year. The Group's cash position will be monitored closely each month.

NLAG



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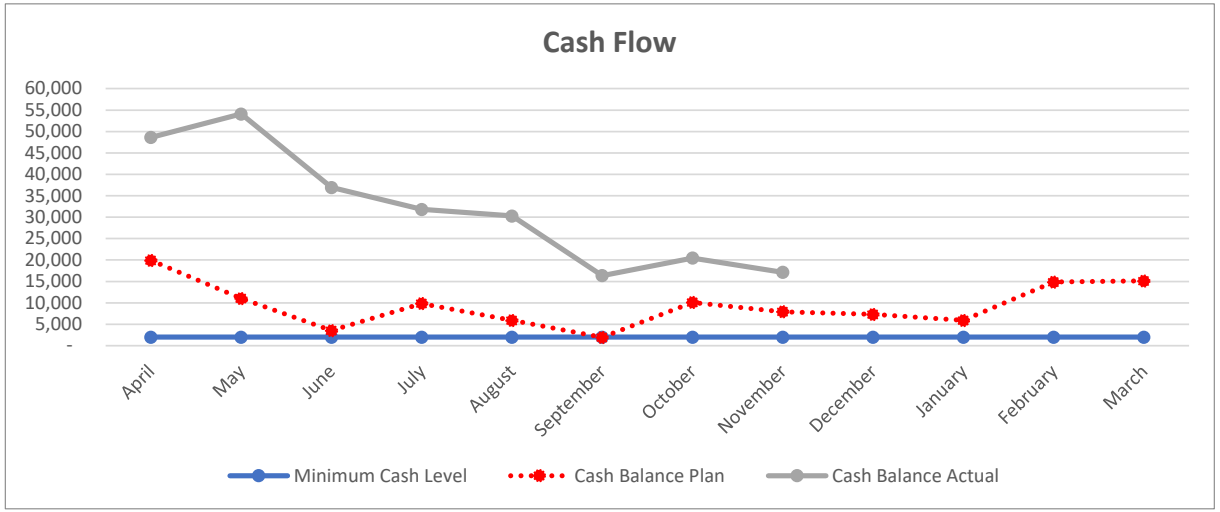


Elective Recovery

The Group is currently under-performing against ERF baselines by (£4.7m). Due to the block income arrangements no additional income or penalties have been assumed year-to-date.

	YTD											
£000's	HUTH				NLAG				HHP Total			
	Target	Actual	Variance	%	Target	Actual	Variance	%	Target	Actual	Variance	%
H&NY Contracts	105,765	100,180	(5,585)	95%	48,632	49,929	1,297	103%	154,397	150,109	(4,288)	97%
External Contracts	1,888	1,700	(188)	90%	6,592	7,346	754	111%	8,480	9,046	566	107%
Specialist	30,095	28,576	(1,519)	95%	1,193	1,732	538	145%	31,288	30,308	(980)	97%
Sub Total ERF	**137,748**	**130,456**	**(7,292)**	**94.7%**	**56,417**	**59,006**	**2,589**	**104.6%**	**194,165**	**189,462**	**(4,703)**	**97.6%**
A&G	2,536	2,536	0	N/A	613	612	(1)	N/A	3,149	3,148	(1)	N/A
Total	**140,284**	**132,992**	**(7,292)**	**94.7%**	**57,030**	**59,618**	**2,588**	**104.6%**	**197,314**	**192,610**	**(4,704)**	**97.6%**

	Forecast											
£000's	HUTH				NLAG				HHP Total			
	Target	Actual	Variance	%	Target	Actual	Variance	%	Target	Actual	Variance	%
H&NY Contracts	158,334	152,179	(6,155)	96%	72,803	74,654	1,850	103%	231,137	226,833	(4,304)	98%
External Contracts	2,832	2,548	(284)	90%	9,888	10,929	1,041	111%	12,720	13,477	757	106%
Specialist	45,142	42,982	(2,160)	95%	1,790	2,593	803	145%	46,932	45,575	(1,357)	97%
Sub Total ERF	**206,308**	**197,710**	**(8,598)**	**95.8%**	**84,481**	**88,175**	**3,694**	**104.4%**	**290,789**	**285,885**	**(4,904)**	**98.3%**
A&G	3,796	3,796	0	N/A	918	917	(1)	N/A	4,714	4,713	(1)	N/A
Total	**210,104**	**201,506**	**(8,598)**	**95.8%**	**85,400**	**89,093**	**3,693**	**104.4%**	**295,504**	**290,598**	**(4,905)**	**98.3%**

Temporary Staffing Summary

The Group has spent £45.1m on agency and bank YTD. This is £0.04m less than the same period in 2024/25 and remains below the NHSE Target of 3.2% of total pay expenditure at 2.7%.

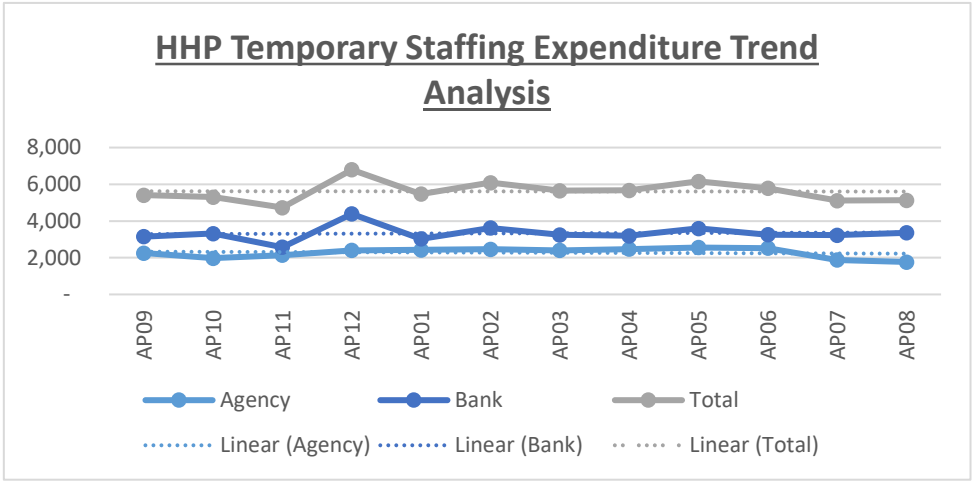
		HUTH (£000s)			NLAG (£000's)			HHP Total (£000's)		
Type	Subjective Sub category	2024/25	2025/26	Variance	2024/25	2025/26	Variance	2024/25	2025/26	Variance
Agency	Medical Staff	6,607	5,542	1,065	7,538	8,564	(1,027)	14,145	14,107	38
	Nursing Staff	146	1,056	(910)	2,083	2,044	40	2,230	3,100	(871)
	Scientific, Therapeutic & Technical Staff	401	136	265	1,076	1,119	(44)	1,477	1,256	221
	Admin & Clerical Staff	347	(14)	361	238	32	206	586	18	568
	Maintenance Staff	0	0	0	0	0	0	0	0	0
	Support Staff	0	0	0	0	0	0	0	0	0
	Other Staff	0	38	(38)	2	2	0	2	40	(38)
Agency Total		**7,502**	**6,759**	**744**	**10,938**	**11,762**	**(824)**	**18,440**	**18,521**	**(81)**
Bank	Medical Staff	2,830	2,923	(94)	7,709	6,805	904	10,539	9,728	810
	Nursing Staff	3,674	2,934	740	8,222	8,559	(337)	11,896	11,493	403
	Scientific, Therapeutic & Technical Staff	353	472	(119)	835	976	(141)	1,188	1,448	(260)
	Admin & Clerical Staff	33	503	(470)	1,440	1,283	156	1,473	1,786	(314)
	Maintenance Staff	0	0	0	0	0	0	0	0	0
	Support Staff	39	101	(62)	1,545	2,001	(456)	1,584	2,102	(518)
	Other Staff	0	0	0	0	0	0	0	0	0
Bank Total		**6,929**	**6,933**	**(4)**	**19,750**	**19,624**	**126**	**26,679**	**26,557**	**122**
Grand Total		**14,431**	**13,692**	**740**	**30,688**	**31,386**	**(698)**	**45,119**	**45,078**	**41**

Agency Spend as % Total Pay (3.2% is the NHSE Target)	1.7%	4.1%	2.7%

Temporary Staffing Summary – Directorate / Care Group

The Group has spent £45.1m on all agency and bank pay YTD. This is £0.04m less than the same period in 2024/25.

		HUTH (£000s)			NLAG (£000's)			HHP Total (£000's)		
Directorate	Care Group	2024/25	2025/26	Variance	2024/25	2025/26	Variance	2024/25	2025/26	Variance
Operations	Acute and Emergency Medicine	3,132	2,911	221	8,777	9,778	(1,002)	11,909	12,689	(781)
	Cancer Network	0	38	(38)	27	52	(25)	27	89	(63)
	Cardiovascular	410	460	(50)	352	324	28	761	784	(22)
	Chief Delivery Officer	0	0	0	0	0	0	0	0	0
	Community, Frailty & Therapy	1,428	1,854	(425)	2,483	2,391	92	3,911	4,245	(333)
	Digestive Diseases	712	490	222	1,469	1,900	(431)	2,181	2,390	(209)
	Family Services	1,373	901	472	3,487	3,360	126	4,860	4,262	598
	Head & Neck	787	876	(88)	1,543	1,426	118	2,331	2,302	29
	Major Trauma Network	41	59	(18)	151		151	192	59	133
	Neuroscience	829	451	378	766	999	(233)	1,596	1,451	145
	Pathology Network Group	19	5	13	728	701	27	747	707	40
	Patient Services	37	398	(361)	891	681	210	928	1,079	(151)
	Site Management & Discharge teams	47	322	(276)	208	187	22	255	509	(254)
	Specialist Cancer and Support Services	2,007	1,800	207	1,707	1,986	(279)	3,715	3,786	(72)
	Specialist Medicine	734	443	291	1,886	2,289	(403)	2,620	2,732	(112)
	Specialist Surgery	767	766	0	1,797	1,338	459	2,564	2,104	459
	Theatres, Anaesthetics and Critical Care	1,943	1,646	297	2,352	1,992	360	4,295	3,638	657
Total Operations		**14,265**	**13,420**	**845**	**28,625**	**29,405**	**(780)**	**42,890**	**42,825**	**65**
Corporate	Chief Executive	0	0	0	9	0	9	9	0	9
	Chief Medical Officer	5	0	5	163	0	163	168	0	168
	Chief Nurse Office	1	30	(29)	97	101	(5)	98	132	(34)
	Director of Assurance	0	0	0	0	0	0	0	0	0
	Director of People	13	84	(71)	70	62	8	83	146	(63)
	Director of Finance, Estates & Facilities	347	138	209	1,616	2,030	(414)	1,962	2,168	(206)
	Strategy and Partnerships	0	0	0	56	74	(18)	56	74	(18)
Total Corporate		**366**	**252**	**114**	**2,010**	**2,268**	**(258)**	**2,375**	**2,520**	**(144)**
Central Income, Reserves & Technical	Central Income	0	0	0	0	0	0	0	0	0
	Central Technical	(200)	20	(219)	53	(323)	376	(146)	(304)	157
	Reserves	0	(0)	0	0	37	(37)	0	37	(37)
Total Central Income, Reserves & Technical		**(200)**	**20**	**(219)**	**53**	**(286)**	**339**	**(146)**	**(267)**	**120**
Surplus / (Deficit)		**14,431**	**13,692**	**740**	**30,688**	**31,386**	**(698)**	**45,119**	**45,078**	**41**

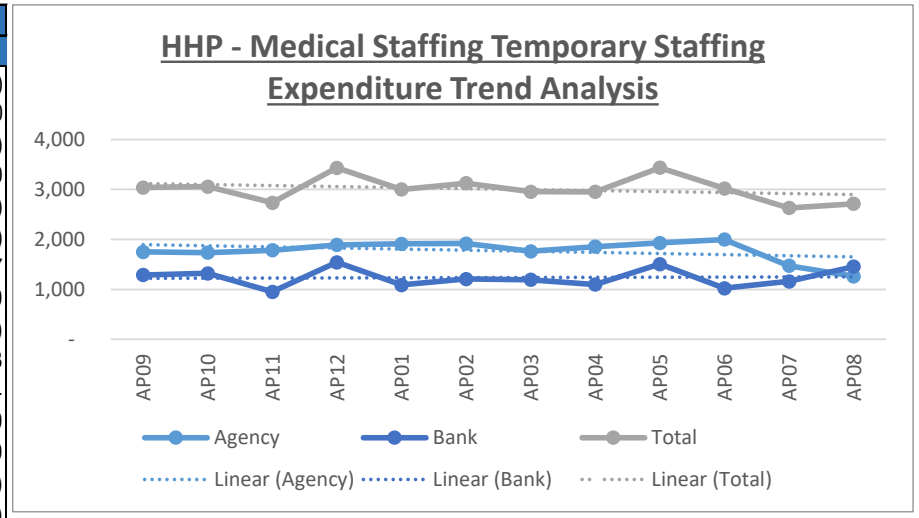


Type	AP09	AP10	AP11	AP12	AP01	AP02	AP03	AP04	AP05	AP06	AP07	AP08
Agency	2,255	1,980	2,147	2,403	2,433	2,465	2,405	2,478	2,558	2,527	1,884	1,771
Bank	3,150	3,322	2,579	4,391	3,035	3,627	3,249	3,195	3,598	3,259	3,232	3,363
Total	**5,405**	**5,302**	**4,726**	**6,794**	**5,468**	**6,092**	**5,654**	**5,673**	**6,156**	**5,786**	**5,116**	**5,134**

Temporary Staffing Summary – Medical Staffing

The Group has spent £23.8m on Medical Staffing agency and bank pay YTD. This is £0.8m less than the same period in 2024/25.

		HUTH (£000s)			NLAG (£000's)			HHP Total (£000's)		
Directorate	Care Group	2024/25	2025/26	Variance	2024/25	2025/26	Variance	2024/25	2025/26	Variance
Operations	Acute and Emergency Medicine	2,470	1,998	472	5,575	6,219	(645)	8,045	8,218	(173)
	Cancer Network	0	0	0	0	0	0	0	0	0
	Cardiovascular	167	279	(113)	35	36	(1)	202	315	(113)
	Chief Delivery Officer	0	0	0	0	0	0	0	0	0
	Community, Frailty & Therapy	657	860	(203)	919	999	(80)	1,576	1,859	(282)
	Digestive Diseases	261	144	117	659	1,023	(364)	920	1,168	(247)
	Family Services	1,019	572	447	1,349	1,209	140	2,368	1,781	587
	Head & Neck	739	814	(75)	1,314	1,079	235	2,053	1,893	160
	Major Trauma Network	8	19	(11)	0	0	0	8	19	(11)
	Neuroscience	585	282	302	401	470	(69)	986	753	233
	Pathology Network Group	1	0	1	361	318	43	362	318	44
	Patient Services	0	0	0	0	0	0	0	0	0
	Site Management & Discharge teams	0	0	0	0	0	0	0	0	0
	Specialist Cancer and Support Services	938	1,061	(123)	623	593	30	1,561	1,654	(93)
	Specialist Medicine	316	205	111	1,022	1,357	(335)	1,338	1,562	(224)
	Specialist Surgery	415	583	(168)	1,465	1,010	455	1,879	1,592	287
	Theatres, Anaesthetics and Critical Care	1,857	1,597	260	1,540	1,493	47	3,398	3,091	307
Total Operations		**9,433**	**8,414**	**1,018**	**15,262**	**15,806**	**(544)**	**24,695**	**24,221**	**474**
Corporate	Chief Executive	0	0	0	0	0	0	0	0	0
	Chief Medical Officer	5	0	5	0	0	0	5	0	5
	Chief Nurse Office	0	14	(14)	0	0	0	0	14	(14)
	Director of Assurance	0	(0)	0	0	0	0	0	(0)	0
	Director of People	0	0	0	0	0	0	0	0	0
	Director of Finance, Estates & Facilities	0	0	0	0	0	0	0	0	0
	Strategy and Partnerships	0	0	0	0	0	0	0	0	0
Total Corporate		**5**	**14**	**(9)**	**0**	**0**	**0**	**5**	**14**	**(9)**
Central Income, Reserves & Technical	Central Income	0	0	0	0	0	0	0	0	0
	Central Technical	0	37	(37)	(15)	(437)	422	(15)	(400)	384
	Reserves	0	(0)	0	0	0	0	0	(0)	0
Total Central Income, Reserves & Technical		**0**	**37**	**(37)**	**(15)**	**(437)**	**422**	**(15)**	**(400)**	**384**
Surplus / (Deficit)		**9,437**	**8,466**	**972**	**15,247**	**15,369**	**(123)**	**24,684**	**23,835**	**849**

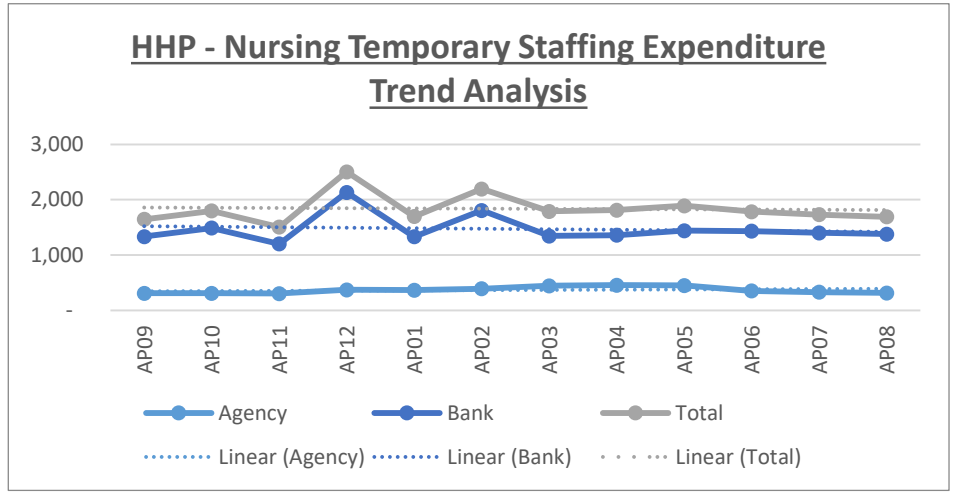


Type	AP09	AP10	AP11	AP12	AP01	AP02	AP03	AP04	AP05	AP06	AP07	AP08
Agency	1,750	1,737	1,783	1,892	1,911	1,917	1,763	1,854	1,930	1,998	1,472	1,260
Bank	1,289	1,319	952	1,540	1,089	1,208	1,194	1,097	1,505	1,024	1,158	1,454
Total	**3,040**	**3,056**	**2,735**	**3,432**	**3,000**	**3,125**	**2,957**	**2,951**	**3,435**	**3,022**	**2,631**	**2,714**

Temporary Staffing Summary - Nursing

The Group has spent £12.9m on Nursing agency and bank pay YTD. This is (£0.5m) more than the same period in 2024/25.

		HUTH (£000s)			NLAG (£000's)			Group Total (£000's)		
Directorate	Care Group	2024/25	2025/26	Variance	2024/25	2025/26	Variance	2024/25	2025/26	Variance
Operations	Acute and Emergency Medicine	660	913	(253)	3,087	3,439	(352)	3,747	4,351	(605)
	Cancer Network	0	0	0	8	0	8	8	0	8
	Cardiovascular	151	165	(13)	205	255	(49)	356	419	(63)
	Chief Delivery Officer	0	0	0	0	0	0	0	0	0
	Community, Frailty & Therapy	585	845	(259)	1,179	1,097	82	1,764	1,941	(177)
	Digestive Diseases	451	346	105	801	876	(76)	1,251	1,222	29
	Family Services	354	327	27	2,083	2,089	(6)	2,438	2,416	21
	Head & Neck	49	30	18	48	26	22	97	57	40
	Major Trauma Network	33	40	(7)	141	0	141	174	40	134
	Neuroscience	244	168	76	345	480	(134)	590	648	(58)
	Pathology Network Group	1		1	0	0	0	1	0	1
	Patient Services	8	5	4	163	60	103	171	65	107
	Site Management & Discharge teams	47	315	(269)	204	181	23	250	496	(246)
	Specialist Cancer and Support Services	588	348	240	136	146	(9)	724	494	231
	Specialist Medicine	417	237	180	829	914	(85)	1,246	1,151	95
	Specialist Surgery	352	179	173	317	329	(11)	669	508	161
	Theatres, Anaesthetics and Critical Care	55	49	6	708	453	254	763	502	260
Total Operations		**3,995**	**3,966**	**29**	**10,254**	**10,344**	**(90)**	**14,249**	**14,311**	**(61)**
Corporate	Chief Executive	0	0	0	0	0	0	0	0	0
	Chief Medical Officer	0	0	0	0	0	0	0	0	0
	Chief Nurse Office	0	4	(3)	28	30	(2)	28	34	(5)
	Director of Assurance	0	0	0	0	0	0	0	0	0
	Director of People	5	19	(14)	28	45	(17)	33	64	(31)
	Director of Finance, Estates & Facilities	0	0	0	0	1	(0)	0	1	(0)
	Strategy and Partnerships	0	0	0	0	0	0	0	0	0
Total Corporate		**5**	**23**	**(18)**	**57**	**75**	**(19)**	**62**	**98**	**(36)**
Central Income, Reserves & Technical	Central Income	0	0	0	0	0	0	0	0	0
	Central Technical	(180)	1	(181)	(6)	147	(153)	(186)	148	(333)
	Reserves	0	0	0	0	37	(37)	0	37	(37)
Total Central Income, Reserves & Technical		**(180)**	**1**	**(181)**	**(6)**	**184**	**(190)**	**(186)**	**185**	**(370)**
Surplus / (Deficit)		**3,820**	**3,990**	**(170)**	**10,305**	**10,603**	**(298)**	**14,125**	**14,593**	**(467)**



Type	AP09	AP10	AP11	AP12	AP01	AP02	AP03	AP04	AP05	AP06	AP07	AP08
Agency	310	309	304	372	366	391	444	456	450	352	328	313
Bank	1,335	1,489	1,201	2,134	1,330	1,806	1,345	1,358	1,442	1,433	1,402	1,378
Total	**1,645**	**1,797**	**1,505**	**2,505**	**1,696**	**2,196**	**1,789**	**1,814**	**1,892**	**1,785**	**1,730**	**1,691**

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	75.5	76.1	0.6	603.3	606.6	3.3	46.7	46.7	(0.1)	373.3	373.0	(0.2)	122.3	122.8	0.5	976.6	979.6	3.0
Other Income	5.9	6.2	0.3	63.6	65.0	1.5	6.3	6.6	0.4	50.1	44.6	(5.4)	12.2	12.9	0.7	113.6	109.7	(4.0)
Total Operating Income	**81.5**	**82.3**	**0.8**	**666.9**	**671.6**	**4.7**	**53.0**	**53.3**	**0.3**	**423.3**	**417.7**	**(5.7)**	**134.5**	**135.6**	**1.2**	**1,090.2**	**1,089.3**	**(0.9)**
Pay Costs																		
Medical Staff	(17.7)	(18.9)	(1.1)	(139.7)	(144.8)	(5.1)	(9.6)	(10.6)	(1.0)	(80.3)	(83.1)	(2.7)	(27.3)	(29.4)	(2.1)	(220.0)	(227.9)	(7.9)
Nursing Staff	(14.7)	(16.0)	(1.3)	(118.8)	(124.2)	(5.4)	(12.9)	(12.9)	0.0	(102.9)	(102.9)	0.0	(27.6)	(28.8)	(1.3)	(221.8)	(227.1)	(5.3)
Scientific Therapeutic & Technical Staff	(6.8)	(6.8)	(0.0)	(55.5)	(56.4)	(0.9)	(5.0)	(5.2)	(0.2)	(40.3)	(41.7)	(1.5)	(11.9)	(12.1)	(0.2)	(95.8)	(98.1)	(2.4)
Total Clincial Pay	**(39.3)**	**(41.7)**	**(2.4)**	**(314.0)**	**(325.4)**	**(11.4)**	**(27.5)**	**(28.7)**	**(1.2)**	**(223.5)**	**(227.7)**	**(4.2)**	**(66.8)**	**(70.3)**	**(3.6)**	**(537.6)**	**(553.1)**	**(15.5)**
Admin & Clerical Staff	(6.2)	(6.1)	0.1	(49.7)	(49.9)	(0.2)	(5.4)	(5.2)	0.2	(42.7)	(41.8)	1.0	(11.6)	(11.3)	0.3	(92.4)	(91.7)	0.7
Maintenance Staff	(0.3)	(0.3)	0.0	(2.6)	(2.4)	0.2	(0.2)	(0.2)	0.0	(1.4)	(1.3)	0.1	(0.5)	(0.5)	0.0	(4.1)	(3.8)	0.3
Support Staff	(1.7)	(1.6)	0.1	(13.2)	(12.9)	0.4	(1.6)	(1.6)	0.0	(13.1)	(13.1)	0.0	(3.3)	(3.2)	0.1	(26.4)	(26.0)	0.4
Other Staff	(0.0)	(0.0)	(0.0)	(0.1)	(0.1)	(0.0)	(0.0)	(0.0)	(0.0)	(0.1)	(0.1)	(0.0)	(0.0)	(0.0)	(0.0)	(0.2)	(0.2)	(0.0)
Apprentice Levy	(0.2)	(0.2)	(0.0)	(1.4)	(1.5)	(0.1)	(0.1)	(0.1)	0.0	(1.1)	(1.1)	0.0	(0.3)	(0.3)	(0.0)	(2.5)	(2.7)	(0.1)
Total Other Pay	**(8.4)**	**(8.2)**	**0.2**	**(67.0)**	**(66.8)**	**0.2**	**(7.3)**	**(7.1)**	**0.2**	**(58.6)**	**(57.5)**	**1.1**	**(15.7)**	**(15.3)**	**0.4**	**(125.5)**	**(124.3)**	**1.3**
Total Pay Costs	**(47.7)**	**(49.9)**	**(2.2)**	**(381.0)**	**(392.2)**	**(11.2)**	**(34.8)**	**(35.8)**	**(1.0)**	**(282.1)**	**(285.1)**	**(3.1)**	**(82.5)**	**(85.7)**	**(3.2)**	**(663.1)**	**(677.4)**	**(14.3)**
Drugs	(10.7)	(12.6)	(1.9)	(87.1)	(90.7)	(3.6)	(2.6)	(3.3)	(0.8)	(26.1)	(27.2)	(1.1)	(13.3)	(16.0)	(2.6)	(113.2)	(117.9)	(4.7)
Clinical Supplies & Services	(7.3)	(7.1)	0.2	(59.0)	(62.5)	(3.5)	(4.0)	(3.4)	0.6	(32.0)	(33.9)	(2.0)	(11.3)	(10.5)	0.8	(90.9)	(96.4)	(5.5)
Total Clinical Non Pay	**(18.1)**	**(19.8)**	**(1.7)**	**(146.1)**	**(153.2)**	**(7.2)**	**(6.5)**	**(6.7)**	**(0.2)**	**(58.0)**	**(61.1)**	**(3.1)**	**(24.6)**	**(26.5)**	**(1.9)**	**(204.1)**	**(214.3)**	**(10.2)**
General Supplies & Services	(1.8)	(1.5)	0.3	(15.1)	(14.6)	0.4	(0.5)	(0.7)	(0.2)	(4.2)	(5.7)	(1.5)	(2.3)	(2.2)	0.2	(19.2)	(20.3)	(1.1)
Establishment Expenses	(0.5)	(0.5)	0.0	(4.2)	(4.2)	(0.0)	(0.7)	(0.7)	0.0	(5.5)	(4.9)	0.6	(1.2)	(1.2)	0.0	(9.7)	(9.1)	0.6
Other Establishment Costs	(2.4)	(2.4)	(0.0)	(19.3)	(19.3)	0.1	(1.5)	(1.5)	(0.0)	(11.9)	(11.8)	0.1	(3.9)	(3.9)	(0.0)	(31.3)	(31.1)	0.2
Premises and Fixed Plant	(2.6)	(2.7)	(0.1)	(24.6)	(22.0)	2.6	(2.2)	(1.3)	0.9	(17.2)	(15.5)	1.7	(4.8)	(4.0)	0.8	(41.7)	(37.5)	4.3
Purchase of Healthcare Services	(3.3)	(3.7)	(0.5)	(29.8)	(28.0)	1.8	(1.7)	(1.3)	0.4	(13.6)	(11.2)	2.4	(5.0)	(5.0)	(0.1)	(43.3)	(39.1)	4.2
Miscellaneous Expenditure	(0.0)	(0.0)	0.0	(0.1)	(0.4)	(0.3)	(0.1)	(0.1)	(0.0)	(0.8)	(0.9)	(0.1)	(0.1)	(0.1)	(0.0)	(0.9)	(1.3)	(0.4)
Education Expenditure	(0.6)	(0.6)	(0.0)	(5.1)	(4.4)	0.6	(0.2)	(0.3)	(0.0)	(2.1)	(1.9)	0.2	(0.8)	(0.9)	(0.0)	(7.2)	(6.3)	0.8
Consultancy Expenditure	(0.0)	(0.0)	0.0	(0.0)	(0.1)	(0.1)	(0.0)	(0.0)	0.0	(0.3)	(0.3)	(0.0)	(0.0)	(0.0)	0.0	(0.3)	(0.5)	(0.2)
Total Other Non Pay	**(11.3)**	**(11.4)**	**(0.2)**	**(98.2)**	**(93.1)**	**5.1**	**(7.0)**	**(5.9)**	**1.1**	**(55.5)**	**(52.2)**	**3.3**	**(18.3)**	**(17.3)**	**0.9**	**(153.6)**	**(145.2)**	**8.4**
Total Non Pay Costs	**(29.3)**	**(31.2)**	**(1.9)**	**(244.2)**	**(246.3)**	**(2.1)**	**(13.5)**	**(12.6)**	**0.9**	**(113.5)**	**(113.3)**	**0.3**	**(42.9)**	**(43.8)**	**(0.9)**	**(357.7)**	**(359.5)**	**(1.8)**
Total Operating Expenditure	**(77.0)**	**(81.1)**	**(4.1)**	**(625.2)**	**(638.5)**	**(13.3)**	**(48.4)**	**(48.4)**	**(0.0)**	**(395.6)**	**(398.4)**	**(2.8)**	**(125.4)**	**(129.5)**	**(4.1)**	**(1,020.8)**	**(1,036.9)**	**(16.1)**
EBITDA	**4.4**	**1.2**	**(3.2)**	**41.7**	**33.1**	**(8.6)**	**4.7**	**4.9**	**0.3**	**27.7**	**19.3**	**(8.5)**	**9.1**	**6.2**	**(2.9)**	**69.4**	**52.4**	**(17.0)**
Depreciation	(2.5)	(2.5)	0.0	(19.8)	(19.6)	0.2	(2.2)	(1.9)	0.3	(16.8)	(15.1)	1.7	(4.7)	(4.3)	0.3	(36.6)	(34.7)	1.9
Non Operating Items	(1.4)	(1.4)	(0.0)	(11.2)	(10.8)	0.4	(0.7)	(0.6)	0.1	(5.4)	(4.8)	0.6	(2.1)	(2.0)	0.1	(16.6)	(15.6)	0.9
Surplus/(Deficit)	**0.6**	**(2.7)**	**(3.2)**	**10.7**	**2.6**	**(8.0)**	**1.8**	**2.5**	**0.7**	**5.6**	**(0.7)**	**(6.2)**	**2.4**	**(0.2)**	**(2.6)**	**16.2**	**2.0**	**(14.2)**
NHSE Allowable Adjustments	0.0	(0.3)	(0.4)	(15.1)	(14.1)	1.0	(1.5)	(1.7)	(0.2)	(12.0)	(6.7)	5.3	(1.4)	(2.0)	(0.6)	(27.1)	(20.8)	6.3
Adjusted Surplus / (Deficit)	**0.6**	**(3.0)**	**(3.6)**	**(4.4)**	**(11.4)**	**(7.0)**	**0.3**	**0.8**	**0.4**	**(6.4)**	**(7.4)**	**(0.9)**	**0.9**	**(2.2)**	**(3.1)**	**(10.9)**	**(18.8)**	**(7.9)**

