

Agenda

Council of Governor Business Meetings

Will be held on 20th April 2021, between 14:00 - 17:00 hours using Microsoft Teams

For the purpose of transacting the business set out below

Elected governors are reminded that they have signed a declaration stating that they are eligible to vote as members of the Trust and that they are not prevented by any of the terms of the Constitution from being a member of the Council of Governors (CoG). Elected governors will be deemed to have confirmed that declaration by attending this meeting

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| 1. BUSINESS ITEMS | 14:00 |
| 1.1 CHAIRS OPENING REMARKS
Terry Moran, Trust Chair
(To note the Chair's opening remarks) | Verbal |
| 1.2 APOLOGIES FOR ABSENCE*
Terry Moran, Trust Chair
(To note apologies for absence) | Verbal |
| 1.3 DECLARATIONS OF INTEREST
Terry Moran, Trust Chair
(To note any declarations of interest in any of the agenda items) | Verbal |
| 1.4 TO APPROVE THE DRAFT MINUTES OF THE MEETING HELD ON 19th January 2021
Terry Moran, Trust Chair
(To approve or amend the minutes from the previous meeting) | Attached |
| 1.5 MATTERS ARISING
Terry Moran, Trust Chair
(To discuss any matters arising from the minutes that are not on the agenda) | Verbal |
| 1.6 REVIEW OF ACTION LOG
Terry Moran, Trust Chair
(To consider progress against actions agreed at the previous meetings) | Attached |
| 2. REPORTS AND UPDATES | 14:15 |
| 2.1 Chair's Update
Terry Moran, Trust Chair
(To receive and note the Chair's update) | Attached |

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| 2.2 | Chief Executive's Update
Dr Peter Reading, Chief Executive
(To receive and note the Chief Executive's update) | Attached |
| 2.2.1 | Trust Priorities 2021-22
Dr Peter Reading, Chief Executive
(To receive and note the Trust Priorities 2021-22) | Attached |
| 2.3 | Lead Governor's Update
(to include highlights from the Governor Assurance Group and
Appointments & Remuneration Committee meetings)
Ian Reekie, Lead Governor
(To receive and note the Lead Governor's update) | Attached |
| 2.4 | Finance Update
Brian Shipley, Deputy Director of Finance
(To receive and note the Finance update & short term Trust
investment update) | Attached |
| 3. | STRATEGY & PLANNING – COG BRIEFINGS | 15:45 |
| 3.1 | Humber, Coast and Vale and Government White Paper Update
Dr Peter Reading, Chief Executive
(To receive and note the Humber, Coast and Vale and Government
White Paper Update update) | Attached |
| 3.2 | North Lincolnshire Community Services Update
Dr Anthony Rosevear, Divisional General Manager
Dr Neveen Samuel, Divisional Clinical Director
Helen Turner, Interim Divisional Head of Nursing
(To receive an update on service provision, current opportunities and threats,
and requests to the Trust) | Presentation |
| 4. | ITEMS FOR APPROVAL | 16:45 |
| 4.1 | Register of Interests
Alison Hurley, Membership Manager and Assistant Trust Secretary
(To consider and approve the updated Register of Governors' Interests) | Attached |
| 5. | QUESTIONS FROM GOVERNORS
Terry Moran, Trust Chair
(To raise and respond to questions from governors for consideration at the CoG) | Verbal 16:50 |
| 6. | ANY OTHER URGENT BUSINESS
Terry Moran, Trust Chair
(To discuss any other urgent business) | Verbal |

7. **MATTERS TO BE ESCALATED TO THE TRUST BOARD** Verbal
 Terry Moran, Trust Chair
 (To discuss any items requiring escalation to the Trust Board)
8. **COUNCIL PERFORMANCE AND REFLECTION** Attached 16:55
 Terry Moran, Trust Chair
 (To consider the performance of the CoG)
9. **DATE AND TIME OF THE ANNUAL REVIEW MEETING**
 Terry Moran, Trust Chair
 (To note the date and time of the next formal business meeting)
- Date: 23rd June 2021
 Time: 14:00 - 17:00 hours
 Venue: TBC
10. **DATE AND TIME OF THE NEXT FORMAL BUSINESS MEETING**
 Terry Moran, Trust Chair
 (To note the date and time of the next formal business meeting)
- Date: 20th July 2021
 Time: 14:00 - 15:30 hours
 Venue: TBC

PROTOCOL FOR CONDUCT OF COUNCIL OF GOVERNOR BUSINESS

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| <ul style="list-style-type: none"> 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. |
| <ul style="list-style-type: none"> 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. |

Minutes

PUBLIC COUNCIL OF GOVERNORS MEETING

Minutes of the Meeting held on Tuesday, 19th January 2021, from 14.00 to 16.30 hours

Present:

Terry Moran CB	Trust Chair	Paul Grinell	Public Governor
Ahmed Aftab	Staff Governor	Eddie McCabe	Stakeholder Governor
Kevin Allen	Public Governor	Brian Page	Public Governor
Jeremy Baskett	Public Governor	Ian Reekie	Public Governor
Maureen Dobson	Public Governor	Cllr Stan Shreeve	Stakeholder Governor
Vince Garrington	Public Governor		

In Attendance:

Adrian Beddow	Associate Director of Communications
Tony Bramley	Non-Executive Director
Christine Brereton	Director of People
Neil Gammon	Non-Executive Director
Helen Harris	Trust Secretary
Stuart Hall	Associate Non-Executive Director
Alison Hurley	Membership Manager & Assistant Trust Secretary
Linda Jackson	Trust Vice Chair
Jug Johal	Director of Estates & Facilities
Clare Low	Deputy Director of People
Ivan McConnell	Director of Strategic Development
Shauna McMahon	Chief Information Officer
Michael Proctor	Non-Executive Director
Dr Peter Reading	Chief Executive
Shaun Stacey	Chief Operating Officer
Andrew Smith	Associate Non-Executive Director
Michael Whitworth	Non-Executive Director
Dr Kate Wood	Medical Director
Zoe Hinsley	Senior Membership Officer (minutes)

1. BUSINESS ITEMS

1.1 CHAIRS OPENING REMARKS

Terry Moran opened the virtual Council of Governors (CoG) meeting and welcomed everyone.

Thanks were offered retrospectively to Stakeholder Governor Anne Handley, who had resigned from her position in December, and a

replacement Governor was being sought from East Riding of Yorkshire Council.

Members were advised the transition from GoTo Meetings to Microsoft Teams meetings was underway within the Trust, hence the recent training session for Governors.

1.2 APOLOGIES FOR ABSENCE

Terry Moran provided apologies for absence as detailed below:

Apologies for absence were received from: Ellie Monkhouse (Chief Nurse) and Lee Bond (Chief Financial Officer).

Alison Hurley added that Kevin Allen and Vince Garrington would join the meeting at approximately 14.30 hours due to existing commitments and Shaun Stacey was required to leave the meeting at 15:00 hours for a further meeting.

1.3 DECLARATION OF INTERESTS

Terry Moran requested members of the CoG to raise any conflicts of interest relating to specific agenda items or provide any updates to their annual declaration of interests. None were received

1.4 TO APPROVE MINUTES OF THE PREVIOUS MEETING HELD ON 15TH October 2020

Terry Moran invited members to approve the minutes of the CoG Public Business meeting held on the 15th October 2020. The minutes were approved as a true and accurate record.

Council Decision: The Council received, noted and approved the minutes

1.5 MATTERS ARISING

There were no matters arising which were not captured on the agenda.

1.6 REVIEW OF ACTION LOG

The Action Log from the October 2020 CoG meeting was reviewed. There were no further updates on the three remaining actions. Terry Moran thanked Alison Hurley for the update and invited any questions. None were received.

Council Decision: The Council received and agreed updates to the CoG Action Log

2 QUALITY AND PATIENT IMPACT

2.1 Patient Impact Report

Mike Proctor and Dr Kate Wood provided an overview of the Patient Impact Report. Terry Moran thanked Mike Proctor and Dr Kate Wood for their robust, transparent report and summary and points of clarification were invited. None were received.

In response to a query from Ian Reekie, Neil Gammon confirmed to Governors that in his role as the Non-Executive Director (NED) Chair for the Finance & Performance Committee (F&PC), assurance would be sought at the next meeting scheduled for week commencing 24th January 2021.

Terry Moran invited Dr Peter Reading to add any comments prior to his update later within the agenda. Dr Peter Reading confirmed coverage would be provided following Shaun Stacey's update.

Council Decision: The Council received the Patient Impact Report

2.2 CHIEF EXECUTIVES UPDATE

2.2.1 COVID-19

Shaun Stacey provided a comprehensive overview of the COVID-19 presentation. Apologies were expressed for members not having seen the presentation prior to the meeting, and it was agreed to circulate it afterwards.

Shaun Stacey responded to a query from Paul Grinell about the maximum capacity of the Intensive Care Units, and Dr Kate Wood added that the normal level stood at 13 with a maximum of 30 beds. The maximum capacity would be achieved by converting allocated spaces into Intensive Care Units, which included theatre areas.

Christine Brereton provided an update on staff uptake of the COVID-19 vaccinations in response to a query raised by Paul Grinell, advising that 3,300 staff had been vaccinated by in week three of the programme. There was an intention to vaccinate a further 1,000 staff on week commencing 18th January 2021. The previous poor rate of staff uptake of the flu vaccination was also referred to. Paul Grinell congratulated the team on this huge success. Ian Reekie confirmed that Staff Governor Joanne Nejrup was part of the vaccination programme.

