

Agenda

Council of Governors Business Meeting

Will be held on 20th July 2021, between 14:00 - 17:00 hours
will be held virtually via Microsoft Teams

A Governor only pre meeting will be held from
13.15 – 13:45 hours
virtually via 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
Linda Jackson, Vice Chair
(To note the Chair's opening remarks) | Verbal | |
| 1.2 | APOLOGIES FOR ABSENCE*
Linda Jackson, Vice Chair
(To note apologies for absence) | Verbal | |
| 1.3 | DECLARATIONS OF INTEREST
Linda Jackson, Vice 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 20th April 2021
Linda Jackson, Vice Chair
(To approve or amend the minutes from the previous meeting) | Attached | |
| 1.5 | MATTERS ARISING
Linda Jackson, Vice Chair
(To discuss any matters arising from the minutes that are not on the agenda) | Verbal | |
| 1.6 | REVIEW OF ACTION LOG
Linda Jackson, Vice Chair
(To consider progress against actions agreed at the previous meetings) | Attached | |

2. REPORTS AND UPDATES		14:15
2.1 Chair's Update	Verbal	
Linda Jackson, Vice Chair (To receive and note the Chair's update)		
2.2 Chief Executive's Update	Verbal	
Jug Johal, Acting Chief Executive Officer (To receive and note the Chief Executive's update)		
2.2.1 Trust Priorities 2020-21 – Year End Report	Attached	
Jug Johal, Acting Chief Executive Officer (To receive and note the Trust Priorities' Year End Report 2020-21)		
2.3 Lead Governor's Update	Attached	
(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)		
3. STRATEGY & PLANNING - COG BRIEFINGS		15.00
3.1 Referral to Treatment Current Situation and Recovery Plans	Attached	15.00
Abolfazl Abdi, Deputy Chief Operating Officer (To receive and note the Referral to Treatment update)		
3.2 Overview of Humber Coast and Vale Developments	To follow	15:40
Professor Stephen Eames CBE, Independent Chair and Lead for the Humber Coast & Vale Integrated Care System (To receive an update on Humber Coast and Vale Developments)		
4. ITEMS FOR DISCUSSION		16:10
4.1 Governor Elections (Skill set/experience required & self-nomination)	Verbal	
Alison Hurley, Membership Manager and Assistant Trust Secretary (To receive and note Governor Elections update)		
5. ITEMS FOR APPROVAL		16:20
5.1 Governors' Register of Interests	Attached	
Alison Hurley, Membership Manager and Assistant Trust Secretary (To receive and approve the Governors' Annual Register of Interests)		
6. QUESTIONS FROM GOVERNORS	Verbal	16:25
Linda Jackson, Vice Chair (To raise and respond to questions from governors for consideration at the CoG)		

- 7. ITEMS FOR INFORMATION** (see separate **Appendix A**) To Note 16.35
Linda Jackson, Vice Chair
(To note items for information)
- 8. ANY OTHER URGENT BUSINESS** Verbal 16:40
Linda Jackson, Vice Chair
(To discuss any other urgent business)
- 9. MATTERS TO BE ESCALATED TO THE TRUST BOARD** Verbal 16.45
Linda Jackson, Vice Chair
(To discuss any items requiring escalation to the Trust Board)
- 10. COUNCIL PERFORMANCE AND REFLECTION** Attached 16:55
Linda Jackson, Vice Chair
(To consider the performance of the CoG)
- 11. DATE AND TIME OF THE ANNUAL MEMBERS' MEETING**
Linda Jackson, Vice Chair
(To note the date and time of the next formal business meeting)
- Date: 13th September 2021
Time: 14:00 - 17:00 hours
Venue: Sands Venue Stadium (Glanford Park)
- 12. DATE AND TIME OF THE NEXT FORMAL BUSINESS MEETING**
Linda Jackson, Vice Chair
(To note the date and time of the next formal business meeting)
- Date: 19th October 2021
Time: 14:00 - 17:00 hours
Venue: Sands Venue (Glanford Park)

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

APPENDIX A

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

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

6.	Items for Information		
6.1	Finance Update	Lee Bond, Chief Financial Officer	To follow
6.2	Audit, Risk and Governance Committee (ARGC) Annual Report	Andrew Smith ARGC Chair	Attached
6.3	Glossary and Acronyms	Alison Hurley, Membership Manager & Assistant Trust Secretary	Attached

Minutes

PUBLIC COUNCIL OF GOVERNORS MEETING

Minutes of the Meeting held on Tuesday, 20th April 2021, from 14:00 to 16:30 hours

Present:

Terry Moran CB	Trust Chair	Barbara Jeffreys	Stakeholder Governor
Ahmed Aftab	Staff Governor	Joanne Nejrup	Staff Governor
Kevin Allen	Public Governor	Brian Page	Public Governor
Diana Barnes	Public Governor	Rob Pickersgill	Public Governor
Jeremy Baskett	Public Governor	Ian Reekie	Public Governor
David Cuckson	Public Governor	Liz Stones	Public Governor
Maureen Dobson	Public Governor	Gorajala Vijay	Public Governor
Paul Grinell	Public Governor		

In Attendance:

Abolfazl Abdi	Divisional General Manager (Medicine) (representing Shaun Stacey)
Adrian Beddow	Associate Director of Communications
Dawn Daly	Divisional Head of Therapies
Helen Harris	Director of Corporate Governance
Stuart Hall	Associate Non-Executive Director
Alison Hurley	Membership Manager & Assistant Trust Secretary
Linda Jackson	Trust Vice Chair
Shauna McMahon	Chief Information Officer
Gillian Ponder	Non-Executive Director (observer)
Michael Proctor	Non-Executive Director
Dr Peter Reading	Chief Executive
Dr Anthony Rosevear	Divisional General Manager (Community and Therapies)
Dr Neveen Samuel	Divisional Clinical Director (Community and Therapies)
Brian Shipley	Deputy Director of Finance (representing Lee Bond)
Andrew Smith	Associate Non-Executive Director
Helen Turner	Interim Divisional Head of Nursing (Community and Therapies)
Serena Mumby	Membership Officer (minutes)

1. BUSINESS ITEMS

1.1 CHAIRS OPENING REMARKS

Terry Moran opened the virtual Council of Governors (CoG) meeting and welcomed everyone. Gillian Ponder was then welcomed and introduced as the newly appointed Non-Executive Director (NED) who commenced in post on 12th April 2021.

1.2 APOLOGIES FOR ABSENCE

Terry Moran provided apologies for absence as detailed below:

Apologies for absence were received from: Lee Bond (Chief Financial Officer who was represented by Brian Shipley), Shaun Stacey (Chief Operating Officer who was represented by Abolfazl Abdi), Neil Gammon (Non-Executive Director), Michael Whitworth (Non-Executive Director), Vince Garrington (Public Governor), Tim Mawson (Staff Governor), Eddie McCabe (Stakeholder Governor), and Stan Shreeve (Stakeholder Governor).

Alison Hurley advised that Michael Whitworth may be late joining the meeting and Shauna McMahan was required to leave the meeting between 15:00 to 16:00 hours.

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 19TH JANUARY 2021

Terry Moran invited members to approve the minutes of the CoG Public Business meeting held on the 19th January 2021. Following an amendment to the third paragraph on page four regarding the percentage of inpatients **that had tested positive** for COVID-19, the minutes were approved as a true and accurate record.

Council Action: Membership Office to amend previous minutes

Council Decision: The Council received, amended 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 January 2021 CoG meeting was reviewed. Brian Shipley reported that in relation to the Trust Investment Updates at action COG(20)258, the Trust had no short-term investments at this time and the action was closed.

Terry Moran thanked Brian Shipley for the update and invited questions. None were raised.

Council Action: Membership Office to update the CoG Action Log

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

2. REPORTS AND UPDATES

2.1 CHAIR'S UPDATE

Terry Moran drew the Council's attention to the Chair's Update which was duly noted by the Council.

Council Decision: The Council received the Chair's update

2.2 CHIEF EXECUTIVE'S UPDATE

Dr Peter Reading provided an overview of the report and advised it related to four key headlines being the NHS White Paper; NHS England / Improvement (NHSE/I) planning guidance for 2021/22; the pandemic response, key operational pressures and progress on key capital developments. The presentation for agenda item 3.1 would address the White Paper update. Priorities and planning guidance for 2021/22, published on 25th March 2021, contained key elements relevant to the Trust and provided an overview of the key headlines. Political imperative surrounding the areas of service recovery was intense and the health service was expected to respond with immense energy to drive back the waiting list position and address the impacts on staff.

Rob Pickersgill referred to the Lead Governor report which captured the potentially differing roles for Foundation Trust governors from the planning guidance, and queried how this may evolve, be implemented and whether it would require substantial changes in the Foundation Trust Governors' role. Dr Peter Reading confirmed that the planning guidance alluded to this but was not aware of any detail at present. It was understood that the Government was considering the changes which may be required for Foundation Trust governance arrangements.

In response to a query from David Cuckson around staff members who had refused the COVID-19 vaccination, Dr Peter Reading advised that the Trust remained focussed on vaccinating as many members of staff as possible and to make it easy for staff to get vaccinated, although staff could not be forced to receive the vaccine. Vaccination levels were at approximately 75% across the country, and approximately 5,500 staff were awaiting the second vaccination. The staff figures were not exact as some staff had received the vaccine outside of the Trust. The number of inpatients with COVID-19 had reduced to 12 and the decline continued, though the impact to staff remained. Operational and diagnostic pressures also remained intense against the backdrop of the restricted environment especially in relation to social distancing.

Dr Peter Reading advised the Trust aimed to deliver a capital programme of £130 million over the next 18 months. This was the largest capital programme since the Trust was founded 40 years ago and an overview of the key developments was provided. The Magnetic Resonance Imaging (MRI) building was complete and a celebrity was being sought to perform the opening ceremony. The building would become operational within the upcoming few weeks.

Terry Moran thanked Dr Peter Reading and invited any further comments or questions. None were received.

Council Decision: The Council received the Chief Executive's update

2.2.1 Trust Priorities 2021-22

Dr Peter Reading reported that the core organisational Trust Priorities had been developed by the Executive Team in consultation with senior managers and staff. Formal approval was granted at the Trust Board meeting on 6th April 2021.

In relation to Trust Priority two on workforce and leadership, Dr Reading appraised members of the Trust's overseas recruitment programme which would deliver approximately 100 nurses over the course of the year. The first cohort had initially been delayed due to the pandemic and were due to arrive shortly. From an operational perspective, the Trust remained on course to achieve zero vacancies for unqualified health care support workers. 3,000 staff members had received training on pride and respect prior to the pandemic, and a review on how to further improve organisational culture was planned, with additional investment into health and wellbeing planned to continue the huge benefits delivered to support Trust staff.

Substantial support with the Humber Acute Services Review (HASR) had been received from the regional team and the partnership with Hull University Teaching Hospitals (HUTH) NHS Trust. A joint meeting was due within the week to further develop this.

The Trust continues to work closely with the local authorities on Trust priority five in order to work towards the achievement of a new hospital site in Scunthorpe. This had been raised by a Scunthorpe Member of Parliament (MP) in the House of Commons the previous week and had received a relatively positive response from Matt Hancock. A further eight new hospitals schemes were planned and competition was intense from other hospitals trying to secure a place on the list.

Paul Grinell queried whether detailed action plans had been established and requested that Governors receive periodic updates on Trust progress against targets. Dr Peter Reading confirmed that detailed plans were in development to drive the business plans and quarterly reporting will recommence and be delivered at Trust Board meetings. An update would also be provided at the next CoG meeting.

Terry Moran thanked Dr Peter Reading and invited further questions or comments. No further questions were received.

2.3 LEAD GOVERNOR'S UPDATE

Ian Reekie presented the Lead Governors' report and appraised CoG members of the endorsement of the appointment of Gillian Ponder as an Associate Non-Executive Director from the period 12th April 2021 to 31st May 2021, and as Non-Executive Director and Chair of the Finance and

Performance Committee for a period of two years commencing 1st June 2021.

Ian Reekie advised the CoG that the Appointment and Remuneration Committee recommended the appointment of Professor Maneesh Singh to serve as an Associate Non-Executive Director for a period of one year commencing 1st May 2021. The Council ratified this appointment.

Ian Reekie requested Governors to consider, subject to any overall Trust policy limitations and an unchanged COVID-19 lockdown lifting roadmap plans, to aim to hold the CoG Annual Review meeting on 23rd June 2021 on a face to face basis. The Membership Office would investigate the use of an off-site venue in Scunthorpe which would accommodate social distancing requirements and parking. The CoG supported this approach if possible.

Terry Moran thanked Ian Reekie and invited any questions. David Cuckson queried whether the appointment of Professor Maneesh Singh could be made permanent. Terry Moran advised that the skills and experience gained whilst in the Associate NED role would support a strong application when a future vacancy arose.

Terry Moran thanked Ian Reekie and invited further questions. No further questions were received.

Council Action: Membership Office to source an off-site venue for the COG Annual Review Meeting scheduled for 23rd June 2021

Council Decisions:

- **Received the Lead Governor's update**
- **Approved the appointment of Gillian Ponder as a current associate NED and full NED from 1st June 2021 for two years**
- **Approved the appointment of Maneesh Singh as an Associate NED**
- **The return to face to face meetings when possible**

2.4 FINANCE UPDATE

Brian Shipley provided the CoG with an update on the reported financial position at month 11, which summarised a February surplus of £3.9 million against the Trust's plan to date. The Trust continued to report higher than expected income recovery which had returned to pre-pandemic levels and cash balances have reduced dividend payments. The Trust remained on plan and was continuing to reduce the debtor's position.

Terry Moran thanked Brian Shipley for a very clear financial update and queried whether Governors wished to comment or raise any questions.

Ian Reekie asked whether the financial deficit of £25 million was a concern for the Trust and Brian Shipley advised there were no major issues for concern providing the Trust continued to meet the improvement trajectories. Dr Peter Reading reported that there had been a change in approach which demonstrated an acknowledgement that many Trusts are in a similar financial position.

Council Decision: The Council received the Finance update

3. STRATEGY AND PLANNING - COG BRIEFINGS

3.1 Humber, Coast and Vale and Government White Paper Update

Dr Peter Reading delivered an overview of the presentation which summarised the key issues contained within the Government White Paper relating to the future of health and care. The document was published on 11th February 2021 with recommendations for legislation to be effective from 1st April 2022; therefore, the recommendations contained within the White Paper are expected, but not legislated at present. This determines the switch from competition, which had been in place since 1991, to that of collaboration as a guiding organisational principle of the NHS. An evolutionary rather than revolutionary approach.

The presentation referred to six national key nodal points and future plans for the Integrated Care System (ICS) to become statutory which would bring together the NHS, local government and partners, and an ICS NHS body. It was confirmed that finances would be received and distributed from the ICS which would be responsible for priorities and the overarching system strategy.

Terry Moran thanked Dr Peter Reading for a very helpful summary, and clarified that the cultural change from competition to collaboration would not be a simple transition. The importance of fair ICS leadership was highlighted and any questions were sought.