Appendix A – Trust I&E & Divisional Budgetary Performance

		HUTH (£m)						NLAG (£m)						HHP (£m)					
		CM			YTD			CM			YTD			CM			YTD		
Directorate	Care Group	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Operations	Acute and Emergency Medicine	(3.4)	(4.0)	(0.6)	(26.8)	(29.2)	(2.4)	(5.7)	(5.9)	(0.2)	(45.6)	(46.5)	(0.9)	(9.0)	(9.9)	(0.8)	(72.4)	(75.7)	(3.3)
	Cancer Network	(0.6)	(0.6)	0.0	(3.5)	(3.5)	(0.0)	(0.3)	(0.2)	0.2	(2.2)	(2.0)	0.2	(0.9)	(0.7)	0.2	(5.7)	(5.5)	0.1
	Cardiovascular	(4.3)	(2.7)	1.6	(28.5)	(28.0)	0.5	(1.0)	(0.8)	0.2	(7.4)	(7.2)	0.2	(5.3)	(3.5)	1.8	(35.9)	(35.2)	0.7
	Chief Delivery Officer	(0.1)	(0.1)	(0.0)	(0.6)	(0.6)	(0.0)	(0.1)	(0.1)	0.0	(0.6)	(0.5)	0.2	(0.2)	(0.2)	0.0	(1.2)	(1.1)	0.1
	Community, Frailty & Therapy	(3.6)	(3.8)	(0.2)	(28.4)	(29.7)	(1.4)	(4.1)	(4.1)	(0.0)	(32.1)	(32.4)	(0.4)	(7.7)	(7.9)	(0.2)	(60.4)	(62.2)	(1.7)
	Digestive Diseases	(2.9)	(3.3)	(0.4)	(23.2)	(25.8)	(2.5)	(2.6)	(2.6)	0.0	(20.2)	(20.2)	(0.0)	(5.5)	(5.9)	(0.4)	(43.4)	(46.0)	(2.6)
	Family Services	(4.9)	(5.4)	(0.5)	(37.6)	(40.5)	(2.9)	(4.5)	(4.6)	(0.1)	(35.1)	(36.6)	(1.6)	(9.3)	(9.9)	(0.6)	(72.7)	(77.2)	(4.5)
	Head & Neck	(3.6)	(3.7)	(0.2)	(28.1)	(28.7)	(0.6)	(1.4)	(1.4)	(0.0)	(10.7)	(11.1)	(0.3)	(5.0)	(5.1)	(0.2)	(38.8)	(39.8)	(1.0)
	Major Trauma Network	(0.3)	(0.3)	0.0	(2.2)	(2.2)	(0.1)	0.0	0.0	0.0	(0.1)	(0.1)	0.0	(0.3)	(0.2)	0.0	(2.3)	(2.4)	(0.0)
	Neuroscience	(2.3)	(2.3)	(0.0)	(18.4)	(19.4)	(1.0)	(0.9)	(0.9)	(0.1)	(6.6)	(7.0)	(0.4)	(3.1)	(3.2)	(0.1)	(25.1)	(26.4)	(1.4)
	Pathology Network Group	(1.9)	(2.5)	(0.6)	(15.5)	(16.1)	(0.6)	(2.2)	(2.0)	0.1	(16.9)	(17.0)	(0.1)	(4.1)	(4.5)	(0.4)	(32.4)	(33.1)	(0.7)
	Patient Services	(2.2)	(2.1)	0.1	(17.6)	(17.7)	(0.1)	(1.7)	(1.7)	0.0	(13.4)	(13.2)	0.2	(3.9)	(3.8)	0.1	(31.0)	(30.9)	0.1
	Site Management & Discharge teams	(0.3)	(0.3)	(0.1)	(2.2)	(2.5)	(0.4)	(0.4)	(0.3)	0.0	(2.8)	(2.8)	(0.1)	(0.6)	(0.7)	(0.0)	(4.9)	(5.4)	(0.4)
	Specialist Cancer and Support Services	(18.1)	(18.9)	(0.8)	(144.1)	(145.1)	(0.9)	(6.1)	(5.9)	0.2	(48.8)	(48.4)	0.4	(24.2)	(24.8)	(0.6)	(192.9)	(193.4)	(0.5)
	Specialist Medicine	(3.8)	(4.1)	(0.2)	(30.6)	(31.5)	(0.9)	(2.0)	(2.0)	0.1	(15.6)	(15.9)	(0.3)	(5.9)	(6.0)	(0.1)	(46.2)	(47.4)	(1.1)
	Specialist Surgery	(3.6)	(4.0)	(0.4)	(28.3)	(29.9)	(1.7)	(1.9)	(1.8)	0.1	(14.2)	(14.5)	(0.3)	(5.5)	(5.8)	(0.3)	(42.5)	(44.5)	(2.0)
	Theatres, Anaesthetics and Critical Care	(7.4)	(7.5)	(0.1)	(58.9)	(60.3)	(1.4)	(4.1)	(4.3)	(0.2)	(33.7)	(34.2)	(0.5)	(11.6)	(11.8)	(0.2)	(92.7)	(94.6)	(1.9)
Total Operations		**(63.1)**	**(65.5)**	**(2.4)**	**(494.5)**	**(510.9)**	**(16.4)**	**(38.9)**	**(38.5)**	**0.4**	**(306.0)**	**(309.7)**	**(3.7)**	**(102.0)**	**(104.0)**	**(2.0)**	**(800.5)**	**(820.6)**	**(20.1)**
Corporate	Chief Executive	(0.1)	(0.2)	(0.1)	(1.0)	(1.3)	(0.3)	(0.1)	(0.2)	(0.0)	(0.9)	(1.1)	(0.2)	(0.3)	(0.4)	(0.1)	(1.8)	(2.3)	(0.5)
	Chief Medical Officer	(0.5)	(0.5)	0.0	(3.5)	(3.3)	0.2	(0.7)	(0.7)	(0.0)	(5.3)	(5.3)	0.0	(1.2)	(1.2)	(0.0)	(8.8)	(8.6)	0.2
	Chief Nurse Office	(3.0)	(3.1)	(0.1)	(23.9)	(24.4)	(0.5)	(2.3)	(2.2)	0.1	(18.0)	(17.6)	0.4	(5.3)	(5.2)	0.1	(41.9)	(42.0)	(0.2)
	Director of Assurance	(0.0)	(0.0)	(0.0)	(0.1)	(0.2)	(0.0)	(0.1)	(0.0)	0.0	(0.6)	(0.6)	0.0	(0.1)	(0.1)	0.0	(0.7)	(0.7)	(0.0)
	Director of People	(0.9)	(0.9)	(0.1)	(7.1)	(6.8)	0.3	(0.8)	(0.8)	0.1	(6.5)	(6.3)	0.2	(1.7)	(1.7)	0.0	(13.6)	(13.1)	0.5
	Director of Finance, Estates & Facilities	(6.3)	(5.8)	0.6	(50.5)	(48.1)	2.4	(4.3)	(4.5)	(0.2)	(33.5)	(34.4)	(0.9)	(10.7)	(10.2)	0.4	(84.0)	(82.5)	1.6
	Strategy and Partnerships	(0.9)	(0.7)	0.2	(7.1)	(7.1)	(0.0)	(0.6)	(0.6)	0.0	(5.9)	(5.6)	0.3	(1.5)	(1.4)	0.2	(13.0)	(12.7)	0.3
Total Corporate		**(11.7)**	**(11.2)**	**0.5**	**(93.2)**	**(91.1)**	**2.0**	**(9.0)**	**(9.0)**	**(0.0)**	**(70.7)**	**(70.8)**	**(0.2)**	**(20.7)**	**(20.2)**	**0.5**	**(163.8)**	**(162.0)**	**1.9**
Central Income, Reserves & Technical	Central Income	76.3	76.1	(0.2)	627.0	624.2	(2.8)	48.5	48.4	(0.1)	386.8	385.7	(1.2)	124.8	124.5	(0.2)	1,013.8	1,009.9	(3.9)
	Central Technical	(3.5)	(2.2)	1.3	(30.7)	(19.4)	11.2	(1.2)	1.5	2.7	(8.7)	(5.3)	3.4	(4.7)	(0.7)	3.9	(39.4)	(24.7)	14.6
	Reserves	2.5	0.1	(2.5)	2.0	(0.1)	(2.2)	2.4	0.1	(2.3)	4.1	(0.5)	(4.6)	5.0	0.2	(4.8)	6.2	(0.6)	(6.7)
Total Central Income, Reserves & Technical		**75.3**	**74.0**	**(1.4)**	**598.3**	**604.6**	**6.3**	**49.7**	**50.0**	**0.2**	**382.3**	**379.9**	**(2.3)**	**125.1**	**124.0**	**(1.1)**	**980.6**	**984.5**	**4.0**
Surplus / (Deficit)		**0.6**	**(2.7)**	**(3.2)**	**10.7**	**2.6**	**(8.0)**	**1.8**	**2.5**	**0.7**	**5.6**	**(0.7)**	**(6.2)**	**2.4**	**(0.2)**	**(2.6)**	**16.2**	**2.0**	**(14.2)**
Adjustments to adjusted financial performance		0.0	(0.3)	(0.4)	(15.1)	(14.1)	1.0	(1.5)	(1.7)	(0.2)	(12.0)	(6.7)	5.3	(1.4)	(2.0)	(0.6)	(27.1)	(20.8)	6.3
Adjusted financial performance Surplus / (Deficit)		**0.6**	**(3.0)**	**(3.6)**	**(4.4)**	**(11.4)**	**(7.0)**	**0.3**	**0.8**	**0.4**	**(6.4)**	**(7.4)**	**(0.9)**	**0.9**	**(2.2)**	**(3.1)**	**(10.9)**	**(18.8)**	**(7.9)**

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Front Sheet
Council of Governors

Meeting name	Council of Governors CoG(26)015
Meeting date	8 January 2026
Director Lead	David Sharif, Group Director of Assurance
Contact Officer / Author	Rebecca Crashley, Deputy Director of Assurance
Title of the Report	Board Assurance Framework (BAF)
Executive Summary	The following report highlights the Q3 current risks and scores: 1. People – 20 (8 points from its tolerable score) 2. Performance, Patients Access – 20 (11 points from the tolerable score) 3. Patients, Safety – 20 (11 points from the tolerable score) 4. Pioneer – 12 (matching tolerable score) 5. Partnerships – 12 (matching tolerable score) 6. Public Purse – 16 (4 points from the tolerable score) 7. Population – TBC BAF Risk Patients Access was reviewed at Performance, Estates and Finance CIC and it was agreed that the risk description and the tolerable risk score should be reviewed. Details of this is highlighted at Slide 25 of the pack.

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

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

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

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

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

Recommendations:

The CoG is asked to:

- Note the BAF risks
- Note Slide 25 and the changes to the risk description of Patient – Access and the tolerable score

Background information and/or Supporting Document(s) (if applicable)	All BAF risks are updated following discussion between the Executive Team and the Group Director of Assurance.
Prior Approval Process	The BAF is considered at the Group Cabinet Risk and Assurance Committee and quarterly each Committees-in-Common, with final receipt and approval agreed at the Board.
Implications for equality, diversity and inclusion, including health inequalities	No immediate EDI Concerns
Financial implication(s)	The actions being taken to mitigate the risks should produce more efficient systems and processes across the Group
Recommended action(s) required	☑ Approval ☑ Information ☐ Discussion ☐ Review ☐ Assurance ☐ Other

Board Assurance Framework

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Purpose of the report

The purpose of the report is to update the Committee regarding the Group's strategic culture and leadership risk. The Board assurance framework is designed to help drive the Boards' agenda, achieve its strategic objectives and ensure that the Group's reputation and credibility for patients and broader stakeholders is preserved and nurtured.

Structure of the report

Overleaf, a table summarises the current assessment for the finance risk:

- The risk description;
- The risk owner/s;
- The current risk score (and whether a change from the previous report);
- The target score (the maximum acceptable);
- The optimum score; and
- The risk appetite category.

The subsequent pages additionally set out, by each risk (over three pages each):

#1

- The strategic risk description;
- The last review date;
- The current risk score in a 5 by 5 matrix applicable to the risk appetite for this risk category; and
- The risk appetite statement relevant to the matrix (for information) with a circle indicated for each of the risk scores; current, tolerable and target.

#2

- The controls and assurances and their respective gaps

#3

- The actions being taken to mitigate the current gaps;
- An estimated completion date; and
- The lead officers involved.

Summary

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

ID	Heading	CiC	Strategic risk	Risk owner/s	Latest score	Score change	Scored date	Appetite	Max target score	Optimal risk	Last reviewed
1	People	WEC	We aim to support our staff. However, if we fail to embed compassionate and inspirational leadership and fail to address our working environments, then staff engagement scores (from staff surveys) will not improve and our staff retention and attendance rates will decline.	Simon Nearney, Group Chief People Officer	20		23/09/2025	Balanced	12	8	23/09/2025
2	Patients - Access	PEF	We aim to achieve all of our constitutional standards. If we fail to develop the necessary skills and capabilities of our teams and have access to drive change to meet these standards, we fail to give patients access to care they need, when they need it.	Matt Powls, Interim Group Chief Delivery Officer	20	0	24/01/2025	Cautious	16	4	18/12/2025
3	Patients - Safety	QS	We aim to make sure our patients get the safe, quality care they need and have a good experience. However, if we do not transform our clinical services and keep our patients safe, we will fail to become a CQC outstanding organisation, delivering safe, sustainable and inclusive healthcare services.	Kate Wood, Group Chief Medical Officer, Matt Powls, Interim Group Chief Delivery Officer	20		12/09/2025	Cautious	9	4	02/12/2025
4	Pioneers	QS	We aim to invest in robust digital foundations, a virtual hospital and research and innovation infrastructure. However, if we fail to embrace digital and tech, prioritise research and innovation and build skills for transformation, we will fail to adopt new technologies and ways of working for the benefit of our patients and our population.	Andy Haywood, Group Chief Strategy, Partnerships and Digital Officer, Kate Wood, Group Chief Medical Officer	12		05/09/2025	Open	12	4	02/12/2025
5	Partnerships	SPP	We aim to work well with others, build trust and develop ambitious partnerships for the future. However, if we lack credibility and fail to communicate our offer and where we need support, we will not become an outward-looking organisation that is genuinely collaborative in all that we do.	Lyn Simpson, Interim Group Chief Executive Officer, Andy Haywood, Group Chief Strategy, Partnerships and Digital Officer	12		28/04/2025	Balanced	12	4	09/10/2025
8	Public Purse	PEF	We aim to achieve financial sustainability through streamlining processes and removing duplication. However, if we fail to live within our means, address our estates utilisation, deliver value-based care and reduce our impact on the planet, we will become unsustainable and be subject to regulatory action.	Emma Sayner, Group Chief Financial Officer	16	-4	04/02/2025	Open	12	9	02/12/2025

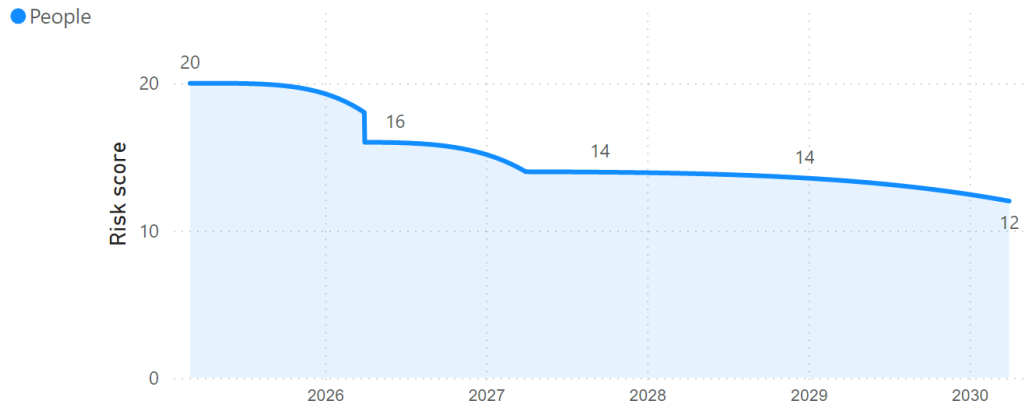
1. People

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

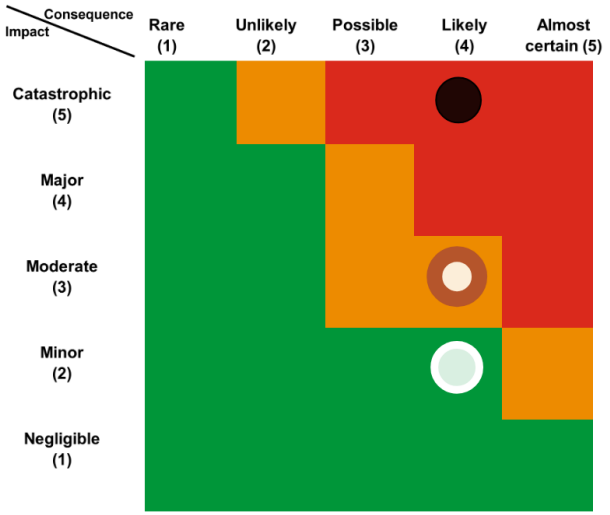
We aim to support our staff. However, if we fail to embed compassionate and inspirational leadership and fail to address our working environments, then staff engagement scores (from staff surveys) will not improve and our staff retention and attendance rates will decline.

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

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



Current score and risk appetite



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

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

Risk appetite statement (Balanced)

Our staff are the most important ingredient to deliver safe and effective care to our patients. Our willingness to accept workforce risks is balanced and open in nature. Whilst we have the highest levels of ambition for our workforce and their development, we will accept some level of likelihood or range of negative consequences to our workforce in the pursuit of better patient care, more local decision-making, improved productivity, innovation and better ways of working.

1. People

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

Control	Rating
Annual Care Group Workforce plans	Limited
Care Group Performance and Accountability	Limited
CESR Programme	Significant
Cultural transformation programme	Limited
EDI Steering Group	Reasonable
E-Rostering for clinical staff	Reasonable
Group Leadership Strategy (in development)	Limited
Group People Strategy 2025-28	Reasonable
Group Senior Management Team (was EMC)	Reasonable
International recruitment drives	Reasonable
Medical Workforce Strategy 2025-28	Limited
Required Learning Steering Group	Limited
Stability of Senior Leadership Team	Limited
Talent management team for international recruitment	Limited
Workforce Transformation Committee	Reasonable
XXX - Resident Doctor 10 Point Plan Oversight Delivery Group	
XXX - Vacancy Control Panel	Reasonable

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

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

Source	Assurance	Rating
Internal	Bi-annual Safer Staffing Report	Limited
Internal	Certificate of Eligibility for Specialist Registration metrics to Group Workforce Transformation Committee	Reasonable
Internal	Educational Governance for Undergraduate Medical Education and Physician Associate Education	Reasonable
Internal	Guardian of Safe Working Hours Report (HUTH)	Reasonable
Internal	Guardian of Safe Working Hours Report (NLAG)	Limited
Internal	Integrated Performance Report	Reasonable
Internal	Job Planning compliance rate	Reasonable
Internal	Mandatory training levels	Limited
Internal	Organisational Development Updates	Reasonable
External	Staff survey and quarterly pulse surveys	Limited
External	Workforce Report to Pay and Agency meetings	Reasonable
External	WRES / WDES reports	Limited
Internal	XXX - Apprenticeship Levy Annual Report	Reasonable
External	XXX - External Safer Staffing report on application of model	Reasonable

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

1. People

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

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

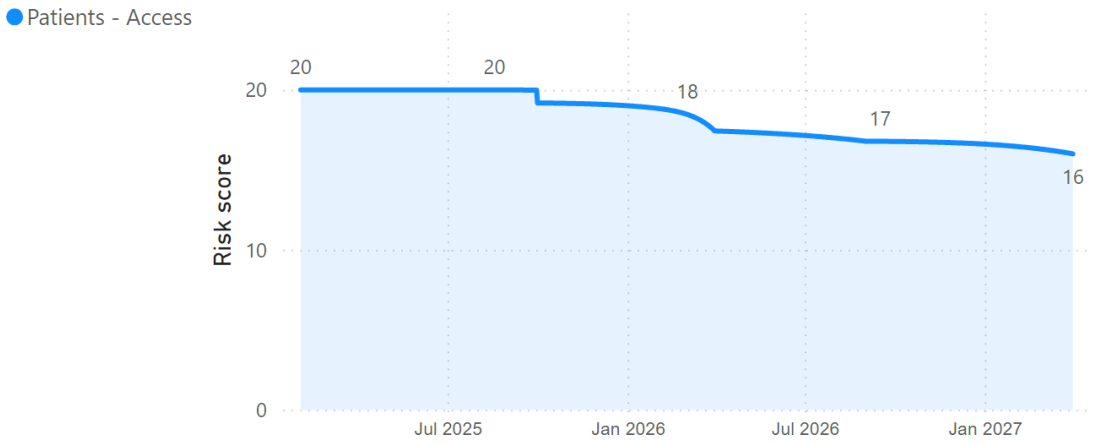
2. Patients - Access

The strategic risk affecting our objective, 'Patients - Access' is led by Matt Powls, Interim Group Chief Delivery Officer and reported to the Performance, Estates and Finance Committees-in-Common. Under the risk category of Patients - Access, the risk's current score is 20 and its score last changed on 24/01/2025. The actions were last reviewed on 18 December 2025. In full, the risk is:

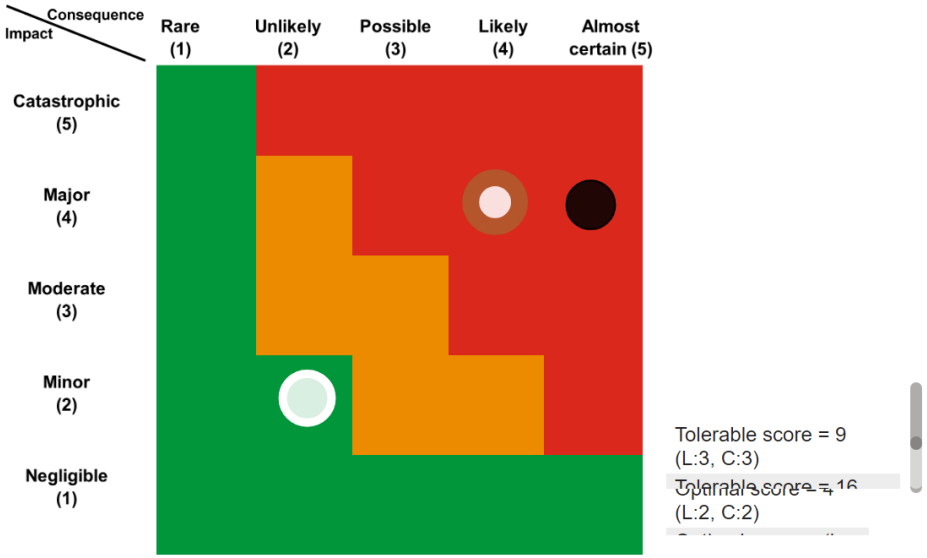
We aim to achieve all of our constitutional standards. If we fail to develop the necessary skills and capabilities of our teams and have access to drive change to meet these standards, we fail to give patients access to care they need, when they need it.

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

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



Current score and risk appetite



Risk appetite statement (Cautious)

Safe and high-quality patient outcomes are vital. Our willingness to accept clinical quality and safety risks is balanced and cautious. Whilst we accept that safe, clinical practice is a priority, we will accept some clinical risks if we improve patient care and outcomes overall and our work does not result in any abnormal deviations from acceptable standards.

2. Patients - Access

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

Control	Rating
Care Group Performance and Accountability	Limited
Daily / weekly PTL meetings (cancer and elective)	Significant
Financial Planning Improvement Board	Limited
Flow programme	Limited
National performance framework for support and scrutiny	Reasonable
Operating plan 2025-26	Limited
Planned Care Board	Limited
Tier 1 review processes - UEC, Cancer, Elective and Diagnostics	Reasonable
Unplanned Care Board	Limited

Gaps in control (and Action ID)	37	68	Total
Challenge in resolving numerous national expectations / targets with available finance, space and resources, degrading or overriding control	1		1
Inert behaviour towards addressing system solutions by ICB	1		1
Lack of positive medical engagment in delivery	1		1
Lack of sufficient capacity to identify and implement service improvement gains from exemplar sites or best practice	1		1
Weak culture of improvement/change management and siloed working	1	1	2
Total	**3**	**2**	**1**	**6**

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

Source	Assurance	Rating
Internal	2025-26 Operational Plan Assurance Statement	Limited
External	GIRFT reviews - identifying progress towards modernising services and improving experiences and outcomes for patients	Reasonable
Internal	Integrated Performance Report	Reasonable
External	NHS tiering arrangements and support or freedoms	Reasonable
Internal	Planned Care Board reporting to Performance, Estates & Finance CiC	Limited
Internal	Unplanned Care Board reporting to Performance, Estates & Finance CiC	Limited

Assurance gaps (and Action ID)	20	42	53	Total
Absence of a sophisticated demand and capacity (bed) model that supports scenario analysis and planning	1		1	2
Absence of routine data quality monitoring and patient record validation		1		1
Total	**1**	**1**	**1**	**3**

2. Patients - Access

NHS Humber Health Partnership

The table below details the 5 actions underway to reduce the current risk score of 20. The completion date is the estimated date for the action to be substantively ended or become a business as usual activity. The benefits date is the point at which there is no more risk reduction anticipated from the action. A closed action may continue to contribute to a risk score reduction, hence its inclusion here where appropriate. Where a primary action is true, it contributes to the risk reduction trajectory shown earlier.