Ian Reekie queried the average length of stay in hospital for COVID-19 positive patients and Shaun Stacey confirmed at present this stood at nine days.

In a response to a further query from Ian Reekie, Shaun Stacey advised the Trust were supporting Hull University Teaching Hospitals (HUTH) NHS

Trust following their extremely high numbers of admissions of COVID-19 positive patients. It was confirmed that managing Trust patients would remain the priority.

Jeremy Baskett raised concerns about some staff who may not have access to Information Technology (IT) equipment to view staff updates. Following a discussion, Terry Moran advised the recommendation to investigate options to address this would be recorded and actioned.

Ahmed Aftab confirmed the take up level of COVID-19 vaccinations by doctors and nurses within the Trust was outstanding. A discussion then ensued and it was established that approximately 25% of patients contracted COVID-19 following admission to hospital. It was noted that ventilation systems could be a contributor, and the use of air purifiers to eliminate the potential transmission was being investigated.

Council Actions:

- **Membership Office to distribute COVID-19 presentation**
- **Chief Information Officer to consider increasing IT accessibility for staff to access staff updates**

Council Decision: The Council received the COVID-19 update

2.2.2 Integrating Care

Dr Peter Reading provided a brief overview on the Integrating Care: Next Steps for Integrated Care Systems (ICS) and the proposed legislative changes, likely to take effect from April 2022.

Two possible options for enshrining ICSs in legislation were presented within the Integrating Care Report as follows:

- Option 1: a statutory committee model with an Accountable Officer that 'binds together' current statutory organisations
- Option 2: a statutory corporate NHS body model that additionally brings the Clinical Commissioning Group (CCG) statutory functions in the ICS

Following consultation with the Humber, Coast and Vale Health and Care Partnership (HCV HCP), the agreement from partners was broad, with a preference through the discussions for option 2.

Terry Moran advised it was likely that a Shadow Board arrangement would be established from April 2021 in readiness for the final understanding of proposed legislative changes, likely to take effect from April 2022. Recruitment of the independent Chair of the ICS would begin shortly with the expectation of being in post from April 2021.

Paul Grinell referred to the presentation, stating the proposal could present an opportunity for creation of new NHS Trusts, but held no mention of Foundation Trusts. Previous discussions with the Lead Governor and other Governors about the NHS FT model appeared it was no longer recognised as being effective, and sought clarification. Dr Peter Reading advised this was not explicit in the proposals, but was somewhat implicit.

Jeremy Baskett queried the timescales and impact of additional pressures on staff as a result of the reorganisation of the ICS, alongside COVID-19; and the importance of maintaining one or two CCGs with the capacity to link the 20% Lincolnshire CCG footprint to ensure they are not overlooked.

Ian Reekie supported the HCV response, with the ICS committed to equal partnership with local government and the community and voluntary sector, which included robust patient and public engagement and accountability. Dr Peter Reading acknowledged the additional time requirements at both executive level and disseminating levels for collaborative working, and confirmed collaborative working took approximately a third of his working week at present.

Dr Peter Reading responded to a query from Ian Reekie, and confirmed he was unaware of any discussions regarding a single ambulance provision, opposed to the current dual provision provided by East Midlands Ambulance Service (EMAS) and Yorkshire Ambulance Service (YAS). Terry Moran confirmed he was not aware of any discussions about a single ambulance service through his discussions with ICS colleagues. Within the new structure of the ICS, future consultation and debates would be undertaken to address such issues. Eddie McCabe referred to the legal implications of leaving competitive markets with contractual obligations, advising that large private investors may not agree with the methodology, and this required timely management to reach amicable arrangements.

Council Decision: The Council received the Integrating Care update

3 ITEMS FOR APPROVAL

3.1 Revised Governor Assurance Group (GAG) Report including the revised Terms of Reference and Annual Work Plan

Alison Hurley provided a brief overview of the report and invited members to consider and approve the Terms of Reference and Annual Work Plan.

Ian Reekie queried if one Governor from each constituency could stand for GAG membership. Alison Hurley advised individual constituency representation had been sought for previous sub-groups, which had resulted in difficulties in establishing and maintaining effective membership of the groups.

Council Decision: The Council approved the report including the revised Terms of Reference and Annual Work Plan

3.2 Governors Annual Register of Interests

Alison Hurley invited members to review the updated Governors' Register of Interests document.

Council Decision: The Council approved the Governors Register of Interests

4 ITEMS TO NOTE

4.1 Non-Executive Director (NED) Term of Office Extension

Terry Moran advised the Appointment and Remuneration Committee (ARC) supported the decision for the extension of Neil Gammon's term of office. No queries or comments were raised.

4.2 Minutes of Private CoG Meeting Held on 15th October 2020

Alison Hurley advised members that the private CoG minutes from the meeting on 15th October 2020 were only to address the previous private minutes, hence approval being sought in a public meeting. Paul Grinell requested a copy of the minutes.

Council Decision: The Council approved the private CoG minutes

Council Action: Membership Office to distribute 15th October Private CoG minutes

5. QUESTIONS FROM GOVERNORS

Governor questions were sought and none were received.

6. ANY OTHER URGENT BUSINESS

Alison Hurley advised Governors that candidate nomination statements and a voting table would be distributed to seek votes against the eight seats up for election for NHS Providers' Governor Advisory Committee.

Council Action: Alison Hurley to seek and collate votes for NHS Providers' Governor Advisory Committee

7. MATTERS FOR ESCALATION TO THE TRUST BOARD

Terry Moran invited Governors to raise any matters for escalation to the Trust Board. None were received.

8. COUNCIL REFLECTION

Terry Moran advised that a questionnaire would be distributed following the CoG meeting for completion, and invited any questions.

Ian Reekie advised this would be Tony Bramley's last meeting as a NED at the Trust and gave thanks on behalf of the Governors for the extensive support and assistance provided during this time. Tony Bramley thanked the Governors for the feedback and felt the Trust would move forward in a positive way, and confirmed the experience of the role had been enjoyable.

9 DATE AND TIME OF NEXT MEETING

Governor and NED Briefing

Date: 3rd February 2021

Time: 11:00 - 12:30 hours

Venue: Microsoft Teams meeting (virtual)

Council of Governors Business Meeting

Date: 20th April 2021

Time: 14:00 - 17:00 hours

Venue: Microsoft Teams meeting (virtual)

Please notify the Membership Office of any apologies for these events.

PROTOCOL FOR CONDUCT OF COUNCIL OF GOVERNOR BUSINESS

- 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 Trust Chair's Office in writing at least **10 clear days prior to the meeting at which it was to be considered**. Requests made less than 10 clear days before a meeting may be included on the agenda at the discretion of the Trust Chair.
- Governors were asked to raise any questions on which they require information or clarification in advance of meetings. This would allow time for the information to be gathered and an appropriate response provided.

Terry Moran thanked members for their attendance and contributions and the meeting closed at 15.28 hours.

COUNCIL OF GOVERNORS
ACTION LOG & TRACKER
2019-2021
(updated April 2021)

ACTION LOG & TRACKER

Council of Governors (CoG) Meeting

Minute Reference	Date/Month of Meeting	Subject	Action Reference (if different)	Action Point	Lead Officer	Due Date	Progress	Status	Evidence	Evidence Stored
COG(20)253	14/01/2020	Governor Briefing	1.7.1	Health Tree Foundation briefing for Governors to be organised	Membership Office	Nov-20	On hold until the COVID-19 restrictions are lifted and normal business resumes - possible agenda item at April coG	Complete	E-mail	Yes
COG(20)254	22/07/2020	Governor Briefing	3.2	Virtual Governor waiting list briefing to be organised	Membership Office	Nov-20	Governors received update at January 2021 CoG	Complete	Minutes	Yes
COG(20)258	15/10/2020	Trust Investments Update	4.3.1	Lee Bond to investigate and provide an update at the January CoG meeting on any short term Trust investments	Lee Bond	Jan-21	Verbal update to be provided at April CoG			
COG(21)1	19/01/2021	Covid Presentation	2.2.1	Membership Office to distribute COVID-19 presentation	Membership Office	Apr-21	Distributed to governors on 19th January 2021	Complete	E-mail	Yes
COG(21)2	19/01/2021	IT Accessibility	2.2.1	Chief Information Officer to consider increasing IT accessibility for staff to access staff updates	Shauna McMahon	Apr-21	Shauna MacMahanon provided update within 9th March Briefing held prior to the GAG	Complete	Briefing	Yes
COG(21)3	19/01/2021	Private CoG Minutes	4.2	Membership Office to distribute 15 th October Private CoG minutes	Membership Office	Apr-21	Distributed to governors on 19th January 2021	Complete	E-mail	Yes
COG(21)4	19/01/2021	Governor Advisory Committee	6	Alison Hurley to seek and collate votes for NHS Providers' Governor Advisory Committee	Alison Hurley	Mar-21	Voting information was distributed on 19th January 2021. NHS Providers' Governor Advisory Committee votes were cast on behalf of the CoG as agreed.	Complete	E-mail	Yes

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

CoG (04/21) Item 2.1

DATE OF MEETING	20 April 2021
REPORT FOR	Council of Governors
REPORT FROM	Terry Moran, Chair
CONTACT OFFICER	Terry Moran, Chair
SUBJECT	Chair's Update
BACKGROUND DOCUMENT (if any)	
PURPOSE OF THE REPORT	
OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME	N/A
EXECUTIVE SUMMARY	A short paper to provide an update from the Chair on Board developments, appointment and governance. To summarise such a short paper here would simply be repetition.