Jeremy Baskett queried the impact on social care around the ICS boundaries in relation to patient transfers back into the community, and how the Trust would ensure members of the public were kept informed. Dr Peter Reading reported that the local authorities had a key role within the new structure and local communities would benefit from these pooled resources. Boundaries were being formulated through the Accident and Emergency Delivery Board due to the substantial number of patients involved, formal mechanisms for acute collaboration would be developed in the future.

Ian Reekie thanked Dr Peter Reading for the excellent presentation and queried the omission of voluntary and community services within the list of organisations that the Trust would be required to have a relationship with. Dr Peter Reading reported that while this was not addressed formally within the Government White Paper, it had been discussed at ICS level with regards how to work differently to engage the talent and resources that exist within voluntary and community services.

Council Decision: The Council received the Humber, Coast and Vale and Government White Paper update

The Council agreed to cover items 4, 8, and 5 ahead of item 3.2

4. ITEMS FOR APPROVAL

4.1 Register of Interests

Alison Hurley invited members to review the updated Governors' Register of Interests document as this had been updated following the appointment of Barbara Jeffreys as a Stakeholder Governor for East Riding of Yorkshire.

Jeremy Baskett informed the Council that he had been appointed as Deputy Mayor for Louth

Council Action: Membership Office to update the Governors' Register of Interests

Council Decision: The Council approved the current Governors' Register of Interests

8. COUNCIL RELECTION

Terry Moran advised that the responses received are few but demonstrate positive feedback. The feedback questionnaire would be distributed following the meeting for completion.

5. QUESTIONS FROM GOVERNORS

The following questions were received from Governors.

Kevin Allen made reference to the Trust's implementation of digital letters and expressed concern for the older generation who may have limited experience with this. Dr Peter Reading advised that the Trust needs to move at a pace that patients can work with and agreed to invite Jackie France to contact Kevin Allen outside of the meeting to discuss further details. Following a brief discussion it was agreed to invite Jackie France to provide an update on this issue during the planned update at the Governor and NED briefing scheduled for 27th May 2021.

Stuart Hall referred to the earlier query pertaining to the 25% of patients acquiring COVID-19 whilst in the Trust hospitals within the previous CoG minutes. Dr Peter Reading proposed a written infection control briefing be produced by the Chief Nurse directorate for circulation to Governors which would explain the key issues associated with recording and preventing COVID-19 nosocomial infections, the numbers experienced in Trust hospitals over the pandemic, and how these compare with other hospitals in the region and in the country. Governors welcomed this suggestion.

Council Actions:

- **Jackie France to liaise with Kevin Allen about digital letters and patient support**
- **Membership Office to invite Jackie France to provide an update on digital appointment letters at the Governor and NED briefing scheduled for 27th May 2021**

- **Infection Control to produce a written briefing on nosocomial infections, numbers experienced in the Trust in comparison to regional and national data for circulation to the Governors**

The agenda returned to address item 3.2

3.2 North Lincolnshire Community Services Update

Dr Anthony Rosevear introduced himself to the CoG and provided an overview of the progress made by the North Lincolnshire Community Services team. This included postiche services which had opened on 12th April 2021 and would be working with a broader range of salons in the community following changes to the contracting arrangements on 1st April 2021.

The Trust had been recognised as a 2020 Health Service Journal finalist for the Community Provider of the Year category as a result of three key projects: providing clinical observations training to care home staff to enable staff to better recognise a deteriorating patient and escalate appropriately; end of life care training and support to care home staff; and the community response team GP to enable senior decision making within a single point of access.

Dr Anthony Rosevear provided an overview of the service provision which demonstrated the breadth of services provided across the division and provided an overview of the access to services as part of the COVID-19 recovery plan and reported that improvements had been made due to the hard work of the team. The community dental access performance against the 18 week referral to treatment (RTT) standard was the only RTT service which had been impacted heavily due to the pandemic.

Helen Turner delivered an overview of the internal improvement journey for end of life care, the highlighted triangulated themes for improvement, the external improvement journey for end of life care and the key focus for the forthcoming six months.

Paul Grinell suggested the use of the 'My Future Care Plan' document as an excellent tool to support engagement with patients and cover end of life and patient directives, which had been produced by the Trust, North Lincolnshire Clinical Commissioning Group and North Lincolnshire Council. Helen Turner confirmed there were many such documents available which cover these issues and consideration was being given to how best to embed such approaches.

Michael Proctor queried to what extent the Trust was involved in addressing the issues relating to excessive numbers of patients being referred to hospitals at end of life and Helen Turner advised the Trust were heavily involved in this work. It was noted that pathways to retain patients in the community required further progress. Dr Neveen Samuel reported that such patients often die soon after discharge and the Trust was working through Enduring Power of Attorney (EPA) and end of life care pathways to reduce the number of patients being presented to the Accident and Emergency department.

An overview was provided by Dawn Daly on Discharge to Assess and the established patient pathways to enable rapid, safe discharge of people who no longer required acute care.

Barbara Jeffreys queried if consideration had been given to patients who lack capacity. Dawn Daly advised these patients were being considered although such discharges took longer to arrange.

Rob Pickersgill queried if there was a difference between the systems utilised by East Riding of Yorkshire Hospitals and Goole and District Hospital. Dawn Daly explained that although East Riding had patients in different geographical areas and there were differences between the documentation, the same national policies applied.

Dr Neveen Samuel confirmed that the achievements of the Community Services team were resultant from their excellent work and close working with the local authority, which included providing training to care homes.

Ian Reekie reported that the Trust had insufficient community nurses to meet patient demand since the North Lincolnshire community service contract was awarded in 2011. This had often been highlighted within Care Quality Commission (CQC) reports and the amount of financial resources required was queried. Helen Turner advised that an establishment review had been undertaken with the Chief Nurse, Ellie Monkhouse, which had identified establishment gaps, although more robust processes were required to evidence current and expected capacity and service demand. A bid for an electronic allocation system would shortly be submitted for planned services which would provide information on the capacity and skills mix required. This was an extensive piece of work and it was noted that there were no national tools available in support of this.

Dr Anthony Rosevear referred to the business plans outlined in the presentation and clarified that the Trust was now able to deliver the new required pathways without any additional resources. This was possible as a result of the efficiency gains due to the excellent work of the team. A professional review on community nursing establishment had been undertaken as part of the wider Trust review which commenced in 2019. Recommendations from the review would be submitted to the Executive Team Meeting.

Terry Moran thanked all speakers for the comprehensive update and proposed a further update within six to 12 months and invited any questions.

Rob Pickersgill queried how the Trust perceived the development potential within the ICS. Dr Anthony Rosevear confirmed that the Trust maintained a strong working partnership with the North Lincolnshire Council which was founded on the development of the ICS review with a joint road map between the Council and community services and shared ownership.

Dr Peter Reading thanked Governors for inviting the presentation on Community Services which had provided the CoG with an excellent example of services working creatively. The division represented the future for their efforts in addressing the biggest challenge of unlocking resources available to the Trust.

Council Actions:

- **Membership Office to distribute the North Lincolnshire Community Services presentation following the meeting**
- **Membership Office to arrange for a North Lincolnshire Community Services update within six to 12 months**

Council Decision: The Council received the North Lincolnshire Community Services update

The agenda returned to its original order

6. ANY OTHER URGENT BUSINESS

There were no items raised.

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.

Agenda item 8 was covered earlier in the meeting

9. DATE AND TIME OF THE ANNUAL REVIEW MEETING

Date: 23rd June 2021
Time: 14:00 - 17:00 hours
Venue: TBC

10. DATE AND TIME OF THE NEXT FORMAL BUSINESS MEETING

Date: 20th July 2021
Time: 14:00 - 17:00 hours
Venue: TBC

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

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 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. |
| <ul style="list-style-type: none">• 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 16:48 hours.

Minute reference	Date/Month of Meeting	Subject	Action Reference (if Different)	Action Point	Lead Officer	Due Date	Progress	Status	Evidence	Evidence Stored
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
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)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)259			6	Membership Office to distribute questionnaire to CoG members for Council Reflection	Membership		Distributed	Completed		
COG(20)259	15/10/2020	CoG Governor Attendance document	9.2	Membership Office to amend the Governor Attendance at Briefings Document	Membership Office	Jan-21	Governor Attendance at Briefings Document amended	Complete	Governor attendance document	Yes
CoG(20)258			2	Membership Office to electronically circulate the proposal document following this meeting	Membership		Distributed	Completed		
CoG(20)257			1.8	Membership Office to distribute the Oncology Stakeholder briefing to Governors	Membership		Briefing document circulated 23.01.2020	Completed		
COG(20)257	15/10/2020	Trust Constitution	3.2	The significant transactions element of the Trust Constitution to be circulated to CoG members	Membership Office	Oct-20	The significant transactions element of the Trust Constitution circulated to CoG members	Complete	E-mail	Yes
CoG(20)256			7.1	Membership Office to send Mr Garrington a copy of the most recent staff survey results	Membership		Staff survey results sent to Mr Garrington 21.01.2020	Completed		
COG(20)256	22/07/2020	Public Attendance at CoG meetings	13	Alison Hurley, Linda Jackson and Helen Harris to discuss public attendance at CoG meetings outside of the meeting	Alison Hurley	Oct-20	Considered and addressed via a virtual meeting which also considered general Governor engagement	Complete	E-mail	Yes
CoG(20)255			5.1	Mr Karvot to contact Mrs Jackson outside of the CoG to discuss the antibiotic service for DPoW	Mr Karvot		Mr Karvot contacted Mrs Jackson regarding the antibiotic s	Completed		
COG(20)255	22/07/2020	Governor Briefing	7.1	Claire Low to provide an update on the incidents of potential inappropriate access to WebV	Claire Low	Oct-20	Addressed in the all staff e-mail shared with Governors on 6th October 2020	Complete	E-mail	Yes
CoG(20)254			5.1	Membership Office to add 5-year forecasting to the February Governor & NED Bi-annual Briefing	Membership		Discussed at 11.02.20 Bi-annual Governor and NED Briefin	Completed		
CoG(20)252			1.7.1	Membership Office to add Health Tree Foundation Highlights Report to future CoG agendas	Membership		Actioned	Completed		
CoG(20)251			1.7.2	Dr Wood to contact NLCCG regarding the use of Everlight Radiology services	Dr Kate Wood		This was addressed within the May CoG	Completed		
COG(20)249	04/07/2019	IT Sponsorship	9	Mrs Hurley to investigate potential sponsorship for IT tablets for Governors	Alison Hurley	Oct-19	Oversight will be maintained at the Governor Assurance Group meeting	Completed	GAG Agenda	Yes
CoG(20)245			1.6	Membership Office to add Women and Children Services to Sheffield Hospital to a future CoG Agenda	Membership		Addressed within October CoG	Completed		
CoG(20)244			1.5.1	Membership Office to invite Mrs Farquharson to provide a Pride & Respect briefing	Membership		Addressed within November Bi-annual Briefing	Completed		
CoG(20)242			1.3	Add Smoking Shelter Update to the next CoG Agenda	Membership		Addressed within October CoG	Completed		
CoG(19)240			8	Membership Office to liaise with Mr Bramley to arrange a Governor & NED briefing on Quality and Service Improvement Report (QSIR) later in the year	Membership		To be addressed within QRG & QSC agenda	Completed		
CoG(19)237			5.1	Membership Office to circulate papers from the NHS Providers Regional Workshop for information	Membership		Completed 02/05/2019	Completed		
CoG(19)236			3.1	Membership Office to invite Mr Stacey to discuss Winter Planning at a future CoG meeting	Membership		Added to July CoG agenda	Completed		
CoG(19)235			2.1	Membership Office to add IT Security to a future CoG agenda for Mr Johal to speak to	Membership		Added to July CoG agenda	Completed		

COG(20)234	16/04/2019	Governor Briefing	4.2	Membership Office to invite Mrs Plant to provide a briefing on planned initiatives for improving financial and operating targets	Membership Office	Jul-19	Discussed within July CoG briefing	Completed	July CoG briefing agenda	Yes
CoG(19)233			4.1	Dr Reading to discuss externally procured coding with Mr Johal outside of the meeting to ascertain backlog and sustainability status	Dr Reading		Completed 23/05/2019	Completed		
CoG(19)232			1.6.1	Membership Office to organise an urgent treatment centres briefing	Membership		Addressed within November 2019 Bi-annual Briefing	Completed		
CoG(19)231			1.6	Membership Office to organise a radiology and pathology briefing at the next Governor & NED Briefing session	Membership		Addressed within November 2019 Bi-annual Briefing	Completed		
CoG(19)230			1.6	Dr Reading to provide Mrs Jeffreys with feedback regarding the biometric machine for ophthalmology at GDH	Dr Reading		Completed 23/05/2019	Completed		
CoG(19)229			1.4	Membership Office to update the Action Log including the archiving of completed actions	Membership		Completed 17/04/2019	Completed		
CoG(19)228			10.5	Membership Office to add Terms of Reference for the ARC to the April CoG agenda	Membership		Agenda item 7.4 on April 2019 CoG agenda	Completed		
CoG(19)227			10.4	Trust Constitution to be added to the April CoG agenda	Membership		Agenda item 7.3 on April 2019 CoG agenda	Completed		
CoG(19)226			10.3.1	Mrs Adamson to circulate updated action plan from the National Guardian's Office	Mrs Adamson		No newer version available at present. This will be added to a future CoG agenda when available	Completed		
CoG(19)225			8.1.1	Mrs Capitani to forward names of Goole patients experiencing problems regarding attendance to Mrs Hurley	Mrs Capitani		Mrs Capitani provided the membership office with the patient details and this action was resolved on 06.02.19	Completed		
CoG(19)224			8.1.1	Mr Jefferys to forward query regarding Goole patient receiving ophthalmology treatment to the Membership Office	Mrs Jeffreys		Mrs Jeffreys provided the membership office with the patient details and this action was resolved on 31.01.19	Completed		
CoG(19)223			9.4	Dr Reading to contact Mr Reekie regarding timescales of coding issues	Membership		Mr Reekie was updated on the 22.03.19	Completed		
CoG(19)222			4	Membership Office to update the CoG action log	Membership		Membership Office updated the action log	Completed		
CoG(19)221			11.2	Trust Constitution Updates to be presented to the Governor Assurance Group	Mrs Booth		Update to be provided at the January 2019 CoG meeting at 11.1 of the agenda	Completed		
CoG(19)220			10.1 & 12.3.1	Mrs Farquharson to provide a Pride & Respect Programme update to the December Governor and NED briefing	Mrs Farquharson		To be delivered at the Governor and NED Briefing in February 2019 (as above at item 200)	Completed		
CoG(19)219			9.4.1	Mrs France to provide a Patient Administration Progress update at the December Governor and NED briefing	Mrs France		Delivered at the December briefing	Completed		
CoG(19)218			4	Membership Office to update the Action Log, and completed actions will be moved and archived	Membership		Action log amended	Completed		
CoG(19)217			3	Amend Item 4.1 in the Annual Review Meeting minutes from 12th June 2018	Membership		Minutes amended	Completed		
CoG(19)216			6	Mr Stacey to provide an update at the next meeting on the Pain Management Service and use of St Hugh's Hospital in Grimsby and InHealth services at Scunthorpe	Mr Stacey		Agenda item 9.3.2 on January 2019 CoG agenda	Completed		
CoG(19)214			4	Membership Office to amend previous minutes to state Dr Reading throughout.	Membership		Membership Office amended minutes	Completed		
CoG(19)213			13.3.1	Membership Office to ensure the National Guardians report on NLaG Procedures is on the next CoG agenda	Membership		Item 12.3.1 on the January CoG agenda	Completed		
CoG(19)212			13.3	Membership Office to ensure the National NLaG Freedom to Speak Up Report is on the next CoG agenda	Membership		Item 12.3 on the January CoG agenda	Completed		
CoG(19)211			13.2	Membership Office to update the totals column on the Attendance at Governor Briefings and Training and Development Opportunities document to reflect the rolling 12 month period	Membership		Membership Office updated document	Completed		
CoG(19)210			13.1	Membership Office to update the totals column on the Governor Attendance at CoG and Sub-groups document to reflect the rolling 12 month period	Membership		Totals column on spreadsheet amended	Completed		

