

ENFORCEMENT UNDERTAKINGS – Northern Lincolnshire and Goole NHS Foundation Trust

LICENSEE

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

DECISION

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

GROUND

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

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

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

4. Financial Governance

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

5. Quality Governance

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

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

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

6. Board Governance

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

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

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

8. Need for action

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

9. Appropriateness of undertakings

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

UNDERTAKINGS

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

1. Board governance

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

2. Operational recovery

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

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

3. Financial recovery

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

4. Funding conditions and spending approvals

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

5. Delivery of undertakings

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

6. Meetings and reports

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

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

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

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

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

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

LICENSEE



Signed [Chair or Chief Executive] of the Licensee

Dated: 11 February 2026

NHS ENGLAND



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

Dated: 11 February 2026