LINK TO STRATEGIC OBJECTIVES - which does this link to? (please tick ✓)

1. To give great care	2. To be a good employer	3. To live within our means	4. To work more collaboratively	5. To provide strong leadership
			X	X

TRUST PRIORITIES - which Trust Priority does this link to? (please tick ✓)

Leadership and Culture	Workforce	Quality and Safety	Access and Flow	Finance	Service and Capital Investment Strategy
X					

BOARD ASSURANCE FRAMEWORK (explain which risks this relates to within the BAF or state not application (N/A))

N/A

COUNCIL OF GOVERNOR ACTION REQUIRED (please tick ✓)	Approval	Information	Discussion	Assurance	Review
		X			

Trust Chair Report to the Council of Governors April 2021 Business Meeting

Introduction

In line with previous reports to the Council of Governors (CoG) this written report seeks to provide Governors with a summary of important discussions and changes taking place at the Trust Board as well as any relevant external discussions.

I am mindful that you also have helpful summary reports from the Lead Governor and Chief Executive and I will therefore seek to avoid duplicating detail in their reports.

Overall recent months we have seen an easing of the pressures arising from Covid-19 infections but our on-going work to restore normal services still requires considerable energy and effort. The well-being of our staff remains an important priority as we make plans.

Trust Board

The Trust Board has spent considerable time reviewing the Strategic Objectives, Business Assurance Framework (BAF) and Risk Appetite Statement and made a number of amendments. This has also led to reviewing the structure of the Public Board agenda where business is now conducted under each of our strategic objectives to provide more coherence to our business discussions and associated assurance. This was implemented for the first time at the Trust Board on 6 April 2021.

These changes are more than just changes to how business is captured and recorded in documents; they are designed to facilitate added value discussions to ensure that the Board is focused on the right things and working in a smarter and more effective way utilising all of the forums of the Board i.e. Private Board, Board Development and Sub-committees of the Board.

Governance

As you will appreciate good governance which is proportionate to the circumstances that the Trust is operating in is a vital platform for ensuring it is focused on the right priorities and without there being burdensome procedures. During the pandemic we introduced interim governance arrangements and focused on understanding and assessing impacts on our patients, our people, our finances and planning and management of the pandemic. We also stood down some of the committees and ensured the Public Board met monthly (instead of bi-monthly) to consider these issues in more detail for public accountability and assurance purposes.

As pressures of Covid-19 reduced we reintroduced full governance from 2 February 2021 and are aiming to take forward some of the streamlining and learning from our experience of operating the interim governance arrangements.

Trust Board Development

During the period of interim governance much of the Board Development activity was stood down for the reasons mentioned above, however, we did cover the following items:

- **3 November 2020: Making Data Count, presented by Sam Riley, NHSE/I.**
- **2 March 2021: Clinical Strategy Update by Ivan McConnell.**
- **2 March 2021: Board Assurance Framework including Strategic Objectives, Risk Descriptions and Risk Appetite, led by Becky Southall and Helen Harris.**
- **16 March 2021: Well-Led Presentation and self-assessment feedback by Becky Southall, NHSE/I.**

Trust Board Development Plan 2021/2

We have a full schedule of business development activity in planning but not yet formally approved by the Board. I will share this once approved.

Non-Executive Directors (NEDs) Appointments & Trust Board Assurance Committees

The NEDs we appointed in the summer - Mike Proctor as the Chair for the Quality & Safety Committee, and Andrew Smith who is now Chair of Audit and Risk Committee have made an excellent start even in these extraordinary times.

Ian's paper covers the appointment of Gill Ponder as Chair of Finance and Performance Committee and also the proposed appointment of Maneesh Singh as an Associate NED so I will not say much more here. I am nevertheless delighted that we have attracted such high quality and experienced applicants and subject to approvals at the meeting both will add real value to the Board.

Executive Director Appointments

Since our meeting in October Lee Bond was formally appointed as the single Director of Finance across both NLAG and HUTH (previously holding an interim post at NLAG) with effect from 6 November 2020 and we welcomed Christine Brereton – Director of People who took up her post with effect from 1 January 2021.

I should add that this has resulted in the Executive Team being fully substantive for the first time, I believe, in four years and presents a real opportunity for the Trust going forward.

Terry Moran CB
Trust Chair
April 2021

CoG (04/21) Item 2.2

DATE OF MEETING	20 April 2021
REPORT FOR	Council of Governors
REPORT FROM	Dr Peter Reading Chief Executive
CONTACT OFFICER	Dr Peter Reading Chief Executive
SUBJECT	Chief Executive's Briefing
BACKGROUND DOCUMENT (if any)	None.
PURPOSE OF THE REPORT	To present a briefing from the Chief Executive and provide an overview on key matters.
OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME	None.
EXECUTIVE SUMMARY	<p>The report details an overview of the following:</p> <ul style="list-style-type: none"> • NHS White Paper • NHSE/I Planning Guidance for 2021/22 • Pandemic response and key operational pressures • Progress on key capital developments

LINK TO STRATEGIC OBJECTIVES - which does this link to? (please tick ✓)

1. To give great care	2. To be a good employer	3. To live within our means	4. To work more collaboratively	5. To provide strong leadership
✓	✓	✓	✓	✓

TRUST PRIORITIES - which Trust Priority does this link to? (please tick ✓)

Leadership and Culture	Workforce	Quality and Safety	Access and Flow	Finance	Service and Capital Investment Strategy
✓	✓	✓	✓	✓	✓

BOARD ASSURANCE FRAMEWORK (explain which risks this relates to within the BAF or state not application (N/A))	<ul style="list-style-type: none"> • The risk that the Trust fails to deliver treatment, care and support consistently at the highest standard (by international comparison) of safety, clinical effectiveness and patient experience. • The risk that the Trust's estate, infrastructure and equipment may be inadequate or at risk of becoming inadequate (through poor quality, safety, obsolescence, scarcity, backlog maintenance requirements or enforcement action) for the provision of high quality care and/or a safe and
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	<p>satisfactory environment for patients, staff and visitors.</p> <ul style="list-style-type: none"> The risk that the Trust fails to deliver constitutional and other regulatory performance or waiting time targets which has an adverse impact on patients in terms of timeliness of access to care and/or risk of clinical harm because of delays in access to care.
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COUNCIL OF GOVERNOR ACTION REQUIRED (please tick ✓)	Approval	Information	Discussion	Assurance	Review
		✓			

The future of health and care (NHS White Paper)

The government published its White Paper on the NHS on 11 February 2021. A presentation on some of its implications for the Trust is later on the agenda.

NHS Priorities and Planning Guidance 2021/22

The NHS Priorities and Planning Guidance for 2021/22 was published on 25 March 2021. It contains a number of key elements of direct relevance to NLaG :

- Wellbeing of front line staff to be prioritised by trusts.
- Integrated Care Systems (ICSs) are expected to maximise capacity across hospitals and reduce the elective care backlog that has built up during the pandemic.
- A £1 billion Elective Recovery Fund (ERF) is established to support systems that surpass activity funded from core system funding.
- £500 million additional investment is provided to mental health care.
- ICSs are expected to deliver the Covid vaccination programme and continue to support care of patients with Covid (including 'Long Covid').
- ICSs are expected to restore cancer activity levels.
- Implement the recommendations of the Ockenden report on maternity services, supported by an additional £95 million for these services.
- Transform urgent and emergency care.
- Interim financial arrangements introduced for 2020/21 will be rolled over for the first 6 months of the new financial year.

Pandemic response and operational pressures

The Trust continues to respond strongly to the pandemic although the number of Covid positive inpatients was 20 (with one in ICU) on 30 March 2021, the lowest number since early autumn 2020. The Trust has vaccinated (first dose) over 11,000 staff (half of whom work for partner organisations in the local health and care community) and has now commenced second dose vaccinations.

A&E pressure has been intense for some time (including for example 118 ambulance

attendances in one day compared to a typical daily average of 70), but the trust has nonetheless restored elective work rapidly as capacity allows.

A key constraint and concern is the health and wellbeing of staff due to the continued pressures of the pandemic and pandemic responses.

Progress on capital developments

The Trust is now aiming to deliver a capital programme of £130 million over the two years from the end of 2020. Key milestones in this programme over recent weeks have included:

- £40.3 million secured from the Public Sector Decarbonisation Fund for Green improvements on all three hospitals sites, including replacement of the Goole and District Hospital boiler, one of the last two coal fired boilers in the NHS. This £40.3 million is the largest grant from this Fund to any trust in the country.
- Planning approval from North and North East Lincs Councils for the new Emergency Departments at Scunthorpe and Grimsby hospitals, respectively.
- Outline Business Case approval from NHSE/I for the two new Integrated Acute Assessment Unit developments on the two acute sites.
- Delivery of two new MRI scanners to Grimsby hospital.
- Confirmation of £2.5 million funding to the Trust through the national Digital Aspirant scheme.