CoG(19)209			9.1	Membership Office to ensure BAF is added to the next CoG agenda.	Membership		Item 9.1 on the January CoG agenda	Completed		
CoG(19)208			8.4	The ARC are to amend the NED remuneration to reflect the NHS cost of living increase of 3% effective from 1st April 2018	ARC		Referred to ARC Meeting to address	Completed		
CoG(19)207			7	Membership Office to invite Mr Stacey to provide updates at future CoG meetings	Membership		Update provided at the October CoG meeting	Completed		
CoG(19)206			6	Update on restructuring and nursing due at the October CoG meeting	Membership		Update provided at the October CoG meeting	Completed		
CoG(19)205			9.4.2	Mr Stacey agreed to establish whether local patients were presenting with early or late stage cancer	Mr Stacey		Update provided at the October CoG meeting	Completed		
CoG(19)204			10.2	Membership Office to distribute update to be provided by Mrs Clipson	Membership		Update provided at the October Pre-CoG briefing	Completed		
CoG(19)203			10.2	Membership Office to ensure Humber Acute Services Review update is on the next CoG agenda	Membership		Update provided at the October Pre-CoG briefing	Completed		
CoG(19)202			10.1	Membership Office to distribute update to be provided by Mrs Clipson	Membership		Update provided at the October Pre-CoG briefing	Completed		
CoG(19)201			10.1	Membership Office to ensure STP update is on the next CoG agenda	Membership		Update provided at the October Pre-CoG briefing	Completed		
CoG(19)200			11.1	Membership Office to ensure Pride and Respect is added to the agenda quarterly	Mrs Farquharson		To be delivered at the Governor and NED Briefing in February 2019 - Delivered at the February Governor & NED Briefing session	Completed		
CoG(19)199			9.4.1	To invite Mrs France to the October CoG meeting for a further Patient Administration Progress update	Membership		Update provided at the December briefing	Completed		
CoG(19)198			9.2	The Membership Office to ensure that the Improving Together Programme briefing is on the agenda for the November briefing session.	Membership		Added to the November briefing	Completed		
CoG(19)197			4	Membership Office to update the Action Log.	Membership		Membership Office updated	Completed		
CoG(19)196			3	Membership Office to add 'during the day' to clarify item 7 on page 5 of the minutes.	Membership		Membership Office amended minutes	Completed		
CoG(19)195			6.2.1	Governors to receive an STP update covering Trust representatives on all of the various work-streams	Membership		October CoG	Completed		
CoG(19)194			6.2.1	Membership Office to seek timelines for the release of the embargoed Annual Report and Account for the Governor Assurance Group	Membership		Annual Report circulated to Governors before AMM	Completed		
CoG(19)193			6.2.1	Mrs Hurley to add a simplified criteria column to the framework documents	Mrs Hurley		Completed for 2019	Completed		
CoG(19)192			6.1.1	Membership Office to move the CQC update briefing session to the CoG agenda and replace by a meet and greet session with the Chief Executive and Executive Directors.	Membership		July CoG	Completed		
CoG(19)191			13.3	Membership Office to invite Mr Hemadri to present the National Guardians Report at the July CoG	Membership		Mr Hemadri invited to the July CoG to provide update on National Guardians Report	CLOSED		
CoG(19)191			4.2	Mrs Hurley to discuss raising awareness of the SID role with Mrs Booth	Mrs Hurley		To be incorporated within the review of the Trust Board sub-committees	Completed		
CoG(19)190			9.4	Mrs Jackson suggested Mrs Louise Glover could provide clarity around the clinical harm process for Mr Baskett	Membership		Mrs Louise Glover liaised with Mr Baskett around the clinical harm process	Completed		
CoG(19)189			9.3	Membership Office to arrange a briefing for Governors on Capital Funding	Membership		Delivered at the November Gov & NED Briefing	Completed		
CoG(19)188			9.1	Membership Office to invite Mr Daws to the next QRG Meeting	Membership		This has been completed. Mr Daws attended June QRG Meeting.	CLOSED		
CoG(19)187			11.3	Membership Office to invite governors on behalf of Mr Currie, to attend the Compassionate Leadership Conference on 17th May 2018	Membership		This has been completed. Mrs Bett attended conference.	CLOSED		
CoG(19)186			11.3	Membership Office to invite Mr Currie to return in the autumn for a further progress report.	Mrs Hurley		Mrs Claire Low confirmed for providing an update at the July CoG.	CLOSED		
CoG(19)185			4	Membership Office to update Action Log	Membership		This has been completed.	CLOSED		
CoG(19)184			17	Membership Office to invite Mrs Graves to the Quality Review Meeting in February to discuss the Ward Reviews.	Mrs Hurley		Mrs Filby attended the February QRG meeting and provided an update on the new ward review/SQAT process	CLOSED		

CoG(19)183			14.3	Mrs Shaw to address the potential conflict of interest outside of the meeting.	Mrs Shaw		This was addressed and resolved	CLOSED		
CoG(19)182			8.5	Membership Office to distribute the Staff Governor Working Group terms of reference electronically for comments.	Mrs Hurley		Completed and added to the April CoG agenda for full CoG ratification	CLOSED		
CoG(19)181			8.4	Mr Grinell to take appraisals of the Non-Executive Directors (NED) and the Trust Chair back to ARC agenda for further consideration.	Mr Grinell		This will be discussed within the ARC meetings. A response will be provided at the July CoG.	CLOSED		
CoG(19)180			8.3	Mrs Hurley to contact IT and the communications team regarding the feasibility of recording short YouTube clips for the Trust website	Mrs Hurley		Communications team to consider utilising YouTube for positive promotion of the Trust and its' services	CLOSED		
CoG(19)179			8.3	MWG to liaise with Mrs Clipson to discuss linking the group with service strategy.	Mrs Hurley		Mrs Sandra Hills now aligned with the MWG as the NED lead for service strategy.	CLOSED		
CoG(19)178			8.2	Membership Office to add RTT to the next QRG agenda for further discussion.	Mrs Hurley		RTT has been added to the May QRG agenda.	CLOSED		
CoG(19)177			8	Membership Office to amend the agenda for April CoG meeting to incorporate the Trust Board sub-committee highlight reports in to the CoG sub-group highlight reports.	Mrs Hurley		This has been completed.	CLOSED		
CoG(19)176			11.2	Mrs Clipson to provide the governors with regular updates on the Humber Acute Service Progress Report.	Mrs Clipson		This is ongoing as a CoG agenda item.	CLOSED		
CoG(19)175			10.4.1	Membership Office to invite Mrs France to return in the autumn for a further progress report.	Mrs Hurley		Mrs France confirmed for providing an update at the July CoG.	CLOSED		
CoG(19)174			10.4.1	Membership Office to distribute late papers to attendees	Mrs Hurley		Papers distributed as actioned.	CLOSED		
CoG(19)172			10.3	Membership Office to add Draft Trust Strategy 2021 & Strategic Objectives to the January pre-CoG briefing	Mrs Hurley		This was delivered as part of the Governor and NED briefings held on 22nd February.	CLOSED		
CoG(19)170			6	Membership Office to involve Dr Reading in the November briefing for the Improving Together Programme	Mrs Hurley		This was delivered as part of the Governor and NED briefings held on 22nd February.	CLOSED		
CoG(19)168			7.3	Mrs Greenbeck to provide article ideas to the Membership Office	Mrs Greenbeck		Mrs Hurley and Mrs Greenbeck wrote an article with Mrs Dobson on dementia and improvements for dementia patients and new staff.	CLOSED		
CoG(19)166			9	Mrs Hurley to investigate the use of microphones for future CoG Meetings	Mrs Hurley		This is now closed. This will be reviewed dependant on the venue being used. Equipment to be sourced from the Smile Foundation. Mrs Hurley will contact the Health Tree Foundation as they are often able to bring equipment with them from Hull and return.	CLOSED		
CoG(19)154			5.1	Chairs of CoG Sub-Groups are to ensure their terms of reference reflect those of the Trust Board	CoG Sub-Group Chairs		CoG sub-groups are now aligned with TB sub-committees which is reflected in their terms of reference.	CLOSED		
CoG(19)150			3.3	Mrs Hurley to seek a champion who can take the IT Tablets for Governors business case to the Charitable Funds Committee meeting on the 27th July 2017	Mrs Hurley		This is now closed. As this was an ongoing item requiring further exploration. It was agreed to monitor this action through the Governor Assurance Group. Support has been received from the information team to produce specification for palmtops. Previous sponsorship plans have not come to fruition.	CLOSED		

CoG(20/07) Item 2.2.1

DATE OF MEETING	20 July 2021
REPORT FOR	Council of Governors
REPORT FROM	Jug Johal, Acting Chief Executive
CONTACT OFFICER	Dr Peter Reading, Chief Executive
SUBJECT	End of Year Report on Performance against Trust Priorities 2020-21
BACKGROUND DOCUMENT (if any)	N/A
OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME	Executive Team Meetings and Trust Board
EXECUTIVE SUMMARY	<p>In May 2020 (decision delayed due to pandemic), the Trust Board agreed the Trust Priorities for 2020-21. This report has been compiled by the Executive Team, with input from Non Executive Directors, as a formal End of Year Report on Performance against those Priorities.</p> <p>It should be noted (1) that responding to the pandemic and its many associated impacts on staff, waiting lists, facilities, etc was not included among these Priorities, and was therefore handled as additional pressure; and (2) that the pandemic affected significantly Trust performance against some objectives where key personnel/ organisational focus was diverted to pandemic response.</p> <p>The Council of Governors is asked to note the Report.</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 good leadership
✓	✓	✓	✓	✓
TRUST PRIORITIES - which Trust Priority does this link to? (please tick ✓)				
Pandemic Response	✓	Workforce and Leadership		✓
Quality and Safety	✓	Strategic Service Development and Improvement		✓
Estates, Equipment and Capital Investment	✓	Digital		✓
Finance	✓	The NHS Green Agenda		✓
Partnership & System Working	✓			

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

End of Year Report on Performance against Trust Priorities 2020/21

Priority	Measure/KPI – what will be different by 31 March 2021	
Leadership and Culture		
1 Further development of the Trust Board and senior leadership of the organisation Partially achieved due to Covid (DTC)	<ul style="list-style-type: none"> • Undertake six Board Development Days during the year focused on key risk areas. Achieved - 10 Board Development events undertaken (modified DTC). • Improvement in the CQC well-led domain from requires improvement to good. No CQC inspection DTC but substantial work on well-led development (Board appointments, IPR, BAF, etc.). • In the absence of a National staff survey due to Covid, a local culture and morale barometer to be undertaken. Local barometer not undertaken DTC, how National Staff Survey was undertaken. • 10% improvement in number of staff who have attended Pride and Respect training. Pride and Respect Training was stood down DTC, so not achieved. 	
2 Develop and implement a leadership development programme targeted principally at divisional leadership structures (Bands 6, 7 and 8) Not achieved (DTC)	<ul style="list-style-type: none"> • Establish a leadership development programme for Bands 6, 7 and 8. • Increase the number of Bands 6, 7 and 8 attending leadership programme courses by 30%. • Develop a coaching/mentoring programme for the Trust using a Systemwide approach. The development of a leadership programme for leaders at bands 6, 7 and 8 was put on hold DTC. This is still an important objective and as a result has formed part of the Trust's Priorities for 2021/22 and is a key focus within the implementation of the People Strategy. It is hoped that a leadership programme will be scoped out by December 2021 which will focus on leadership at all levels, and if approved and supported, rolled out from 2022. • Increase Insights roll out from 120 in 2019/20 to 200 during 2020/21 Small numbers of Insights were achieved (24) but this was significantly reduced DTC. 	
3 Deliver quality improvement projects using QSIR methodology showing demonstrable improvement Partially achieved (DTC)	<ul style="list-style-type: none"> • Revise and develop the Trust's Quality Improvement Strategy Increase the number of staff who have undertaken QI training by 10%. • Further measures to be agreed, e.g., number of projects undertaken and impact delivered. <ul style="list-style-type: none"> ▪ Executive leadership of Quality Improvement (QI) transferred to Chief Nurse, September 2020 (transfer delayed from April 2020 DTC). ▪ From March 2021, 102 Junior doctors have had new and updated online training on QI. NLaG doctors will deliver a QI project as part of their rotation. ▪ Working with NHSI, the Trust now has access to the QSIR Virtual training package allowing the organisation to resume the first QI training since the start of the pandemic. QSIR Virtual will commence on 5 April. ▪ Associate Director for QI has been appointed. A new Framework has been developed for the Trust, with a QI platform ready to launch. 	
4 Achieve all Trust targets for mandatory training and PADR Partially achieved (DTC)	<ul style="list-style-type: none"> • Achieve Trust target of 90% for core mandatory training and 85% for role specific training Core training compliance was 91% - fully achieved. Role specific training compliance was 80% - partially achieved. • Achieve Trust target of 85% for PADRs PADR compliance was 80% - underachieved by 5%. 	
Workforce		
5 Sustain and improve recent improvements in staff retention rates Not achieved (partly DTC, partly due to other reasons)	<ul style="list-style-type: none"> • In the absence of a National staff survey due to Covid, a local culture and morale barometer to be undertaken Local barometer not achieved DTC but National Staff Survey undertaken. • Maintain the current staff turnover rate Staff turnover at March 2020, was 9.1% and at March 2021, it was 9.3%, therefore not quite achieved. This is based on a 12 month rolling period. *Note: we have used the standard NHS calculation via ESR to calculate this. • Improvement in the retention rate by 5% We are unable to calculate this, as we do not have a standard and agreed definition for retention so do not have a baseline against which to establish whether there has been an improvement or reduction. • Reduction in the overall vacancy rate to 6%. Vacancy rate at March 2021 is 9.4% - SPC charts available for the 12 month rolling period. Not achieved. • Improve the number of applicants who report a positive experience of the recruitment process Not undertaken during 2020/21, put on hold DTC. This will restart in 2021. 	