ID	Action	Completion date	Benefits date	Update	Last updated	Action owner/s	Delivery assurance
20	Strategic Bed Review (based on optimum LoS)	31/01/25	01/09/26	Being developed by BI team in conjunction with clinical and operational colleagues	18/12/25	Adam Creeggan, Group Director of Performance, Matt Powls, Interim Group Chief Delivery Officer	Reasonable
37	Developing skills and capability of Care Group leadership to support D&C planning and associated operational tasks	31/03/26	01/04/27	B7 to 8b ops courses made available but yet to identify recurrent resources to support	18/12/25	Simon Nearney, Group Chief People Officer, Matt Powls, Interim Group Chief Delivery Officer	Limited
42	External PTL validation exercise (using AI) to help cleanse PTL and ensure future booking capacity is optimised	30/09/25	01/10/25	Lunar Rover being implemented and benefits still to be realised	18/12/25	Adam Creeggan, Group Director of Performance	Limited
53	Develop and embed Care Group integrated plans aligning expendture, activity and workforce	31/05/25	31/03/26	Set clear and individual objectives across domains of finance, activity and workforce	18/12/25	Emma Sayner, Group Chief Financial Officer, Matt Powls, Interim Group Chief Delivery Officer	Reasonable
68	Separation and clarification of north and south operations where structural change is not required e.g. bed meetings	31/12/25	31/03/26	Weekly PTL meetings in place and reinvigorated	18/12/25	Matt Powls, Interim Group Chief Delivery Officer	Reasonable

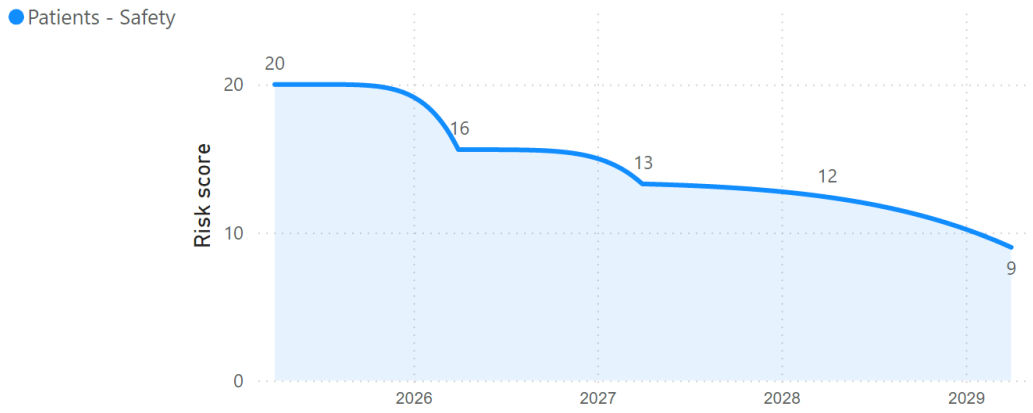
3. Patients - Safety

The strategic risk affecting our objective, 'Patients - Safety' is led by Kate Wood, Group Chief Medical Officer; Matt Powls, Interim Group Chief Delivery Officer and reported to the Quality and Safety Committees-in-Common. Under the risk category of Patients - Safety, the risk's current score is 20 and its score last changed on 12/09/2025. The actions were last reviewed on 02 December 2025. In full, the risk is:

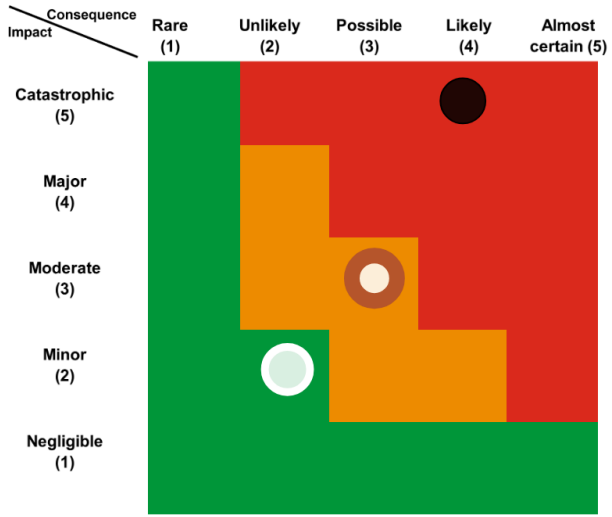
We aim to make sure our patients get the safe, quality care they need and have a good experience. However, if we do not transform our clinical services and keep our patients safe, we will fail to become a CQC outstanding organisation, delivering safe, sustainable and inclusive healthcare services.

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

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



Current score and risk appetite



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

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

Risk appetite statement (Cautious)

Safe and high-quality patient outcomes are vital. Our willingness to accept clinical quality and safety risks is balanced and cautious. Whilst we accept that safe, clinical practice is a priority, we will accept some clinical risks if we improve patient care and outcomes overall and our work does not result in any abnormal deviations from acceptable standards.

3. Patients - Safety

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

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

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

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

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

Assurance gaps (and Action ID)	12	13	15	Total
Absence of routine data quality monitoring and patient record validation	1			**1**
Manual triangulation of KPIs across Care Groups, Corporate and locations	1			**1**
Poor regulatory status	1	1		**2**
PSIRF Processes not fully embedded	1		1	**2**
Total	**2**	**2**	**1**	**6**

3. Patients - Safety

NHS Humber Health Partnership

The table below details the 8 actions underway to reduce the current risk score of 20. The completion date is the estimated date for the action to be substantively ended or become a business as usual activity. The benefits date is the point at which there is no more risk reduction anticipated from the action. A closed action may continue to contribute to a risk score reduction, hence its inclusion here where appropriate. Where a primary action is true, it contributes to the risk reduction trajectory shown earlier.

ID	Action	Completion date	Benefits date	Update	Last updated	Action owner/s	Delivery assurance
12	Develop and publish Quality and Safety Strategy	01/06/25	31/03/26	Draft presented to 29 May Q&S with further draft planned for Sep copy following comments from CiC members	12/09/25	Heather McNair, Group Chief Nursing Officer	Reasonable
13	Develop and publish Nursing, Midwifery and AHP Strategy	01/06/25	31/03/29	1st Draft to NMB end of Jan	04/02/25	Heather McNair, Group Chief Nursing Officer	
14	Embed EQIA process (outlined in six-month finance report for 2024-25)	01/05/25	31/03/26	EQIA team well established within PMO. Completed full EQIA process as part of Winter Plan submission. Need to continually raise awareness among staff more broadly through FPIB.	12/09/25	Kate Wood, Group Chief Medical Officer, Heather McNair, Group Chief Nursing Officer	Limited
15	Develop and embed the Ward Accreditation programme	31/03/25	01/04/29	Action complete. 250 people to trained to date. SOPs agreed. Peer reviews set for next six months. Next iteration of reporting based on new programme.	04/02/25	Heather McNair, Group Chief Nursing Officer	Significant
52	Developing and implementing a robust clinical audit programme	31/03/26	31/03/27	Programme developed, now in process of implementation	12/09/25	Kate Wood, Group Chief Medical Officer	Reasonable
54	Implementing programme of Martha's Rule actions (for pilot phase)	31/03/26	01/04/27	Piloting six wards, using feedback to inform rollout for organisation. Phase 2 in operation (to Mar 26). Patient Well Being questionnaire already implemented across the group - reporting to Q&S - except for staff gaps to enable paediatric second opinion	12/09/25	Kate Wood, Group Chief Medical Officer	Reasonable
55	***** QS ***** Patient decision-making						
67	Implementation of Staffing business cases for maternity services	31/12/27	31/12/27		02/12/25	Heather McNair, Group Chief Nursing Officer	Reasonable

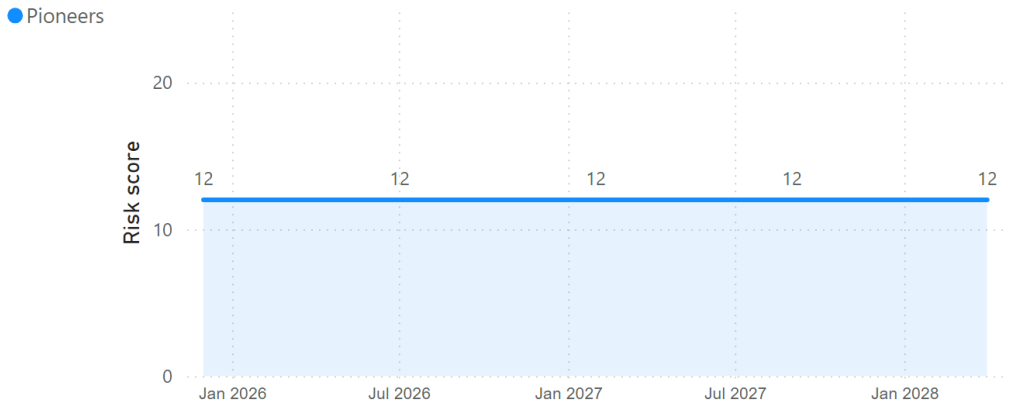
4. Pioneers

The strategic risk affecting our objective, 'Pioneers' is led by Andy Haywood, Group Chief Strategy, Partnerships and Digital Officer; Kate Wood, Group Chief Medical Officer and reported to the Quality and Safety Committees-in-Common. Under the risk category of Pioneers, the risk's current score is 12 and its score last changed on 05/09/2025. The actions were last reviewed on 02 December 2025. In full, the risk is:

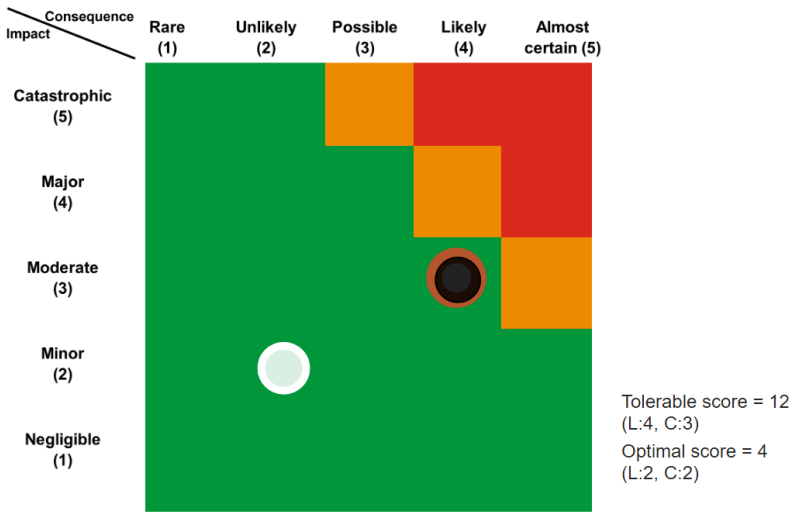
We aim to invest in robust digital foundations, a virtual hospital and research and innovation infrastructure. However, if we fail to embrace digital and tech, prioritise research and innovation and build skills for transformation, we will fail to adopt new technologies and ways of working for the benefit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

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

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



Current score and risk appetite



Risk appetite statement (Open)

Our willingness to accept transformation delivery risks is open and entrepreneurial in nature. We wish our local leaders to make changes for the benefit of their patients without routine recourse to executive permission. We accept the potential consequences because we recognise the need to change and capability of our workforce to make the right decisions.

4. Pioneers

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

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

Gaps in control (and Action ID)	56	57	64	65	66	Total
Insufficient capacity within research team for expansion	1					1
Lack of comprehensive digital asset register				1		1
Lack of comprehensive oversight of all digital investment and management			1	1		2
Lack of innovation infrastructure		1				1
Out of date Long Term Financial Model inc investments					1	1
Research resources being part of CIP	1					1
Weak commercial and contractual grip and control	1					1
Weak culture of improvement/change management and siloed working		1	1	1		1	4
Total	**2**	**2**	**2**	**2**	**2**	**2**	**12**

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

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

Assurance gaps (and Action ID)	56	57	Total
Gaps in financial tracking and funding	1		1
Lack of available protected time for research		1	1
Lack of skilled resources to develop innovation		1	1	2
Poor framework to assess digital procurement performance and security	1		1
Weak understanding and resources from ICB and broader external relationships	1		1
Total	**3**	**2**	**1**	**6**

4. Pioneers

NHS Humber Health Partnership

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

ID	Action	Completion date	Benefits date	Update	Last updated	Action owner/s	Delivery assurance
56	Launch and continuous support via Comms to Partnership over R&I strategy	31/03/26	31/03/28	Post Board approval, discussing with Comms launch support	05/09/25	Kate Wood, Group Chief Medical Officer	Reasonable
57	Pilot Innovation Hub (12 month period)	31/05/26	31/05/26	Project manager appointed (and a lead professor), started Nov 2025	02/12/25	Kate Wood, Group Chief Medical Officer	Reasonable
64	Digital Foundations Business case	30/11/25	30/09/26	financial profile piece - no template readily available for 5 year investment	05/09/25	Andy Haywood, Group Chief Strategy, Partnerships and Digital Officer	Limited
65	Centralisation of digital resource, governance and oversight, including a single group-wide asset register	31/03/26	31/03/27	Paper to Execs (Sep)	05/09/25	Andy Haywood, Group Chief Strategy, Partnerships and Digital Officer	Limited
66	EPR Full Business case production	28/02/26	31/03/28	Progressing well	05/09/25	Andy Haywood, Group Chief Strategy, Partnerships and Digital Officer	Reasonable

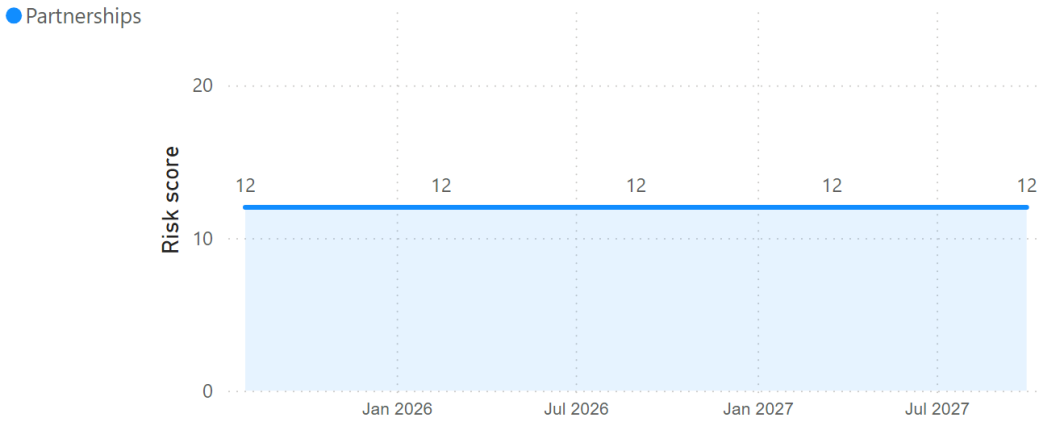
5. Partnerships

The strategic risk affecting our objective, 'Partners' is led by Lyn Simpson, Interim Group Chief Executive Officer; Andy Haywood, Group Chief Strategy, Partnerships and Digital Officer and reported to the Strategic Programmes and Partnerships Committees-in-Common. Under the risk category of Partnerships, the risk's current score is 12 and its score last changed on 28/04/2025. The actions were last reviewed on 09 October 2025. In full, the risk is:

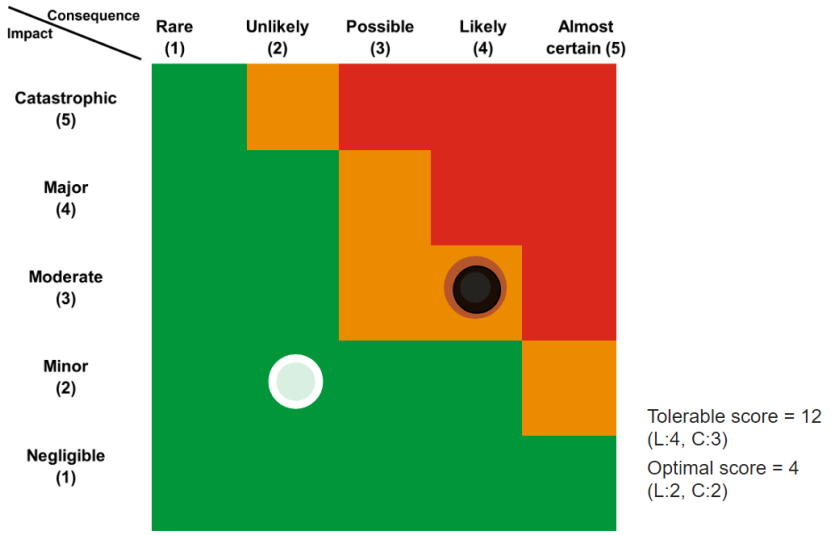
We aim to work well with others, build trust and develop ambitious partnerships for the future. However, if we lack credibility and fail to communicate our offer and where we need support, we will not become an outward-looking organisation that is genuinely collaborative in all that we do.

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

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



Current score and risk appetite



Risk appetite statement (Balanced)

Our willingness to accept partnership risks is balanced and open in nature. We wish our engage with a range of partners to deliver our agenda, some of whom may by more innovative or experimental nature and have a limited track record as a result. We are prepared to accept a reasonable level of challenge and setback on the basis of our ability to monitor and manage the risks.

5. Partnerships

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

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

Gaps in control (and Action ID)	32	Total
Ad hoc and limited partnerships / relationships with local academic bodies and businesses	1	1
Lack of continuous leadership plus inconsistent engagement across region	1	1
Lack of ICB partnership strategy and identification of common opportunities and priorities	1	1
Lack of integrated CAP strategy despite workplan (limited progress)	1	1
Low system wide infrastructure to implement Goole plan	1	1
Variable quality of engagement with Place Boards	1	1
Total	**4** **2**	**6**

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

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

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

5. Partnerships

NHS Humber Health Partnership

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

ID	Action	Completion date	Benefits date	Update	Last updated	Action owner/s	Delivery assurance
32	Develop and publish partnership strategy	31/07/25	30/09/27	On course for completion, undergoing futher review to ensure alignment with the Ten Year Plan	09/10/25	Andy Haywood, Group Chief Strategy, Partnerships and Digital Officer	Significant
59	Align partership reporting to governance arrangements internally	30/09/25	31/03/26	Changes to Committees in Common, Capital and Major Projects to become Strategic Partnerships and Programmes - will ensure greater visibility of partnerships working going forward	09/10/25	Andy Haywood, Group Chief Strategy, Partnerships and Digital Officer, David Sharif, Group Director of Assurance	Reasonable

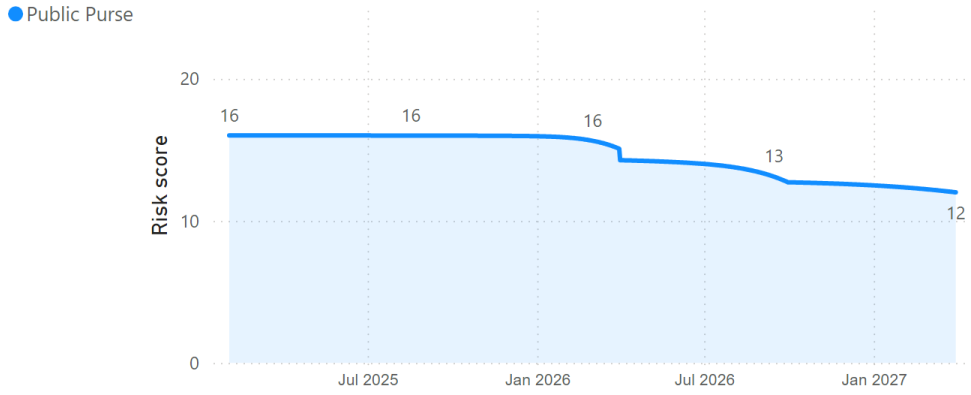
6. Public Purse

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

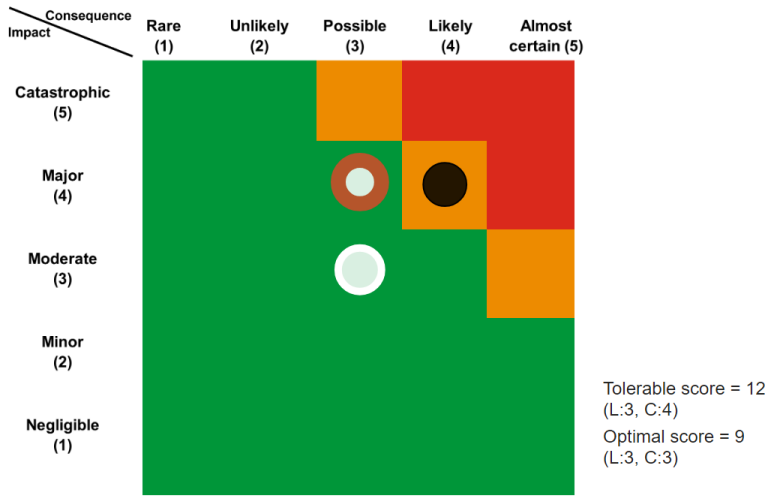
We aim to achieve financial sustainability through streamlining processes and removing duplication. However, if we fail to live within our means, address our estates utilisation, deliver value-based care and reduce our impact on the planet, we will become unsustainable and be subject to regulatory action.

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

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



Current score and risk appetite



Risk appetite statement (Open)

Our willingness to accept financial or value for money risks is mainly open in nature. We are prepared to make less certain investments for a better future that may risk an adverse financial impact on the basis of our ability to assess and gain benefits and minimise risks.

6. Public Purse

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

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

Gaps in control (and Action ID)	22	23	33	35	36	46	49	Total
Absence of comprehensive Estates Strategy / 10-year plan	1							**1**
Absence of Group Clinical Strategy	1							**1**
Absence of Group Finance Strategy founded on clinical and estates strategies			1	1				**2**
Interim officers in place	1							**1**
Lack of understanding of current financial pressure and need to live within means				1	1			**2**
Out of date Long Term Financial Model inc investments		1						**1**
Sustainable PMO / CIP Engine room capability to deliver transformation and financial savings	1							**1**
Weak culture of improvement/change management and siloed working				1	1	1	1	**4**
Total	**4**	**1**	**1**	**1**	**2**	**2**	**1**	**1**	**13**

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

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

Assurance gaps (and Action ID)		Total
SLR not fully developed and embedded	1	**1**
Total	**1**	**1**

6. Public Purse

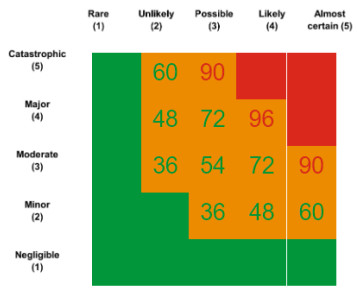
NHS Humber Health Partnership

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

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

Risk Appetite Statement

Risk category	Current risk appetite level	Risk appetite statement
Clinical Quality and Safety	Cautious	Safe and high-quality patient outcomes are vital. Our willingness to accept clinical quality and safety risks is balanced and cautious. Whilst we accept that safe, clinical practice is a priority, we will accept some clinical risks if we improve patient care and outcomes overall and our work does not result in any abnormal deviations from acceptable standards.
Financial / Value for Money	Open	Our willingness to accept financial or value for money risks is mainly open in nature. We are prepared to make less certain investments for a better future that may risk an adverse financial impact on the basis of our ability to assess and gain benefits and minimise risks.
Partnership	Balanced	Our willingness to accept partnership risks is balanced and open in nature. We wish our engage with a range of partners to deliver our agenda, some of whom may by more innovative or experimental nature and have a limited track record as a result. We are prepared to accept a reasonable level of challenge and setback on the basis of our ability to monitor and manage the risks.
Transformation delivery	Open	Our willingness to accept transformation delivery risks is open and entrepreneurial in nature. We wish our local leaders to make changes for the benefit of their patients without routine recourse to executive permission. We accept the potential consequences because we recognise the need to change and capability of our workforce to make the right decisions.
Workforce	Balanced	Our staff are the most important ingredient to deliver safe and effective care to our patients. Our willingness to accept workforce risks is balanced and open in nature. Whilst we have the highest levels of ambition for our workforce and their development, we will accept some level of likelihood or range of negative consequences to our workforce in the pursuit of better patient care, more local decision-making, improved productivity,



Board Assurance Framework
Next steps and recommendations

Next steps

Audit, Risk and Governance Committees-in-Common received a detailed presentation on 24 April 2025 on the status and actions being taken to strengthen the Group's risk management system. This included a proposed format for future risk reporting to the Board (in support of the BAF) and to CiCs. This will include the development of a commentary on the high-scoring Group-wide risks. The advent of the single group-wide risk register will support this development in future reporting.

The management of the high-level risks will continue to be assessed through the Care Groups, corporate Directorates and the Risk and Compliance Group and the escalation processes in place. The Risk and Compliance Group will inform group-wide risks to the Group Risk and Assurance Committee before their adoption by corporate leads.

The Executive Team will continue to review their strategic risks between CICs and the Group Cabinet Risk and Assurance Committee will recommend any changes to risk ratings or BAF risks to the CICs. Final decisions will be made at the Boards-in-Common.

Recommendations

The CoG is asked to:

- Note the BAF risks
- Note Slide 25 and the changes to the risk description of Patient – Access and the risk appetite

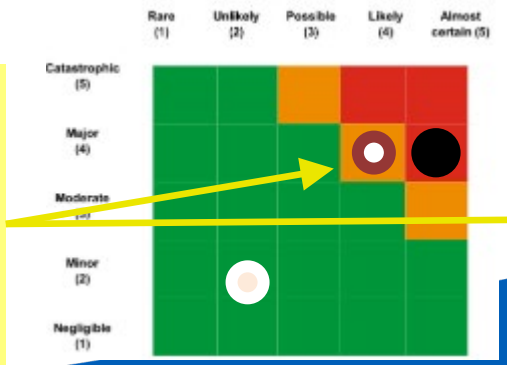
Appendix 1: Patient – Access

On 12 December, Boards-in-Common approved the change of the risk appetite for the Patient Access risk from being open (16) to becoming cautious (9) as shown below. This means that the tolerable score is 11 points below the actual risk score.

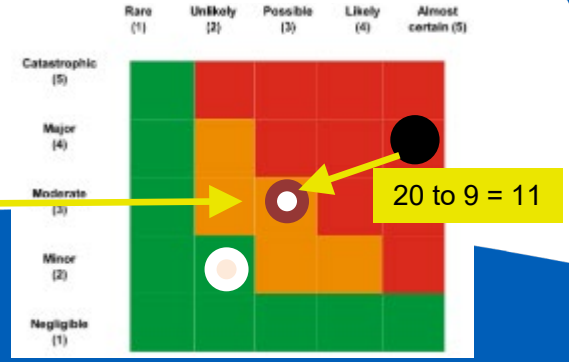
Patients – Access risk: The Chairs of Performance, Estates and Finance CIC also requested a change to the risk description as they believe that achieving the upper quartile in the current climate is unrealistic.
The following was proposed: *We aim to achieve all of our constitutional standards. If we fail to develop the necessary skills and capabilities of our teams and have access to drive change to meet these standards, we fail to give patients access to care they need, when they need it.*

- **Current risk category - Transformation delivery**
- Our willingness to accept transformation delivery risks is open and entrepreneurial in nature. We wish our local leaders to make changes for the benefit of their patients without routine recourse to executive permission. We accept the potential consequences because we recognise the need to change and capability of our workforce to make the right decisions.
- = OPEN risk appetite

This change results in a greater distance from the current score to the tolerable score and therefore greater expectation on the actions to achieve this goal. The distance to tolerable changes from 4 to 11.



- **Proposed risk category - Clinical Quality and Safety**
- Safe and high-quality patient outcomes are vital. Our willingness to accept clinical quality and safety risks is balanced and cautious. Whilst we accept that safe, clinical practice is a priority, we will accept some clinical risks if we improve patient care and outcomes overall and our work does not result in any abnormal deviations from acceptable standards.
- = CAUTIOUS risk appetite



Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(26)016

Name of the Meeting	**Council of Governors Business Meeting**
Date of the Meeting	8 January 2026
Director Lead	Emma Sayner, Group Chief Finance Officer Matt Powls, Interim Group Chief Delivery Officer
Contact Officer/Author	Adam Creeggan, Group Director of Performance Jackie Railton, Deputy Director, Planning and Performance Louise Topliss, Head of Performance
Title of the Report	**Group Performance Report**
Executive Summary	Key messages: • 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 Tedford. • Delivery against both original 25/26 Operating Plan and in-year recover trajectories for UEC and RTT are detailed in the paper. • Format changed for accessibility requirements December 2025.
Background Information and/or Supporting Document(s) (if applicable)	
Prior Approval Process	
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	☐ Approval ✓ Information ☐ Discussion ☐ Review ☐ Assurance ☐ Other – please detail below:

Integrated Performance Report

MONTH 8: November 2025 Performance

October 2025 for Cancer data
Produced December 2025

Table of Contents

1. Executive Summary

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

Domain	HUTH Performance	NLAG Performance	Commentary
RTT Long Waits • 104 weeks • 78 weeks • 65 weeks • 52 weeks	**November 2025** **0** **0** **134** **3,291**	**November 2025** **0** **0** **29** **988**	• Increase in 65w breaches for NLAG (+2) and increase at HUTH (+38) on previous month • Decrease in 52w breaches for NLAG (-6) and increase at HUTH (+70) on previous month • Slight decrease in total waiting list size at both HUTH and NLAG
Diagnostic 6w Performance	**November 2025** **34.5%**	**November 2025** **41.5%**	• Deterioration in performance for both HUTH and NLAG compared to previous month
Cancer 62-day Performance (all sources)	**October 2025** **55.5%**	**October 2025** **67.2%**	• Both Trusts are in Tier 1 for Cancer delivery, working with NE&Y Regional Office on recovery assurance • 62-day performance at HUTH improved to 55.5%. • 62-day performance at NLaG improved to 67.2% • 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 25 in NLAG and 136 in HUTH.
ED: 4-hour standard (Type 1 & 3)	**November 2025** **57.2%** **Trust compliance inclusive of on-campus UTCs**	**November 2025** **66.9%** **Trust compliance inclusive of on-campus UTCs**	• HUTH A&E 4 Hour standard (all types) was 57.2% in November 2025 (plan 73.3%). Type 1 performance of 42.6% was below the 25/26 operating plan target of 62.8%. Type 3 performance (HRI UTC) was 88.2% against the 95% target. Type 1 and Type 3 attendance volumes were above plan. • NLaG combined type 1 and 3 performance was 66.9% against a target of 76.5%. Type 1 performance = 43.3% (Target 61.4%) and Type 3 performance = 99% (Target 99%). Type 1 attendances were in line with planned levels and Type 3 attendances were above planned levels for November 2025.