CoG (04/21) Item 2.2.1

DATE OF MEETING	Tuesday, 20 April 2021
REPORT FOR	Council of Governors
REPORT FROM	Dr Peter Reading Chief Executive
CONTACT OFFICER	Dr Peter Reading Chief Executive
SUBJECT	Trust Priorities 2021-22
BACKGROUND DOCUMENT (if any)	-
PURPOSE OF THE REPORT	The purpose of presenting this report is for the Council of Governors information regarding the Trust's Priorities for 2021-22, as a commitment to staff and stakeholders for what the Trust will deliver.
OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME	<ul style="list-style-type: none"> • Senior Leadership Community (SLC) • Executive Team meetings • Trust Board (approved on 6 April 2021) • All staff through the weekly CEO message
EXECUTIVE SUMMARY	As in previous years, the Trust Board has been developing its core organisational Priorities for the next financial year (2021/22). After a number of discussions at Board development sessions and sharing the outline Priorities with the Senior Leadership Community (SLC) and also with staff through Peter's Monday Message, the approved Trust Priorities for 2021 is attached, having been formally approved by the Trust Board on 6 April 2021. Please note the Priorities are presented in the form of a commitment to staff and stakeholders for what the Trust will deliver in 2021. Detailed milestones and measurable objectives are being developed as part of the business planning process which will underpin these published Priorities.

LINK TO STRATEGIC OBJECTIVES - which does this link to? (please tick ✓)

1. To give great care	2. To be a good employer	3. To live within our means	4. To work more collaboratively	5. To provide strong leadership
✓	✓	✓	✓	✓

TRUST PRIORITIES - which Trust Priority does this link to? (please tick ✓)

Leadership and Culture	Workforce	Quality and Safety	Access and Flow	Finance	Service and Capital Investment Strategy
✓	✓	✓	✓	✓	✓

BOARD ASSURANCE FRAMEWORK (explain which risks this relates to within the BAF or state not application (N/A))	N/A
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COUNCIL OF GOVERNOR ACTION REQUIRED (please tick ✓)	Approval	Information	Discussion	Assurance	Review
		✓			

What we will do in 2021-22

Our promise to our staff and our stakeholders

NLaG Trust Priorities 2021-22

FINAL 15.3.21

Trust Priority 1 – Pandemic Response

- We will play a full part (both acute and community) in the NHS's **response to the Covid-19 pandemic**, offering the best and safest service possible to patients, staff and public, including maintaining the highest standards of infection prevention and control.
- We will maintain and deliver as full an **urgent and elective service** as resources allow during and after the pandemic, including:
 - delivery of our agreed recovery plans (currently Wave 3);
 - an emergency response through our Emergency Departments of 80% of patients managed within 4 hours;
 - community Single Point of Access (SPA) with 70% of patients receiving a crisis response within 2 hours;
 - a reduction to zero by 31.3.22 of patients waiting over 52 weeks for elective treatment, and those waiting over 104 days for cancer treatment;
 - full risk stratification of those whose elective or out-patient care is delayed.

Trust Priority 2 – Workforce and Leadership

- We will strengthen **Recruitment and Retention** of key groups of clinical staff, specifically focussing on filling vacancies for health care support workers and registered nursing and taking account of Workforce Safeguards (2018) standards
- We will **Improve Culture** by developing overall plans to further implement and embed our values, improve working practices, and support new ways of working
- We will design and implement a **Health and Wellbeing plan** which sets out our offer for all staff the next two years.
- We will scope our **Leadership Development** Framework to enhance the capabilities of clinical and non-clinical leaders at all levels.
- We will enhance and invest in the **People Directorate capability** to support the Trust to deliver the NHS People Plan and Trust People Strategy

Trust Priority 3 – Quality and Safety

- We will redesign the **Quality Improvement (QI)** offer, programme and culture across the Trust; investing in our QI team and empowering our staff to contribute to and champion our emerging QI community.
- We will continue to learn and improve following external agency reports, with clear action to resolve or mitigate risk, particularly related to patient safety, including the **response to the 2020 CQC report** and other major national reviews e.g. Ockenden
- We will focus on the following five **quality priorities**:
 - End of Life care and related mortality indicators
 - The Deteriorating Patient and sepsis
 - Reduction of medication errors
 - Safety of discharge
 - Diabetes Mellitus management

Trust Priority 4 – Strategic Service Development and Improvement

- With Hull University Teaching Hospitals, we will complete the **Interim Clinical Plan**, including:
 - the delivery of a revised leadership and clinical delivery approach for oncology, haematology and dermatology by May 2021;
 - the joining together of the clinical services of ENT, ophthalmology, cardiology and urology under a single service leadership by March 2022;
 - improved access and treatment pathways, including a redesigned community approach by March 2022.
- With partners in the Humber Acute Services Review, we will engage fully in leading and supporting the development by the end of 2021 of a **Pre-Consultation Business Case (PCBC) for the delivery of new models of care** for Urgent & Emergency Care, Maternity

Trust Priority 5 – Estates, Equipment and Capital Investment

- We will invest **c£130 million (subject to approvals)** in **estates and equipment**, including:
 - back-to-back MRI suite at DPOW;
 - new MRI at SGH;
 - new Emergency Departments, Same Day Emergency Care and Acute Assessment Units at both DPOW and SGH;
 - £40.3 million on major **energy schemes** across all three hospital sites including a new energy centre at Goole & District Hospital.
- We will continue to work with North and North East Lincolnshire Councils and NHSE/I on the long term development of a **new hospital for Scunthorpe and redevelopment of DPOW**.

Trust Priority 6 – Digital

We will deliver the **first phase of the Trust's Digital Strategy**, including investment of £2.5 million Digital Aspirant capital plus £2.5 million Trust 'matched' capital on:

- Improved access to patient information by linking WebV and HUTH Lorenzo EPR, & Yorkshire and Humber Care record and other sources;
- Upgrading the Trust data warehouse to improve business intelligence and data management;
- Upgrading versions of current inhouse systems to support paper-lite/paperless working;
- Investing in solutions & devices to enable real time clinical data entry and single sign on;
- Piloting a scalable automation platform (Robotic Processing Automation – RPA) to reduce the burdens of repetitive data entry.

Trust Priority 7 - Finance

- We will achieve the **Trust's 21/22 Financial Plan**.
- We will achieve the 21/22 Humber Coast and Vale HCP **system financial control total**.
- We will leave **Financial Special Measures**.

Trust Priority 8 – The NHS Green Agenda

- We will promote, develop and embed the **NHS Green agenda** into the Trust, specifically, procurement policies, staff energy champions, travel, waste and energy reduction.
- We will invest £40.3 million from the **Public Sector Decarbonisation Fund** (joint DHSC and BEIS) in Green schemes across all three hospitals, including replacing the coal fired boiler at Goole.

Trust Priority 9 – Partnership and System Working

- We will play a full part in the **development of the Humber Coast and Vale (HCV) Health & Care Partnership**, including the Humber Partnership Board, the Acute Collaborative, the Community Collaborative, the ICPs (Integrated Care Partnerships) of North and North East Lincolnshire, the HCV Cancer Alliance and associated professional networks.
- We will play a full part in other **national and regional networks**, including professional, service delivery and improvement (e.g. GIRFT), and operational.

CoG (04/21) Item 2.3

DATE OF MEETING	20 April 2021
REPORT FOR	Council of Governors
REPORT FROM	Ian Reekie
CONTACT OFFICER	
SUBJECT	Lead Governor's Update
BACKGROUND DOCUMENT (if any)	
PURPOSE OF THE REPORT	To update governors on relevant issues that have arisen since the last Council of Governors meeting on 19 January 2021 in which the Lead Governor has been involved, including highlights from the Appointments & Remuneration Committee and the Governor Engagement Group.
OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME	
EXECUTIVE SUMMARY	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> • Note the content of the Lead Governor's Update report including highlights from the Appointments & Remuneration Committee and the Governor Engagement Group • Confirm the appointment of Gillian Ponder as an Associate Non-Executive Director for the period 12 April 2021 - 31 May 2021 • Confirm the appointment of Gillian Ponder as a Non-Executive Director and Chair of the Finance & Performance Committee for a period of two years commencing 1 June 2021 • Confirm the appointment of Professor Maneesh Singh as an Associate Non-Executive Director for a period of one year commencing 1 May 2021 • Agree, subject to any overall Trust policy limitations and unchanged Covid-19 lockdown lifting roadmap dates, to aim to hold the CoG Annual Review meeting on 23 June 2021 on a face to face basis

LINK TO STRATEGIC OBJECTIVES - which does this link to? (please tick ✓)				
1. To give great care	2. To be a good employer	3. To live within our means	4. To work more collaboratively	5. To provide strong leadership
			✓	✓

TRUST PRIORITIES - which Trust Priority does this link to? (please tick ✓)

Leadership and Culture	Workforce	Quality and Safety	Access and Flow	Finance	Service and Capital Investment Strategy
✓					

BOARD ASSURANCE FRAMEWORK (explain which risks this relates to within the BAF or state not application (N/A))

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COUNCIL OF GOVERNOR ACTION REQUIRED (please tick ✓)

Approval	Information	Discussion	Assurance	Review
✓				

Lead Governor's Update

OVERVIEW

This is the first Lead Governor's Update report which will now be included as a regular part of the streamlined agenda for Council of Governors (CoG) meetings. The purpose is to update governors on relevant issues that have arisen since the preceding CoG meeting in which the Lead Governor has been involved. In particular it will incorporate highlights from Appointments & Remuneration Committee (ARC) and Governor Assurance Group (GAG) meetings which are chaired by the Lead Governor.