		<ul style="list-style-type: none"> In the absence of a National staff survey due to Covid, a local culture and morale barometer to be undertaken Not undertaken DTC although National Staff Survey did happen. 									
6	<p>Reduce the Trust vacancy rates with particular focus on nursing and medical staffing resulting in a reduced usage of temporary staffing</p> <p>Limited achievement (unclear how much of this was DTC)</p>	<ul style="list-style-type: none"> Maintain the staff current staff turnover rate Not achieved. Small increase: <table border="1"> <thead> <tr> <th>Turnover Rate (12m)</th> <th>2020 / 03</th> <th>2021 / 03</th> </tr> </thead> <tbody> <tr> <td>Medical and Dental</td> <td>10.00%</td> <td>10.53%</td> </tr> <tr> <td>Nursing and Midwifery</td> <td>8.99%</td> <td>10.21%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Improvement in the retention rate by 5% As above. We are unable to calculate this, as we do not have a standard and agreed definition for retention so do not have a baseline in order to establish whether there has been an improvement or reduction. Maintain the medical vacancy rate at 11% with overall ambition to reduce by 1.5% Not achieved. Medical vacancy rate at March 2021 was 11.9% - SPC charts available for 12 month period. Maintain the nurse vacancy rate at 7.7% Not achieved. Nursing vacancy rate at March 2021 was 10.1% - SPC charts available for 12 month period. Reduction in unregistered vacancy rate to 3.5% Achieved. Vacancy rate at March 2021 is "operationally" Zero as determined by national NHS – to allow for turnover/recruitment. Full implementation of Safe Care Live to reduce the unnecessary agency costs in nursing by the workforce rosters reflecting the clinical demand of each service. Safe care Live was implemented in April 2020 in response to the pandemic to help provide assurance to the CNO in relation to acuity, safe staffing levels and managing clinical risk. This continues to be embedded across the organisation but is used on a daily basis to help manage staffing levels appropriately. 	Turnover Rate (12m)	2020 / 03	2021 / 03	Medical and Dental	10.00%	10.53%	Nursing and Midwifery	8.99%	10.21%
Turnover Rate (12m)	2020 / 03	2021 / 03									
Medical and Dental	10.00%	10.53%									
Nursing and Midwifery	8.99%	10.21%									
7	<p>Ensure safe staffing across our clinical areas, focussing specifically on A&E, paediatrics and critical care</p> <p>Substantially achieved – in spite of Covid</p>	<ul style="list-style-type: none"> Participate in any national reviews for safe staffing levels Staffing levels on wards/departments meet national minimum requirements Maintain safe staff fill rate at greater than 95% Ensure that safe staffing report actions are linked to strategic workforce plan. Shift fill rate has fluctuated throughout the pandemic, with a fill rate of around 100% during the months we had the support of the 3rd year student nurses, to our lowest of 83% in December 2020. A combination of winter, escalation beds and sickness. This is increasing back to more normal levels of 93%. This gives an average over the year as 96%. There have been no national reviews of safe staffing. Staffing levels have continued to be monitored and reported to Q&S Committee throughout the pandemic. We have successfully bid and been awarded money as part of the CNO England's Workforce mandate to support HCSW and International recruitment. 									
8	<p>To agree and implement strengthened support to staff experiencing mental health problems</p> <p>Substantially achieved - different programme</p>	<ul style="list-style-type: none"> Creation of a Wellbeing Board. Reduce the intervention time for the first support mechanism from 28 days to 14 days for all staff identified with a sickness absence reason of mental health, anxiety and stress. 100 managers to be trained in mental health awareness. Survey Monkey undertaken to measure satisfaction with the service. <ul style="list-style-type: none"> As a response to the pandemic, Health and Wellbeing (HWB) had a significant investment from April 2020, to support staff when they needed it the most. A HWB steering group was formed and the support systems below were introduced as an interim HWB Framework including: <ul style="list-style-type: none"> Launch of 'Care for Each Other' – a one stop shop advice page on intranet where all initiatives and support services are accessible to all staff. New Employee Assistance Programme support provider including 24/7 phone counselling and new pathways created with all providers including digital platform with self-help guides. A 'stepped care' approach to mental health support was introduced led by the Lead Clinical Psychologist in partnership with all external providers. Partnering with Remploy 'Mental Health at Work' programme which offers every staff member 9 months full support from specialist consultants to support with staying well at work or returning to work after a period of sickness. Remploy consultant work with staff and their manager in developing written wellbeing plans. Wobble Rooms created. 									

		<ul style="list-style-type: none"> ▪ Staff donations and welfare packs donated to all staff. ▪ Wellness Wednesday launched to support mental, physical and financial health – a weekly virtual platform. ▪ Virtual counselling sessions created for face to face support. ▪ Group counselling sessions arranged following traumatic events. ▪ CEO daily email emphasised the importance of taking annual leave and all health and wellbeing offers available to staff. ▪ Upskilling of managers to support staff – over 170 managers received bespoke training in identifying and support mental health issues including signs of burn out, distress and anxiety. ▪ Introduction of a dynamic online risk assessments process that married physical health risks related to working conditions and the pandemic with the impact on mental health, with mental health conversations embedded in the RA process. ▪ All staff, students and contractors encouraged to access Lateral Flow kits with the introduction of digital result submitting platform for all to access from home. The digital system also provides a ‘confirmation of test result’ back to the recipient for displaying to partners such as care homes in order to further safeguard our patients. ▪ Creation of x2 Hospital Hubs to support Covid 19 vaccine roll out to all our staff and the wider Health & Social Care community. ▪ HWB Guardian introduced and our lead NED for workforce. ▪ BAME Wellbeing Coordinator appointed, funded through Health Tree Foundation. ▪ Roll out of vaccine programme for all Health and social care workers. ▪ Improvement in staff survey results relating directly to HWB.
Quality and Safety		
9	<p>Achieve the must do actions identified in the CQC report</p> <p>Substantially achieved - strong CQC engagement</p>	<ul style="list-style-type: none"> • To develop an action plan with clear trajectories to deliver the CQC recommendations which has been signed off by the CQC • Deliver improvements against regulatory actions in the agreed timeframe. • Overall improvement in CQC ratings against the 2019 report, but particularly in the Safety Domain. • Staff can articulate what the Trust quality priorities are and how they are engaged in their delivery. <ul style="list-style-type: none"> ▪ Action plan developed, monitored monthly. Trajectories amended due to the impact of Covid. Monthly report identifying progress. ▪ Nine actions have not been delivered within the timeframe (6.4% of all actions). These relate to mandatory training and PADRs, the diagnostic waiting lists and areas where additional resources are required to meet the CQC standard, e.g. community nursing. ▪ Given Covid, it has not been possible to engage with staff in detail on the Quality Priorities, and there has not been a CQC inspection to amend the rating.
10	<p>Reduce mortality rates and strengthen end of life care</p> <p>SHMI target achieved, but only partial achievement against other measures (DTC)</p>	<ul style="list-style-type: none"> • Reduction in the Trust SHMI to within expected range • Improvement in initial mortality screening to 50% and number of structured judgement reviews (SJR) undertaken on 100% those identified from screening as requiring SJR. • Improve timeliness of observations on adults and children to 85% within 30 minutes of due time. • Improve frequency of sepsis screening and robustness of reporting. • Develop method of gathering patient and carer feedback for end of life care with local hospices • 80% of all inpatients (excluding maternity) to be screened for alcohol and tobacco use • 90% of all inpatients (excluding maternity) to receive brief advice on tobacco use if they smoke <ul style="list-style-type: none"> ▪ SHMI has had a sustained statistically significant improvement and is within expected range at 107. ▪ Initial mortality screening has achieved 50% except August and September 2020. SJRs have a backlog due to the increased volume of referral to SJR and the impact of Covid. ▪ Sepsis observations on adults has achieved 85%, with children the achievement was partial, with slippage in April, October and November 2020. ▪ Frequency of screening and robustness of reporting re sepsis not achieved, being carried forward to 2021/22 ▪ Patient and carer feedback for end of life in hospice not measured DTC. ▪ The alcohol and tobacco priorities did not progress DTC.
11	Improve the management	<ul style="list-style-type: none"> • Monthly audit to be designed and implemented to determine appropriate quality

	<p>of diabetes</p> <p>Substantially achieved</p>	<p>measures. This will include improvement in monitoring of blood sugar in patients with diabetes.</p> <ul style="list-style-type: none"> Reduction in insulin errors which cause significant harm to less than 5% of overall reported insulin incidents Achieve 85% compliance with role specific mandatory training for diabetes Blood glucose taken in ECC if NEWs over 1 for adults, PEWs over 6 for children in 95% of cases <ul style="list-style-type: none"> Monthly audit designed and implemented, but the results indicate work still to do to attain and embed the standards across the board. Insulin errors of significant harm is less than 5%. 85% Mandatory training for diabetes achieved. The BM taken in ECC has fluctuated. The addition of the PEN team has led to a change to be set down in protocol, to allow for clinical judgement from a Paediatric expert.
12	<p>Improve the quality and timeliness of complaints responses using a more individualised approach</p> <p>Achieved</p>	<ul style="list-style-type: none"> Improvement in the time taken to respond to complaints (trajectory to be determined) Quality measures to be determined. <ul style="list-style-type: none"> 100% of complaints >120 days have been now closed (at March 2020, there were 97, with one at >700 days). Significant reduction in open complaints despite only slight reduction in incoming complaints during Covid - 219 open complaints in March 2020 - 64 open complaints March 2021. Trust wide adoption of new process, with lead investigator role taking responsibility for investigation as opposed to central team. Quality of responses is much improved, and learning evidenced in responses.
Access and Flow		
13	<p>Improve the Trust waiting list with a focus on 40 week waits, total list size and out- patient follow-ups</p> <p>Objective changed DTC- nevertheless, strong recovery performance achieved by regional comparison</p>	<ul style="list-style-type: none"> Reduce delayed transfers of care to 60 (move flow and access) The Trust has reduced DTOCs to 8.3 from the position shown above and is currently 4th in the region for length of stays over 14 days. Reduce the overdue follow up waiting list to below 9,000 by 31 March 2021 This reduced from 31,323 in March 2020 to 21,969 in March 2021, this would have been reduced further in the year if it was not for COVID-19 not enabling follow up patients to be reviewed. The Trust also introduced patient initiated follow up during the year to support better management of follow up patients and new referrals. 52 week waits to be at zero The Trust submitted 1,187 RTT 52 Week breaches at the end of March 2021. Based on the previous 2 years delivery of 52ww, the trust would have hit zero RTT 52 week waits if it was not for COVID-19 where elective activity was reduced due to the associated risks. The Trust's RTT 52 week is markedly better than other trusts within the region. The overall RTT waiting list to be less than it was on 31 January 2020 The RTT waiting list on 31st January 2020 was 25,227, on 31 March 2021 the waiting list was at 28,853. The Trust was unable to reduce the overall waiting list due to the requirements of COVID-19 to reduce the elective activity.
14	<p>Improve the effectiveness of cancer pathways focussing on time to diagnosis</p> <p>Not achieved DTC</p>	<ul style="list-style-type: none"> Time to diagnosis and patient informed by day 28 to be at 75% 28 day faster diagnosis was at 59.7% in March 2021. This has been severely hampered by COVID-19 throughout the year Care of patients with confirmed diagnosis transferred by day 38 to be at 75% March 2021 was at 20% performance but the numbers of patients ready to transfer was low in month (5 in total for March). As with all Cancer pathways COVID-19 has had a significant affect. Request to test report turnaround to be no more than 14 days in 100% of cases DTC this target was not achieved. Currently across most Cancer diagnostic tests the wait is greater than 14 days. Develop a clear service model and a Trust target to ensure that cancer services are maintained The Trust has established the Humber Cancer Board which meets monthly to support the management of Cancer Services across the Humber. The Group has progressed the faster access to diagnostics and earlier treatment in a number of tumor types. Unfortunately the progress of these development has been significantly delayed DTC. Number of combined site MDTs to be 100% Achieved. All MDTs across the Trust are now combined and through the Humber Cancer Board work has commenced on combining MDTs across the Humber in a

15	<p>Improve safe flow and discharge through the hospital focusing on outliers, late night patient transfers and discharges before noon</p> <p>Substantially achieved - where not affected by Covid</p>	<p>number of tumor types.</p> <ul style="list-style-type: none"> Reduction in the average length of stay to less than 4 days 2020/21 average length of stay was 4.06, this is shorter than 2019/20 but is not where we had planned for the year mainly due to the complexity of managing patients with Covid. Increase in the zero length of stay to 32% Zero length of stay was at 27.23% for 2020/21. Sustained improvement in the 0–1 day length of stay Discharges with length of stay less than 2 was 5,953 in March 2020 and 6,578 in March 2021, demonstrating significant improvement in this approach to care. Reduction in non-elective length of stay to less than 4.1 days 2020/21 non-elective average length of stay was 4.22, mainly due to the COVID-19 patients requiring more complex input prior to their discharge. Reduction in elective length of stay to less than 2.4 days 2020/21 elective average length of stay was 2.00, a significant improvement from previous years. Reduction in the number of medical outliers (target to be agreed) Percentage of ward outliers was 22.66% in March 2020, this increased to 47.44% in March 2021, however this figure is difficult to report as throughout the year wards changed their classification and clinical patient type due to the need to manage Covid-19 patients. There was also a significant impact on this position related to the overall reduction in beds due to requirements of social distancing and temporary cubicles which were used throughout the COVID-19 pandemic. 85% of discharge letters to be completed within 24 hours post discharge The Trust achieved 50% of letters being submitted within 24hrs in April 2020 but the position has not been held and is currently at 40% of letters being submitted within 24hr of a contact with the Trust. To support this action further the trust has engaged with clinicians and agreed a new category of letter 'Dictated but not Signed' to reduce the delays to letters being submitted on time. Identify a robust mechanism for recording golden discharges Discharges and times are recorded on PAS, in March 2020 there was 1,480 golden discharges rising to 1,491 in March 2021. Number of early supported discharges to increase by 10% The Trust embarked on the discharge to assess programme in April 2020. Through this programme, the number of early supported discharges has increased to an achievement of 44% of discharges happen within 7 days against a national ambition of 40%. Improvement in the number of patients that have admission prevention services provided by the community services in North and North East Lincolnshire (target to be agreed) In March 2020 in response to the Covid-19 pandemic response the Community Team added a GP to the single point of access and crisis team. This has resulted in 450 patients in the North Lincolnshire locality being maintained at home rather than attending ED. All patients requiring mental health support in ED will be assessed within 4 hours of referral During the last year the data collection development around Symphony has not enabled this statistic to be collected specifically related to a diagnosis type. Monitoring of patients' requirements mental health support has shown that there have been 4 patients who had their final decision on a treatment pathway after being within the department for 12hours. Patient in in-patient wards will be assessed and have a plan in place within 8 hours of referral The latest audit of 7 day services has shown that 60% of patients have a plan in place within 8 hours of admission rising to 83% within 72hours.
Finance		
16	<p>Deliver the statutory finance performance targets</p> <p>Substantially achieved - TBC at year-end, including achievement of revised CIP target</p>	<ul style="list-style-type: none"> Delivery of the Trust year-end control total as part of the Humber and Northern Lincolnshire system financial targets The Trust reported a £0.16m surplus for the 2020/21 financial year. This was in line with plan. The Humber system and the wider HCV ICS collectively reported achievement of the overall financial plan set by NHSE/I for the year. Achievement of the financial recovery fund (£43m) This wasn't applicable in 2020/21 due to the revised finance regime introduced on the back of the Covid pandemic. See comment above regarding performance against financial targets. Delivery of a cost improvement programme of £13m fully supported by a quality