2. Pathway Summary – Benchmark Report – Elective Care

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

HUTH

Key Performance Indicator	Period	Target		SPC	Last 12 Months	Centile
RTT - Patients waiting 18 weeks or less	Oct 25	-	56.50%			18
RTT 52 Week Breach	Oct 25	0	3,221			5
RTT 65 Week Breach	Oct 25	-	96			18
RTT 95th Percentile Admitted Waiting Time	Oct 25	18.0	63.0			30
RTT 95th Percentile Non-Admitted Waiting Time	Oct 25	18.0	56.5			24
RTT Admitted Treatment Within 18 Weeks	Oct 25	90.0%	55.5%			45
RTT Average (Median) Admitted Waiting Time	Oct 25	9.0	15.3			42
RTT Average (Median) Non-Admitted Waiting Time	Oct 25	5.0	9.0			59
RTT Average Wait for Incomplete	Oct 25	7.00	15.04			21
RTT Incomplete 92nd Percentile	Oct 25	-	45.5			11
RTT Incomplete Pathways With a DTA	Oct 25	25.0%	17.7%			34
RTT Non-Admitted Treatment Within 18 Weeks	Oct 25	95.0%	66.7%			51
RTT Total Clock Starts	Oct 25	-	21,138			88
RTT Total Clock Stops	Oct 25	-	21,019			93
RTT Total Incompletes	Oct 25	-	81,279			13

NLAG

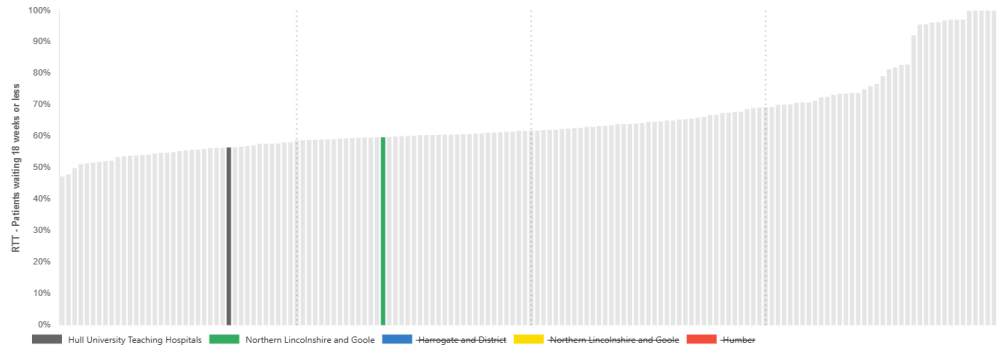
Key Performance Indicator	Period	Target		SPC	Last 12 Months	Centile
RTT - Patients waiting 18 weeks or less	Oct 25	-	59.73%			34
RTT 52 Week Breach	Oct 25	0	994			44
RTT 65 Week Breach	Oct 25	-	27			41
RTT 78 Week Breach	Oct 25	0	1			42
RTT 95th Percentile Admitted Waiting Time	Oct 25	18.0	58.8			57
RTT 95th Percentile Non-Admitted Waiting Time	Oct 25	18.0	51.6			45
RTT Admitted Treatment Within 18 Weeks	Oct 25	90.0%	52.0%			32
RTT Average (Median) Admitted Waiting Time	Oct 25	9.0	16.8			32
RTT Average (Median) Non-Admitted Waiting Time	Oct 25	5.0	9.5			53
RTT Average Wait for Incomplete	Oct 25	7.00	13.49			48
RTT Incomplete 92nd Percentile	Oct 25	-	41.6			30
RTT Incomplete Pathways With a DTA	Oct 25	25.0%	16.1%			44
RTT Non-Admitted Treatment Within 18 Weeks	Oct 25	95.0%	66.2%			48
RTT Total Clock Starts	Oct 25	-	10,713			53
RTT Total Clock Stops	Oct 25	-	10,073			55
RTT Total Incompletes	Oct 25	-	40,156			49

2. Pathway Benchmarking & Trend – Elective Care

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

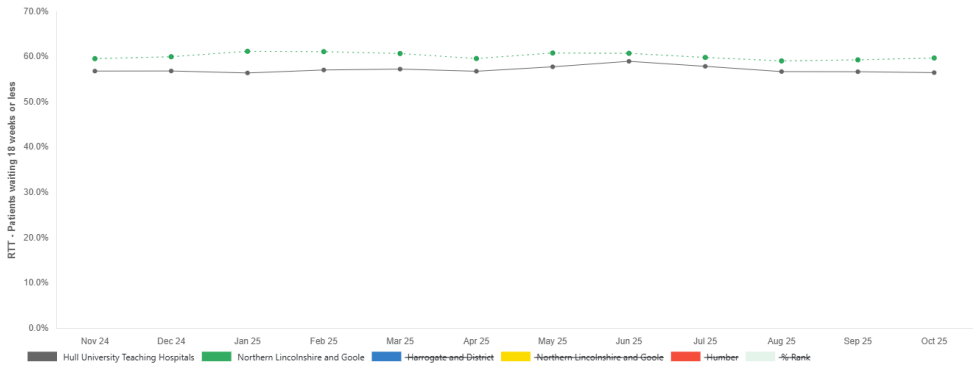
RTT – Incomplete Standard

Ranking Chart



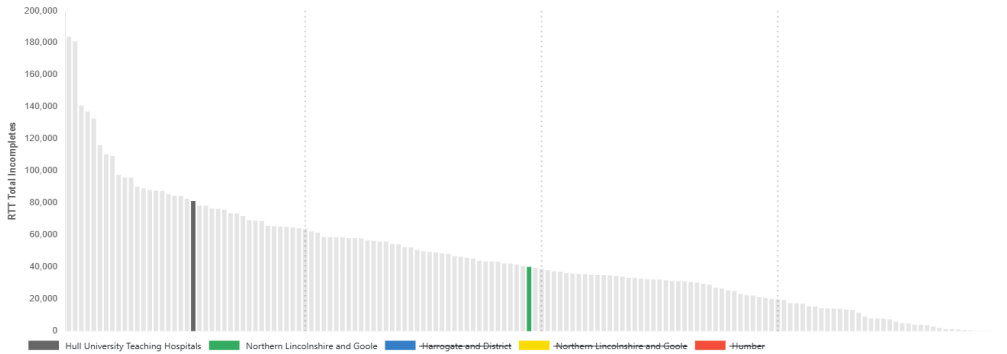
Rank 125 of 152 selected

Trend Chart



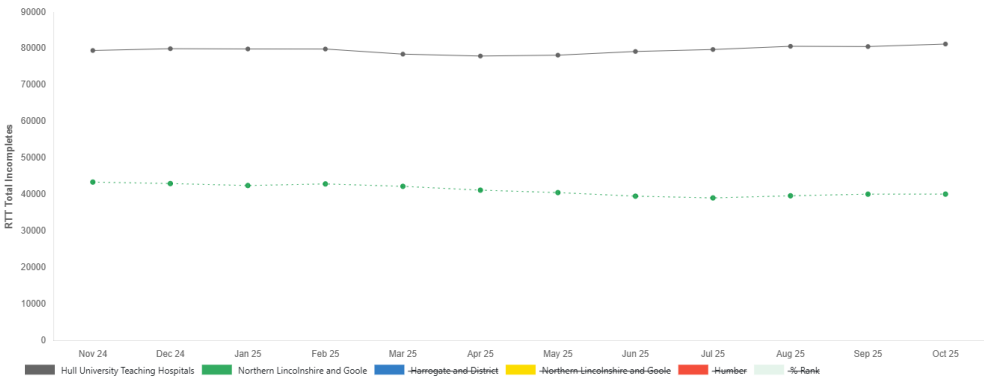
RTT – Total Waiting List Volume

Ranking Chart



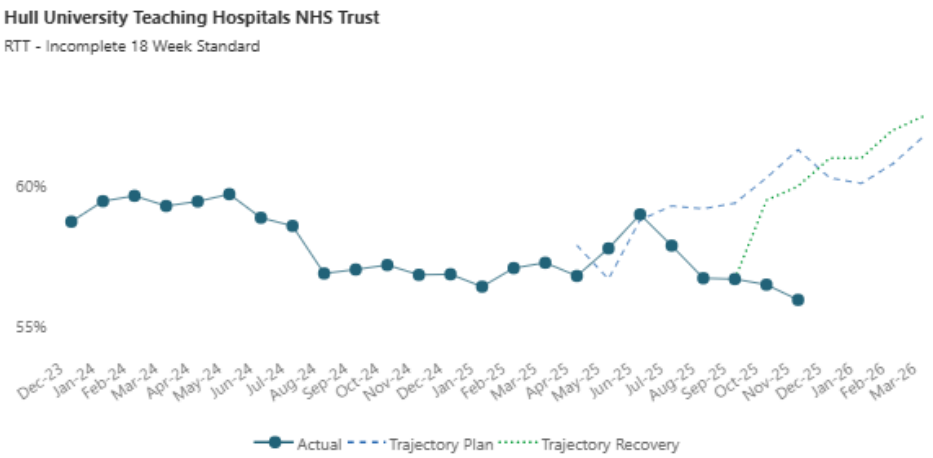
Rank 132 of 152 selected

Trend Chart



3. Referral to Treatment - HUTH

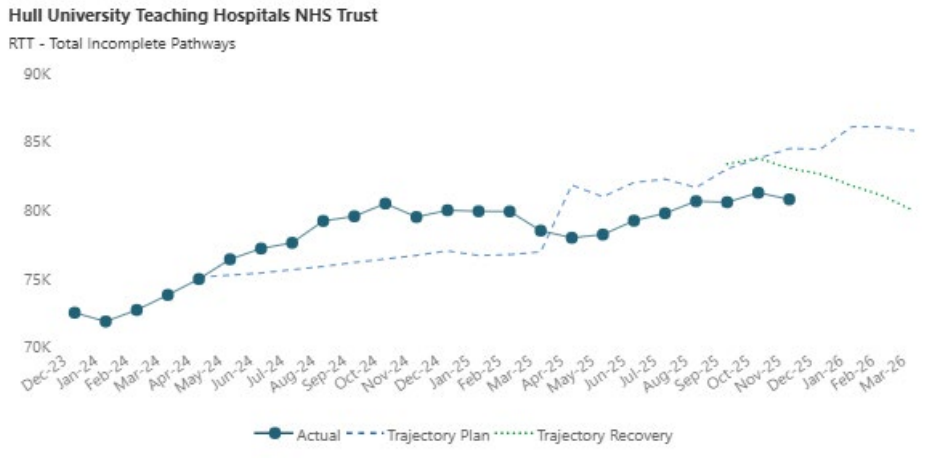
Compliance



Key Themes

- The total waiting list volume decreased slightly to 80,790 and is below the trajectory due to enhanced in year validation volumes.
- November RTT performance of 56% which is a slight deterioration on the previous month and 4% below the 25/26 trajectory.
- Referrals are 0.3% up on last year, but 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 Gastroenterology
- Average wait for incomplete pathway is 15 weeks but remains broadly stable.

Critical Enabler



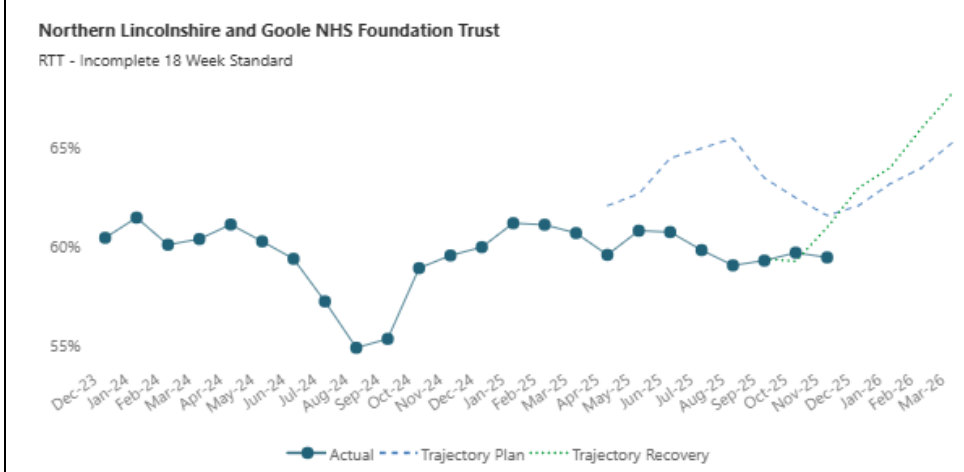
Actions

Critical actions being progressed through RTT Delivery Group:

- LUNA ROVA (automated validation) Deployment project enacted at both HUTH and NLAG, with the supplier indicating 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 Q3 validation Sprint from 3.11.25 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

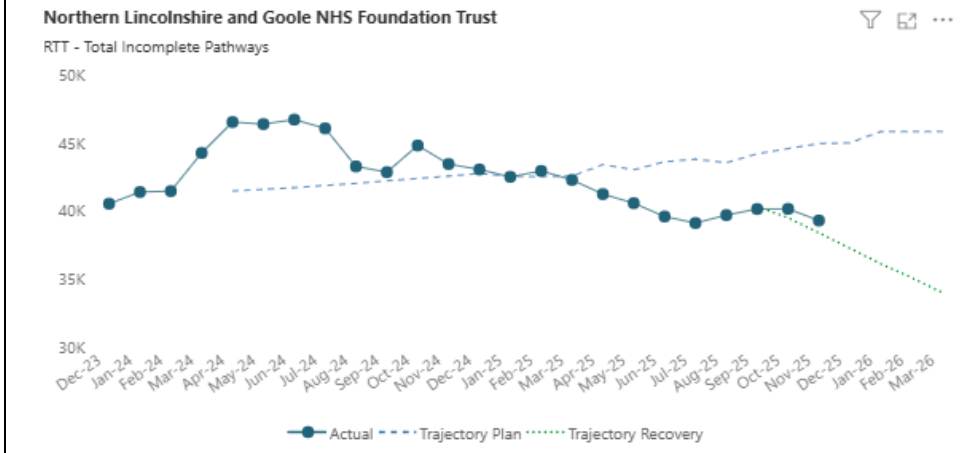
Compliance



Key Themes

- November performance of 59.5% which is 2.1 % below the 25/26 Operating Plan.
- Since the correction of ASI reporting in April 2024 the RTT waiting list volume has subsequently been reduced to 39,296 and is significantly below the planned trajectory.

Critical Enabler



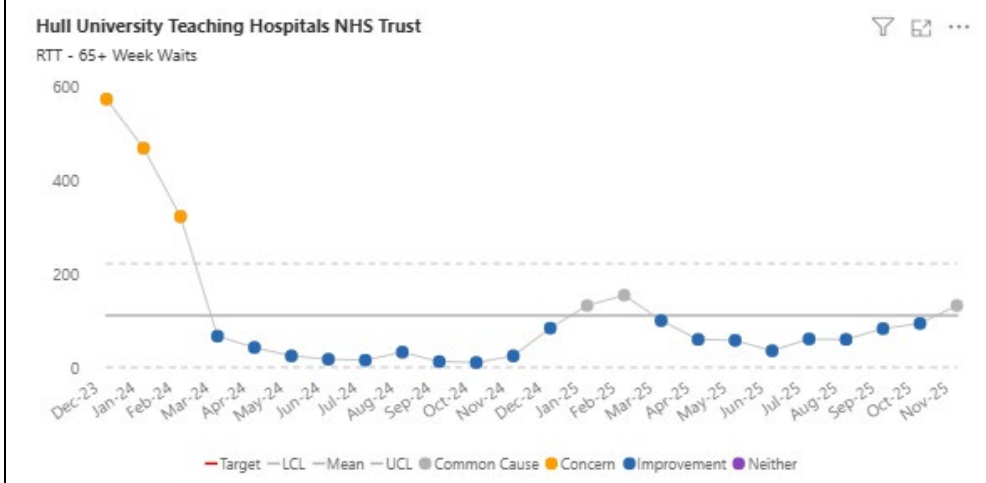
Actions

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

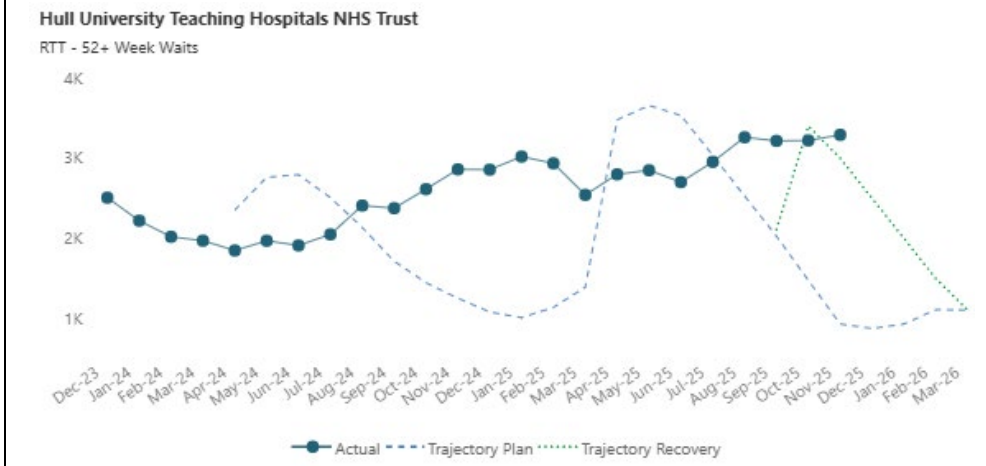
Compliance



Key Themes

- 134 patients exceeded 65 weeks at the end of November which is an increase of 38 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
  - 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.
- 4.1% 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



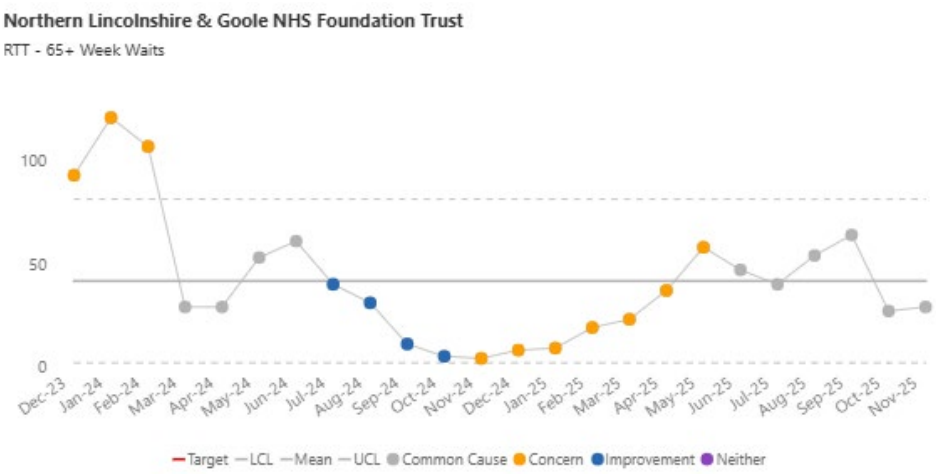
Actions

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.

6. Referral to Treatment – 65w Waits - NLAG

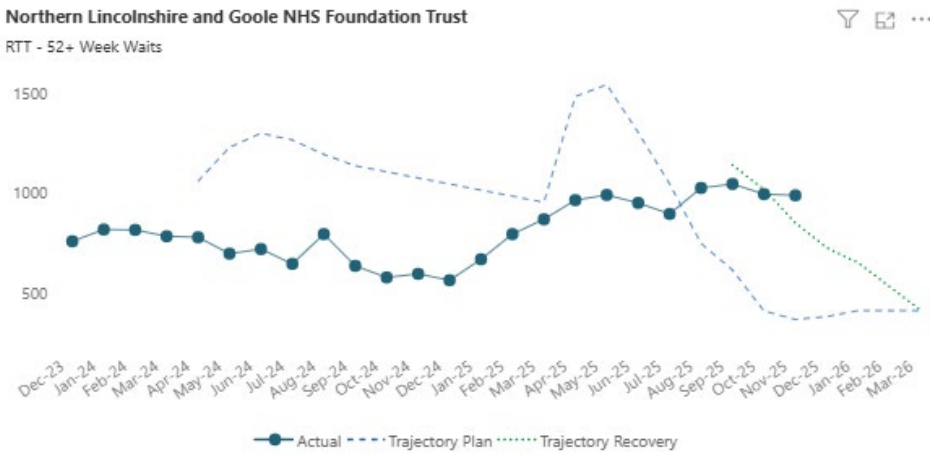
Compliance



Key Themes

- 29 breaches >65 weeks at the end of November which was an increase of 2 on the previous month.
- 2.5% of the PTL is over 52 weeks which is no change on the previous month.

Critical Enabler



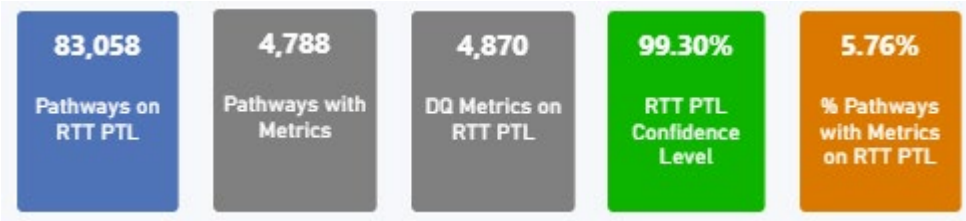
Actions

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

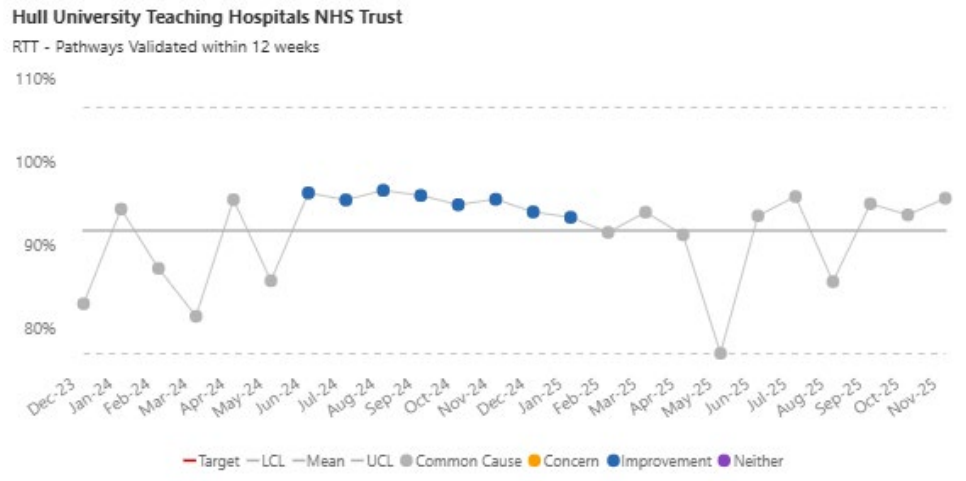
It is an NHSE mandated reporting requirement for Board to receive oversight of RTT Data Quality.

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.

95.5% pathways have been validated every 12 weeks.

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

Critical Enabler



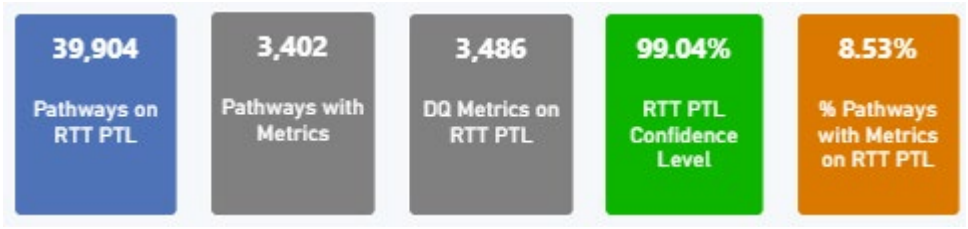
Actions

Critical actions to be taken:

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

8. Referral to Treatment – Data Quality - NLAG

Compliance



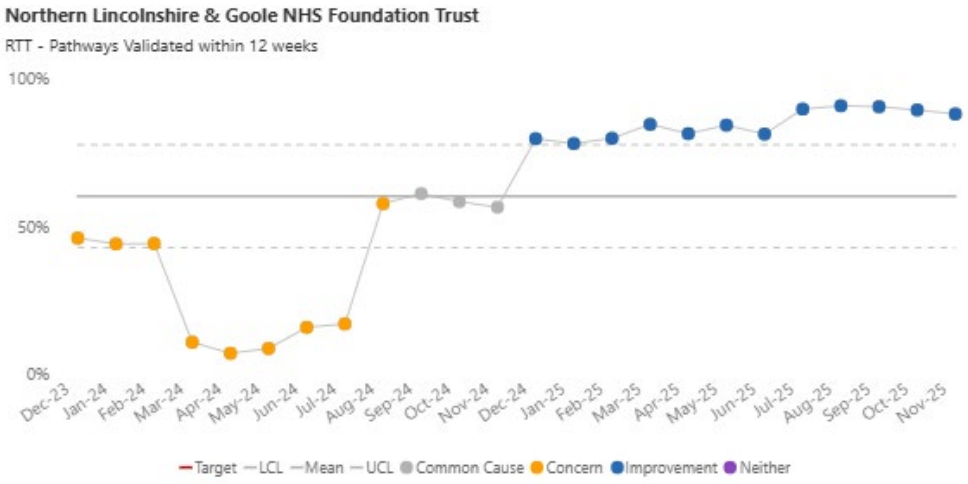
Key Themes

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

- LUNA data quality is showing a confidence rate to 99.04%.
- The predominant sub metric generating the DQ flag is pathways validated every 12 weeks. Current performance is at 87.7%

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

Critical Enabler

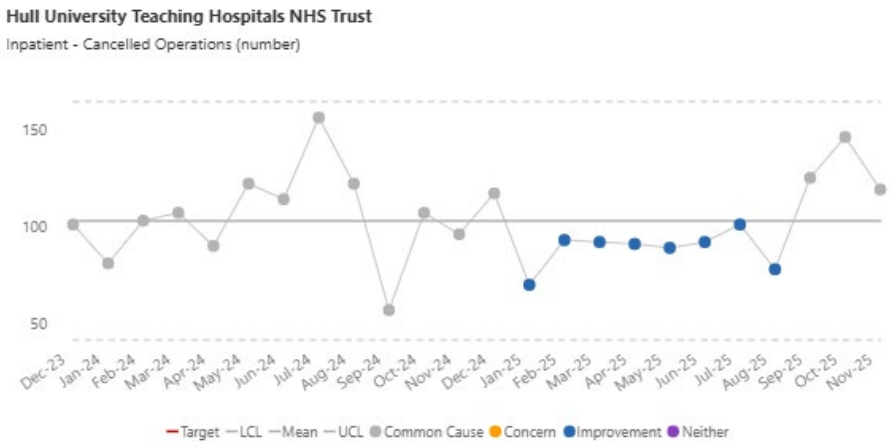


Actions

- Patient Services to reduce the number of unvalidated pathways and other key DQ reports including un-outcomed clinic and admission attendances to proactivity improve incomplete pathway management.
- Focus on improving up-to-date validation / tracking comments.
- Deployment of LUNA ROVA proof of concept trial to support the national drive to deliver a minimum 65% incomplete standard by March 2026.
- The Q3 Validation Sprint commenced on 3rd November. Additional national income at £33 per clock of the baseline waiting list.