In this my first update report to CoG I would like to express my appreciation of the advice and encouragement provided by colleagues since I took over the role of Lead Governor on 1 November 2020. I would especially like to thank Brian Page for his wise counsel in ensuring a smooth transition of responsibilities and Rob Pickersgill for the support he has given me as the Deputy Lead Governor. The forbearance of the Trust Chair, Vice Chair, NEDs and Executive Directors in responding to my many naive questions has also been greatly valued. Finally, I would like to thank the Membership Office team for their patience in dealing with my sometimes unreasonable demands.

GOVERNOR ENGAGEMENT

The best decision I have made since becoming Lead Governor was to launch a comprehensive governor engagement exercise back in January. I would like to thank the 14 public and staff governors who gave up their time to have telephone conversations with me during which they collectively identified a total of 35 suggested improvements that we could make in the way we operate. These can be grouped under the broad headings of governor engagement, the content/format of meetings and member engagement.

In consultation with the Director of Corporate Governance and the Membership Manager these suggestions were translated into agreed actions which were endorsed by the GAG on 9 March. Work is now underway to implement these actions and a progress report will be produced for consideration by the CoG at its Annual Review meeting on 23 June.

GOVERNOR BRIEFINGS

One unexpected bonus of the Covid-19 lockdown has been the ability to programme additional online governor briefings on current issues often at short notice. Since the last CoG meeting informative and enlightening briefings have been held on:

- Clinical Strategy/Humber Acute Services Programme – 3 February 2021
- Digital Delivery and Transformation – 9 March 2021
- Humber Acute Services Stakeholder Workshop – 14 April 2021

One or more briefings will also now be incorporated within CoG meeting agendas. I am delighted that for the 20 April meeting the topic is Community Services. There is a danger of CoG becoming too hospital-centric in its deliberations, and although NLaG is only the direct provider of community services in North Lincolnshire, effective hospital/community services integration is a vital component in improving patient care.

I am pleased to announce that the next briefing on 27 May will be based around a very encouraging report on progress with the Outpatient Transformation Programme presented by Jackie France at a recent Finance & Performance Committee meeting. Ideas from CoG members for topics to be covered in future briefings would be greatly welcomed.

GOVERNOR ENGAGEMENT GROUP HIGHLIGHTS

The GAG met for the first time in its new format and with a revised membership on 9 March 2021. The primary reason for these changes was to enhance the ability of governors to fulfil one of our two principal responsibilities, namely to hold NEDs to account for the performance of the Trust Board. In undertaking this function GAG members considered the latest iterations of board sub-committee highlight reports and questioned sub-committee chairs regarding current issues of concern. I would like to thank the NEDs, all of whom were in attendance, for their openness to scrutiny and their willingness to attempt to address without prior notice a wide range of subjects that did not always arise directly from the highlight reports.

Another way in which governors can hold NEDs to account is through observing relevant meetings. All CoG members are encouraged to attend public Trust Board meetings which are held bi-monthly on the first Tuesday of even months. It is pleasing to note that, following an intervention by David Cuckson, Trust Board agendas now include a specific Governor Questions item. The next meeting is on Tuesday 1 June 2021. In addition, one governor is invited to observe each sub-committee meeting. The GAG agreed to nominate the following governors to undertake observer roles:

- Audit, Risk & Governance Committee – Rob Pickersgill (substitute Liz Stones)
- Finance & Performance – Ian Reekie (substitute Diana Barnes)
- Quality & Safety Committee – Ian Reekie (substitute David Cuckson)
- Workforce Committee – Rob Pickersgill (substitute Tim Mawson)
- Health Tree Foundation Committee – Tony Burndred (substitute Ian Reekie)

APPOINTMENTS & REMUNERATION COMMITTEE HIGHLIGHTS

Since the last CoG meeting the ARC has only formally met once, on 24 March. However, behind the scenes ARC members have been extensively engaged with the process of appointing a new NED to chair the Finance & Performance Committee. This is an important and demanding role and it was vital to recruit a suitably qualified and experienced candidate. Fortunately it has been possible to do just that, but the ARC has also managed to unearth an additional talented individual who members believe can further strengthen the Trust Board.

CoG members will recall that the first attempt at advertising for a new NED was unsuccessful in attracting a suitably diverse shortlist of qualified candidates and CoG virtually agreed to appoint executive search consultants to assist in the recruitment process. A very strong shortlist of five candidates was subsequently assembled with interviews taking place on 10 March when the panel unanimously agreed to recommend the appointment of Gillian Ponder to CoG. Gill, who lives in East Lindsey, is currently a NED with United Lincolnshire Hospitals Trust and chairs its Finance, Performance & Estates Committee. She will be attending the CoG meeting on 20 April when she will have the opportunity to introduce herself and we will be able to welcome her.

Although CoG members virtually agreed to endorse Gill's appointment, CoG is now asked to formally agree detailed transition arrangements. Although Gill is an experienced NED and Finance & Performance chair, she will need time to familiarise herself with NLaG issues and ways of working, not least our Foundation Trust status. An overlap period with current Finance & Performance Committee chair Neil Gammon is therefore essential. CoG has already decided to extend Neil's term of office to the end of June at the latest. It is now recommended that Neil should stand down on 31 May 2021 and that Gillian Ponder should be appointed as an Associate NED for a transition period commencing 12 April 2021. Gill will then take on the full NED and Chair of Finance & Performance Committee role with

effect from 1 June 2021 for a period of two years.

The ARC further agreed to recommend to CoG the appointment of Professor Maneesh Singh to serve as an additional Associate NED for a one year period commencing 1 May 2021. Maneesh trained in the NHS before taking up an Obstetrics & Gynaecology Consultant post leading an obstetrics department in Queensland, Australia. He returned to his native city of Hull in 2018 to establish an innovative medical products development company. Although Maneesh does not yet have the required NED experience to chair NLaG's Finance & Performance Committee, the ARC believes that his background together with his clinical and entrepreneurial skill set will greatly enhance the diversity of the Trust Board.

FOUNDATION TRUST GOVERNANCE

Elsewhere on the CoG agenda the Chief Executive will update the meeting on the Government's 'Integration and Innovation' white paper and on NHS England's 'Priorities and Operational Planning Guidance' for 2021/22. Governors will be particularly interested in a section of the implementation guidance that has attracted little comment but may well have an impact on the governor role. The document states that:

'During 2021/22 we will also update guidance on provider governance (to support providers to work collaboratively), including:

- *Updated FT code of governance*
- *Updated guidance on the duties of FT Council of Governors*
- *Updated memorandums for accounting officers of FTs and NHS trusts*
- *New guidance issued under the NHS Provider Licence that good governance for NHS providers includes a requirement to collaborate'*

FUTURE CoG MEETINGS

CoG last met in person on 14 January 2020. Many recently elected governors and recently appointed NEDs and Executives, including the Trust Chair, have never met face to face. As I have already alluded to the Covid-19 lockdown has yielded a number of unexpected wins. Virtual briefings will in all probability remain the norm and the GAG and ARC are likely to continue to meet virtually. Reductions in the need to travel will improve NLaG's green credentials and will save time for governors, NEDs and Executives. However personal interaction between governors is vital and needs to be restored as soon as possible at least in the form of full CoG meetings.

Group discussion between governors is perhaps most crucial at the CoG Annual Review meeting. Fortunately this year the Annual Review meeting is scheduled to take place on 23 June, two days after the final step in the Government's opening up roadmap. It is therefore suggested that, subject to any constraints imposed by overall NLaG policy and unchanged lockdown lifting roadmap dates, we aim to hold our Annual Review meeting on a face to face basis.

Ian Reekie
Lead Governor

CoG (04/21) Item 2.4

DATE OF MEETING	20 April 2021
REPORT FOR	Council of Governors
REPORT FROM	Lee Bond, Chief Financial Officer
CONTACT OFFICER	Brian Shipley, Deputy Director of Finance
SUBJECT	Finance Update – M11
BACKGROUND DOCUMENT (if any)	-
PURPOSE OF THE REPORT	For Information
OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME	Finance & Performance Committee – 31 March 2021 Trust Board – 6 April 2021
EXECUTIVE SUMMARY	The attached report outlines the reported financial position at M11 of the 2020/21 reporting period.

LINK TO STRATEGIC OBJECTIVES - which does this link to? (please tick ✓)

1. To give great care	2. To be a good employer	3. To live within our means	4. To work more collaboratively	5. To provide strong leadership
		✓		

TRUST PRIORITIES - which Trust Priority does this link to? (please tick ✓)

Leadership and Culture	Workforce	Quality and Safety	Access and Flow	Finance	Service and Capital Investment Strategy
				✓	

BOARD ASSURANCE FRAMEWORK (explain which risks this relates to within the BAF or state not application (N/A))	Risk 6
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COUNCIL OF GOVERNOR ACTION REQUIRED (please tick ✓)	Approval	Information	Discussion	Assurance	Review
		✓			

Finance Report Month 11

February – 2020/21

Executive Summary Month 11 2020/21

The Trust reported a £1.0m surplus in February, a £1.6m underspend versus plan. The year-to-date surplus as at the end of February was £3.9m, £5.6m favourable versus plan. Under the NHSI performance assessment metrics this is reduced by £1.7m for the recovery of non clinical income and therefore is reported as £3.9m surplus against plan year to date.