		<p>impact assessment process</p> <p>A revised plan of £10.3m was agreed within the financial plan. Delivery in year was £10.4m, of which, £6.3m was recurrent in nature.</p> <ul style="list-style-type: none"> • A balanced plan set for 2020/21 in conjunction with system partners • A balanced financial plan across HCV for H1 of 2021/22 has been submitted to NHSE/I. This provides for a £0.22m deficit within NLaG. • Development of a robust business case process <p>A revised business planning arrangement will be introduced across the organisation for 2022/23 following the interruption to normal planning processes DTC. The Business Case Review Group will continue to provide a central focal point to the coordination and prioritisation of business cases.</p>
Service and Capital Investment Strategy		
17	<p>Continue to be actively involved in the Humber Acute Services Review</p> <p>Very substantially achieved</p>	<ul style="list-style-type: none"> • Work with the Humber system to develop a plan to deliver Trust sustainability • Work with the Humber system to develop a plan for service sustainability • Agree options for future models of care post Covid • Leadership of fragile services workstreams at sub system level <ul style="list-style-type: none"> ▪ Governance revised and Programme Team in place. NLaG is providing the overall Director to the Programme, SRO for Interim Clinical Plan and Leadership of Core Service Change and Capital Programmes. ▪ Clinical leads appointed and working across the system on pathway redesign, including out of hospital and primary care transformation. ▪ Programme Plans developed and agreed with NHSE/I and ICS teams. ▪ Programme Gateway Review undertaken by NHSE/I, Initial options development work undertaken and engaged with over 450 staff, OSCs and initial survey of what matters to you undertaken – 3,900 responses received in 4 weeks.
18	<p>Complete the Wave 4 capital business cases and commence construction</p> <p>Very substantially achieved, plus substantial additional achievements in attracting investment</p>	<ul style="list-style-type: none"> • Delivery of the SGH MRI business case with NHSE/I approval • Reduction in backlog maintenance • Maintain Statutory Compliance and Physical Condition <ul style="list-style-type: none"> ▪ Estates Strategy and Green Plan developed and approved by Board. ▪ Delivery of the SGH MRI Full Business case with approval from NHSE/I to proceed to construction onsite. ▪ Construction commenced onsite at SGH for the MRI development with an estimated project handover date of October 2021. ▪ The Strategic Outline Case (SOC) and Outline Business Case (OBC) for the Acute Assessment Units at both Scunthorpe General Hospital (SGH) and the Diana Princess of Wales Hospital (DPOW) were completed and have been approved by NHSE/I. A Full Business Case (FBC) is now in development and will be submitted for October 2021. ▪ Additional Funding Secured outside Wave 4 STP Capital. ▪ CT Unit open and operational onsite at DPOW. ▪ New back-to-back MRI at DPOW commenced onsite with first patients treated April 2021 (builders off site for part of Wave 1 of pandemic). ▪ For additional Urgent and Emergency Care (UEC) Funding, a business case was developed and approved by the national NHSE/I Urgent and Emergency Care Leads for an additional £30m of Emergency Department (ED) Funding into the Trust. This has enabled the Trust to build on from the AAU and complete a full suite of key UEC works. ▪ Key enabling works for ED have commenced on-site including major refurbs for staff relocations. ▪ The AAU and Emergency Department projects includes the demolition of the Admin Block and War Memorial buildings at SGH which would reduce the Trust Back Log Maintenance (BLM) by c£5.7m. ▪ £1.4m Critical Care and Medical Gases Funding to enable improvements to the oxygen systems at SGH and DPoW, along with the supply of mobile isolation facilities. ▪ Critical Infrastructure: The Trust secured £3.5m critical infrastructure funding for fire and water infrastructure. The first phase of the work is focused on replacing the fire alarms and upgrading the water infrastructure at DPOW. ▪ A&E Infection Prevention and Control Capital Works: The Trust committed £1.8m from its Capital Programme to fund further winter/infection prevention and control and COVID-19 social distancing works in accordance with NHSE/I guidance. The work which was completed in March 2021, included isolation pods on Wards and sliding doors on A&E cubicles in SGH and DPOW.

		<ul style="list-style-type: none"> ▪ Energy scheme: The Trust has secured £40.3m of Decarbonisation funding through the Government department for Business, Energy and Industrial Strategy (BEIS) and Salix – a non-governmental organisation which works alongside BEIS. The funding which was the highest award across the NHS will be used to replace the coal-fired boilers at Goole, a new Energy Centre at SGH and several other Energy preservation measures including solar panels, LED lighting and new windows.
19	<p>Commence the development of the strategic outline business case for the investment in Humber's hospitals</p> <p>Achieved</p>	<ul style="list-style-type: none"> • Development of the strategic outline case for a capital masterplan for Humber Acute Services programme • Development of Estates Strategy <p>Strategic capital options work commenced:</p> <ul style="list-style-type: none"> ▪ Capital brochure developed. ▪ Economic and social impact study undertaken. ▪ Framework for capital options developed. ▪ Initial discussions with NHSE/I funding routes undertaken. ▪ Capital programme embedded within Humber Acute Services Programme given capital requirements of implementation – investment linked to future pathways and models of care.
20	<p>Develop interim clinical services plan for presentation to Scrutiny Panels by the end of the year</p> <p>Achieved - with issues still in Ophthalmology</p>	<ul style="list-style-type: none"> • Presentation of the interim clinical plan to the Scrutiny Panels by end of December 2020. • Identification of fragile and vulnerable services which require improvement by 31 August 2020 • Lead the ophthalmology improvement programme for North and North East Lincolnshire by 30 September 2020 <ul style="list-style-type: none"> ▪ Interim Clinical Plan embedded within HAS Programme. ▪ OSC presentation on workplans undertaken in September 2020 and follow up session in March 2021. ▪ Interim clinical plan pathways and target operating model defined by March 2021, with implementation plan agreed by EOG in January 2021. ▪ Ophthalmology programme split between Interim Clinical Plan and acute collaborative work programme for high volume low complexity work. Core service change will be delivered through Programme 2 of HAS, eg implementation of integrated reporting system and work with community optometrists – initial implementation outstanding
21	<p>Develop a Digital Transformation Strategy with the aim of investing in modern digital infrastructure to transform how we deliver services</p> <p>Achieved</p>	<ul style="list-style-type: none"> • Chief information officer appointed • Digital Strategy developed and approved • Review of digital transformations implemented during Covid to ensure that these are continued as appropriate <ul style="list-style-type: none"> ▪ Chief Information Officer appointed and started in post 1 November 2020. ▪ Strategy developed and approved at January 2021 Board Meeting. ▪ Received Digital Aspirant funds of £5m spread over Fiscal years 2020/21 and 2021/22 to support Digital Transformation. ▪ The Digital transformations implemented during Covid are reviewed to ensure these are continued as appropriate. These include remote working, expanded use of laptops for mobile working, virtual consultations. ▪ Performance data on remote working indicates activity increased from a normal peak average of 100 simultaneous connects to now averaging 400 simultaneous connections. ▪ 90% of Computers/Laptops upgraded to Windows 10, utilising a combination of new devices for old or upgrading existing devices where possible, giving staff access to an up to date, modern Microsoft operating system. ▪ Unified communications systems deployed and now consolidated to a single platform utilising Microsoft Teams throughout the Trust with licences for all staff to use. ▪ Completed electronic referrals from NHS111 into our Emergency Department system in November 2020. ▪ Completed a Phase 1 Business Intelligence (BI) review to support transformation BI and reporting processes in December 2020.

CoG(07/21) Item: 3.2

DATE OF MEETING	20 July 2021
REPORT FOR	Council of Governors
REPORT FROM	Ian Reekie
CONTACT OFFICER	
SUBJECT	Lead Governor's Update
BACKGROUND DOCUMENT (if any)	
OTHER GROUPS WHO HAVE CONSIDERED PAPER AND OUTCOME	
EXECUTIVE SUMMARY	<p>The purpose of this report is to update governors on relevant issues that have arisen since the last Council of Governors meeting on 20 April 2021 in which the Lead Governor has been involved, including highlights from the Appointments & Remuneration Committee and the Governor Engagement Group.</p> <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 a new Non-Executive Director and Chair of the Audit, Risk and Governance Committee in accordance with the recommendation of the interview panel following its meeting on 15 July 2021. • Note the performance ratings assigned to NEDs as an outcome of the annual evaluation process. • Confirm the appointment of Linda Jackson as Acting Trust Chair for a period of up to six months with effect from 12 July 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 good leadership
				✓

TRUST PRIORITIES - which Trust Priority does this link to? (please tick ✓)			
Pandemic Response		Workforce and Leadership	✓
Quality and Safety		Digital	
Estates, Equipment and Capital Investment		Strategic Service Development and Improvement	
Finance		The NHS Green Agenda	
Partnership & System Working	✓		

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

COUNCIL OF GOVERNORS

20 July 2021

Lead Governor's Update

APPOINTMENT OF TRUST CHAIR

At the time of drafting this report I was still digesting the sad news of the untimely resignation of Terry Moran as Joint Chair of NLaG and the Hull University Teaching Hospitals NHS Trust (HUTH). It has been a great personal privilege to have worked closely with Terry over the past few months. He was an outstanding Chair who has expertly led the Board through an ongoing period of transformational change amid the ravages of Covid. Despite encountering governors for the first time on his arrival at NLaG he quickly embraced the foundation trust model and always showed the utmost respect for governor views no matter how quirky they may have sometimes been. Terry has certainly left the organisation in a much better place than it was in when he was appointed Joint Chair, a role in which he succeeded in respecting the independence of NLaG while promoting the benefits of close working links with HUTH. He will be greatly missed.

Thoughts must now turn to the appointment of a new Trust Chair. In governance terms this is probably our most important governor responsibility. The first decision the Council of Governors will need to take is whether to maintain a joint chair arrangement with HUTH. Since Terry's appointment joint working with HUTH has moved onto a new level in the context of the Humber, Coast and Vale Integrated Care System, the Humber Acute Services programme and the establishment of committees in common. And Terry's tenure has proved that the appointment of a Joint Chair can work effectively if a candidate of a similar calibre can be attracted for the role.

I am however conscious that many governors felt there was an attempt at the 14 January 2020 CoG meeting to bounce governors into endorsing the appointment of a Joint Chair without prior notice or a written report setting out the implications. It has therefore been agreed that an extraordinary CoG meeting will be convened in due course to make a decision on the continuation of the Joint Chair concept when a full report will be presented setting out the potential benefits and risks involved. Governors will also wish to be assured that our pivotal role as governors in the appointment process will not be diluted materially as a consequence of HUTH/NHSEI involvement.

APPOINTMENTS & REMUNERATION COMMITTEE (ARC) HIGHLIGHTS

Since the April CoG the ARC has met on two occasions. At the meeting held on 25 May ARC considered how to proceed with the recruitment of a new Non-Executive Director and Chair of the Audit, Risk and Governance Committee to replace Andrew Smith who has been forced to resign as a result of an unexpected change in his personal circumstances. Andrew's expertise in the audit, risk and governance field will be a significant loss to the Trust. In particular his clear-sighted attitude to risk management coupled with the reforming zeal of the Director of Corporate Governance has revitalised the Trust's approach to risk identification, risk appetite and risk mitigation.

Although ARC had to turn to an executive search company to unearth suitable

candidates to fill the Finance and Performance Committee Chair position, ARC decided on this occasion to rely on the services of the Trust's internal recruitment team who adapted their approach based on best practice gleaned from the previous recruitment exercise. A strong shortlist of potentially appointable candidates has been attracted for interviews to be held on Thursday 15 July. CoG will be requested at our 20 July meeting to confirm any appointment that the interview panel is able to recommend.

At the meeting held on 14 July ARC considered the following items:

- **Trust Chair Annual Appraisal** – Unfortunately, the outcome of Terry Moran's appraisal conducted by the Lead Governor and the Senior Independent Director is no longer relevant. It included a multi-source assessment questionnaire completed by internal and external stakeholders which demonstrated the high regard in which Terry was held. However, Terry's personal self-assessment reflections covering his Joint Chair tenure will be extremely valuable in the process of seeking to recruit his successor.
- **NED Annual Appraisals** – The annual evaluation of NED performance was conducted by the Trust Chair prior to his resignation and I am required to report on the outcome in summary terms for ratification by CoG. I am pleased to be able to report that, of the five NEDs and one Associate NED in post during 2020/21, two were rated outstanding, three were rated fully satisfactory and one was considered to be in need of further development.
- **Appointment of Acting Chair** – ARC agreed to recommend to CoG that Linda Jackson, the trust's existing Vice Chair, should be appointed as Acting Trust Chair for a period of up to six months with effect from 12 July 2021 pending the appointment of a new Trust Chair. The time commitment will be three days per week at a salary of £51,500 per annum (pro rata).
- **Appointment of Senior Independent Director (SID)** – As Linda Jackson will be unable to continue to act as the SID whilst serving as Acting Chair, ARC agreed that expressions of interest should be invited from the other NEDs to take on this role. The appointment will be made by the Trust Board.
- **Appointment of Interim Deputy Chair** – The Trust Constitution specifies that CoG will appoint a NED to be Deputy Chair of both the CoG and the Trust Board. As Linda Jackson will be relinquishing this position while performing the Acting Chair role, ARC agreed that expressions of interest should be invited from other NEDs to take on the role. The appointment will be made by CoG based on an ARC recommendation.
- **Strengthening NHS Board Diversity** – ARC considered a report prepared by an NHS Confederation taskforce commissioned to review NHS board diversity. It included a set of wide-ranging recommendations including:
 - Awareness raising, including the publication of data on protected characteristics
 - Independent appointment processes
 - Role descriptions with standardised expectations of time commitment and monetary reward
 - A compact with executive search firms to ensure diversity and equality are embedded
 - Improved succession planning.

GOVERNOR ENGAGEMENT GROUP HIGHLIGHTS

The GAG last met on 27 May when governors took the opportunity to quiz the chairs of the board assurance committees in pursuit of our responsibility to hold NEDs to account for the performance of the Trust Board. I would like to thank the NEDs for their openness and willingness to subject themselves to detailed questioning on issues that on occasions had only tangential connections to the terms of reference of their committees. CoG is reminded that all governors are welcome to attend GAG meetings even if they are not formally members of the group. As the GAG chair I am always open to non-members contributing to group discussion/questioning providing they do not abuse the privilege. The next GAG meeting is scheduled for Thursday 2 September immediately following a governor briefing session.