9. Cancelled Operations - HUTH

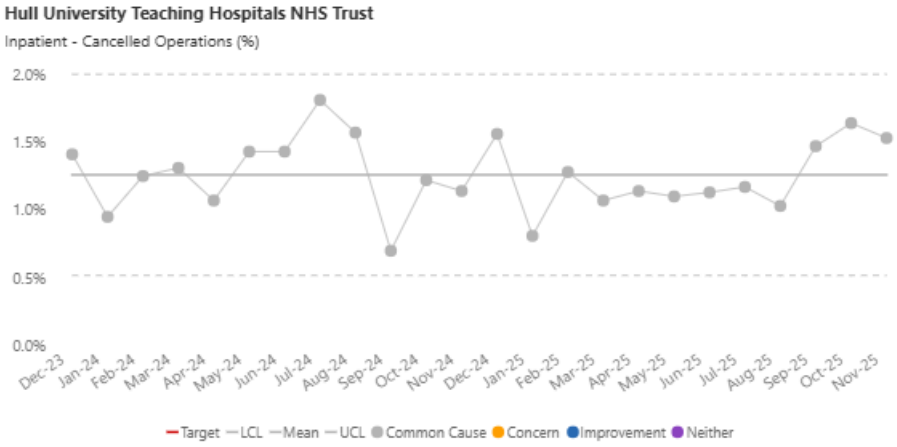
Compliance



Key Themes

- In November there were 119 cancelled operations on the day for non-clinical reasons equating to 1.5% of elective activity.
- The largest reasons were –
  - No Theatre Time - 61
  - Surgeon unavailable - 19
  - Emergency case - 12
- The main specialties incurring cancellations on the day were –
  - Urology – 21
  - Gynaecology – 18
  - Orthopaedics - 15
  - Colorectal Surgery - 10

Critical Enabler

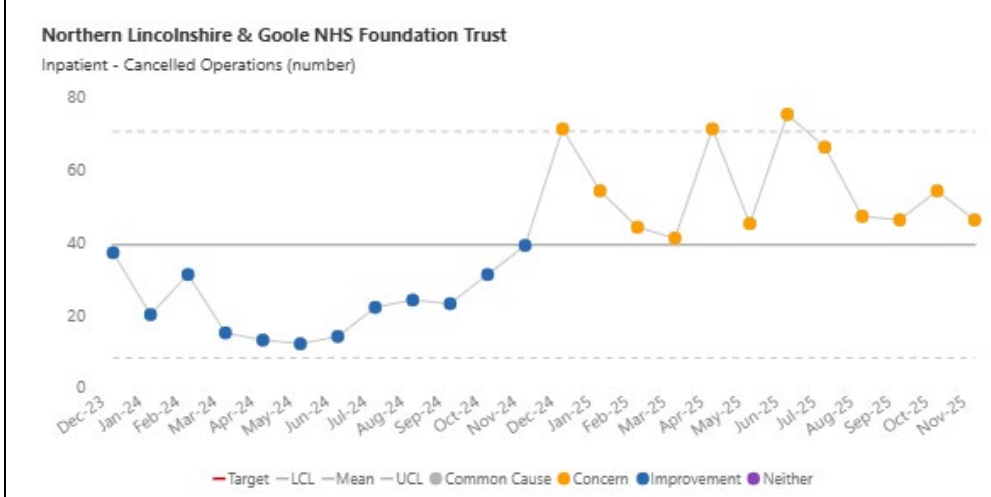


Actions

- Group level cancelled operations Standard Operating Procedure (SOP) developed and deployed with the Operations Director for Theatres responsible for approving all on the day cancellations
- 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

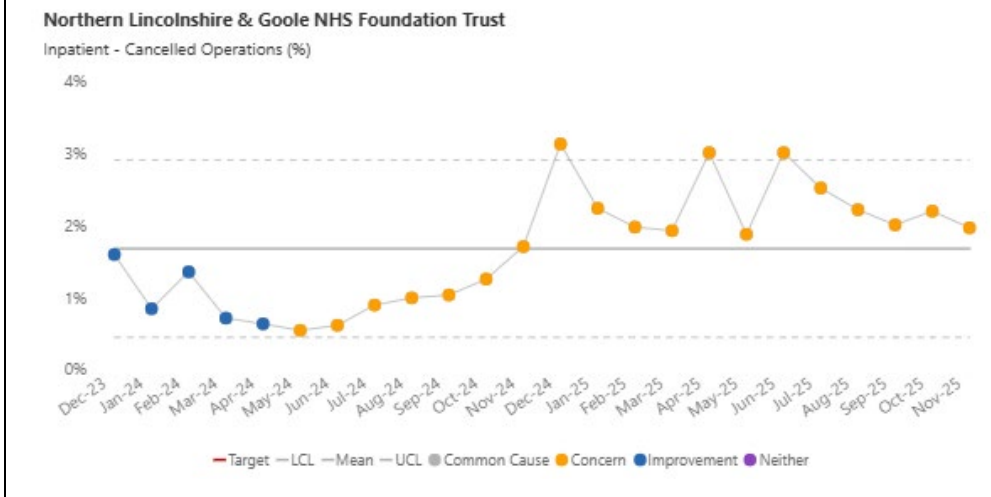
Compliance



Key Themes

- November cancellation volumes totalled 46 equating to 1.96% of elective activity
- The largest reasons were –
  - Surgery deferred – 14
  - List overrun – 11
  - Equipment failure – 6
  - Other cancellation - 6
- The main specialties incurring cancellations on the day were –
  - Orthopaedics – 11
  - Urology - 8
  - General Surgery – 7

Critical Enabler

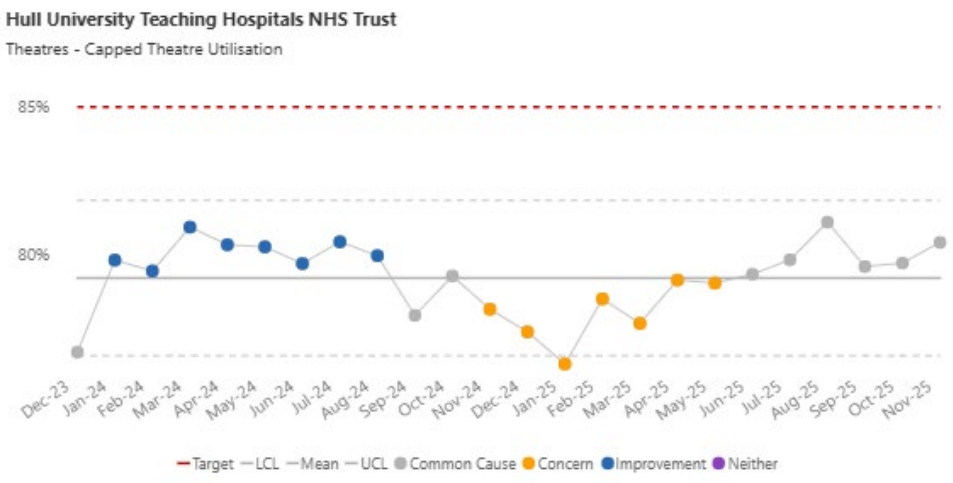


Actions

- 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

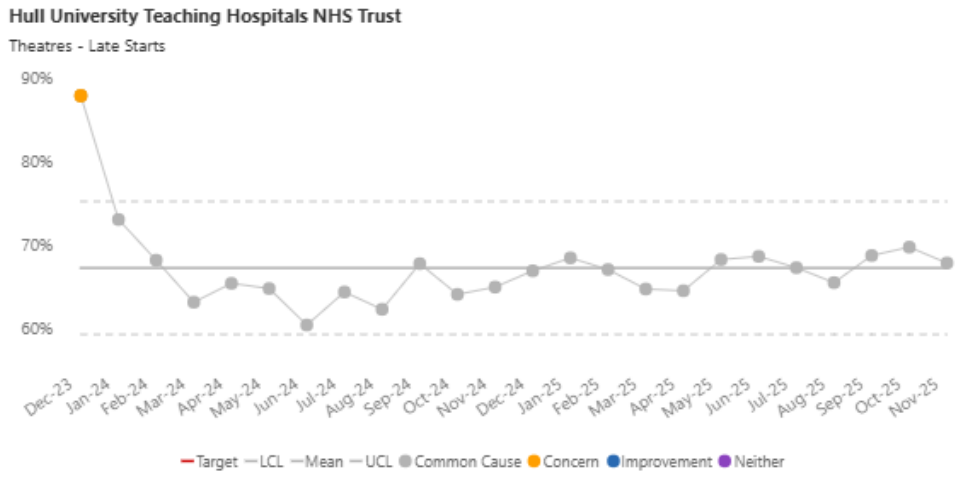
Compliance



Key Themes

- Internal reporting at 80.4% for capped theatre utilisation for November.
- Day Case capped theatre utilisation is at 76.2% - 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 67.7% (methodology 0 minutes = late start)

Critical Enabler

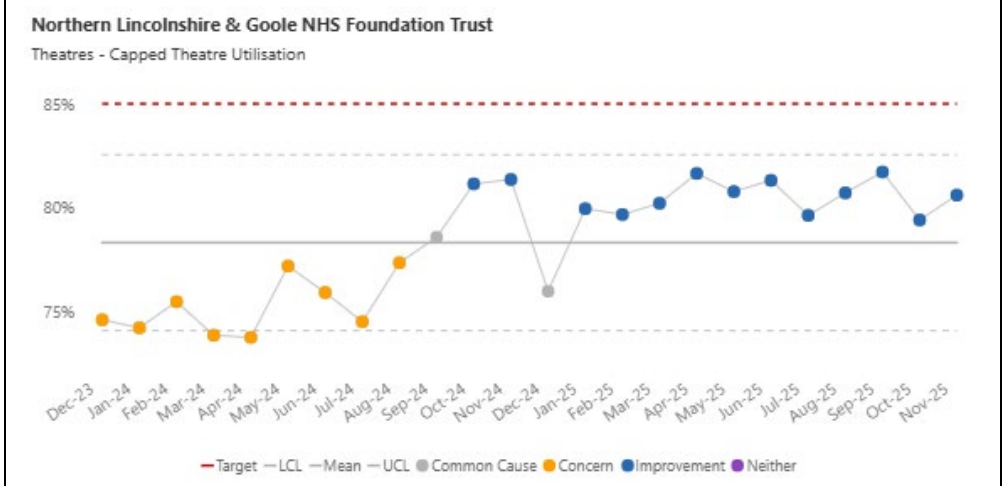


Actions

- 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

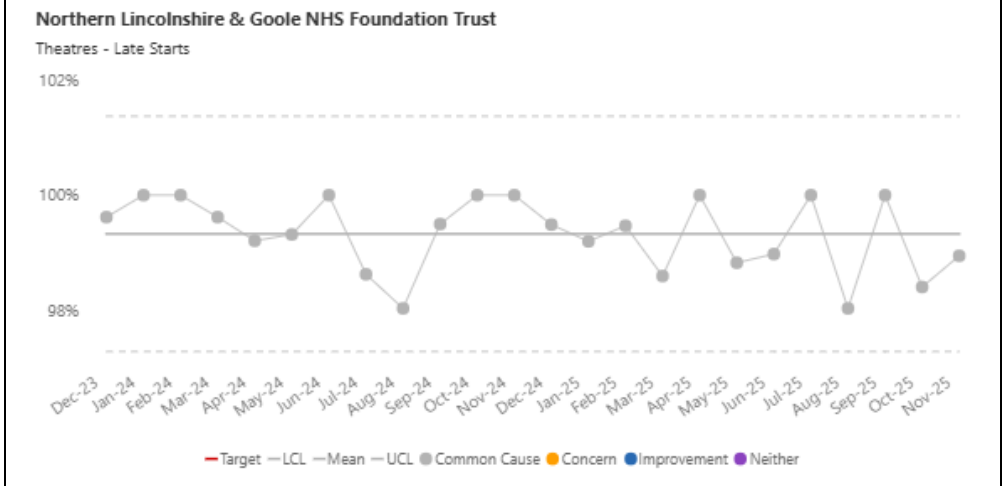
Compliance



Key Themes

- Internal reporting shows performance at 80.6%.
- Theatre late starts issue at NLAG with 98.9% of sessions starting late in November on the zero-minute measure.

Critical Enabler



Actions

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

13. Pathway Summary – Benchmark Report – Diagnostics

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

HUTH

Key Performance Indicator	Period	Target		SPC	Last 12 Months	Centile
Audiology	Oct 25	5.00%	31.21%			40
Barium Enema	Oct 25	5.00%	2.13%			38
Colonoscopy	Oct 25	5.00%	43.42%			14
Computed Tomography	Oct 25	5.00%	26.79%			6
Cystoscopy	Oct 25	5.00%	20.13%			47
DEXA Scan	Oct 25	5.00%	47.51%			6
Diagnostic activity levels - Audiology Assessments	Oct 25	-	1,019			77
Diagnostic activity levels - Barium Enema	Oct 25	-	56			81
Diagnostic activity levels - Colonoscopy	Oct 25	-	354			52
Diagnostic activity levels - CT	Oct 25	-	7,093			74
Diagnostic activity levels - Cystoscopy	Oct 25	-	494			89
Diagnostic activity levels - Dexa Scan	Oct 25	-	414			71
Diagnostic activity levels - Echocardiography	Oct 25	-	561			30
Diagnostic activity levels - Endoscopy	Oct 25	-	1,549			76
Diagnostic activity levels - Flexi Sigmoidoscopy	Oct 25	-	130			70
Diagnostic activity levels - Gastroscopy	Oct 25	-	571			76
Diagnostic activity levels - Imaging	Oct 25	-	15,550			65
Diagnostic activity levels - Non Obstetric Ultrasound	Oct 25	-	4,748			57
Diagnostic activity levels - Total	Oct 25	-	19,313			65
Diagnostic activity levels - Urodynamics	Oct 25	-	65			82
Diagnostics - 6 Week Standard	Oct 25	5.00%	31.32%			19
Diagnostics - 6 Week Standard Reversed	Oct 25	95.00%	68.68%			19
DM01 Waiting <13 Weeks	Oct 25	100.00%	88.04%			19
Echocardiography	Oct 25	5.00%	62.20%			6
Gastroscopy	Oct 25	5.00%	24.38%			34
Magnetic Resonance Imaging	Oct 25	5.00%	6.48%			49
Neurophysiology	Oct 25	5.00%	43.43%			24
Non-obstetric Ultrasound	Oct 25	5.00%	16.83%			33
Urodynamics	Oct 25	5.00%	26.25%			56

NLAG

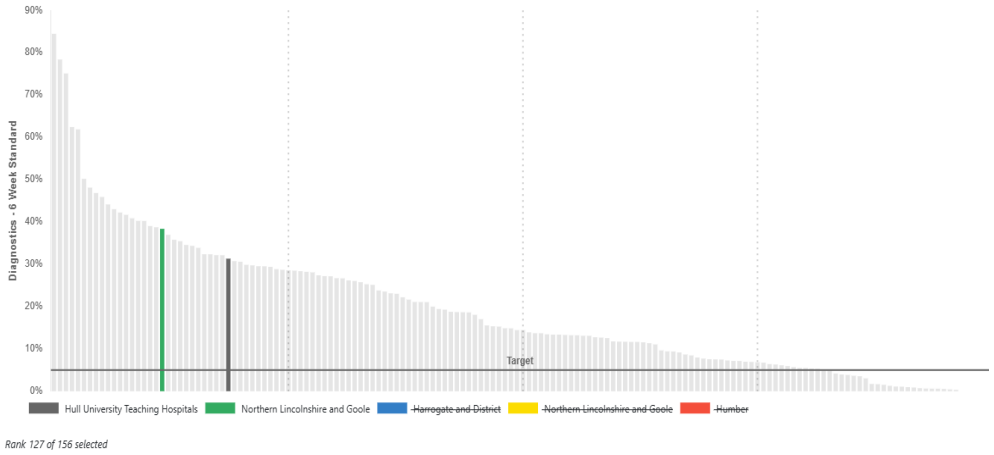
Key Performance Indicator	Period	Target		SPC	Last 12 Months	Centile
Audiology	Oct 25	5.00%	61.29%			15
Barium Enema	Oct 25	5.00%	2.35%			36
Colonoscopy	Oct 25	5.00%	44.39%			11
Computed Tomography	Oct 25	5.00%	1.81%			56
Cystoscopy	Oct 25	5.00%	7.45%			70
DEXA Scan	Oct 25	5.00%	21.55%			14
Diagnostic activity levels - Audiology Assessments	Oct 25	-	621			55
Diagnostic activity levels - Barium Enema	Oct 25	-	178			97
Diagnostic activity levels - Colonoscopy	Oct 25	-	139			29
Diagnostic activity levels - CT	Oct 25	-	11,686			95
Diagnostic activity levels - Cystoscopy	Oct 25	-	366			78
Diagnostic activity levels - Dexa Scan	Oct 25	-	373			63
Diagnostic activity levels - Echocardiography	Oct 25	-	1,113			58
Diagnostic activity levels - Endoscopy	Oct 25	-	764			37
Diagnostic activity levels - Flexi Sigmoidoscopy	Oct 25	-	87			51
Diagnostic activity levels - Gastroscopy	Oct 25	-	172			29
Diagnostic activity levels - Imaging	Oct 25	-	22,545			88
Diagnostic activity levels - Non Obstetric Ultrasound	Oct 25	-	5,509			63
Diagnostic activity levels - Total	Oct 25	-	25,530			86
Diagnostic activity levels - Urodynamics	Oct 25	-	135			92
Diagnostics - 6 Week Standard	Oct 25	5.00%	38.37%			12
Diagnostics - 6 Week Standard Reversed	Oct 25	95.00%	61.63%			12
DM01 Waiting <13 Weeks	Oct 25	100.00%	91.42%			30
Echocardiography	Oct 25	5.00%	8.37%			58
Gastroscopy	Oct 25	5.00%	42.11%			10
Magnetic Resonance Imaging	Oct 25	5.00%	43.39%			4
Neurophysiology	Oct 25	5.00%	49.45%			18
Non-obstetric Ultrasound	Oct 25	5.00%	38.33%			9
Urodynamics	Oct 25	5.00%	4.55%			81

14. Pathway Benchmarking & Trend – Diagnostics

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

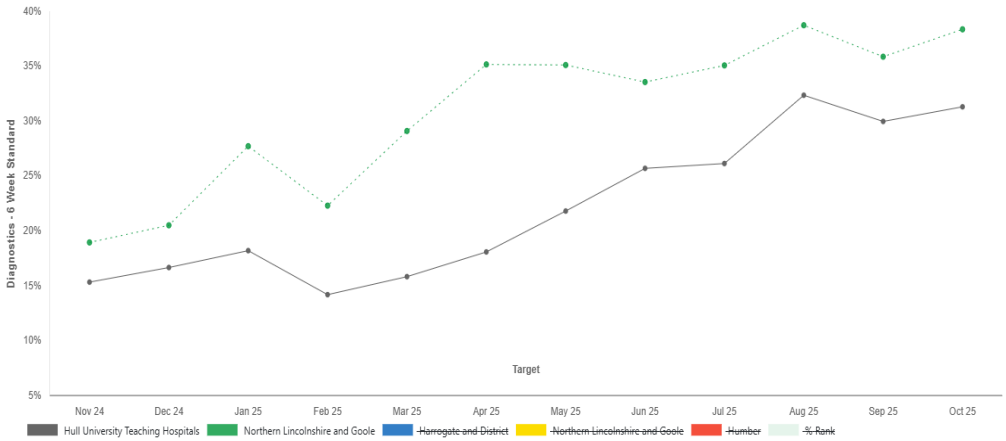
Diagnostics – 6 week Performance Standard

Ranking Chart



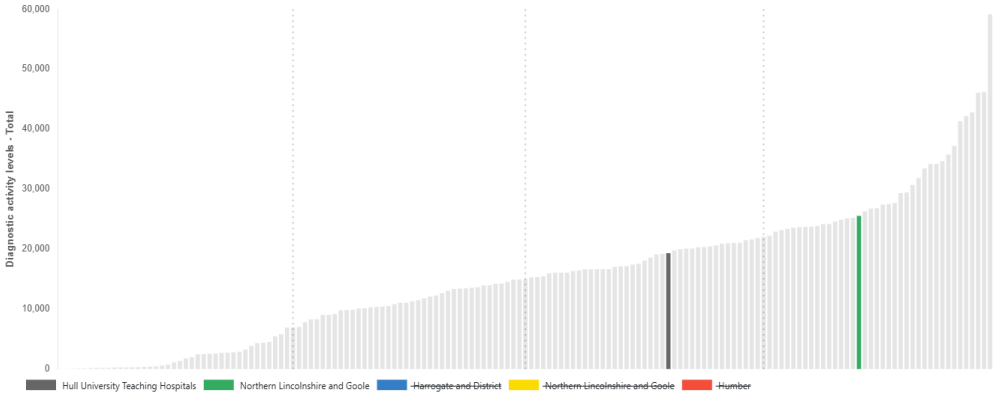
Rank 127 of 156 selected

Trend Chart



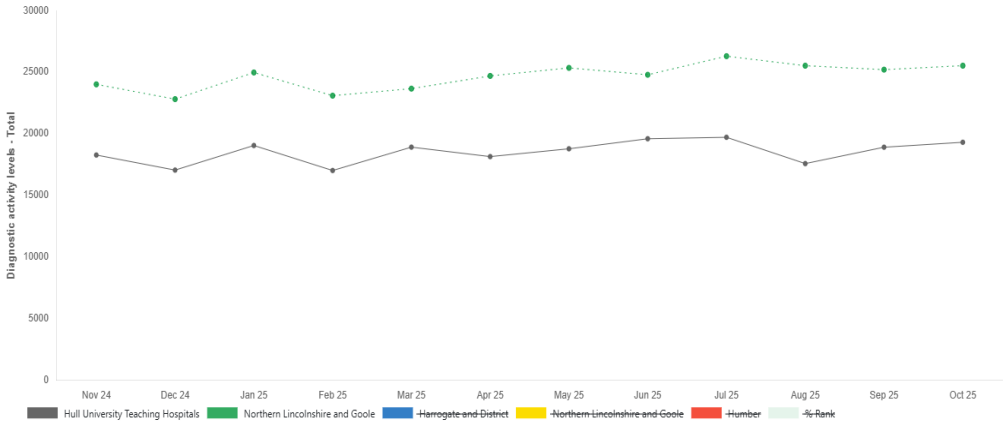
Diagnostics – Activity

Ranking Chart



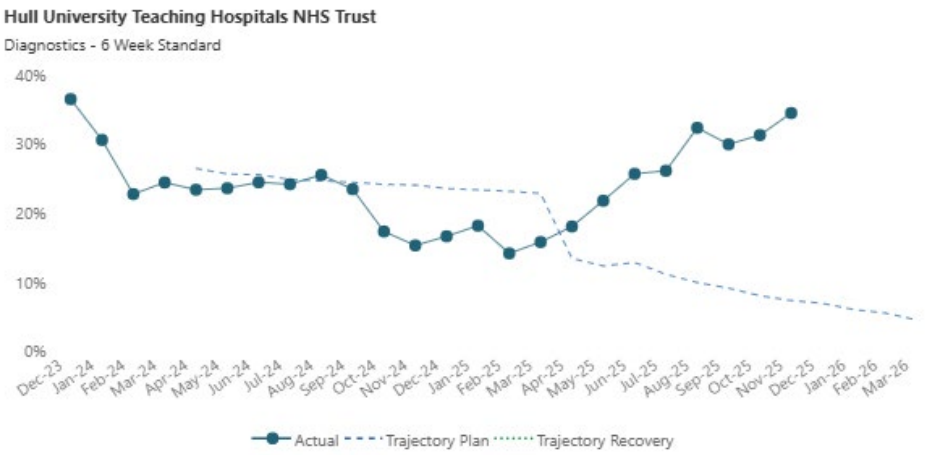
Rank 55 of 157 selected

Trend Chart



15. Diagnostic 6 Week Standard - HUTH

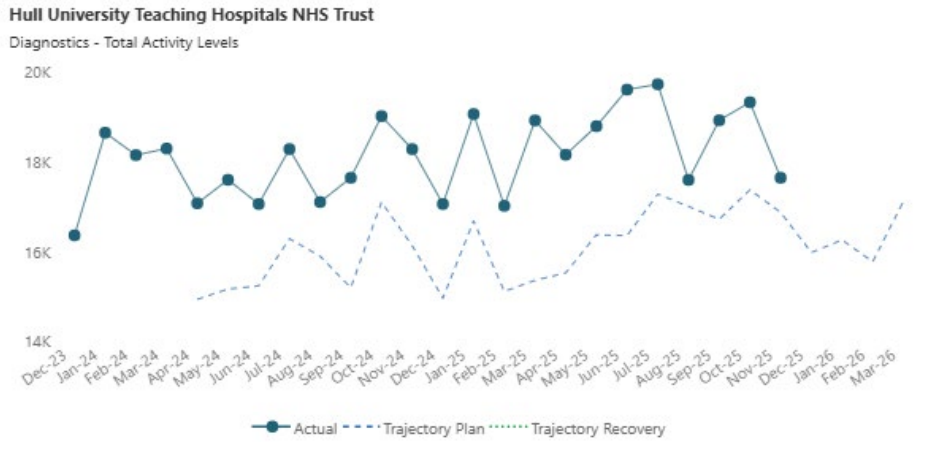
Compliance



Key Themes

- Activity levels decreased but remain above trajectory.
- November saw a 3.19% deterioration in performance to 34.5%.
- Deteriorating performance compared to previous month in Echo, Colonoscopy, Cystoscopy, DEXA, Flexi and Radiology Modalities.
- Continuing demand pressures in Audiology, Sleep Studies, Urodynamics, Neurophysiology and Gastroscopy although all saw improvements in November.

Critical Enabler



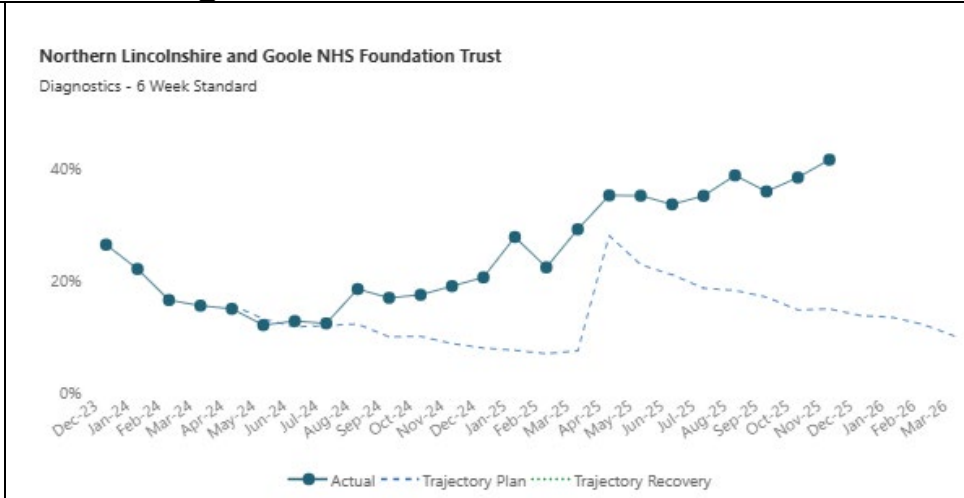
Actions

Critical actions being progressed through Diagnostic Delivery Group:

- Neurophysiology contract awarded with mobilisation from October.
- Echo capacity has started to be utilised at NLAG CDC following discontinuation of IS capacity and develop sonographer-led Stress Echo service.
- Colonoscopy business case being worked up.
- Additional accommodation has been secured to support Sleep Study capacity
- Operational Improvement Plan launched creating enhanced elective capacity and utilisation efficacy to deliver in-year end elective commitments.

16. Diagnostic 6 Week Standard - NLAG

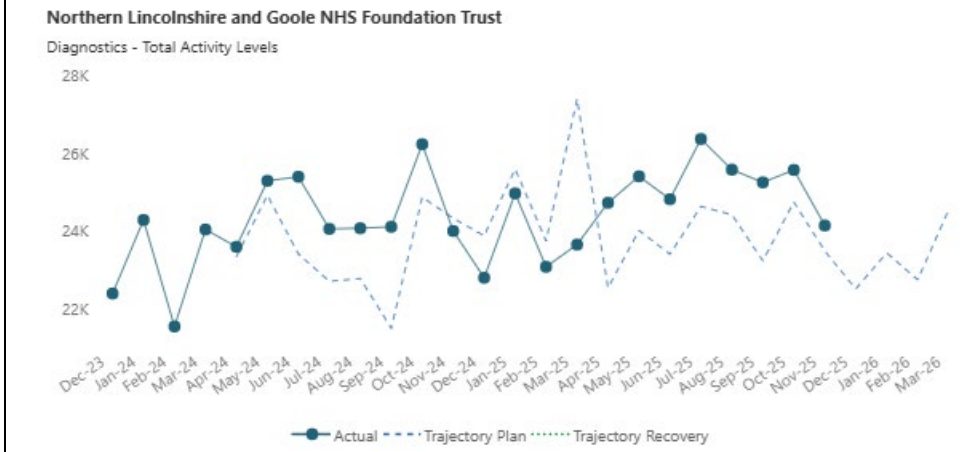
Compliance



Key Themes

- Activity levels have decreased but remain above trajectory.
- November performance saw a 3.17% deterioration at 41.5%.
- Deteriorations in performance were seen in Audiology, Colonoscopy, Cystoscopy, Flexi, Gastroscopy, MRI and NOUS.
- Continuing demand pressures in Neurophysiology although had seen an improvement.
- DEXA has seen a good improvement by -12.3% at 9.2% and Echo continues to see good improvements (-2%) at 6.4%.

Critical Enabler



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.