The Trust primary year end forecast has marginally improved on its month 10 estimated surplus against plan position of £2.35m to £2.37m once adjusted for the allowable items of annual leave and non clinical income.

	PLAN YTD	ACTUAL YTD	VARIANCE	ANNUAL PLAN	ACTUAL FOT	VARIANCE
Surplus / (Deficit)	(2.41)	3.24	5.65	(4.59)	(5.43)	(0.84)
Lost Income	2.41	0.66	(1.75)	2.89	0.80	(2.10)
Annual Leave Accrual	0.00	0.00	0.00	1.70	7.00	5.30
Revised Position	0.00	3.91	3.91	0.00	2.37	2.37

The positive variance has been mainly driven by lower than planned Elective and Daycase activity, recovery on non-clinical income in Pathlinks and by slippage on the Capital programme and PDC payments. The Trust still intends to maximise its planned care capacity over the final month and maximise the use of extra weekend and insourced capacity.

The Trust incurred £1.7m additional expenditure relating to Covid-19 in month (£18.0m year-to-date). The provision of Staff meals and Bank incentives are the material items to note.

The key variances in the month are:

- £2.2m above plan on income – The trust continues to report higher than expected income recovery in the main from £0.6m additional top-up income for lost local income, additional Clinical income support for SDF, Covid-19 vaccination and testing £0.6m, £0.5m Health Education income grants, £0.2m additional income for donated assets and £0.3m through Pathlinks income.
- £0.72m overspent on Clinical Pay – due to £0.4m additional covid costs including bank incentives, increased Nursing agency cover and additional anaesthetic middle grade cover.
- £0.39m underspent on Non-pay – Lower than planned activity levels drive underspends in Clinical Supplies and Purchase of Healthcare Services.
- £0.67m underspent on post EBITDA items – Depreciation (£0.25m) and PDC (£0.4m)

Income & Expenditure to 28th February 2021

Income & Expenditure	Annual Plan to 31st March 2021 £'000	Current Month			Year to Date			Primary Forecast £'000	Forecast Variance £'000
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000		
Clinical Income	378,413	34,483	35,167	684	343,931	345,635	1,704	380,325	1,912
Other Income	32,136	2,721	3,401	680	29,380	31,034	1,654	34,515	2,379
PSF/MRET and FRF and Top Up	27,092	0	0	0	27,092	27,092	0	27,092	0
Additional Top Up	5,833	0	0	0	5,833	5,833	0	5,833	(0)
Donated Income	101	0	199	199	47	518	471	518	417
Total Operating Income	443,575	37,204	38,767	1,564	406,283	410,111	3,828	448,283	4,708
Clinical Pay	(240,337)	(20,021)	(20,740)	(719)	(220,416)	(220,785)	(369)	(241,135)	(799)
Other Pay	(66,349)	(5,481)	(5,591)	(110)	(59,168)	(59,474)	(306)	(72,007)	(5,658)
Total Pay	(306,685)	(25,501)	(26,331)	(830)	(279,584)	(280,259)	(676)	(313,142)	(6,457)
Clinical Non Pay	(62,559)	(5,270)	(5,238)	32	(56,905)	(56,172)	733	(61,572)	987
Other Non Pay	(64,163)	(5,319)	(4,966)	354	(58,844)	(58,755)	89	(64,799)	(636)
Total Non Pay	(126,722)	(10,589)	(10,203)	386	(115,749)	(114,927)	822	(126,371)	351
Operating Expenditure	(433,408)	(36,091)	(36,534)	(443)	(395,333)	(395,187)	147	(439,513)	(6,106)
EBITDA	10,167	1,113	2,233	1,120	10,950	14,925	3,975	8,769	(1,398)
Depreciation	(10,442)	(1,045)	(789)	256	(9,374)	(8,414)	960	(9,266)	1,176
Interest Expenses & Other Costs	(233)	(18)	(9)	9	(213)	(182)	31	(202)	31
Dividend	(4,245)	(654)	(249)	405	(3,962)	(2,807)	1,155	(3,514)	731
Fixed Asset Impairments and Revaluations	0	0	0	0	0	0	0	(960)	(960)
Total Post EBITDA Items	(14,920)	(1,717)	(1,048)	669	(13,549)	(11,403)	2,146	(13,942)	978
Remove Capital Donated I&E Impact	159	0	(177)	(177)	190	(280)	(470)	(256)	(415)
I&E Surplus/ (Deficit)	(4,594)	(604)	1,008	1,613	(2,409)	3,242	5,651	(5,428)	(835)
Remove Annual Leave	1,700	0	0	0	0	0	0	7,000	5,300
Remove Lost Non Clinical Income	2,894	604	663	58	2,409	663	(1,747)	795	(2,099)
Revised I&E Surplus/ (Deficit)	0	0	1,671	1,671	0	3,905	3,905	2,367	2,366

COVID-19 Expenditure

Expenditure Category	Year-to-date 20-21		
	Pay (£k)	Non-pay (£k)	Total (£k)
Expand NHS Workforce - Medical / Nursing / AHPs / Healthcare Scientists / Other	3,461	10	3,471
Existing workforce additional shifts	7,206	0	7,206
Backfill for higher sickness absence	2,202	0	2,202
NHS Staff Accommodation - if bought outside of national process	0	6	6
PPE - locally procured	0	200	200
Other COVID-19 virus / antibody (serology) testing (not included elsewhere)	11	182	192
PPE - other associated costs	0	9	9
Increase ITU capacity (incl Increase hospital assisted respiratory support capacity, particularly mechanical ventilation)	0	753	753
Remote management of patients	0	9	9
Support for stay at home models	0	0	0
Segregation of patient pathways	0	608	608
Plans to release bed capacity	0	0	0
Decontamination	0	335	335
After care and support costs (community, mental health, primary care)	0	290	290
Infection prevention and control training (community, mental health, primary care)	0	4	4
Remote working for non patient activities	0	420	420
Internal and external communication costs	0	49	49
Direct Provision of Isolation Pod	0	117	117
Other	0	1,635	1,635
COVID-19 virus testing - rt-PCR virus testing	7	27	34
COVID-19 virus testing - Rapid / point of care testing (for DHSC provided Samba2, DNA Nudge, Primer Design, LumiraDx and Abbott ID NOW)	0	283	283
COVID-19 - Vaccination Programme - Provider/ Hospital hubs	84	15	99
COVID-19 Nightingale Harrogate Setup Cost Total (Gross)	1	0	1
COVID-19 Nightingale Harrogate Running Cost Total (Gross)	32	2	34
Total COVID-19 Expenditure	13,003	4,952	17,956
Total Trust Operating Expenditure (including COVID-19 expenditure and all other operating expenditure)	280,259	114,927	395,187
COVID-19 % of Total Trust Operating Expenditure	4.6%	4.3%	4.5%

Cash

The cash balance at 28th February was £65.4m, an in month increase of £4.2m.

Cash Balance as at 28th February

65.40

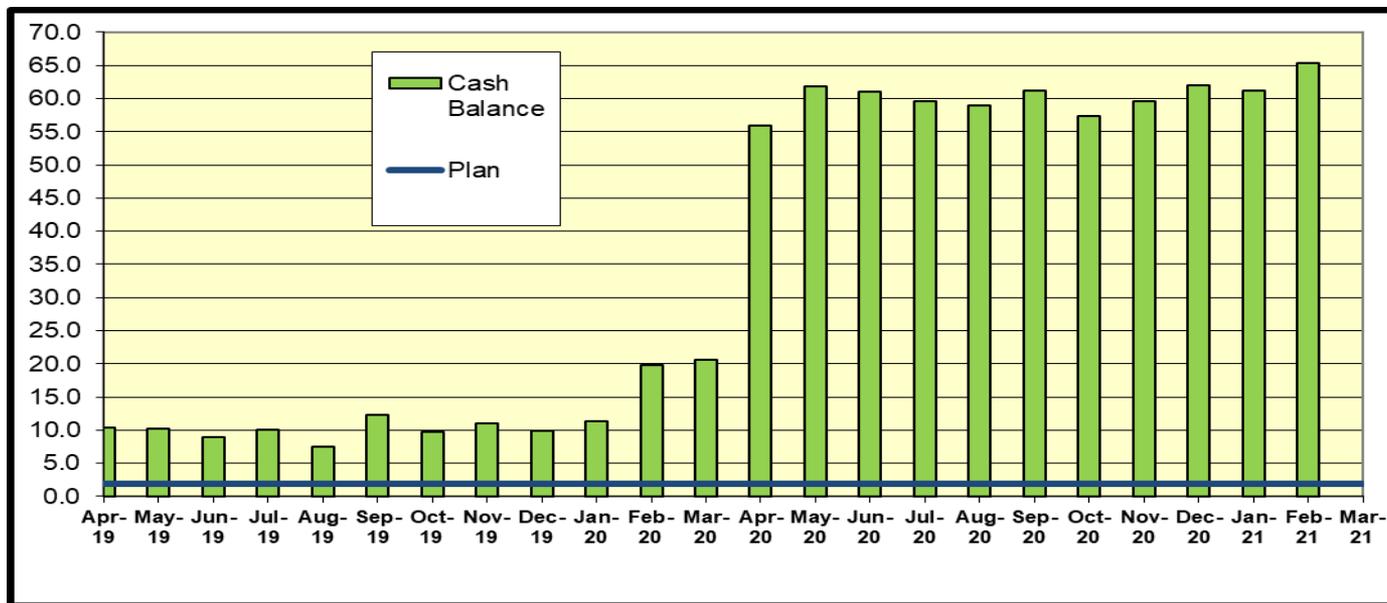
Commitments:

WebV bank account	0.02
Income received in advance	36.82
Capital creditors	5.12
In year capital underspend	12.29
Capital funding due	-8.95
Capital loan repayments	0.39
PDC Dividend payment	1.54
Dec PAYE/NI/Pension	10.47
Invoices due for payment not yet authorised	5.20
To support future months creditors	<u>0.59</u>

(63.50)

NHSi minimum balance

1.90



Balance Sheet as at 28th February 2021

	Last Month	This Month
	£mil	£mil
Total Fixed Assets	183.63	186.12
Stocks & WIP	3.68	3.36
Debtors	9.89	9.39
Prepayments	7.29	6.15
Cash	61.20	65.40
Total Current Assets	82.07	84.30
Creditors : Revenue	29.22	29.90
Creditors : Capital	4.40	5.12
Accruals	16.41	15.75
Deferred Income	35.94	36.82
Finance Lease Obligations	0.00	0.01
Loans < 1 year	1.38	1.40
Provisions	0.95	1.24
Total Current Liabilities	88.31	90.23
Net Current Assets/(Liabilities)	(6.24)	(5.93)
Debtors Due > 1 Year	0.00	0.00
Creditors Due > 1 Year	0.00	0.00
Loans > 1 Year	9.54	9.54
Finance Lease Obligations > 1 Year	0.02	0.02
Provisions - Non Current	5.38	5.38
TOTAL ASSETS/(LIABILITIES)	162.44	165.25
TOTAL CAPITAL & RESERVES	162.44	165.25

- The reduction in stock relates to pathology stock reagents and testing kits.
- Debtors have remained stable. The Trust is working closely with Hull University Hospitals to clear any outstanding debt, we have received confirmation that these will be paid March.
- Prepayments have now started to reduce, the reduction relates to CNST which is paid over 10 months.
- Revenue creditors and accruals have remained stable in month. The BPPC figures for February showed another increase in the value of non-NHS invoices paid with 30 days to 91.7%. The number of invoices paid also increased from 72% to 82%.
- Deferred income reflects March block, Health Education payments received in advance and NHSi income received in advance.
- The Trust has now paid all capital loan repayments due this year. The loan balance <1 year relates to the payments due within the next year.

2020/21 I&E Forecast

	M11 YTD Position £m	Primary Forecast £m
20/21 Plan Surplus/(Deficit)	(1.83)	(4.59)
Clinical Income	1.70	1.91
Non Clinical Income	1.65	2.38
Donated Income	0.47	0.42
Clinical Pay	(0.37)	(0.80)
Non Clinical Pay	(0.31)	(0.36)
Drugs	(0.55)	(0.54)
Clinical Supplies	1.29	1.53
Other Non-Pay	0.09	(0.64)
Post EBITDA (Depreciation & Interest)	2.15	1.94
Post EBITDA (Impairment)	0.00	(0.96)
Annual Leave Provision	0.00	(5.30)
Remove Excluded Items (Donated Income)	(0.47)	(0.41)
Surplus / (Deficit)	3.24	(5.43)
Variance to Plan	5.65	(0.83)
Add back Annual Leave Adjustment	0.00	5.30
Add back Non Clinical Income Adjustment	(1.75)	(2.10)
Surplus / (Deficit)	3.90	2.37

Risks

- Ongoing “Flowers” legal case. This is estimated to be circa **£6.0m** if extended to all staff groups.

Mitigations

- Planned additional capacity slippage **£0.50m**.

CoG (04/21) Item 3.1

DATE OF MEETING	20 April 2021
REPORT FOR	Council of Governors
REPORT FROM	Dr Peter Reading Chief Executive
CONTACT OFFICER	Dr Peter Reading Chief Executive
SUBJECT	Government White Paper – The Future of Health and Care
BACKGROUND DOCUMENT (if any)	Government White Paper published in February 2021 setting out legislative proposals for a Health and Care Bill: Working together to improve health and social care for all. The White Paper can be accessed online here .
PURPOSE OF THE REPORT	To inform and seek opinions from Governors regarding the White Paper and its implementation.
OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME	Trust Board (April 2021)
EXECUTIVE SUMMARY	<p>The White Paper makes proposals for the transition of the NHS to one where integrated care systems are given statutory status as the key part of the sub-regional NHS structure, clinical commissioning groups are abolished, and provider collaboratives take on a major role in integrating care delivery.</p> <p>The presentation summarises these proposals and identifies issues of relevance to NLaG and its patients, for consideration by the Council of Governors.</p>

LINK TO STRATEGIC OBJECTIVES - which does this link to? (please tick ✓)

1. To give great care	2. To be a good employer	3. To live within our means	4. To work more collaboratively	5. To provide strong leadership
✓	✓	✓	✓	✓

TRUST PRIORITIES - which Trust Priority does this link to? (please tick ✓)

Leadership and Culture	Workforce	Quality and Safety	Access and Flow	Finance	Service and Capital Investment Strategy
✓	✓	✓	✓	✓	✓

BOARD ASSURANCE FRAMEWORK (explain which risks this relates to within the BAF or state not application (N/A))	This relates particularly to Strategic Objective 4 – <i>To work more collaboratively</i>
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COUNCIL OF GOVERNOR ACTION REQUIRED (please tick ✓)	Approval	Information	Discussion	Assurance	Review
		✓	✓		

The Future of Health and Care

Government White Paper

Council of Governors Meeting
20 April 2021

Peter Reading
Chief Executive

The Future of Health and Care

- White Paper published 11 February 2021
- Recommends legislation effective from 1 April 2022
- Marks switch from competition to collaboration as guiding organisational principle of the NHS
- Evolution rather than revolution
- Sets out main system architecture
- Dynamics of new system (financial flows, hierarchy of priority setting, relationships between different nodal points) – t.b.d.
- Resources allocated on ‘shared’ rather than ‘organisational’ basis
- New priorities – inequalities, population health

The Future of Health and Care

- Six key nodal points (country-wide):
 - Integrated Care Systems (ICSs) e.g. Humber Coast and Vale Health and Care Partnership (HCV)
 - Place-based Partnerships (x 6 for HCV)
 - Provider Collaboratives (Acute, MH/LD, Community)
 - Trusts & Community Interest Companies
 - Primary Care Networks (PCNs)
 - Local authorities
- Additional nodal points in HCV:
 - Humber and North Yorks/York Partnership Boards

The Future of Health and Care

- ICSs to be statutory (Chair, CEO, CFO, NEDS)
- Money flows from centre through ICSs
- ICSs responsible for overarching system strategy and priorities

- Trusts will typically be involved in both Place-based Partnerships and Provider Collaboratives
- Relationships between Place(s) and Collaborative(s) - t.b.d.

- No statutory organisation at Place (post-CCGs) – implications for financial flows, system leverage and accountability

The Future of Health and Care

- Place-based Partnership – vehicle for integration and transformation between sectors ('shift to the left')
- Acute Provider Collaborative
 - vehicle for integration and transformation across acute services (e.g. single waiting list, integrated service specialties, diagnostics)
 - Potentially Different models for governance
 - Lead key clinical networks (cancer, planned care, urgent and emergency care)
 - May receive all funding for acute services (t.b.d.)

The Future of Health and Care

- Within HCV, NLaG will have relationships with:
 - ICS
 - 2 Provider Collaboratives
 - 2-3 Place Partnerships
 - Humber Partnership Board
 - Clinical networks
 - Humber Acute Services programme
 - 3 local authorities
 - Multiple PCNs

The Future of Health and Care

Some thoughts on challenges:

- How do we make sure this works for patients?
- How do we create a system which enables transformation – across pathways and across organisational boundaries?
- How does the money flow and how will that shape how things work?
- Collaboration requires high levels of trust and transparency
- Mechanisms for accountability are still in development
- How does NLaG play a full part in this complex new world?