Ian Reekie
Lead Governor

CoG(3.1) Item

DATE OF MEETING	20 th July 2021
REPORT FOR	Council of Governors
REPORT FROM	Ab Abdi, Deputy Chief Operating Officer
CONTACT OFFICER	Vicki Quinn, RTT Recovery Programme Manager
SUBJECT	Referral to Treatment Current Situation and Recovery Plans
BACKGROUND DOCUMENT (if any)	
PURPOSE OF THE REPORT	This document details the current situation for RTT Incompletes, Outpatient Follow Up Overdue and the H1 Plan for 2021/22.
OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME	
EXECUTIVE SUMMARY	The RTT Performance is showing steady improvement across the year although the number of Outpatient Follow Up Overdue's are increasing when we need these to be on a downward trajectory. The H1 Plan shows that the trust as a whole is delivering 93% of the agreed plan, with Outpatient New appointments exceeding the target.

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 good leadership
✓		✓	✓	
TRUST PRIORITIES - which Trust Priority does this link to? (please tick ✓)				
Pandemic Response	✓	Workforce and Leadership		
Quality and Safety		Strategic Service Development and Improvement		✓
Estates, Equipment and Capital Investment		Digital		
Finance	✓	The NHS Green Agenda		
Partnership & System Working	✓			

BOARD ASSURANCE FRAMEWORK (explain which risks this relates to within the BAF or state not applicable)	1 - 1.2: To provide treatment, care and support which is as safe, clinically effective, and timely as possible.
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(N/A)					
BOARD / COMMITTEE ACTION REQUIRED (please tick ✓)	Approval	Information	Discussion	Assurance	Review
		✓			

Referral to Treatment Current Situation and Recovery Plans

Governor Briefing

20th July 2021

Referral to Treatment (RTT) Summary

Measure	Target	Reported end of May 2021 position	31 st March 2021 position
Patients should be treated within 18 weeks of referral	92%	67.6%	64%
Number of patients 52+ weeks	0 by end of March 22	667	1187

RTT continues to see an increasing number of patients waiting, resulting in performance of 67.6% for May compared to 64% at the end of March 2021. The number of patients waiting longer than 52 weeks has significantly reduced in May with 667 patients compared to the end of March 2021 position at 1187.

RTT Supporting Narrative

There are a number of factors contributing to the reduction in patients waiting over 52 weeks, including:

- Work continues with the Independent Sector and other external providers to support NLAG with additional capacity to see and treat patients in a number of specialties.
- Along with clinical priority of urgent and priority 2 patients, longwaiter backlog patients are being dated after this group
- St Hughs Private Hospital in Grimsby is supporting NLAG with general surgery, orthopaedics and gynaecology capacity to help reduce the backlog of patients awaiting their treatment. A number of external providers are working with medicine and there are plans to extend this to General Surgery, ENT and Ophthalmology during July to provide further capacity to address current backlogs.
- There does remain a risk during the summer months of clinicians annual leave, however, plans are being worked up by specialty to reduce the impact. This will include additional support from external providers, locum cover and NLAG clinicians providing additional sessions where possible. Alongside this, the theatre productivity project has commenced to ensure improvements in theatre utilisation and reduction of on the day theatre cancellations.

Out-Patient Overdue Follow-ups

Measure	Target	Reported end of May 2021 position
Number of patients overdue their follow-up appointment	9000 by end of March 2022	26121

In relation to the overdue out-patient target, the Trust, at the end of May reported 26121 patients overdue. All specialties are monitoring this closely to deliver the maximum of 9000 by the end of March 2022 and are:

- Risk stratifying all overdue follow-ups
- Working to identify patients who can transfer to a Patient Initiated Follow-up Pathway
- Close working with Primary Care Networks, particularly at this stage within medicine to undertake joint review and discharge back to primary care where appropriate
- In the process of developing recovery plans to meet the required target

H1 Activity Plan (April to September 2021)

System activity thresholds were set nationally against the value of total activity delivered in 19/20 for the first 2 quarters of the year, referred to as the Elective Recovery Fund, as follows:

- 70% for April 2021
- 75% for May 2021
- 80% for June 2021
- 85% from July to September 2021

All specialties undertook modelling of their available capacity against these requirements and a plan was developed and agreed for delivery within the scope of elective activity both daycase and in-patients and out-patient attendances.

H1 Activity Plan (April to September 2021) cont/d

The following table details the Trust's activity performance against the agreed plan which then is costed against the national tariff to work out compliance against the ERF targets taking into account casemix and complexity of patients:

Point of Delivery (Activity Type)	April & May 2021 cumulative reported position
Elective In-Patients	94%
Elective Day case	101%
Out-Patient New Attendances	105%
Out-Patient Review Attendances	85%
Trust Overall Position	93%

As can be seen above, in terms of activity delivery, the Trust as a whole is delivering 93% of the agreed plan with daycase and new out-patients exceeding the target.

H1 Activity Plan (April to September 2021) cont/d

The Trust has a robust monitoring process in place to support delivery of the H1 activity plan with:

- Formal monthly monitoring with all specialties providing narrative on delivery or under-delivery, risk, challenges and mitigations for both the end of month and look to the month ahead
- Weekly monitoring of the previous week's activity to give a pro-active view and time to flex capacity or put measures in place as required

CoG(07/ 21) Item 5.1

DATE OF MEETING	20 th July 2021
REPORT FOR	Council of Governors
REPORT FROM	Helen Harris, Director of Corporate Governance
CONTACT OFFICER	Alison Hurley, Membership Manager & Assistant Trust Secretary
SUBJECT	Governors' Declaration of Interests
BACKGROUND DOCUMENT (if any)	
OTHER GROUPS WHO HAVE CONSIDERED PAPER AND OUTCOME	
EXECUTIVE SUMMARY	The report provides the updated Register of Governors' Interests as at July 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 good leadership

TRUST PRIORITIES - which Trust Priority does this link to? (please tick ✓)			
Pandemic Response		Workforce and Leadership	✓
Quality and Safety		Digital	
Estates, Equipment and Capital Investment		Strategic Service Development and Improvement	
Finance		The NHS Green Agenda	
Partnership & System Working			

BOARD ASSURANCE FRAMEWORK (explain which risks this relates to within the BAF or state not applicable (N/A))	11 - Risk of insufficient investment and development of the Trust's leadership (including clinical leadership) – capacity and capability.
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BOARD / COMMITTEE ACTION REQUIRED (please tick ✓)	Approval	Information	Discussion	Assurance	Review
		✓		✓	

REGISTER OF GOVERNORS' INTERESTS July 2021 (v1)

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 CCG SPF for the CCGs ➤ Staff Side Chair for North Yorkshire CCGs ➤ Working for NHS Hull CCG (on behalf of Humber CCGs) on HR projects ➤ Working for NHS Harrogate and Rural District CCG (on behalf of the North Yorkshire CCGs) on HR projects ➤ Mayor Elect for Louth Town Council 	08.07.2021
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
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
Vacancy	➤	

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		
Vacancy- East Riding of Yorkshire Council	➤	
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		

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 (07/21) Item 2.4

DATE OF MEETING	20 July 2021
REPORT FOR	Council of Governors
REPORT FROM	Lee Bond, Chief Financial Officer
CONTACT OFFICER	Brian Shipley, Deputy Director of Finance
SUBJECT	Finance Update – M02
BACKGROUND DOCUMENT (if any)	-
PURPOSE OF THE REPORT	For Information
OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME	Finance & Performance Committee Trust Board
EXECUTIVE SUMMARY	The attached report outlines the reported financial position at M2 of the 2021/22 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))	Strategic Risk 3 – 3.1
--	------------------------

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

Finance Report Month 2

May – 2021/22

Executive Summary Month 2 2020/21

The Trust reported a £0.21m surplus for the month of May, £0.05m adverse to a planned surplus of £0.26m. The year-to-date position is now a £0.52m surplus, £0.07m behind plan.

- Income was £1.6m below plan in month. This includes a £5.1m adverse donated income variance which is excluded from NHSE&I financial targets, and is due to the re-profiling of EPC capital funding grants. Offset with estimated Elective Recovery Funding of £3.3m with the remaining Clinical Income £0.1m below plan through reduced pass through High Cost Drugs. Other income was £0.27m above plan mainly due to continued high Pathlinks activity.

- Elective Recovery Funding (ERF) – In line with NHSEI guidance the Trust has included 2/12ths of its planned ERF income - £3.3m. Further validation of the activity will need to be undertaken and the Trust achievement of ERF income is dependant on the overall ICS position with the baseline and gateway conditions still to be agreed by NHSEI. It is anticipated that Month 1 achievement will not be formally assessed by NHSE&I until July at the earliest. Given the ongoing uncertainty on the value achieved, the Trust has prudently accrued expenditure to offset the income above plan.

Pay was marginally £0.14m overspent in month.

- Medical staff was £0.04m underspent in month. Overspends due to Anaesthetic Middle Grade rota delays (£0.06m), agency premiums for covering rota gaps across ENT and T&O (£0.02m) and additional Waiting List expenditure are offset with slippage on planned investments.
- Nursing was £0.23m overspent in month due to supernumerary overspends following international recruitment partially offset through continued underspends in Midwifery.
- Other Pay was £0.04m overspent in this includes £0.03m Flowers costs for which the Trust has not been reimbursed (£0.06m year-to-date)

Non Pay was £0.3m overspent in month.

- Clinical Non-pay was £0.4m overspent in month, primarily activity driven and offset by ERF and Pathlinks additional income.
- Other non-pay was £0.1m underspent in month due to small variances across several expenditure lines.
- Post EBITDA items are £0.14m favourable to plan through reduced PDC.

Income & Expenditure to 31st May 2021

Income & Expenditure	Annual Plan to 31st March 2022 £'000	Current Month			Year to Date		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Clinical Income	344,548	28,738	28,637	(101)	57,476	57,301	(175)
ERF Income			3,254	3,254		3,254	3,254
Block Top Up	59,816	4,985	4,984	(0)	9,969	9,969	(0)
Covid Inside Envelope Block	13,524	1,127	1,127	0	2,254	2,254	0
Covid Outside the Envelope	690	115	152	37	230	391	161
Other Income	37,182	3,098	3,373	274	6,197	6,519	322
Donated Income	41,638	5,390	327	(5,063)	5,725	1,954	(3,771)
Total Operating Income	497,398	43,453	41,854	(1,599)	81,851	81,642	(209)
Clinical Pay	(245,779)	(20,539)	(20,638)	(99)	(41,091)	(41,269)	(177)
Other Pay	(67,533)	(5,572)	(5,611)	(39)	(11,139)	(11,213)	(73)
Total Pay	(313,312)	(26,111)	(26,249)	(137)	(52,231)	(52,481)	(250)
Clinical Non Pay	(65,118)	(5,024)	(5,431)	(407)	(10,172)	(10,677)	(505)
Other Non Pay	(64,299)	(5,276)	(5,164)	111	(10,562)	(10,420)	142
ERF Expenditure			(3,254)	(3,254)		(3,254)	(3,254)
Total Non Pay	(129,417)	(10,300)	(13,849)	(3,550)	(20,734)	(24,351)	(3,617)
Operating Expenditure	(442,730)	(36,411)	(40,098)	(3,687)	(72,964)	(76,832)	(3,867)
EBITDA	54,668	7,042	1,756	(5,286)	8,887	4,810	(4,076)
Depreciation	(12,539)	(943)	(919)	24	(1,836)	(1,792)	44
Interest Expenses & Other Costs	(186)	(16)	(16)	(1)	(31)	(31)	0
Dividend	(4,939)	(451)	(339)	112	(752)	(628)	124
Fixed Asset Impairments and Revaluations	0	0	0	0	0	0	0
Total Post EBITDA Items	(17,664)	(1,410)	(1,275)	136	(2,619)	(2,450)	168
Remove Capital Donated I&E Impact	(41,374)	(5,369)	(269)	5,099	(5,683)	(1,840)	3,843
Remove Impairments (allowable)	0	0	0	0	0	0	0
Remove net impact of consumables DHSC	0	0	0	0	0	0	0
I&E Surplus / (Deficit)	(4,369)	263	212	(51)	585	520	(65)

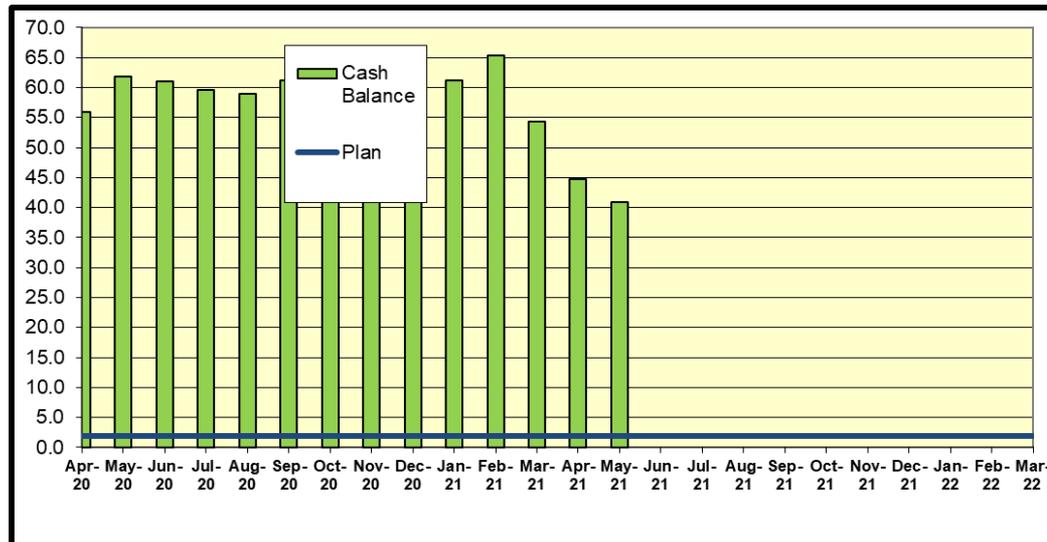
COVID-19 Expenditure

Expenditure Category	Year-to-date 20-21		
	Pay (£k)	Non-pay (£k)	Total (£k)
After care and support costs (community, mental health, primary care)		9	9
Backfill for higher sickness absence	489		489
Decontamination costs		9	9
Existing workforce additional shifts	1,187		1,187
Expand NHS Workforce - Medical / Nursing / AHPs / Healthcare Scientists / Other	466		466
Infection prevention and control training (community, mental health, primary care)		27	27
Internal and external communication costs		1	1
Other		9	9
Other COVID-19 virus / antibody (serology) testing (not included elsewhere)	83	16	98
Remote management of patients	3		3
Segregation of patient pathways		15	15
COVID-19 - Deployment of final year student nurses	134		134
COVID-19 - Vaccination Programme - Provider/ Hospital hubs	64	2	66
COVID-19 virus testing - rt-PCR virus testing	0	7	7
COVID-19 virus testing - Rapid / point of care testing		176	176
Lateral Flow Antigen Testing	8		8
Total COVID-19 Expenditure	2,434	270	2,704
Total Trust Operating Expenditure (including COVID-19 expenditure and all other operating expenditure)	53,779	22,655	76,434
COVID-19 % of Total Trust Operating Expenditure	4.5%	1.2%	3.5%

Cash

The cash balance at 31st May was £40.9m, an in-month decrease of £3.8m.