17. Pathway Summary – Benchmark Report – Cancer Waiting Times

HUTH

Key Performance Indicator	Period	Target		SPC	Last 12 Months	Centile
Cancer - 2 Week Wait	Oct 25	93.00%	72.76%			33
Cancer - 2 Week Wait Breast Symptomatic	Oct 25	93.0%	6.8%			2
Cancer - 31 Day All Stages	Oct 25	96.0%	75.5%			1
Cancer - 31 Day First Treatment	Oct 25	96.00%	81.06%			2
Cancer - 31 Day Subsequent Treatment	Oct 25	96.0%	70.1%			1
Cancer - 31 Day Subsequent Treatment - Drugs	Oct 25	96.0%	95.8%			9
Cancer - 31 Day Subsequent Treatment - Radiotherapy	Oct 25	96.0%	58.2%			2
Cancer - 62 Day Consultant Upgrade	Oct 25	85.0%	69.9%			13
Cancer - 62 Day Screening	Oct 25	90.0%	43.1%			18
Cancer - 62 Day Urgent Suspected	Oct 25	85.00%	49.86%			11
Cancer - Patients treated within 62 of referral	Oct 25	75.00%	57.14%			8
Cancer - Urgent referrals diagnosis within 4 weeks	Oct 25	80.0%	70.7%			17
Summary Hospital Mortality Indicator - Cancer of bronchus; lung	Jul 25	1.00	1.04			50

NLAG

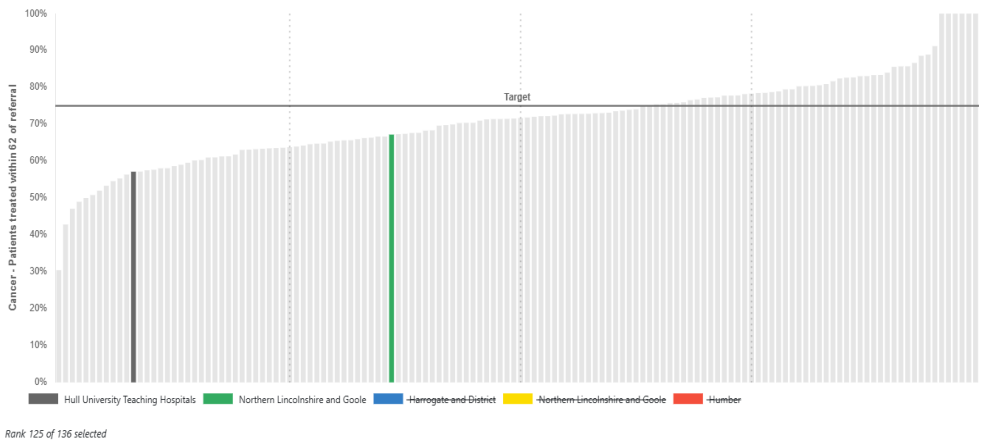
Key Performance Indicator	Period	Target		SPC	Last 12 Months	Centile
Cancer - 2 Week Wait	Oct 25	93.00%	86.09%			60
Cancer - 2 Week Wait Breast Symptomatic	Oct 25	93.0%	40.9%			26
Cancer - 31 Day All Stages	Oct 25	96.0%	95.5%			49
Cancer - 31 Day First Treatment	Oct 25	96.00%	94.80%			49
Cancer - 31 Day Subsequent Treatment	Oct 25	96.0%	96.8%			53
Cancer - 31 Day Subsequent Treatment - Drugs	Oct 25	96.0%	100.0%			100
Cancer - 31 Day Subsequent Treatment - Radiotherapy	Jul 25	96.0%	100.0%			100
Cancer - 62 Day Consultant Upgrade	Oct 25	85.0%	85.0%			60
Cancer - 62 Day Screening	Oct 25	90.0%	81.8%			78
Cancer - 62 Day Urgent Suspected	Oct 25	85.00%	54.79%			21
Cancer - Patients treated within 62 of referral	Oct 25	75.00%	67.20%			36
Cancer - Urgent referrals diagnosis within 4 weeks	Oct 25	80.0%	70.8%			18
Summary Hospital Mortality Indicator - Cancer of bronchus; lung	Jul 25	1.00	1.11			36

18. Pathway Benchmarking & Trending – Cancer Waiting Times

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

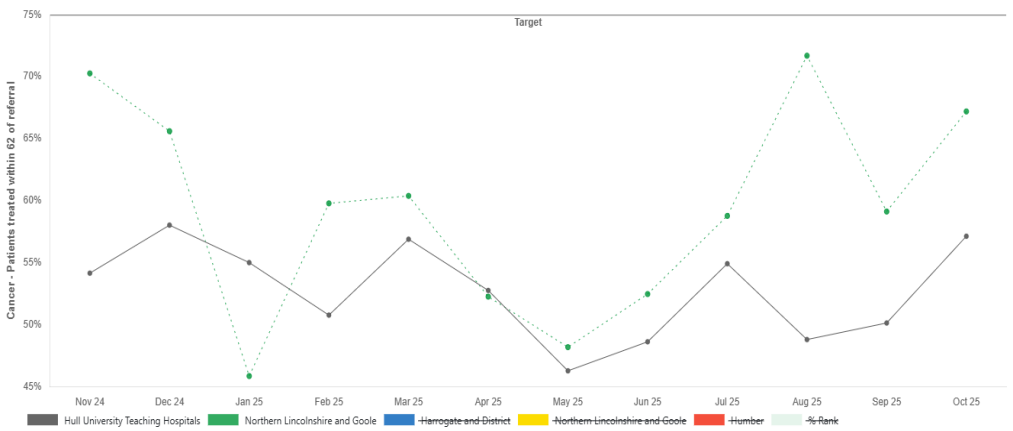
62 Day Performance

Ranking Chart



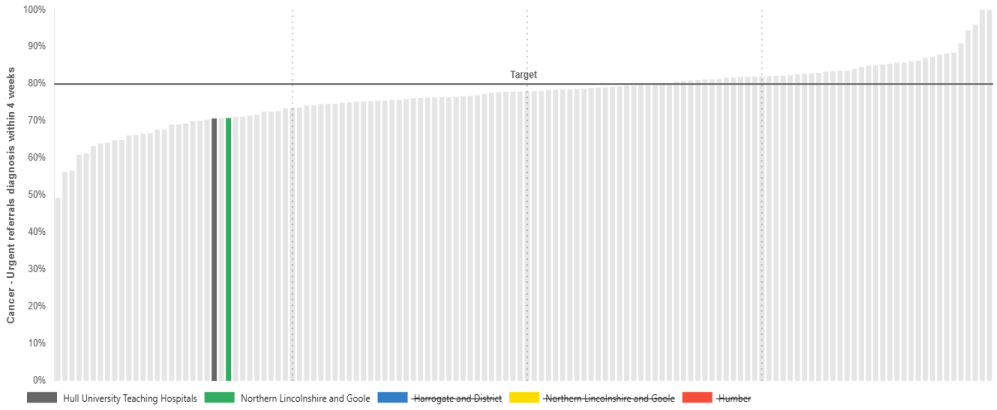
Rank 125 of 136 selected

Trending Chart



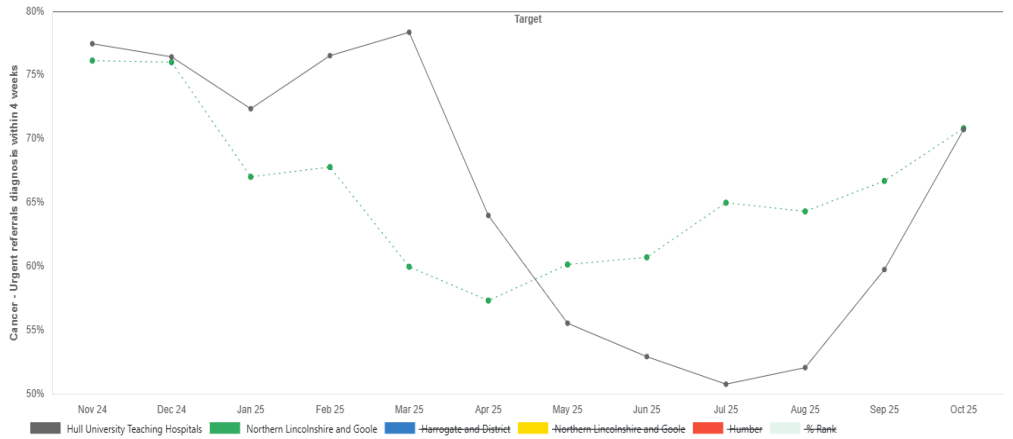
Faster Diagnosis Performance

Ranking Chart



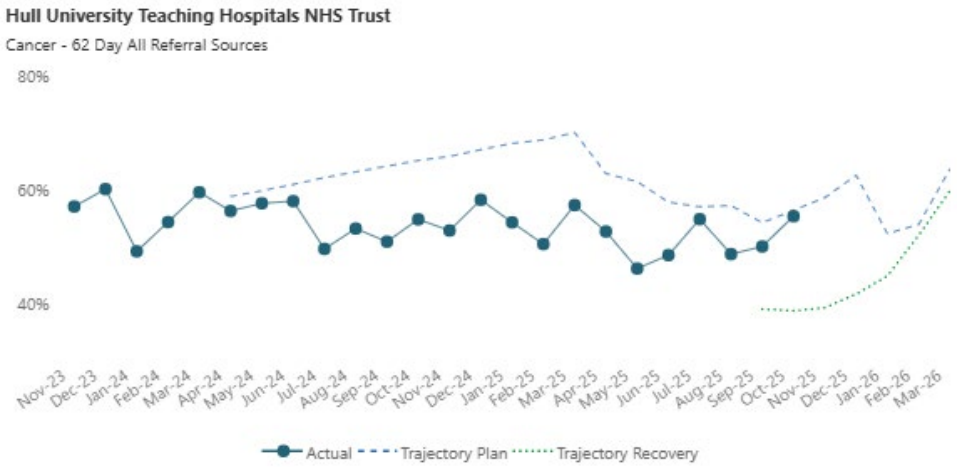
Rank 110 of 132 selected

Trending Chart



19. 62 Day Cancer Performance - HUTH

Compliance

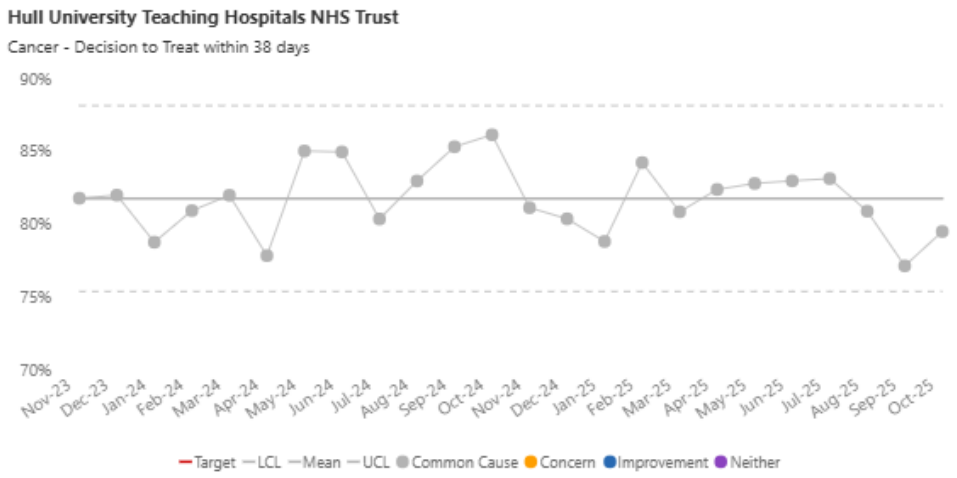


Key Themes

- October performance of 55.5% shows an improvement 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

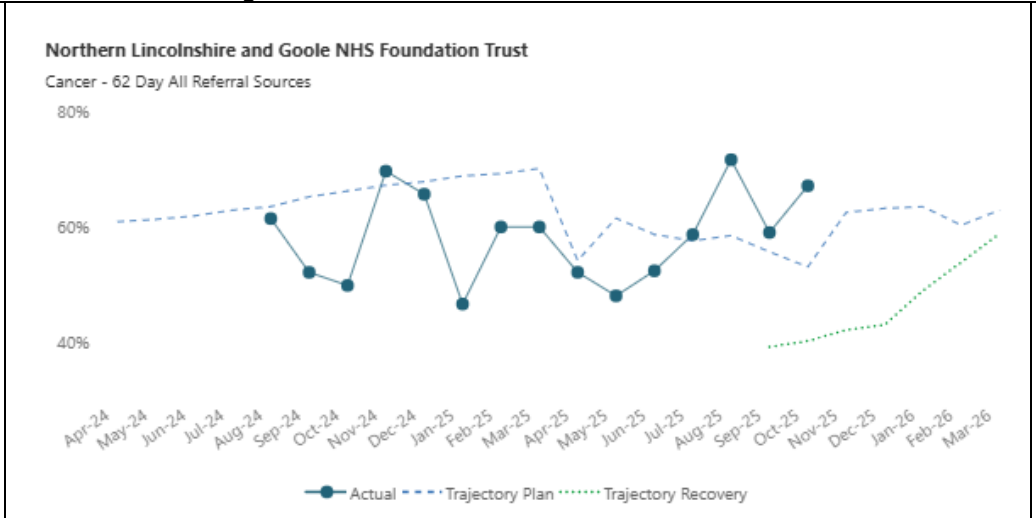


Actions

- Breast – Radiology recovery plan implemented . Additional weekend clinics agreed, but not enough to meet trajectories.
- Histopathology SHYPS performance and improvement review progressing.
- Gynaecology –Demand and capacity paper submitted, awaiting outcome. 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

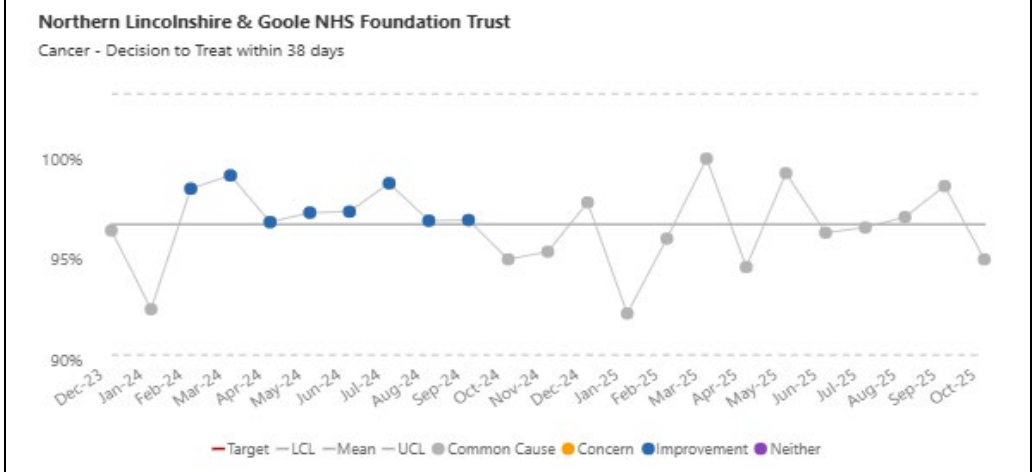
Compliance



Key Themes

- October performance of 67.2% shows an improvement and is above the trajectory.
- Breast- Consultant vacancies, radiotherapy capacity constraints, sickness and leave resulting in pathway delays
- Colorectal- Endoscopy capacity constraints, demand and capacity analysis progressing
- Gynaecology- Rightsizing business case submitted, awaiting decision. This will confirm gynae oncology theatre requirements at NLAG. C&D work also to review hysteroscopy and USC capacity for 1st OPA
- Head & Neck- Thyroid and Max Fax capacity constraints
- 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

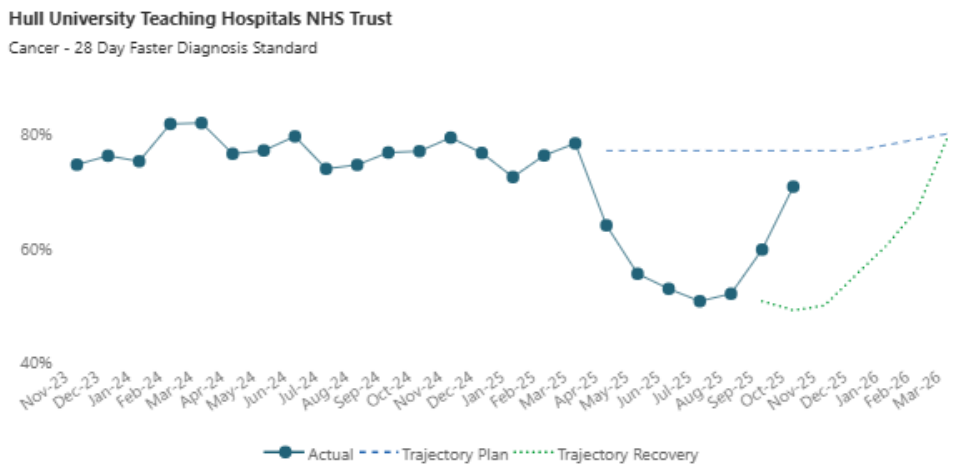


Actions

- Breast – Consultant X 2 WTE recruitment underway, with OD support. Radiotherapy recovery plan in place, with additional weekend clinics .
- 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

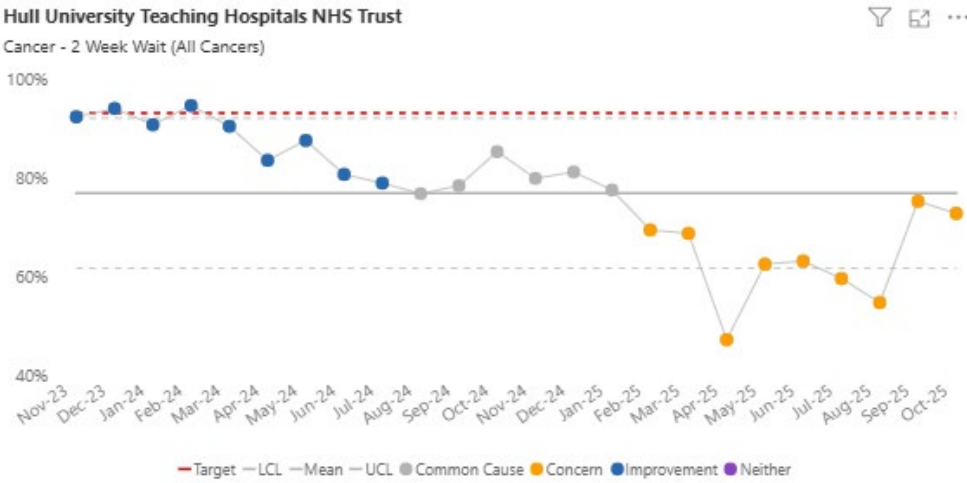
Compliance



Key Themes

- October performance 70.7%, which is an improvement on the previous month.
- Breast; significant delays due to radiologist capacity constraints
- Colorectal; loss of CNS through Alliance funding has reduced capacity for triage, bowel screening Endoscopy capacity shortfall for accredited endoscopists, CT Colon radiologist capacity with current waits up to 4 weeks
- Gynaecology; outpatient capacity and US capacity, diagnostic histology turnaround times up to 3 weeks
- Head & Neck; significant delays with first outpatient consultant capacity
- Skin; significant delays with first outpatient consultant capacity
- Urology: Development of One Stop Prostate Pathway.

Critical Enabler

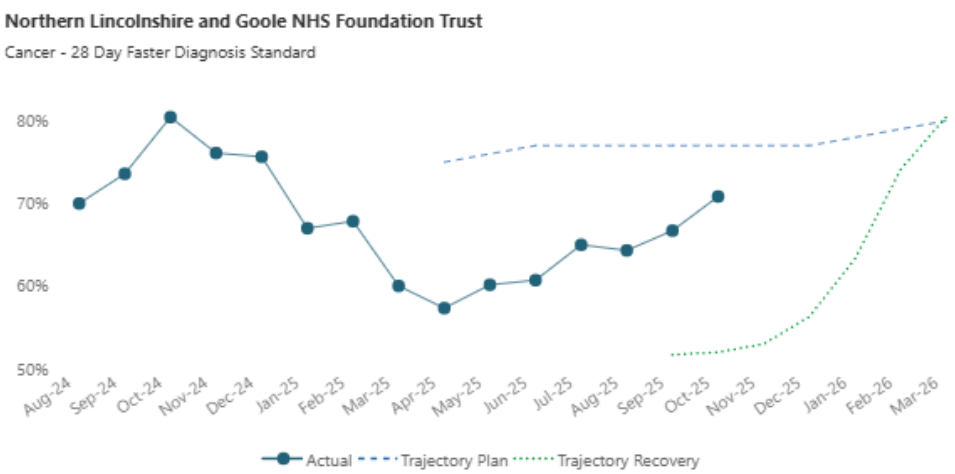


Actions

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

22. 28 Day Faster Diagnosis Standard - NLAG

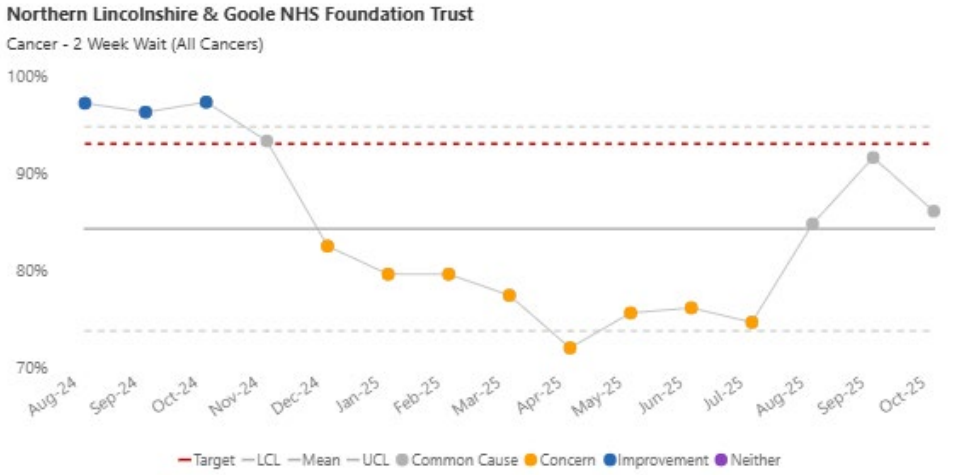
Compliance



Key Themes

- October performance 70.8%, which is an improvement 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 we have booked locums to cover inpatient to allow the substantive consultants to focus on outpatient activity.
- Urology- increase in referrals and demand for prostate biopsies

Critical Enabler



Actions

- Breast- recruitment to consultant vacancies, additional capacity for biopsies
- Colorectal- Additional sessions for weekend theatres and STT capacity in place
- Gynaecology- Business case progressing to meet workforce constraints
- Head & Neck- Time out session with clinicians and managers arranged to streamline pathways
- Upper GI- extra contractual sessions maximised however not sufficient to meet gap in capacity.
- Lung- Direct to CT for suspected CXR, introduction of Cancer Physician of the week, introduction of OPD triage by CNS
- Urology- Utilising additional capacity with registrars where possible.
- Improvement trajectories in place for all tumour sites

23. Pathway Summary – Benchmark Report – Unscheduled Care

HUTH

Key Performance Indicator	Period	Target		SPC	Last 12 Months	Centile
ED - Attendances All Types	Nov 25	-	14,654			46
ED - Attendances managed within 4 hours	Nov 25	78.00%	57.19%			8
ED - Attendances managed within 4 hours (Type 1)	Nov 25	78.0%	42.6%			21
ED - Attendances managed within 4 hours (Type 2 or 3)	Nov 25	95.0%	88.2%			17
ED - Attendances over 12 hours in department	Nov 25	-	13.0%			29
ED - Attendances Type 1	Nov 25	-	9,961			44
ED - Attendances Type 3	Nov 25	-	4,693			43
ED - Conversion Rate	Nov 25	25.0%	25.9%			11
ED - DTA to Admission >12 Hours	Nov 25	0.0%	14.0%			33
ED - DTA to Admission >12 Hours#	Nov 25	0.0	534.0			26
ED - DTA to Admission >4 Hours	Nov 25	10.00%	38.67%			34
ED - Left Department Before Being Seen	Oct 25	5.00%	8.02%			12
ED - Reattendance Rate	Oct 25	5.0%	9.0%			50
ED - Time to Initial Assessment	Oct 25	15.0	20.0			8
ED - Time to Treatment	Oct 25	60.0	85.0			31
ED - Total Time in A&E	Oct 25	160.0	287.0			1
ED - Total Time in A&E (Admitted)	Oct 25	180.0	402.0			25
ED - Total Time in A&E (Non-Admitted)	Oct 25	140.0	262.0			1
Emergency Admissions Type 1	Nov 25	-	3,801			22
Emergency Admissions via A&E	Nov 25	-	3,801			24
Other Emergency Admissions	Nov 25	-	2,087			11
Total Emergency Admissions	Nov 25	-	5,888			17

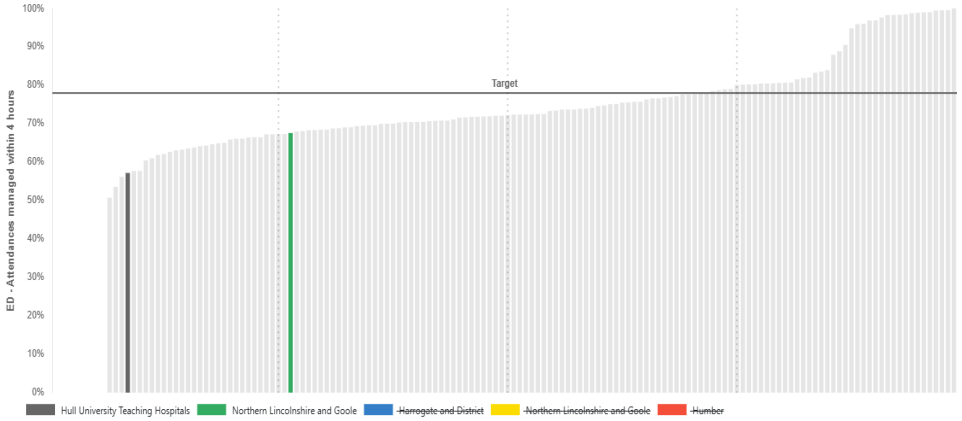
NLAG

Key Performance Indicator	Period	Target		SPC	Last 12 Months	Centile
ED - Attendances All Types	Nov 25	-	17,233			36
ED - Attendances managed within 4 hours	Nov 25	78.00%	67.59%			26
ED - Attendances managed within 4 hours (Type 1)	Nov 25	78.0%	43.3%			23
ED - Attendances managed within 4 hours (Type 2 or 3)	Nov 25	95.0%	98.9%			69
ED - Attendances over 12 hours in department	Nov 25	-	17.5%			7
ED - Attendances Type 1	Nov 25	-	9,695			48
ED - Attendances Type 3	Nov 25	-	7,538			27
ED - Conversion Rate	Nov 25	25.0%	32.1%			1
ED - DTA to Admission >12 Hours	Nov 25	0.0%	15.5%			28
ED - DTA to Admission >12 Hours#	Nov 25	0.0	857.0			11
ED - DTA to Admission >4 Hours	Nov 25	10.00%	28.10%			54
ED - Left Department Before Being Seen	Oct 25	5.00%	2.62%			84
ED - Reattendance Rate	Oct 25	5.0%	9.9%			30
ED - Time to Initial Assessment	Oct 25	15.0	20.0			8
ED - Time to Treatment	Oct 25	60.0	58.0			65
ED - Total Time in A&E	Oct 25	160.0	156.0			67
ED - Total Time in A&E (Admitted)	Oct 25	180.0	376.0			28
ED - Total Time in A&E (Non-Admitted)	Oct 25	140.0	118.0			83
Emergency Admissions Type 1	Nov 25	-	5,534			7
Emergency Admissions via A&E	Nov 25	-	5,534			7
Friends & Family A&E Score	Sep 25	85%	76%			30
Other Emergency Admissions	Nov 25	-	440			56
Total Emergency Admissions	Nov 25	-	5,974			15

24. Pathway Benchmarking & Trending – Unscheduled Care

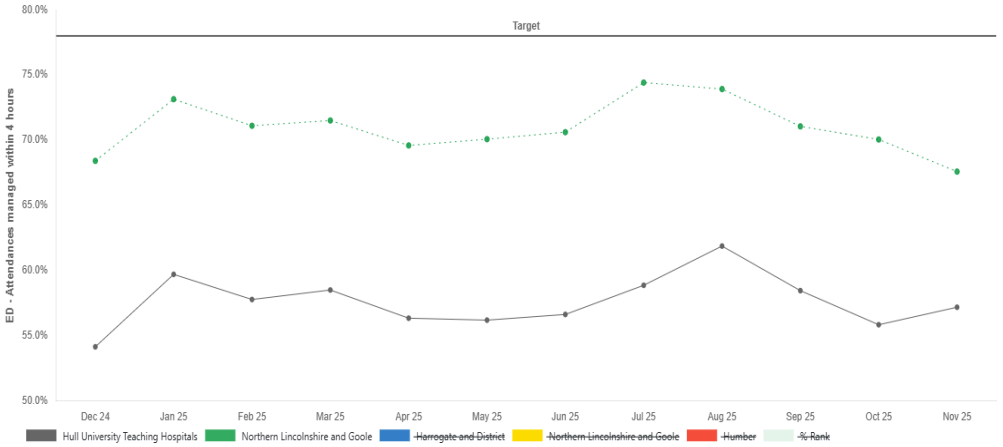
A&E - 4 Hour Performance

Ranking Chart



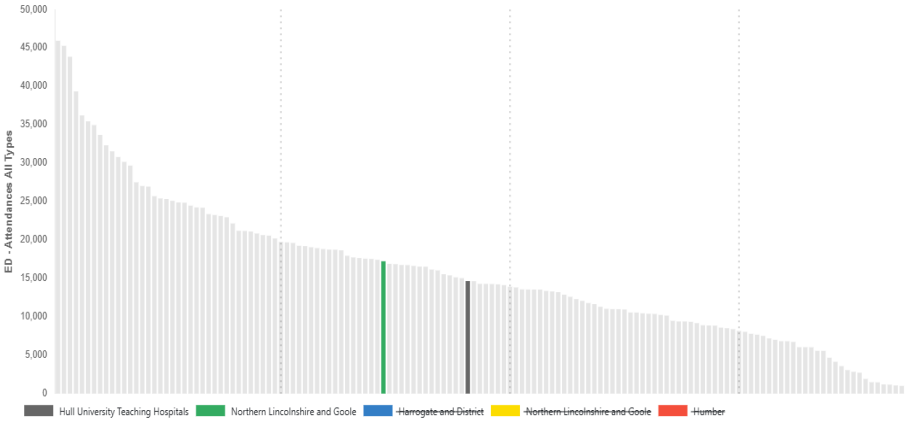
Rank 138 of 150 selected

Trending Chart



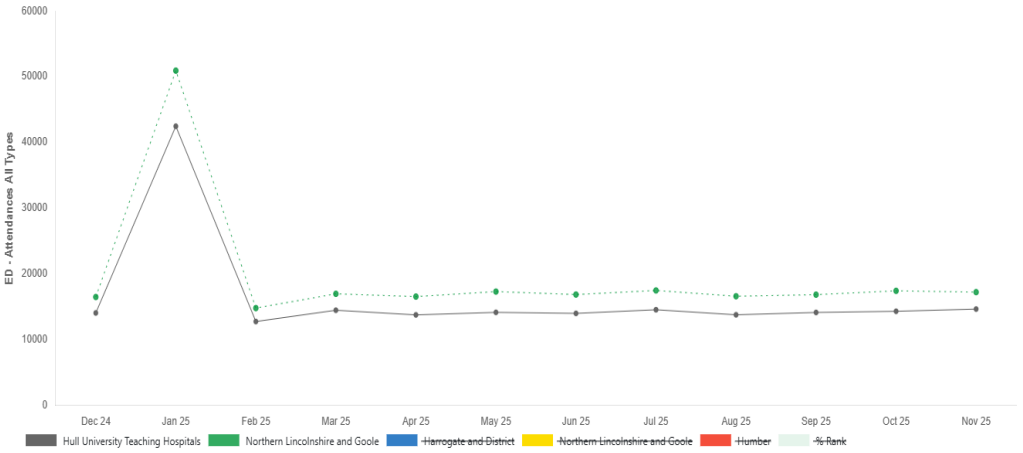
A&E – Attendances

Ranking Chart



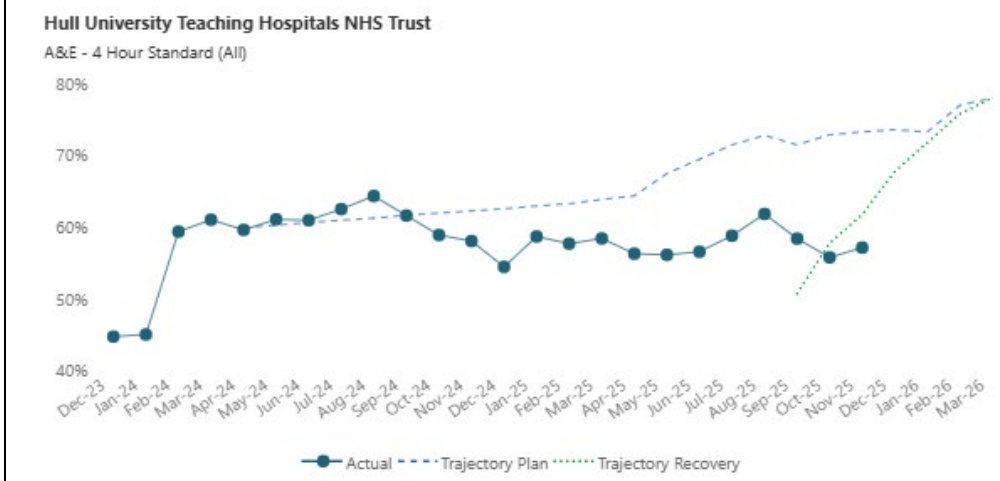
Rank 82 of 150 selected

Trending Chart



25. Emergency Care Standards – 4 hour Performance - HUTH

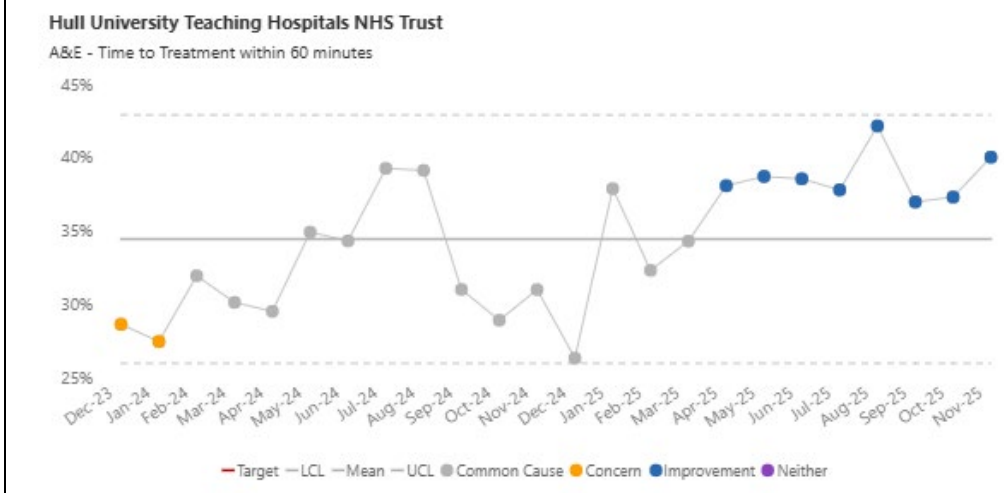
Compliance



Key Themes

- A&E 4 Hour standard (all types) remains challenged with performance of 57.2% in November 2025 behind the 25/26 Operating Plan (73.3%) and the in-year recovery plan of 61.8%.
- Type 1 performance of 42.6% was below the 25/26 operating plan target of 62.8% Attendances were above plan.
- Type 3 performance (HRI UTC) was 88.2% against the 95% target. Attendances at the UTC were above planned levels in November.
- The percentage of patients seen by a clinician within 60 minutes of arrival totalled 40%, an improvement on the previous month's position

Critical Enabler

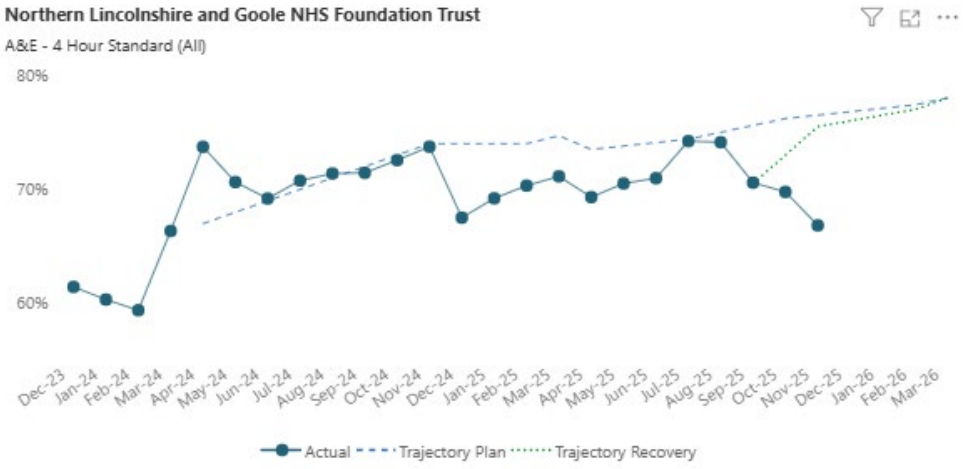


Actions

- 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
- Plan to utilise H1 during winter pressures to reduce non admitted breaches.
- The Group has reiterated its commitment to 78% delivery by March 2025 for both sites via the action programme agreed via national Tiering.