CoG (04/21) Item 4.1

DATE	20 April 2021				
REPORT FOR	Council of Governors (CoG) (Public)				
REPORT FROM	Helen Harris, Trust Secretary				
CONTACT OFFICER	Alison Hurley, Membership Manager & Assistant Trust Secretary				
SUBJECT	Governors' Annual Declaration of Interests				
BACKGROUND DOCUMENT (if any)					
PURPOSE OF THE REPORT	For Assurance				
OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME					
EXECUTIVE SUMMARY (including key issues of note or, where relevant, concerns that the committee need to be made aware of)	The report provides the updated Register of Governors' Interests as at April 2021				
ACTION REQUIRED					
Approval	Information	Discussion	Assurance	Review	
LINK TO STRATEGIC OBJECTIVES - which strategic objective does this link to?					
1. To give great care	2. To be a good employer	3. To live within our means	4. To work more collaboratively	5. To provide strong leadership	
TRUST PRIORITIES - which Trust Priority does this link to?					
Leadership and Culture	Workforce	Quality and Safety	Access and Flow	Finance	Service and Capital Investment Strategy
BOARD ASSURANCE FRAMEWORK (explain which risks this relates to within the BAF)	11 - Risk of insufficient investment and development of the Trust's leadership (including clinical leadership) – capacity and capability.				
CoG Action Required	The Council is asked to: Note the report				

REGISTER OF GOVERNORS' INTERESTS

March 2021 (v1.1)

GOVERNOR NAME	INTERESTS	DATE
PUBLIC GOVERNORS - EAST & WEST LINDSEY		
Jeremy Baskett	<ul style="list-style-type: none"> ➤ National Committee Member of Managers in Partnership (MIP) Trade union ➤ Trade Union Representative on behalf of MIP in NHS Organisations ➤ Staff Side Chair for Humber SPF for the CCGs ➤ Elected Town Councillor - Louth, Lincolnshire ➤ Working for NHS Hull CCG (on behalf of Humber CCGs) ➤ Working for NHS Harrogate and Rural District CCG (on behalf of the North Yorkshire CCGs) on HR projects. 	04.09.2020
Gorajala Vijay	➤ None	06.11.2020
PUBLIC GOVERNORS - GOOLE & HOWDENSHERE		
Tony Burndred	➤ Chair of Men in Sheds (Goole)	30.11.2020
Rob Pickersgill	<ul style="list-style-type: none"> ➤ Fellow, Chartered Institute of Public Finance and Accountancy (CIPFA) ➤ Chair – Asselby Parish Council, Howden, East Yorkshire ➤ Member of Howden Medical Practice PPG ➤ Managing Director and 50% shareholder at W Hallam Castings Ltd, Thorne, Doncaster (private company) ➤ Member of the Yorkshire and Humberside Regional Advisory Board, MAKE UK (UK Manufacturers Organisation) 	30.11.2020
Stephen Price	➤ None	01.12.2020
PUBLIC GOVERNORS - NORTH LINCOLNSHIRE		
Kevin Allen	<ul style="list-style-type: none"> ➤ Volunteer worker at SGH ➤ Have applied to North Lincolnshire Council to be a school governor – under consideration 	15.10.2020
David Cuckson	➤ None	14.10.2020
Maureen Dobson	➤ None	04.11.2020
Vince Garrington	➤ Operations Director for Cairn Hotel Group and responsible for a hotel next to the Nightingale Hospital in Harrogate which has/will tender for NHS business	30.11.2020
Paul Grinell	<ul style="list-style-type: none"> ➤ Board member of DN Colleges Group (formerly North Lindsey College) ➤ Director of Kingsway Consulting Limited (subsidiary of DN Colleges Group) ➤ Director of DC Teach Limited (subsidiary of DN Colleges Group) 	04.11.2020

PUBLIC GOVERNORS - NORTH EAST LINCOLNSHIRE		
Diana Barnes	➤ None	30.11.2020
Brian Page	➤ Sole Trader trading as BP Training ➤ Currently contracted to deliver Health & Wellbeing training for Care Plus	03.12.2020
Ian Reekie	➤ Member of the National Institute of Health & Care Excellence (NICE) Quality Standards Advisory Committee	17.11.2020
Liz Stones	➤ Chairman of Cleethorpes Golf Club (1894) Ltd	10.11.2020
Vacancy		

STAKEHOLDER GOVERNORS		
Barbara Jeffreys - East Riding of Yorkshire Council	➤ ERYC Ward Councillor, Goole South Ward ➤ Royal British Legion (RBL) – Member ➤ Safer and Stronger Communities Overview and Scrutiny Sub-Committee ➤ Open Spaces Community Wellbeing Review Panel ➤ Goole Town Council – Town Councillor ➤ British Psychological Society (BPS) ➤ Create Case for Diversity Working Group ➤ Friends of Old Goole - Secretary/Treasurer	18.03.2021
Eddie McCabe - North East Lincolnshire Clinical Commissioning Group	➤ None	04.11.2020
Alex Seale - North Lincolnshire Clinical Commissioning Group	➤ Chief Operating Officer at North Lincolnshire CCG	21.12.2020
Stan Shreeve - North East Lincolnshire Council	➤ Elected member and portfolio holder for Finance and Resources NEL council. ➤ NEL Stakeholder Trustee of NEL Citizens Advice Bureau. ➤ Stakeholder Director of Humber Bridge Board. ➤ Trustee of Harbour Place ➤ Stakeholder representative of NEL on EY Pension Committee	30.11.2020
Vacancy - North Lincolnshire Council		
Vacancy - Lincolnshire Council		

PUBLIC GOVERNORS - NORTH EAST LINCOLNSHIRE		
Diana Barnes	➤ None	30.11.2020
Brian Page	➤ Sole Trader trading as BP Training ➤ Currently contracted to deliver Health & Wellbeing training for Care Plus	03.12.2020
Ian Reekie	➤ Member of the National Institute of Health & Care Excellence (NICE) Quality Standards Advisory Committee	17.11.2020
Liz Stones	➤ Chairman of Cleethorpes Golf Club (1894) Ltd	10.11.2020
Vacancy		

STAFF GOVERNORS		
Ahmed Aftab	➤ Director of Sazin Eyecare Limited	30.11.2020
Tim Mawson	➤ United Kingdom Accreditation Service ➤ Voluntary ISAS technical Assessor since October 2014	05.11.2020
Joanne Nejrup	➤ None	15.10.2020

CoG (04/21) Item 8.0

DATE OF MEETING	20 April 2021
REPORT FOR	Council of Governors
REPORT FROM	Helen Harris, Director of Corporate Governance
CONTACT OFFICER	Alison Hurley, Membership Manager and Assistant Trust Secretary
SUBJECT	Council of Governors Meeting Reflection
BACKGROUND DOCUMENT (if any)	N/A
PURPOSE OF THE REPORT	To provide feedback to Council members on the January 2021 Council of Governor meeting.
OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME	N/A
EXECUTIVE SUMMARY	The Report provides overall feedback from the meeting held in January 2021.

LINK TO STRATEGIC OBJECTIVES - which does this link to? (please tick ✓)				
1. To give great care	2. To be a good employer	3. To live within our means	4. To work more collaboratively	5. To provide strong leadership
				✓

TRUST PRIORITIES - which Trust Priority does this link to? (please tick ✓)					
Leadership and Culture	Workforce	Quality and Safety	Access and Flow	Finance	Service and Capital Investment Strategy
✓					

BOARD ASSURANCE FRAMEWORK	To provide strong leadership (Strategic Objective 5)
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COUNCIL OF GOVERNOR ACTION REQUIRED (please tick ✓)	Approval	Information	Discussion	Assurance	Review

COUNCIL OF GOVERNORS MEETING REFLECTIONS

(ratings 1 to 4 with 1 being low & 4 being high)

Questions		Rating* 1=low 4=high				Comments
		1	2	3	4	
Business Conducted						
Q1	Did the CoG focus on the appropriate agenda items? Please rate and comment.			1	3	<ul style="list-style-type: none"> • Appropriate given current circumstances • Yes, as always
Q2	Were there any other urgent items missing from the agenda that you would expect to see? Please comment and provide specific details.				3	<ul style="list-style-type: none"> • Not that I am aware of • No
Quality of Meeting Papers						
Q3	a) Is the purpose and content clear? Please rate and provide any comments.			1	1	<ul style="list-style-type: none"> • Yes • Yes
	b) Are papers clear on CoG action required? Please rate and provide any comments.			1	3	<ul style="list-style-type: none"> • Yes • Yes
	c) Did the papers meet your expectations to provide the necessary assurance? Please rate and be specific about why it did or did not, including anything which you felt was missing from the content of the papers.			2	2	<ul style="list-style-type: none"> • If the papers excluded anything specific the questions from Governors picked them up. • The quality of reports is improving, but some were still too long, too complex and too full of acronyms
Q4	Did any one item/paper stand out for you as a model to adopt for all items? Please rate and provide specific details			1	2	<ul style="list-style-type: none"> • No • The Patient Impacts paper provides a template which I hope can be replicated • No
Meeting Conduct & Timing						
Q5	Did the tone and conduct of the meeting feel that you were able to contribute constructively? Please rate and provide specific details				4	<ul style="list-style-type: none"> • There is always the opportunity to contribute • Yes all governors were given ample opportunity to ask questions which were appropriately responded to

Q6	How effective was the chairing of the meeting? Please rate and provide specific details				4	<ul style="list-style-type: none"> • Chair is very good at maintaining time allocated • Excellent
Q7	What worked or didn't work for you whilst meeting virtually? Please comment and provide specific details.			1	1	<ul style="list-style-type: none"> • The only problems were internal to the trust systems • Some governors clearly lack the confidence to contribute remotely
Q8	The aim is to limit meetings to 2 hours in duration. Do you feel this is sufficient to enable the necessary business to be transacted? Please comment and provide specific details.			1	1	<ul style="list-style-type: none"> • Yes it is if the relevant topics are covered • Yes • Yes
	Anything else?					<ul style="list-style-type: none"> • We need to return to face to face CoG meetings as soon as possible • I received 2 emails about joining a meeting with MSTeams. The first one I clicked on took me to a meeting, but did not gain access. On reflection this link was for the meeting in Feb. Could emails providing a link to a meeting include in the email text, the name, date and time of the meeting to avoid confusion

* Rating 1 to 4 with 1 being low and 4 being high

Notes:

1. Comments are not verbatim in all instances but provide a summary only.
2. Where comments are duplicated they have been included once in the comments column.
3. Not all responses to questions were rated