	£m	£m
Cash Balance as at 31st May		40.88
Commitments:		
WebV bank account	0.02	
Income received in advance	2.29	
Capital creditors	6.58	
Capital loan repayments	0.06	
May PAYE/NI/Pension	10.57	
Public Dividend Capital	0.63	
Annual leave income	4.49	
Invoices due for payment not yet authorised	3.10	
To support other creditors due	<u>11.24</u>	
		(38.97)
NHSi minimum balance		<u>1.90</u>



Balance Sheet as at 31st May 2021

	Last Month	This Month
	£mil	£mil
Total Fixed Assets	192.84	193.35
Stocks & WIP	3.31	3.07
Debtors	10.60	14.12
Prepayments	4.77	5.16
Cash	44.70	40.88
Total Current Assets	63.37	63.23
Creditors : Revenue	37.63	38.74
Creditors : Capital	8.25	6.58
Accruals	12.62	14.64
Deferred Income	3.46	2.29
Finance Lease Obligations	0.01	0.01
Loans < 1 year	1.44	0.67
Provisions	1.01	1.39
Total Current Liabilities	64.43	64.32
Net Current Assets/(Liabilities)	(1.05)	(1.09)
Debtors Due > 1 Year	0.89	0.89
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	5.43	5.43
TOTAL ASSETS/(LIABILITIES)	177.68	178.16
TOTAL CAPITAL & RESERVES	177.68	178.16

- The reduction in stock relates to Pathology and Pharmacy stock.
- Debtors have increased in month relates to additional income for elective recovery. The debtor at the year end for annual leave, PDC refund and 'flowers' is still outstanding.
- Prepayments have increased in month, this is for CNST which is paid over 10 months.
- Revenue creditors and accruals have increased this takes account of the additional costs incurred in relation to the elective recovery plan. The BPPC figures for May showed another in month improvement for non-NHS invoices. The in month value of non-NHS invoices was 93.76% and the number of invoices paid 82.87%. NHS invoices showed a reduction in month, the in month value of NHS invoices paid within 30 days was 84.52% and the number of invoices paid 81.73%. All invoices need to be authorised promptly in order to comply with this target.

CoG (07/21) Item 2.4

DATE OF MEETING	20 July 2021
REPORT FOR	Council of Governors
REPORT FROM	Lee Bond, Chief Financial Officer
CONTACT OFFICER	Brian Shipley, Deputy Director of Finance
SUBJECT	Finance Update – M02
BACKGROUND DOCUMENT (if any)	-
PURPOSE OF THE REPORT	For Information
OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME	Finance & Performance Committee Trust Board
EXECUTIVE SUMMARY	The attached report outlines the reported financial position at M2 of the 2021/22 reporting period.

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				✓	

BOARD ASSURANCE FRAMEWORK (explain which risks this relates to within the BAF or state not application (N/A))	Strategic Risk 3 – 3.1
--	------------------------

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

Finance Report Month 2

May – 2021/22

Executive Summary Month 2 2020/21

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Remove Impairments (allowable)	0	0	0	0	0	0	0
Remove net impact of consumables DHSC	0	0	0	0	0	0	0
I&E Surplus / (Deficit)	(4,369)	263	212	(51)	585	520	(65)

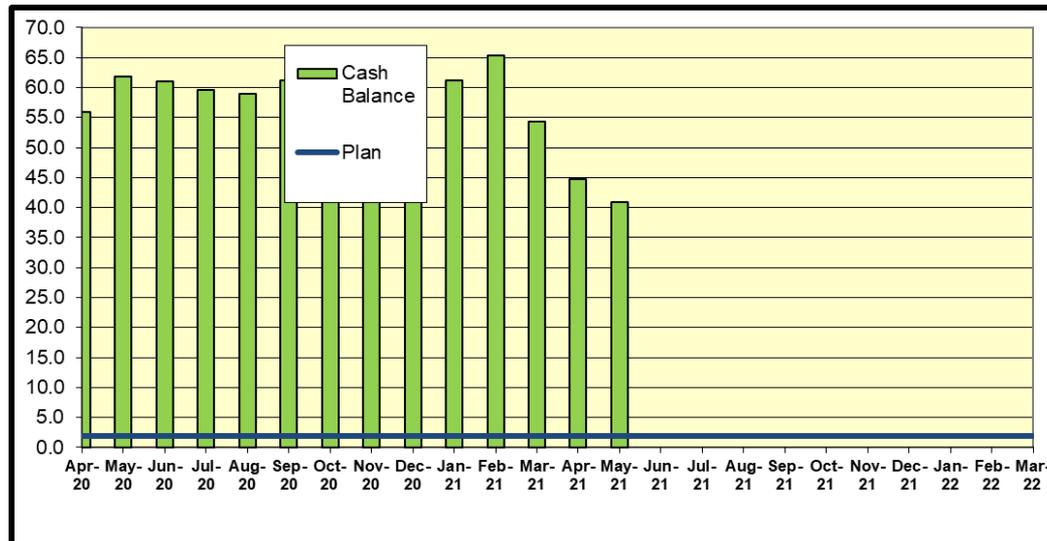
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		(38.97)
NHSi minimum balance		<u>1.90</u>



Balance Sheet as at 31st May 2021

	Last Month	This Month
	£mil	£mil
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Cash	44.70	40.88
Total Current Assets	63.37	63.23
Creditors : Revenue	37.63	38.74
Creditors : Capital	8.25	6.58
Accruals	12.62	14.64
Deferred Income	3.46	2.29
Finance Lease Obligations	0.01	0.01
Loans < 1 year	1.44	0.67
Provisions	1.01	1.39
Total Current Liabilities	64.43	64.32
Net Current Assets/(Liabilities)	(1.05)	(1.09)
Debtors Due > 1 Year	0.89	0.89
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	5.43	5.43
TOTAL ASSETS/(LIABILITIES)	177.68	178.16
TOTAL CAPITAL & RESERVES	177.68	178.16

- The reduction in stock relates to Pathology and Pharmacy stock.
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CoG(07/21) Item 6.2

DATE OF MEETING	20 July 2021
REPORT FOR	Council of Governors
REPORT FROM	Andrew Smith, Chair of Audit, Risk and Governance Committee
CONTACT OFFICER	Lee Bond, Chief Financial Officer
SUBJECT	Audit, Risk and Governance Committee Annual Report 2020-21
BACKGROUND DOCUMENT (if any)	HFMA Handbook 2018
PURPOSE OF THE REPORT	For Noting and Assurance
OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME	Audit, Risk and Governance Committee – 3 June 2021
EXECUTIVE SUMMARY	<p>The Audit, Risk and Governance Committee's Annual Report summarises the key work of the Committee during 2020/21.</p> <p>It contains details of membership and attendance at each meeting throughout the year, the principal areas of review undertaken by the Committee in terms of governance, risk management and internal control. It also summarises the impact of Covid-19 on the Committee's business during 2020/21.</p> <p>Appendix 1 details attendees at meetings, either members, regular attendees or ad-hoc attendees.</p> <p>Appendix 2 is the Committee's annual rolling work plan for 2021/22.</p> <p>This report is presented to both the Trust Board and the Council of Governors for information.</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 good leadership
		✓		✓

TRUST PRIORITIES - which Trust Priority does this link to? (please tick ✓)			
Pandemic Response		Workforce and Leadership	
Quality and Safety		Strategic Service Development and Improvement	
Estates, Equipment and Capital Investment		Digital	
Finance	✓	The NHS Green Agenda	
Partnership & System Working			

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



Northern Lincolnshire
and Goole
NHS Foundation Trust

**AUDIT, RISK AND
GOVERNANCE COMMITTEE**

ANNUAL REPORT

FOR THE YEAR ENDED 31ST MARCH 2021

**Andrew Smith – Non-Executive Director
Chair of Audit, Risk and Governance Committee**

3rd June 2021

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3	Membership and Attendance	3
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	4.2 Internal Audit	4
	4.3 Counter Fraud	5
	4.4 External Audit	6
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1. Introduction and Purpose of the Report

The Audit, Risk and Governance Committee of Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) is established under Trust Board delegation with approved terms of reference that are aligned with the latest Audit Committee Handbook (2018), as published by the Healthcare Financial Management Association (HFMA) in association with the Department of Health. The Audit, Risk and Governance Committee independently reviews, monitors and reports to the Board on the attainment of effective control systems and financial reporting processes.

This report sets out how the Committee has satisfied its terms of reference during 2020/21 and seeks to provide the Board with evidence relevant to its responsibilities for the Annual Governance Statement (AGS).

2. Terms of Reference

The Membership and Terms of Reference for the Committee are subject to regular review and revision as necessary, most recently in January 2021 for limited minor updates. The February 2021 Trust Board subsequently ratified the revised terms of reference for a further year. The terms of reference will be reviewed again during 2021/22 in line with the Committee's annual work plan to consider whether they remain fit for purpose. The Committee also revisited and re-approved adjustments to its rolling 2020/21 annual work plan during the year.

In terms of the impact of Covid-19 on the Committee's business, additions were made to the terms of reference of the Committee in April 2020 in order to: reduce attendance at meetings; make the frequency of meetings flexible and responsive; add to its responsibilities the oversight of the new temporary governance arrangements proposed for the Trust; manage the relationship with both the External and Internal Audit services appropriately; increase the emphasis on counter fraud and anti-theft preparedness; focus on the changing risks in the Board Assurance Framework; and undertake a risk-based review of the Committee's Work Plan. Additionally, appropriate adjustments were made to the format and content of the Committee's agenda along with the introduction of a specific 'Discussion and Decision Log During C-19 Governance' (adopted by all Board Sub-Committees). The additional provisions were included as an annex to the existing terms of reference, and remain within the current document to enable them to be invoked with the explicit discretion of the Trust Board as necessary going forward.

As part of the Committee's regular review of its own governance arrangements, it undertook a self-assessment exercise in January 2021 using the latest HFMA NHS Audit Committee Handbook self-assessment checklist. This exercise did not identify any significant gaps in the Committee's processes or terms of reference. The results of this latest exercise were submitted to the Trust Board for information in February 2021.

3. Membership and Attendance

The Committee consists of three non-executive directors (NEDs), of which two must be present at a meeting of the Committee for it to be quorate. The Committee has been chaired by Andrew Smith, NED, since February 2021, having previously been chaired by Tony Bramley, NED, from July 2019 to January 2021. NED members during the year were Michael Whitworth (Vice Chair) and Neil Gammon (who ended his current term at the April 2021 meeting). An Associate NED, Stuart Hall (Vice Chair at Hull University Teaching Hospitals NHS Trust), also attends the Committee. There is cross NED membership with other Trust Board sub-committees.

The Committee continued to meet, albeit virtually, during the Covid-19 pandemic throughout 2020/21. The virtual meetings format has worked well, with ad-hoc attendees dialling in only for their item in line with their allocated time slot.

The Committee met on five occasions (four full meetings plus an additional meeting for the audited accounts to be approved) during 2020/21 and has discharged its responsibilities for scrutinising risks and controls that affect all aspects of the Trust's business.

A record of attendance by Committee members and regular attendees is provided at **Appendix 1**. The record shows excellent attendance from both core members and regular attendees, with a good cross section of other managers attending on an ad-hoc basis to provide assurance to the Committee on various matters as and when necessary.

4. Principal Review Areas

3.1 Governance, Risk Management and Internal Control

During 2020/21 the Committee reviewed relevant disclosure statements, in particular the Annual Governance Statement (AGS), the Head of Internal Audit Opinion (HoIAO), External Audit opinion and other appropriate independent assurances. The Committee considers that the AGS for 2020/21 is consistent with the Committee's view on the Trust's system of internal control.

The Committee received regular reports during the year on the Trust's Board Assurance Framework and Strategic Risk Register (BAF/SRR). As well as being informed that the BAF/SRR was being subject to a full review with a view to streamlining it, the Committee also reviewed and commented on certain risks and their associated scores contained within it.

3.2 Internal Audit

The Trust's internal audit service is provided by Audit Yorkshire, who replaced KPMG on the 1st June 2018, following a competitive procurement exercise in early 2018. The contract for the internal audit service is for a period of three years, with the option to extend for a fourth and final year. The extension option was discussed and approved at the October 2020 meeting of the Committee, meaning that 2021/22 will be the fourth and final year of the contract. An agreed Internal Audit Charter is in place with Audit Yorkshire.

The Committee received the Annual Internal Audit Report for 2019/20 from its internal auditors at its June 2020 meeting.

An internal audit plan was considered and agreed for 2020/21 at the January 2020 meeting of the Committee. As in previous years, the Committee has sought to work effectively with Internal Audit throughout the year to review, assess and develop internal control processes as necessary. The Committee reviewed progress against the agreed internal audit work plan for 2020/21 via routine written progress reports from its internal auditor at each meeting, at which an internal audit representative was always present. Written progress reports outline the status of the planned audit work for the year and the outcome of individual reviews performed, along with associated recommendations where appropriate.

Clearly the Covid-19 pandemic caused some issues for the internal audit team, in terms of delays to certain planned audits, increased operational pressures on Trust staff providing

information/data for audits and Audit Yorkshire also having to adapt their working practices to remote working and virtual meetings. During the year Audit Yorkshire reviewed all remaining planned audits and considered them in terms of 'must do' and 'should do' audits to ensure that a meaningful Head of Internal Audit Opinion could be achieved at the end of 2020/21. Despite the difficulties of the pandemic, at the time of preparing this report the internal audit plan for the year was substantially complete.

During 2020/21 Internal Audit completed 20 reviews (19 reports, as one report combined two linked reviews), of which 3 were pieces of advisory work and an assurance rating not applied. Assurance ratings, as to the adequacy and effectiveness of control arrangements in place, for the remaining 17 reviews were as follows:

- 0 reviews with High Assurance rating;
- 12 reviews with Significant Assurance rating;
- 5 reviews with Limited Assurance rating;
- 0 with Low Assurance rating;

The 2020/21 Head of Internal Audit Opinion was also received by the Committee which gave an overall opinion as follows: ***Significant assurance*** can be given that there is a good system of governance, risk management and internal control designed to meet the organisation's objectives and that controls are generally being applied consistently. The 2020/21 HoIAO is included within the AGS, which forms part of the Trust's Annual Report.

The Trust also formulated its annual internal audit plan for 2021/22. The Executive Team provided suggestions for the plan and these were then discussed further between them and refined into a programme of audits for the forthcoming year. The proposed internal audit plan for 2021/22 was presented to the April 2021 meeting of the Committee for consideration and approval.

Audit Yorkshire operates an electronic follow-up process for all recommendations made, which involves the relevant managers providing periodic updates and evidence, via the electronic system, in support of all recommendations considered to be closed. Details of overdue recommendations were also provided to the relevant Executive Directors with a view to addressing these as appropriate. A routine report is prepared by Audit Yorkshire to show the status of recommendations made, and this is presented to each meeting of the Committee for assurance or the consideration of action as appropriate.

3.3 Counter Fraud

The Audit, Risk and Governance Committee continued to receive regular written progress reports from the Trust's Local Counter Fraud Specialist (LCFS) throughout the year. Additionally the Annual Counter Fraud Report for 2019/20 and the Annual Counter Fraud Operational Plan for 2020/21 were also submitted to the Committee during the reporting year.