26. Emergency Care Standards – 4 hour Performance - NLAG

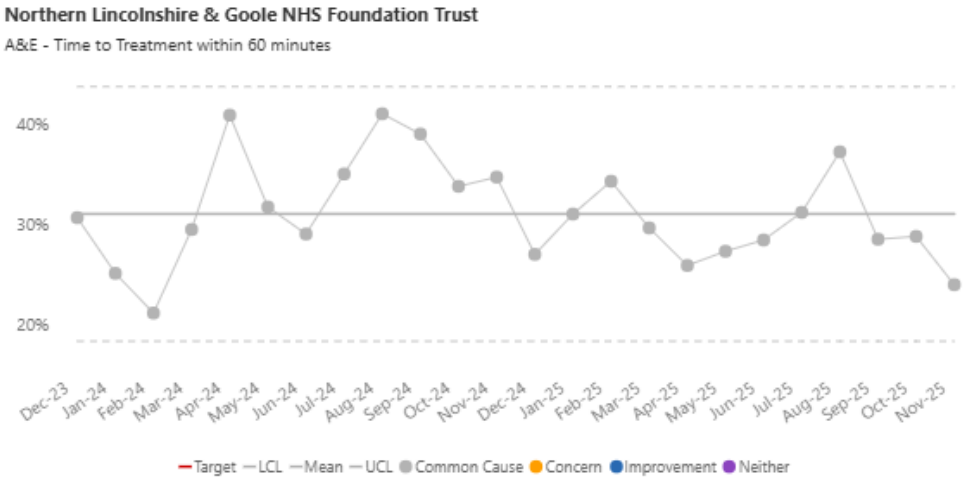
Compliance



Key Themes

- A&E 4 Hour standard (all types) performance was 66.9% in November 2025, which was behind the 25/26 Operating Plan (76.5%) and the in-year recovery plan of 75.5%.
- Type 1 performance of 43.3% was below plan at 61.4%. Attendances were in line with plan.
- Type 3 performance of 99% which was in line with plan of 99%. Attendances were above plan
- Time to treatment within 60 minutes was 23.9% in November, a deterioration on the previous month

Critical Enabler



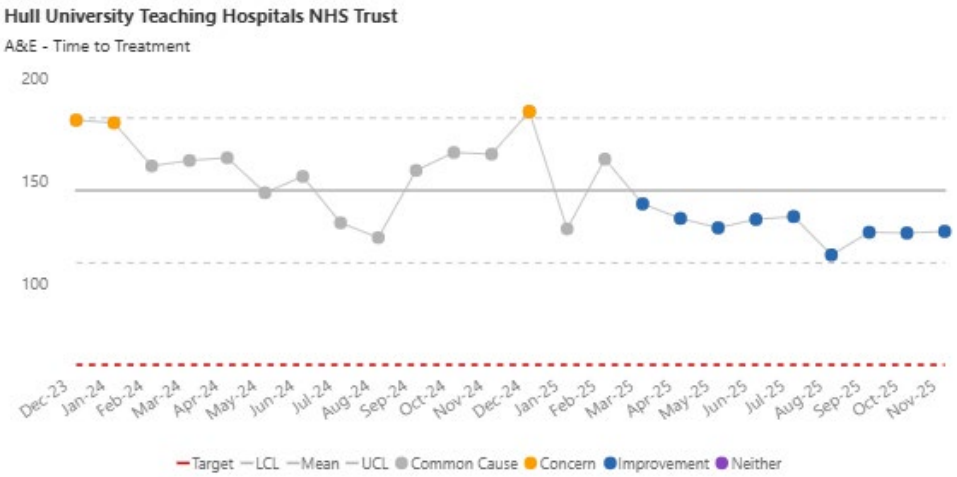
Actions

DPOW & SGH

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

27. Core Objective 1 – Mean Time to Treatment

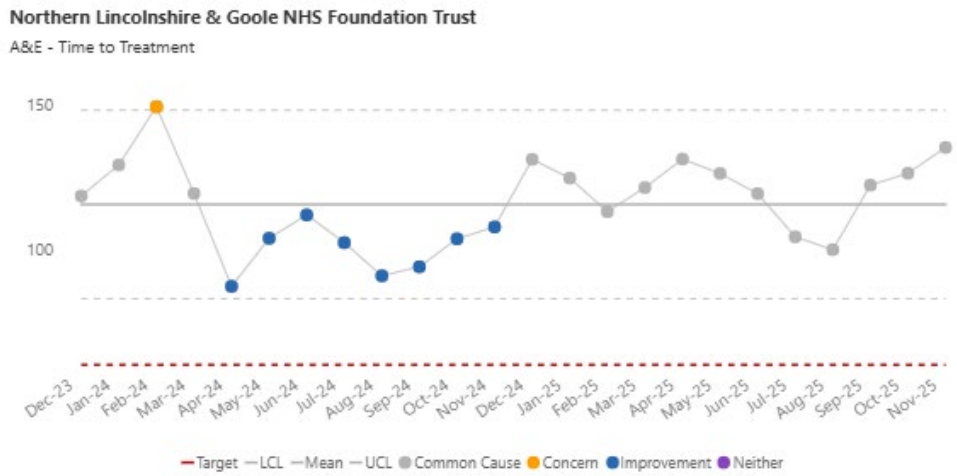
Compliance



Key Themes

- The Group established an operating target of 60 minutes for time to first clinician (time to treatment)
- HUTH performance in November was 125 minutes.
- NLaG performance was 135 minutes

Compliance

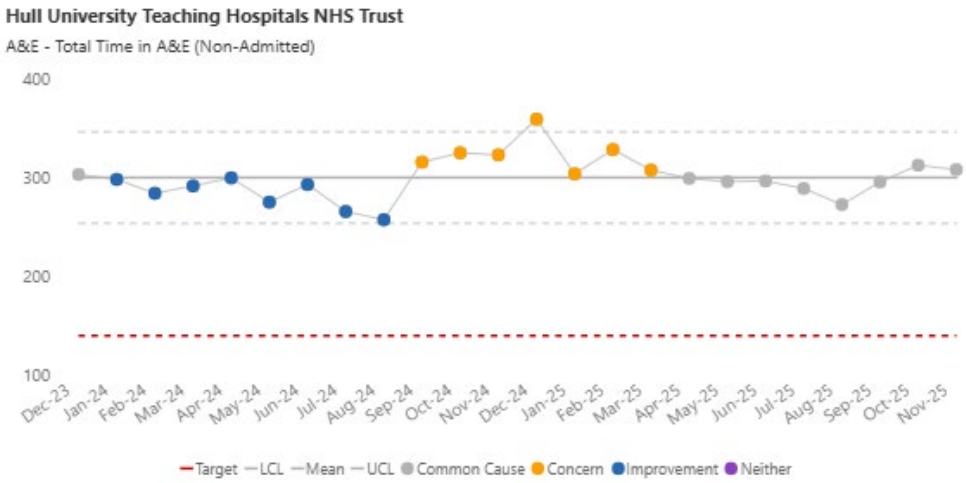


Actions

- 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

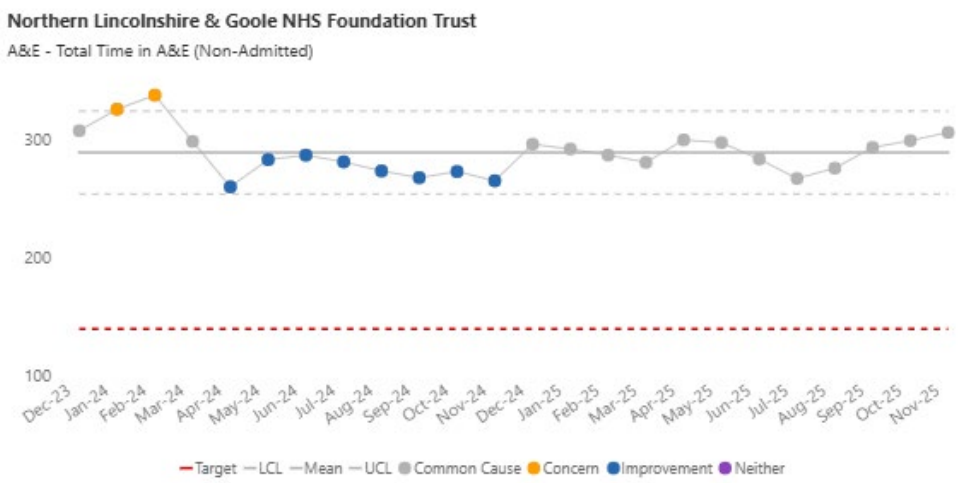
Compliance



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 November 2025 at 308 minutes average
- NLaG has performed consistently in 265-300 mins range since late Spring 2024. November 2025 performance saw a deterioration at 306 mins

Compliance

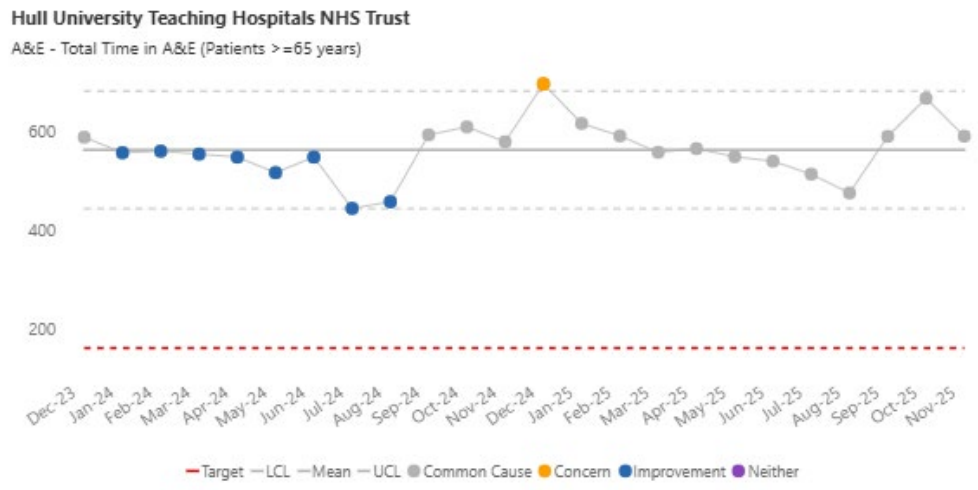


Actions

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

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

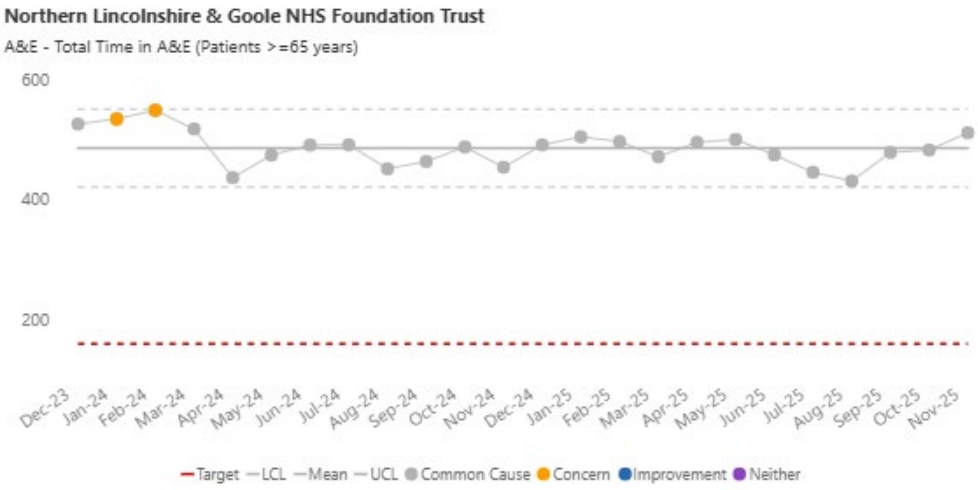
Compliance



Key Themes

- The Group established a target of 160 minutes for total time in the ED for patients aged 65 years and over
- The mean for HUTH was 590 minutes in November, an improvement on the October position.
- NLaG saw a deterioration in waiting times in November at 511 minutes

Compliance

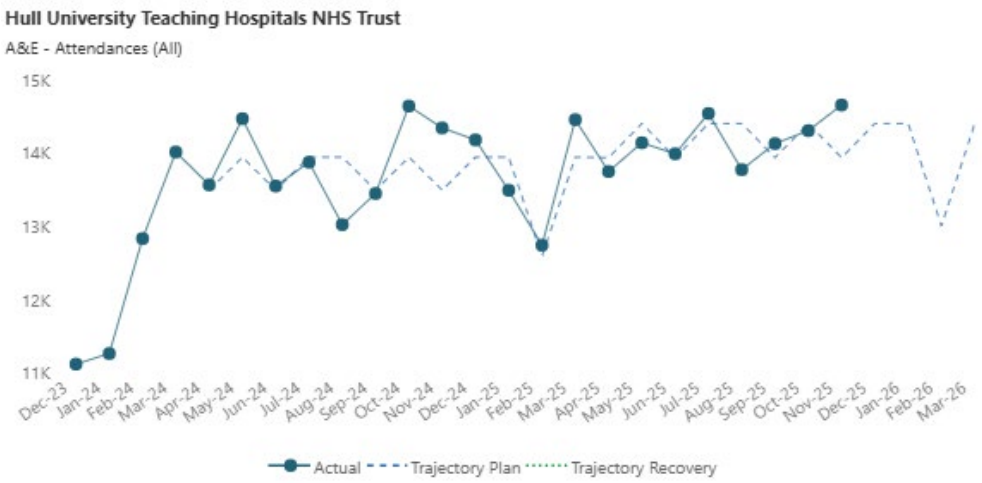


Action

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

30. A&E Attendances – All Types

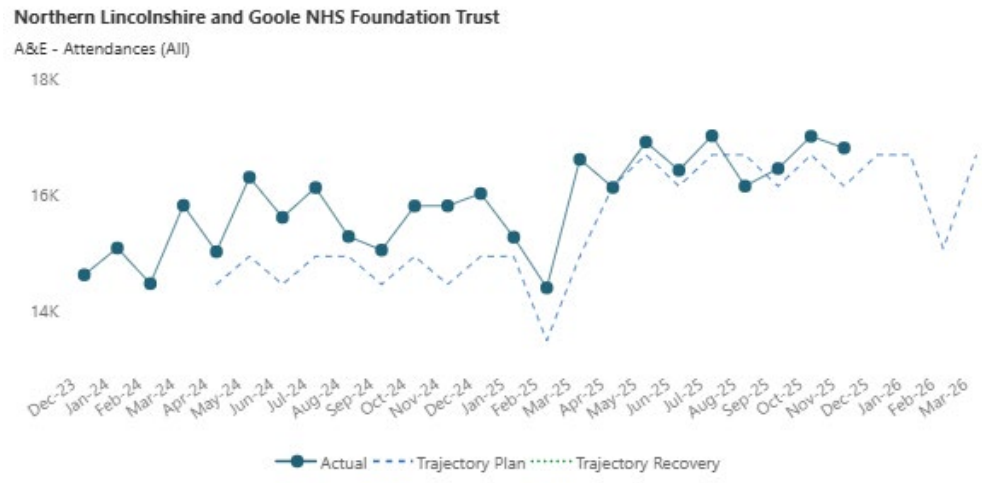
Compliance



Key Themes

- HUTH November 2025 – 14,660 total attendances comprising 9,967 Type 1 (above plan) and 4,693 Type 3 (above plan)
- NLaG November 2025 – 16,814 total attendances comprising 9,696 Type 1 (in line with plan) and 7,118 Type 3 (above plan)

Compliance

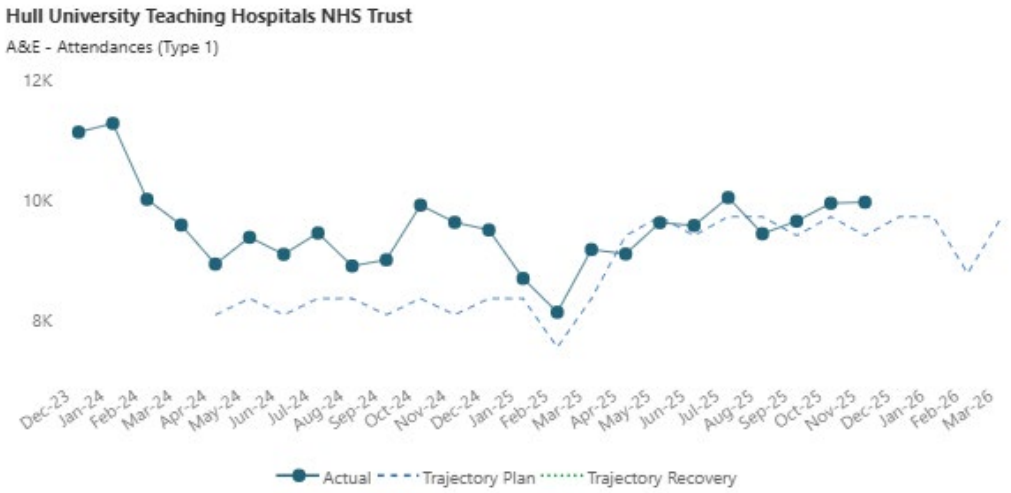


Actions

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

31. A&E Attendances – Type 1 Attendances

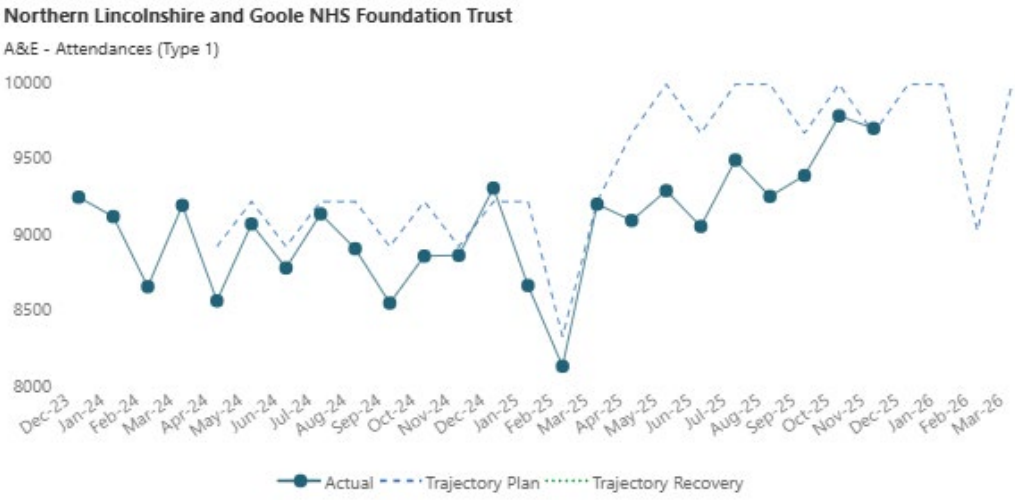
Compliance



Key Themes

- HUTH Type 1 attendances – November actuals were 9,967, above plan by 554.

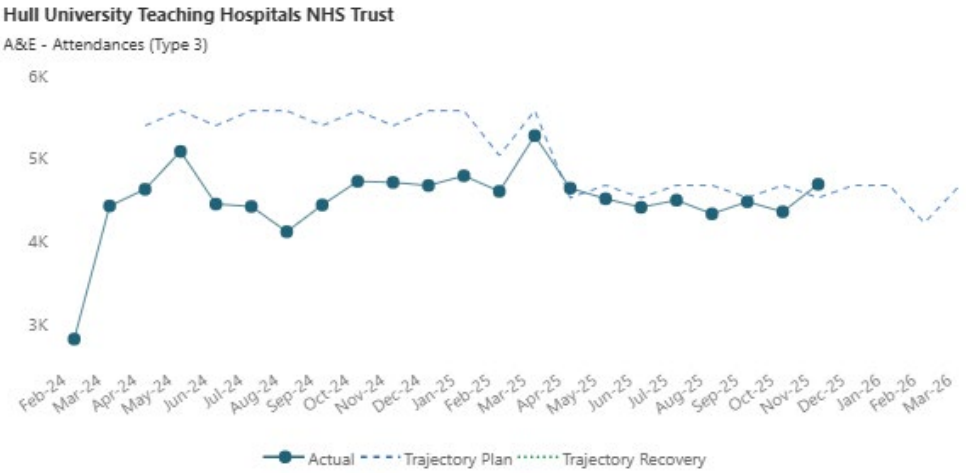
Compliance



- NLaG Type 1 attendances in November were 9,696 vs plan of 9,664 (32 above plan)

32. A&E Attendances – Type 3 Attendances

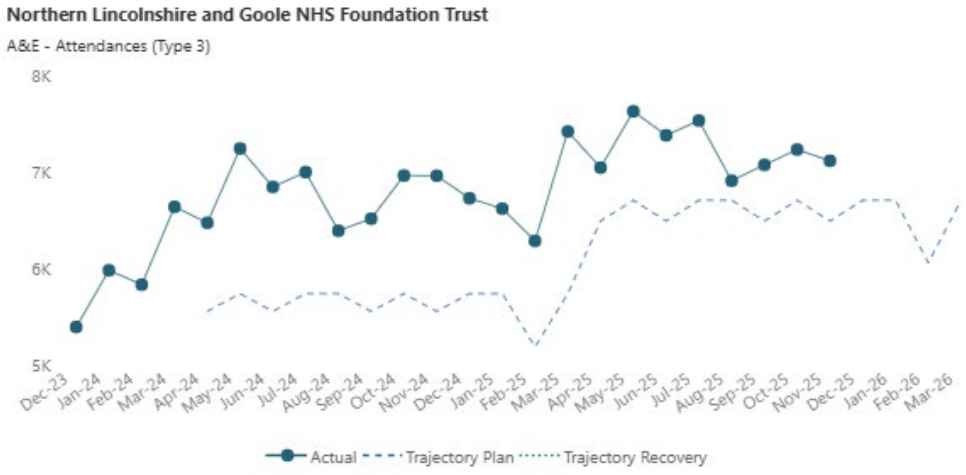
Compliance



Key Themes

- HUTH Type 3 attendances at HRI – 4,693 seen in November vs plan of 4,530 (163 above plan)

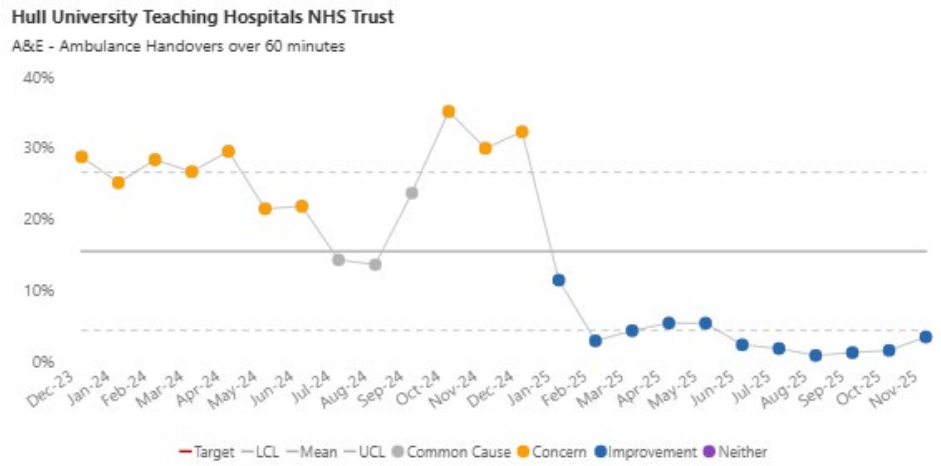
Compliance



- NLaG Type 3 attendances were 7,118 vs plan of 6,493 (625 above plan).

