Health Scrutiny Committee for Lincolnshire Statement on the *Quality Account* for 2025/26 of the Northern Lincolnshire and Goole NHS Foundation Trust

Introduction

The Health Scrutiny Committee for Lincolnshire is the statutory body through which elected councillors scrutinise the work of NHS bodies and other organisations in relation to healthcare services and health outcomes for Lincolnshire residents. Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) covers a wider geographical area that extends beyond the county. The Committee recognises the important role it plays in providing services to Lincolnshire residents and is therefore pleased to act as a critical friend in reviewing the draft *Quality Account* for 2025/26, acknowledging the Trust's commitment to transparent reporting and continuous quality improvement.

The Committee welcomes the report's openness and candour in recognising and highlighting areas of challenge, providing a credible basis for scrutiny. The breadth of information and clear presentation of statistics across services is also noted positively.

Progress in 2025/2026

The Committee notes progress in end-of-life care, including the rollout of Comfort Observations and improved recognition of patients in the last days of life. These developments align with the Committee's view that compassion, dignity and communication are central to good care.

Progress in deterioration and sepsis is also acknowledged, particularly the introduction of mandatory training, role-specific learning, Martha's Rule and improved daily Patient Wellness Questionnaires. However, the Committee notes that Mental Capacity Act training compliance remains below the Trust's target at 70.8%, which appears low given the availability of online training. The Committee would welcome further understanding of the barriers to achieving higher compliance, the potential impact on patient care and safeguarding, and how this is being addressed especially as it is a legal requirement that appears not being met.

In medicines safety, improvements in recording patient weights in electronic prescribing systems (ePMA) appear to support safer prescribing. However, the Committee notes that the IV-to-oral antibiotic work has not yet achieved the intended reduction and that insulin safety initiatives, while positive, are still in early stages of embedding.

The Committee also considers that the continued emphasis on patient safety is appropriate, particularly in light of the reported number of Never Events and would welcome assurance that this focus is being matched by strong preventative action, learning and consistent practice across services.

National Priorities

The Committee recognises the considerable operational pressures the Trust continues to face, including challenges in meeting national standards for elective care, urgent care and cancer pathways.

As a constructive observation, the Committee considers that there is an opportunity to more closely align these operational pressures with the Trust's quality priorities. Waiting times (elective surgery, diagnostics, A&E) and access delays are not solely operational issues; they are also directly linked to patient experience, safety and outcomes.

The Committee would therefore welcome clearer articulation of improvement plans, milestones and timescales, demonstrating how the Trust intends to address the quality impact of delays and how progress will be monitored.

Priorities for 2026/2027

The Committee notes that the proposed 2026–27 priorities are sensible and reflect areas of recognised risk, however, notes its concerns that some priorities are not yet fully embedded. The Committee would welcome clearer delivery plans, measurable milestones and demonstrable outcomes to show sustained improvement over time, particularly in areas such as sepsis, medicines safety and deconditioning.

It is positive that patient experience and workforce engagement remain priorities. However, the committee believes that emphasis on the stated 2026/27 priorities should not detract from the Trust from striving to improve these three specific areas: -

- While cancer services are referenced within audit programmes, they are not explicitly reflected within the stated priorities for 2026/27. Given the national importance of cancer performance and outcomes, the Committee would welcome clarification on how improvement in cancer services, in particular meeting the Cancer Faster Diagnosis Standard, will be addressed and monitored going forward.

- The committee is also conscious that Maternity services are also an area of concern nationally and would suggest that the trust endeavours to improve the response rate for its Maternity surveys to ensure that they are fully representative – and in particular capture data from demographic groups with known national evidence of inequalities in maternity outcomes

- The Committee also notes a general lack of emphasis on identifying and reducing health inequalities across the population served by the Trust and would welcome comment on this in future Quality Accounts.

Engagement with the Committee

The Committee welcomes the constructive engagement it has had with the Trust over the past year and looks forward to building on this positive working relationship.

Data Quality and Accuracy

The Committee notes the explanation provided regarding data quality issues affecting submissions between April 2024 and October 2024.

While the Committee welcomes the transparency with which this has been reported, it emphasises the importance of ensuring data used for Quality Accounts is robust, timely and reliable. The Committee would welcome reassurance on how data quality processes have been strengthened to prevent recurrence, and how reporting timelines are being managed to ensure accuracy at the point of publication.

Presentation and Use of Data

The Committee welcomes the range of statistical information included in the report. While the volume of data is helpful, benchmarking could be strengthened further by more clearly comparing performance against best practice and high-performing organisations, rather than relying on general comparisons.

The Committee notes that, although comprehensive, the *Quality Account* is not always easy to navigate for a general audience. Dense narrative, technical language and complex charts can obscure key messages, and clearer structure and signposting would improve accessibility and readability. In addition, the Committee notes that some visual elements are difficult to interpret and would encourage improvements to accessibility and clarity of presentation.

Conclusion

The Committee welcomes the Trust's commitment to transparency, quality improvement and patient safety. Overall, the report provides a clear and honest account of performance. As improvement progresses, greater focus on measurable impact and alignment with system pressures would be beneficial. The Committee thanks the Trust for its constructive engagement and looks forward to strengthening this relationship.