33. Ambulance Handovers >60 minutes - HUTH

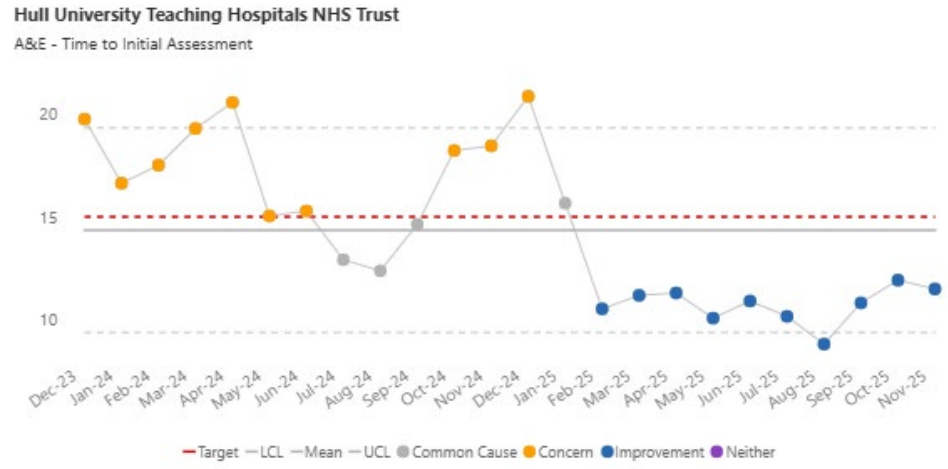
Compliance



Key Themes

- Significant sustained improvement on ambulance handover since the joint work with YAS in December 2024
- Average ambulance handover time in November was 24 minutes
- Total ambulance conveyances in November were 4,350
- Time to initial assessment 15 minutes

Critical Enabler

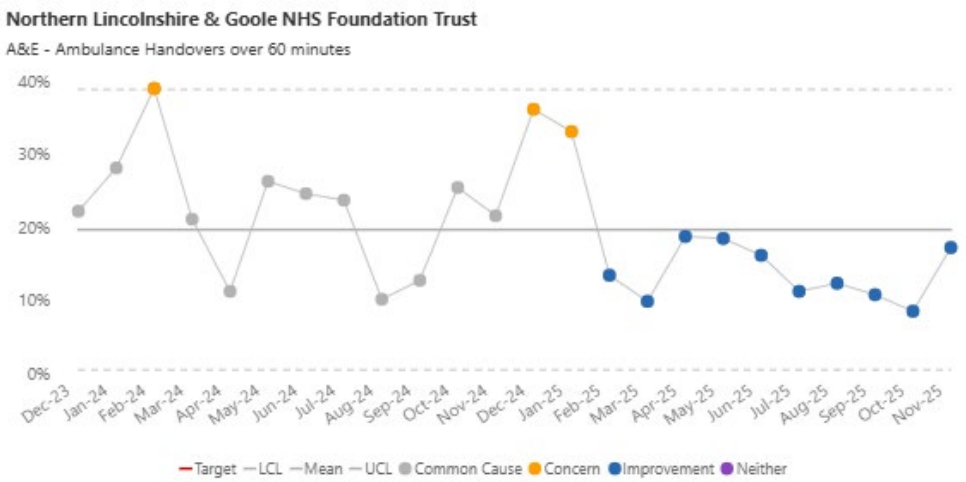


Actions

- 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

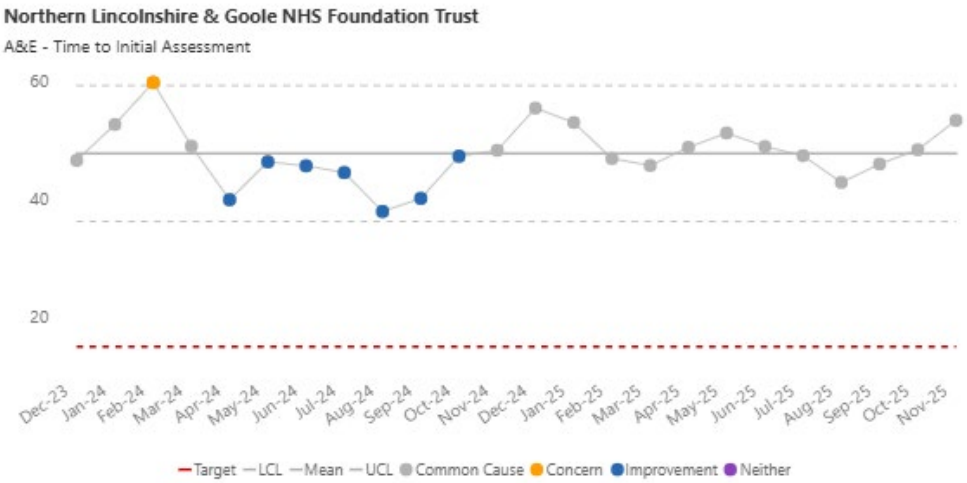
Compliance



Key Themes

- Performance in percentage of ambulance handovers >60 minutes has decreased in November 2025 = 17.2%
- Time to initial assessment was 53 minutes against target of 15 minutes
- Average ambulance handover time in November was 37 minutes
- Total ambulance conveyances were 3,383.

Critical Enabler



Actions

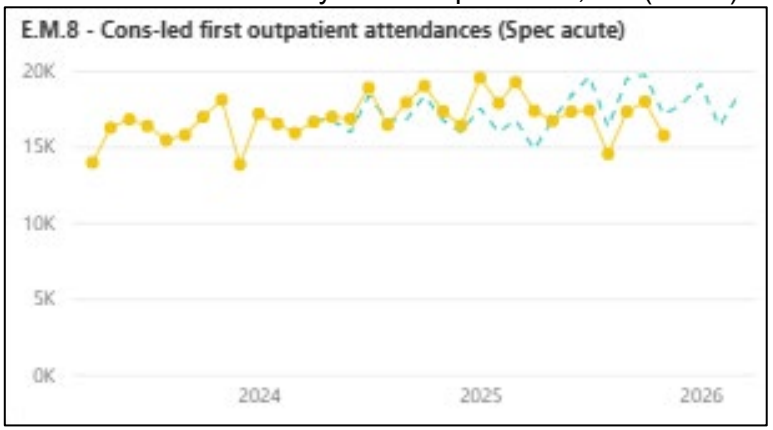
- Relaunched handover processes with ED and EMAS team which is working well.
- Daily 2 hourly monitoring and escalation are in place to maintain ambulance performance.
- Discuss and agree new pathways with EMAS sharing lessons learnt from work undertaken with YAS.

35. Activity

HUTH (Month 8)

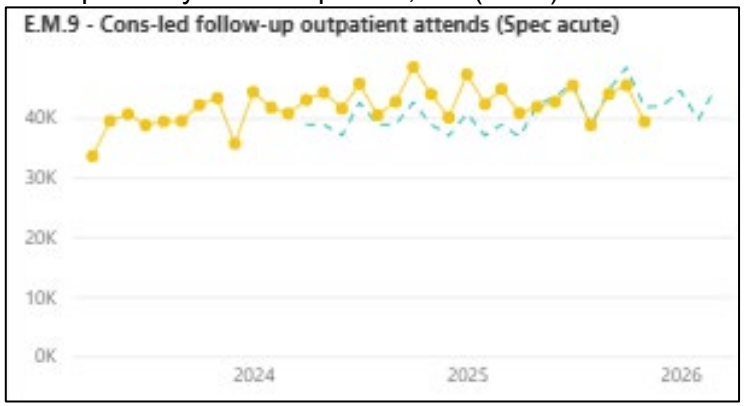
New Outpatient Attendances vs Plan

YTD New consultant-led activity is below plan at -7,855 (-5.5%).



Follow up Outpatient Attendances vs Plan

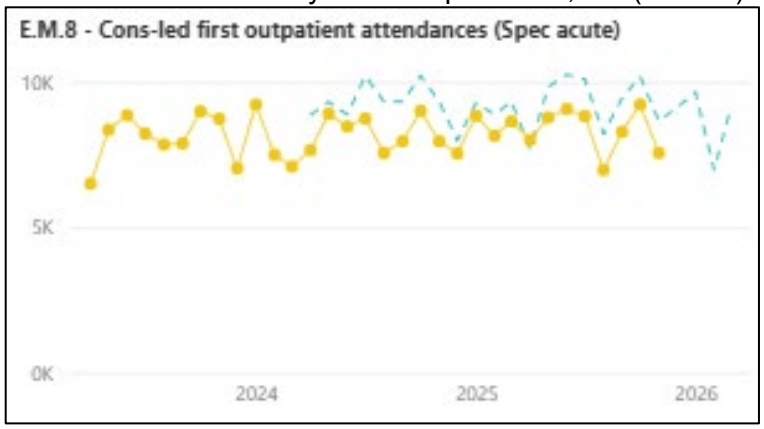
YTD Follow up activity is below plan -3,246 (1.0%)



NLAG (Month 8)

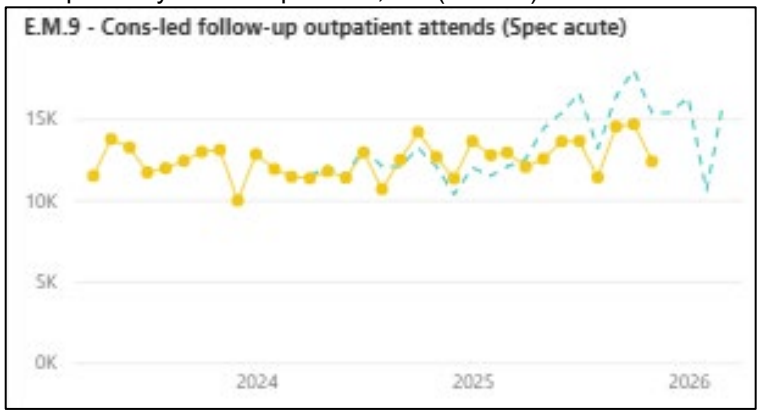
New Outpatient Attendances vs Plan

YTD New consultant-led activity is below plan at -7,673 (-10.3%).



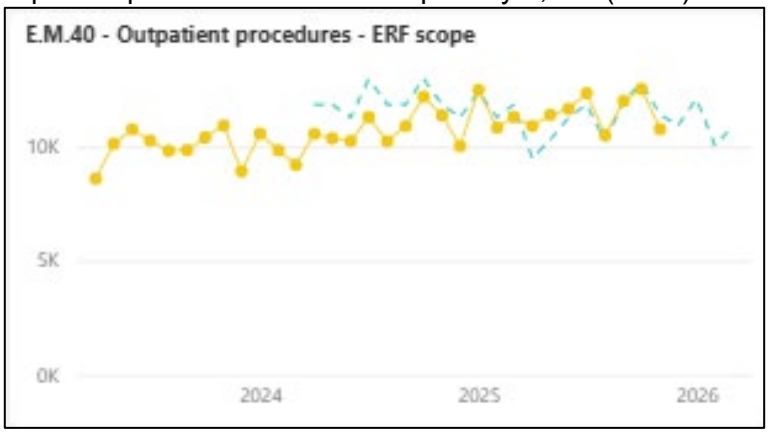
Follow up Outpatient Attendances vs Plan

YTD Follow up activity is below plan -16,967 (-13.9%).



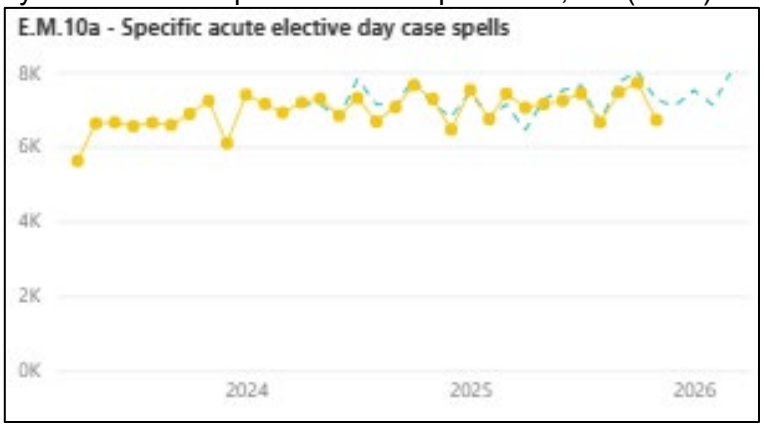
Outpatient Procedures vs Plan

YTD Outpatient procedures are above plan by 2,761 (3.1%).



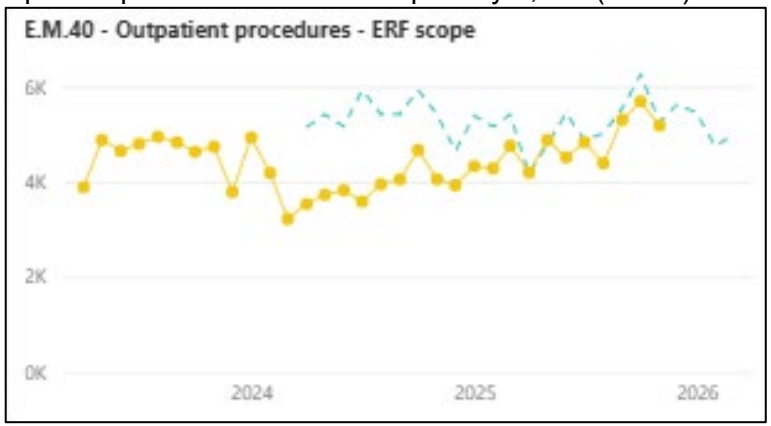
Day Case Admissions vs Plan

YTD Day case elective spells are below plan at -1,126 (1.9%)



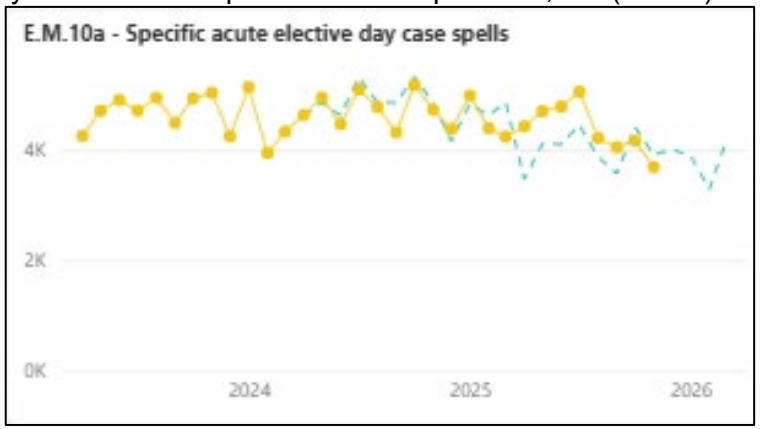
Outpatient Procedures vs Plan

YTD Outpatient procedures are below plan by 2,351 (-5.7%).



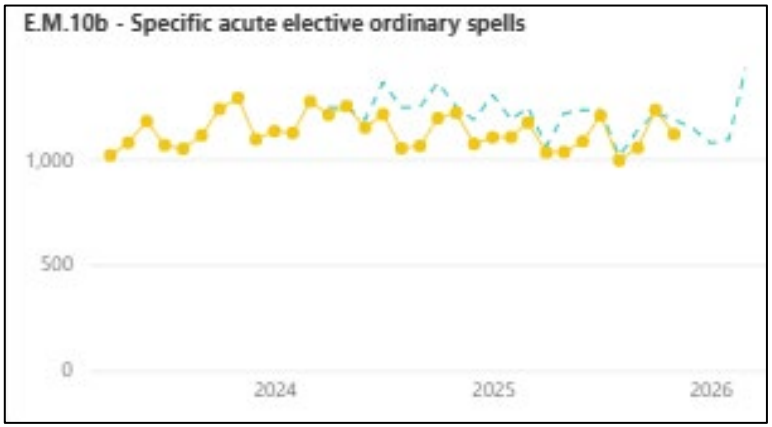
Day Case Admissions vs Plan

YTD Day case elective spells are above plan at 3,182 (10.0%)



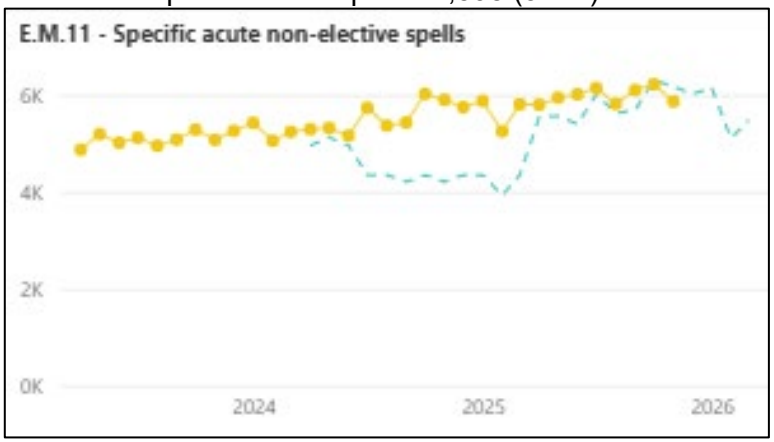
Elective Admissions vs Plan

YTD Inpatient spells are below plan at -542 (-5.8%)



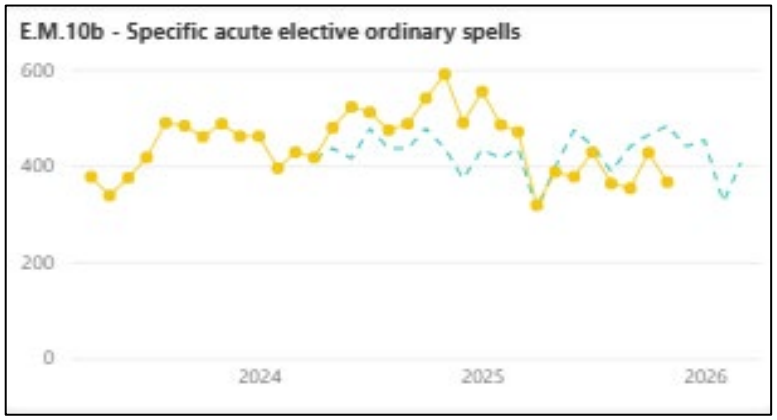
Non-Elective Admissions vs Plan

YTD non-elective spells are over plan +1,598 (3.4%)



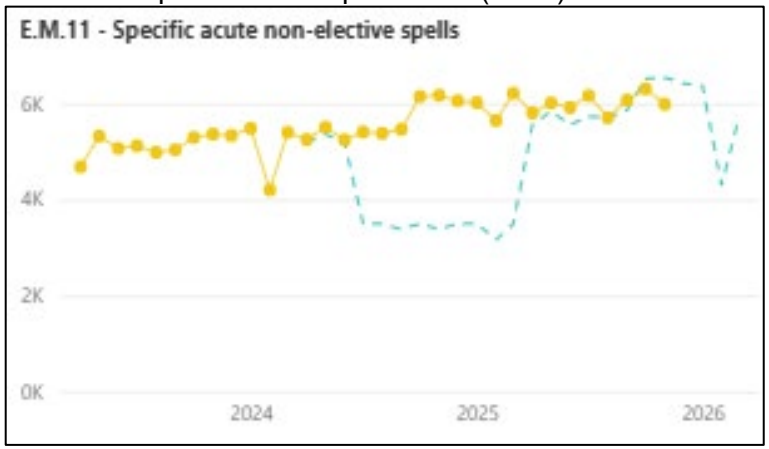
Elective Admissions vs Plan

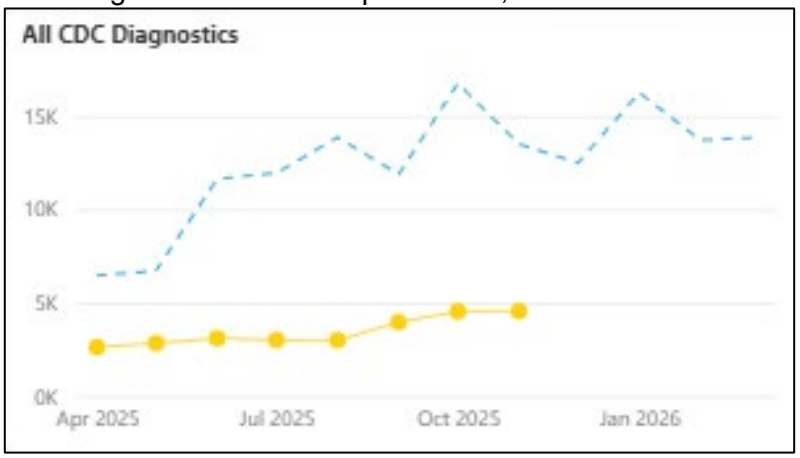
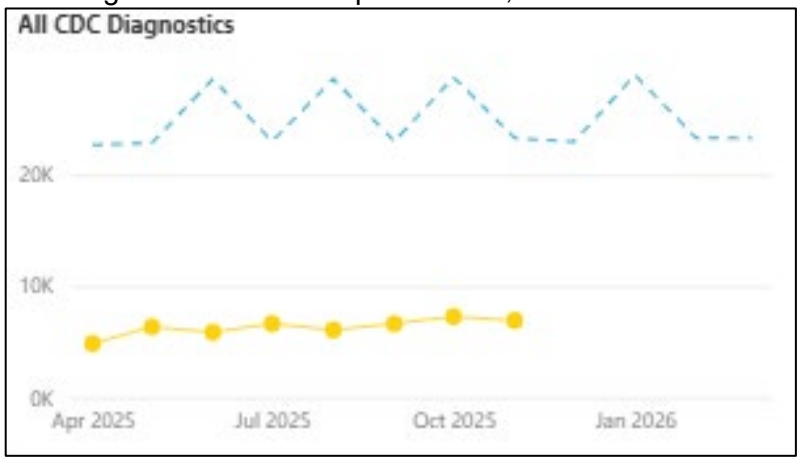
YTD Inpatient spells are below plan at -377 (-11.1%)



Non-Elective Admissions vs Plan

YTD non-elective spells are over plan +653 (1.4%)



All CDC Diagnostics	All CDC Diagnostics
YTD CDC diagnostics are below plan at -65,093 	YTD CDC diagnostics are below plan at -150,222 

36. Financial Activity Summary - HUTH

HUTH 2025/26 Elective Recovery Activity M8

	Activity Plan	Activity Actual	Activity Variance	Price Plan	Price Actual	Price Variance
Daycase	59,362	56,659	- 2,703	45,712,324	42,851,465	- 2,860,858
Elective	12,836	11,937	- 899	51,056,802	46,062,671	- 4,994,131
Outpatient New Attendance	134,759	129,998	- 4,761	27,204,701	25,961,607	- 1,243,094
Outpatient New Procedure	24,729	26,225	1,496	4,651,047	4,974,305	323,258
Outpatient Follow Up Procedure	77,411	80,015	2,604	8,444,958	8,454,802	9,844
	309,097	304,834	- 4,263	137,069,832	128,304,851	- 8,764,981

Data includes 1250 uncoded October spells priced at Average Tariff by Specialty

37. Financial Activity Summary - NLAG

NLAG 2025/26 Elective Recovery Activity M8

	Activity Plan	Activity Actual	Activity Variance	Price Plan	Price Actual	Price Variance
Daycase	31,617	35,161	3,544	£ 22,130,132	£ 24,594,472	£ 2,464,340
Elective	3,984	3,435	- 549	£ 15,480,586	£ 14,121,351	-£ 1,359,235
Outpatient New Attendance	51,851	50,670	- 1,181	£ 10,798,595	£ 10,483,824	-£ 314,771
Outpatient New Procedure	16,847	14,503	- 2,344	£ 3,447,049	£ 2,849,537	-£ 597,512
Outpatient Follow Up Procedure	27,304	31,020	3,716	£ 3,641,131	£ 5,627,823	£ 1,986,691
	131,603	134,789	3,186	55,497,493	57,677,007	2,179,513

Data includes 2331 uncoded November spells priced at Average Tariff by Specialty

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(26)017

Name of the Meeting	**Council of Governors Business Meeting**
Date of the Meeting	8 January 2026
Director Lead	David Sharif, Group Director of Assurance
Contact Officer/Author	Alison Hurley, Deputy Director of Assurance
Title of the Report	**Acronyms and Glossary of Terms**
Executive Summary	A reference guide for any words, phrases or acronyms used during the meeting – updated August 2025. Document for information only.
Background Information and/or Supporting Document(s) (if applicable)	N/A
Prior Approval Process	N/A
Financial implication(s) (if applicable)	N/A
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ☐ Assurance ☐ Other – please detail below:

Northern Lincolnshire and Goole NHS Foundation Trust

ACRONYMS & GLOSSARY OF TERMS

Aug 2025 – v9.0

2WW - Two week wait

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

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

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

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

AAU – Acute Assessment Unit

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

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

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

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

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

AGC – Audit & Governance Committee

AGM – Annual General Meeting

AHP – Allied Health Professional

ALoS – Average Length of Stay

AMM – Annual Members' Meeting

AO – Accounting Officer

AoMRC – Association of Medical Royal Colleges

AOP – Annual Operating Plan

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

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

ARM – Annual Review Meeting for CoG

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

ARGC – Audit Risk & Governance Committees-in-Committee

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

BAF - Board Assurance Framework

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

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

BLS – Basic Life Support

BMA – British Medical Association

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

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

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

CAP – Collaborative Acute Providers

CPE - Carbapenemase-Producing Enterobacterales

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

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

CDC – Community Diagnostic Centre

CFC – Charitable Funds Committee

CFO – Chief Financial Officer

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

CE/CEO – Chief Executive Officer

CF – Cash Flow

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

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

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

CMO – Chief Medical Officer

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

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

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

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

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

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

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

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

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

CoP – Code of Practice

CPA – Care Programme Approach

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

CPIS - Child Protection Information Sharing

CPN – Community Psychiatric Nurse

CPO – Chief People Officer

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

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

CSPO – Chief Strategy and Partnerships Officer

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

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

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

DD – Due Diligence

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

DGH – District General Hospitals

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

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

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

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

DNR - Do not resuscitate

DoF – Director of Finance

DOI - Declarations of Interest

DOLS - Deprivation of Liberty Safeguards

DOSA – Day of Surgery Admission

DPA - Data Protection Act

DPH - Director of Public Health

DPoW - Diana, Princess of Wales Hospital, Grimsby

DTOCs – Delayed Transfers of Care

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

ECC - Emergency Care Centre

ED – Executive Directors or Emergency Department

EDI – Equality, Diversity and Inclusion

EHR – Electronic Health Record

EIA - Equality Impact Assessment

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

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

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

EoL – End of Life

EPR - Electronic Patient Record

ERF – Elective Recovery Fund

ERoY – East Riding of Yorkshire

ESR - Electronic Staff Record

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

FD – Finance Director

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

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

FRC – Financial Risk Rating

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

FTE – Full Time Equivalent

FTGA – Foundation Trust Governors' Association

FTN – Foundation Trust Network

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

FY – Financial Year

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

GDH – Goole District Hospital

GDP – Gross Domestic Product

GDPR – General Data Protection Regulations

GIRFT – Getting It Right First Time

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

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

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

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

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

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

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

H1 - First Half (financial or calendar year)

H2 - Second Half (financial or calendar year)

HAS - Humber Acute Services

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

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

HCCP - Humber Clinical Collaboration Programme

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

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

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

HEE – Health Education England

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

HOBS - High Observations Beds

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

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

HR – Human Resources

HSCA – Health & Social Care Act 2012

HSMR - Hospital Standardised Mortality Ratio

HTF - Health Tree Foundation (Trust charity)

HTFTC - Health Tree Foundation Trustees' Committee

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

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

HW – Healthwatch

HWB/HWBB – Health & Wellbeing Board

HWNL - Healthwatch North Lincolnshire

HWNEL - Healthwatch North East Lincolnshire

HWER - Healthwatch East Riding

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

HUTH – Hull University Teaching Hospitals NHS Trust

IAAU – Integrated Acute Assessment Unit

IAPT – Improved Access to Psychological Therapies

IBP – Integrated Business Plan

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

ICB – Integrated Care Board

ICP – Integrated Care Partnership

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

ICU – Intensive Care Unit

IG – Information Governance

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

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

IP – Inpatient

IPC - Infection Prevention & Control

IPR – Integrated Performance Report

IT – Information Technology

ITU – Intensive Therapy Unit

JAG – Joint Advisory Group accreditation

JHOSH - Joint Health Overview and Scrutiny Committee

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

JSNA – Joint Strategic Needs Assessment

KLOE – Key Line of Enquiry

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

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

LA – NHS Leadership Academy

LATs – Local Area Teams

LD – Learning Difficulties

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

LETB – Local Education and Training Board

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

LHE – Local Health Economy

LHW – Local Healthwatch

LiA – Listening into Action

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

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

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

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

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

LTC - Long Term Condition

M&A – Mergers & Acquisitions

MCA - Mental Capacity Act

MDT - Multi-disciplinary Team

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

MHA – Mental Health Act

MI – Major Incident

MIU – Major Incident Unit

MLU - Midwifery led unit

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

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

MRI – Magnetic Resonance Imaging

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

MSA – Mixed Sex Accommodation

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

NED – Non-Executive Director

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

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

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

Neurology - Study and treatment of nerve systems.

NEWS - National Early Warning Score

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

NEL - North East Lincolnshire

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

NHS - National Health Service

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

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

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

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

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

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

NHSP - NHS Professionals

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

NHSTDA – NHS Trust Development Authority

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

NL - North Lincolnshire

NLaG - Northern Lincolnshire & Goole Hospitals NHS Foundation Trust

NMC - Nursing & Midwifery Council

NOF – National Oversight Framework

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

NQB - National Quality Board

NSFs – National Service Frameworks

OBC - Outline Business Case

OFT – Office of Fair Trading

OLU - Obstetric led unit

OOH - Out of Hours

OP – Outpatients

OPA – Outpatient Appointment

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

OSCs – Overview and Scrutiny Committees

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

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

PAU – Paediatric assessment unit

PbR - Payment by Results

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

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

PCT – Primary Care Trust

PDC – Public Dividend Capital

PEWS - Paediatric Early Warning Score

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

PFI – Private Finance Initiative

PIDMAS – Patient Initiated Digital Mutual Aid System

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

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

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

PMO – Programme Management Office

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

PPE - Personal Protective Equipment

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

PPI – Patient and Public Involvement

PRIM - Performance Review Improvement Meeting

PROMS – Patient Recorded Outcome Measures

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

PSF - Provider Sustainability Fund

PST – Patient Suitability for Transfer

PTL – Patient Transfer List

PTS – Patient Transport Services

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

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

QGAF – Quality governance assurance framework

QI – Quality Improvement

QIA – Quality Impact Assessment

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

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

QRP – Quality & Risk Profile

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

QSIR – Quality & Service Improvement Report

R&D – Research & Development

RAG – Red, Amber, Green classifications

RCA – Root Cause Analysis

RCGP – Royal College of General Practitioners

RCN – Royal College of Nursing

RCP – Royal College of Physicians

RCPSYCH – Royal College of Psychiatrists

RCS – Royal College of Surgeons

RGN – Registered General Nurse

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

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

RoI – Register of Interests

RoI – Return on Investment

RTT – Referrals to Treatment

SaLT - Speech and Language Therapy

SDEC – Same day emergency care

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

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

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

SGH – Scunthorpe General Hospital

SHCA – Senior Health Care Assistant

SHMI - Summary Hospital-level Mortality Indicator

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

SIB - System Improvement Board

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

SJR - Structured Judgement Review

SLA – Service Level Agreement

SLM/R – Service Line Management/Reporting

SNCT - Safer Nursing Care Tool

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

SPA – Single Point of Access

SoS – Secretary of State

SSA – Same Sex Accommodation

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

Statutory Requirement - A requirement prescribed by legislation

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

T&C – Terms and Conditions

TCI – To Come In

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

TMB - Trust Management Board

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

ToR – Terms of Reference

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

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

TTO – To Take Out

ULHT – United Lincolnshire Hospital NHS Trust

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

UTC - Urgent Treatment Centre

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

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

VTE – Venous Thromboembolism

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

WRES - Workforce Race Equality Standards

WDES - Workforce Disability Equality Standards

WTE - Whole time equivalent

YTD - Year to date