The Committee noted the heightened efforts of the LCFS during the year to promote awareness of counter-fraud issues resulting from the increased risk of fraud relating to Covid-19. Such awareness was undertaken both generally throughout the organisation and also by employing targeted awareness at those areas/teams at greater risk during the pandemic. The Counter Fraud Operational Plan for 2020/21 and the local Fraud Risk Assessment were both revisited in light of the increased risk of fraud threats emerging from the pandemic.

The LCFS continues to develop a strong anti-fraud culture, whilst at the same time investigating allegations of fraud to a criminal standard. The LCFS also continued to liaise effectively with the Trust's Human Resources team with a view to applying appropriate internal disciplinary and sanctions as necessary. A staff fraud awareness survey is being performed in May 2021 to assess awareness and understanding of NHS fraud issues and the results, and any associated action plan, will be received by the Committee.

The Trust continues to host and manage an in-house counter fraud collaborative, known as Counter Fraud Plus (CFP) between itself, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and United Lincolnshire Hospitals NHS Trust. This collaborative arrangement commenced in July 2013 under a formal SLA arrangement. It is designed to provide a more resilient counter fraud service between the organisations involved. In September 2020 the collaborative arrangement expanded to include two other Lincolnshire Trusts, namely Lincolnshire Partnership NHS Foundation Trust and Lincolnshire Community Health Services NHS Trust, after they expressed a desire to join the collaborative. The Committee has received reports that the collaborative continues to work effectively and successfully across all five local organisations.

3.4 External Audit

The Trust appointed its current External Auditor, Mazars, in September 2019 following a tendering exercise. Mazars took over from PwC, who had been the Trust's External Auditors since 2012 (having been re-appointed in September 2016, again following a mini-tendering exercise). The Committee once again duly supported the Council of Governors with this latest appointment process. The existing contract is for a term of three years, with the option to extend for a further year, and commenced with the audit of the Trust's financial statements for 2019/20. The Trust's External Auditor attended all meetings of the Committee during 2020/21. Oral or written progress reports are received from the Trust's External Auditor at Committee meetings, including the audit opinion on the Trust's annual financial statements.

In line with Regulator guidance, the Trust has a '*Policy for Engagement of External Auditors for Non-Audit Work*' to avoid any potential conflicts of interest, either real or perceived, in terms of the objectivity of their opinion on the financial statements of the Trust. The policy, which can be found on the documents section of the Trust intranet, is subject to annual review and revisions were duly considered by the Committee at its January 2021 meeting and submitted to the Trust Board for information at its February 2021 meeting. The value of non-audit services is routinely disclosed in the Trust's accounts, however there was no such work performed by Mazars during 2020/21.

During the year a private meeting with both the external and internal auditors took place before the May 2020 meeting of the Committee. In this private meeting the auditors expressed satisfaction with the level of cooperation received from the Trust, and no matters of concern have been raised. However in line with its Terms of Reference, there is an open offer to all parties (the Trust, external auditors and internal auditors) to request a private meeting at any time.

The Committee also formally considered the performance of the Trust's External Auditor at its July 2020 meeting following the conclusion of their year end accounts work. No issues of concern were identified as part of the evaluation, and this was particularly notable given the emerging and significant impact of Covid-19 on the year end accounts and audit process.

5. Financial Reporting

At its April and June 2020 meetings the Committee reviewed the draft and audited annual financial statements for 2019/20 before submission to the External Auditor, the Trust Board and NHS England / Improvement (NHSE/I), and we understand these were in agreement with our accounting records and the current Regulatory requirements.

Prior to the preparation of the 2020/21 financial statements, the Committee reviewed and agreed the detailed accounting principles at its January 2021 meeting. The Committee also reviewed the draft and audited annual financial statements for 2020/21 prior to the anticipated submission of this report to the August 2021 Trust Board meeting. The Committee approved the 2020/21 financial statements on behalf of the Trust Board (in line with formal delegated authority given by the Board in February 2021), which are due for submission to NHSE/I by the national deadline of noon on Tuesday 15th June 2021.

At the April 2021 Committee meeting the issue of 'Going Concern' status was discussed with the External Auditor. As a result the Committee endorsed the view that the Trust is a going concern for the purposes of the annual accounting exercise, and this was agreed by the External Auditor.

6. Management Reports

The Committee has requested and reviewed various management assurance reports from a range of directors and managers within the organisation in relation to relevant areas of enquiry during the financial year 2020/21. We thank all those who have assisted the Committee in these matters, particularly given the operational pressures arising from the Covid-19 pandemic.

7. Other Matters Worthy of Note

The Committee followed its agreed annual work plan throughout the year and received regular reports covering Waiving of Standing Orders; Losses and Compensations; Hospitality and Sponsorship declarations; Orders placed with and without Purchase Orders; Salary Overpayments; and Document Control. Additional information is called for as appropriate.

The Committee once again received the Local Security Management Specialist (LSMS) work plan and annual report for information and assurance.

Throughout the year the Committee also received the highlight reports and action logs from the Trust's main assurance Trust Board sub-committees in order to assess the effectiveness of the Trust's governance arrangements.

Minutes of the Committee's meetings and a Chair's Highlight Report of matters to be escalated are submitted to the Trust Board for information, assurance or decision as necessary.

The Committee members would like to place on record their thanks to the Trust's external auditors (Mazars), internal auditors (Audit Yorkshire), and our in-house counter-fraud service. All have provided a professional and effective service throughout an unprecedented and challenging 2020/21.

8. Conclusion and Plans for 2021/22

The Audit, Risk and Governance Committee's refreshed work plan for 2021/22 is attached at **Appendix 2**.

The Council of Governors will also receive a copy of this annual report and work plan.

The Committee will remain active in reviewing the risks, internal controls, reports of auditors and audit recommendations and will continue to press for action and improvements where required throughout the coming year.

Northern Lincolnshire and Goole NHS Foundation Trust

Audit, Risk and Governance Committee Annual Report for the year ended 31st March 2021

Appendix 1 - Schedule of Attendance at Audit Committee meetings during 2020/21

<u>Member / Attendee</u>	<u>Apr-20</u>	<u>Jun-20</u>	<u>Jul-20</u>	<u>Oct-20</u>	<u>Jan-21</u>
<u>Members:</u>					
Tony Bramley – NED / Chair (up to and inc. Jan21)	Y	Y	Y	Y	Y
Michael Whitworth – NED / Deputy Chair	Y	Y	Y	Y	Y
Neil Gammon – NED	Y	Y	N	N	Y
<u>Associate Members (not forming part of quorum):</u>					
Stuart Hall – Associate NED, NLAG / Vice Chair, HUTH	-	Y	Y	Y	Y
Andrew Smith – Associate NED	-	-	-	Y	Y
<u>Regular Attendees:</u>					
Jim Hayburn – Interim Director of Finance (to Sept20)	Y	Y	Y	-	-
Lee Bond – Chief Financial Officer (from Oct20)	-	-	-	N ³	Y
Wendy Booth – Trust Secretary (to May20)	Y	-	-	-	-
Helen Harris – Trust Secretary (from Jun20)	-	Y	Y	Y	Y
Sally Stevenson - Asst. DoF – Compliance & Counter Fraud	N	Y	Y	Y	Y
Nicki Foley – Local Counter Fraud Specialist	Y	N/A ²	Y	Y	Y
Data Protection Officer and Lead for IT (SM)	N ¹	N/A ²	Y	Y	Y
Head of Procurement (IP)	N ¹	N/A ²	Y	Y	Y
Internal Audit	Y	Y	Y	Y	Y
External Audit	Y	Y	Y	Y	Y
<u>Ad-hoc Attendees:</u>					
Asst. DoF – Process & Control (NP)	Y	Y	-	-	Y
CEO (PR)	-	Y	-	-	
EPR & Business Continuity Manager (GJ)	-	-	Y	-	-
Associate Director of Quality Governance (AL)	-	-	Y	-	-
Deputy Director Director of Estates & Facilities (ST)	-	-	Y	-	-

Northern Lincolnshire and Goole NHS Foundation Trust

Audit, Risk and Governance Committee Annual Report for the year ended 31st March 2021

Member / Attendee	Apr-20	Jun-20	Jul-20	Oct-20	Jan-21
Membership Manager (AH)	-	-	Y	Y	Y
Freedom to Speak Up Guardian (LH)	-	-	-	Y	-
Deputy Director of Finance (BS)	-	-	-	Y	-
Chief Information Officer (SM)	-	-	-	-	Y
Associate Director of IM&T (SM)	-	-	-	-	Y
IT Data Security Manager (TF)	-	-	-	-	Y
Lead Governor (RP)	-	-	-	-	Y

Notes:

¹Not required to attend due to Covid-19

²Not required to attend, Final Accounts meeting only

³Brian Shipley, Deputy Director of Finance, attended in the absence of Lee Bond, Chief Financial Officer

APPENDIX 2 - AUDIT, RISK AND GOVERNANCE COMMITTEE - 12 MONTH ROLLING WORK PLAN

Item of Business	3 Jun 21 (Public Disclosure Statements meeting)	22 Jul 21	21 Oct 21	Jan 22	Apr 22
Audit Committee - Annual Review of Terms of Reference				X	
Audit Committee - Annual Review of Work Plan				X	
Audit Committee - Annual Self-Assessment Exercise & Results				X	
Audit Committee - Annual Report to Trust Board / CoG	X				
Audit Committee - Annual meeting dates/times/locations			X		
Audit Committee - Annual Review of External Auditor Performance		X			
Private Discussion with Auditors (internal and external)	X	as needed	as needed	as needed	as needed
Receive highlight reports & action logs from other Board sub-committees		X	X	X	X
External Audit - Annual External Audit Plan / Timetable / Fees				X	
External Audit - Routine Progress Reports	X	X	X	X	X
External Audit - Year End Report & Letter of Representation	X				
External Audit - Report on Trust's Quality Account (<i>if required</i>)	X				
Internal Audit - Annual Internal Audit Plan				X	
Internal Audit - Routine Progress Report / Technical Updates		X	X	X	X
Internal Audit - Head of Internal Audit Opinion	X (Final)				X (Draft)
Internal Audit - Annual Report (inc. client feedback survey results)	X				
Internal Audit - IA Plan strategic workshop results				X	
Receive Status Report on Implementation of IA Recommendations		X	X	X	X
Annual Governance Statement	X (Final)				X (Draft)
Public Disclosure Statements: Review changes to Accounting Policies				X	
Draft annual accounts, quality accounts and VFM conclusion					X
Audited annual accounts	X				
New from April 2020 – Any Covid-19 ARGCC Related Business	as needed	as needed	as needed	as needed	as needed

Item of Business	3 June 21	22 Jul 21	21 Oct 21	Jan 22	Apr 22
LCFS - Annual Counter Fraud Report		X			
LCFS - Annual Counter Fraud Work Plan					X
LCFS - Written Progress Reports		X	X	X	X
LCFS - Concluding investigation reports / related issues		as needed	as needed	as needed	as needed
LCFS - Annual review of Fraud and Corruption Policy					X
LCFS - Results of Annual Staff Fraud Awareness Survey		X			
LSMS					
LSMS - Annual Security Management Report		X			
LSMS - Annual Security Management Work Plan					X
LSMS - Ad-hoc reports and updates		as needed	as needed	as needed	as needed
Other					
Review of Waiving of Standing Orders		X	X	X	X
Review of Losses and Compensations - quarterly		X	X	X	X
Review of Hospitality and Sponsorship		X	X	X	X
Review of Salary Overpayments & Underpayments - quarterly		X	X	X	X
Review of data re: Invoices without Purchase Orders		X	X	X	X
Finance					
Review of finance related policies (SFIs / Standing Orders / Scheme of Delegation, Recovery of Salary Overpayments Policy, Standards of Business Conduct Policy, etc.)		as needed	as needed	as needed	as needed
Annual Review of Policy for Engagement of External Auditors for Non-Audit Work				X	
Assurance					
Board Assurance Framework (BAF) and Risk Register report - quarterly		X	X	X	X
Review of Assurance Sub-Committees' Conduct of Risk Oversight		X	X	X	X
Annual Review of Risk Management Strategy / Development Plan Progress Report		X	X	X	X
Freedom to Speak Up					
Annual Review of Trust's freedom to speak up arrangements			X		
Freedom to Speak Up Guardian			X		
IG					
Annual IG Toolkit Return		X			
IG Steering Group Highlight reports - quarterly		X	X	X	X
Document Control					
Document Control report - quarterly		X	X	X	X

Item of Business	3 Jun 21	22 Jul 21	21 Oct 21	Jan 22	Apr 22
Annual Fire Report		X			
Annual Health and Safety Policy statement					X
Annual Emergency Preparedness, Resilience and Business Continuity Report		X			
Clinical Audit Annual Work Plan		X			
Review of Data Quality Dimensions (<i>new item from HFMA checklist 2018</i>)	as needed				
New HFMA NHS Audit Committee Handbook Items – July 2018					
Cyber security – Review the Trust’s information governance and cyber security arrangements annually.	as needed	X	as needed	as needed	as needed
Mergers and acquisitions – review new arrangements	as needed				
Working with regulators - oversee action plans relating to regulatory requirements (e.g. single oversight framework; use of resources)	as needed				
Working at Scale – oversee developing partnership arrangements (e.g. accountable care organisations)	as needed				

CoG (10/20) Item 12.3

DATE	15th October 2020
REPORT FOR	Council of Governors
REPORT FROM	Alison Hurley, Membership Manager
CONTACT OFFICER	Alison Hurley, Membership Manager
SUBJECT	Glossary and Acronyms
BACKGROUND DOCUMENT (IF ANY)	N/A
EXECUTIVE COMMENT (INCLUDING KEY ISSUES OF NOTE OR, WHERE RELEVANT, CONCERN THAT THE COG NEED TO BE MADE AWARE OF)	The document provides details of commonly used acronyms and abbreviations.
COUNCIL ACTION REQUIRED	This item is for information.

ACRONYMS & GLOSSARY OF TERMS FOR GOVERNORS & NON-EXECUTIVE DIRECTORS

October 2020

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

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

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

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

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

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

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

AHP - Allied Health Professional

AMM - Annual Members' Meeting

ARC - the governor Appointments & Remuneration Committee has delegated authority to consider the appointment and remuneration of the Chair, Deputy Chair and Non-Executive Directors on behalf of the Council of Governors, and provide advice and recommendations to the full Council in respect of these matters

ARM – Annual Review Meeting for CoG

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

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

BAF - Board Assurance Framework

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

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

Board of Directors - A Board of Directors is the executive body responsible for the operational management and conduct of an NHS Foundation Trust. It includes a non-executive Chairman, non-executive directors, the Chief Executive and other Executive Directors. The Chairman and non-executive directors are in the majority on the Board

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

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

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

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

CCG – Clinical Commissioning Groups were introduced by the Health & Social Care 2012 Act. Following the abolition of Primary Care Trusts (PCTs), they are formed by GP practices and are responsible for commissioning the majority of local health care services

CFC – Charitable Funds Committee

Choose and Book - When a patient has been referred by your GP for an appointment with a healthcare provider, they may be able to book your appointment with Choose and Book. Most services are available via Choose and Book. Patients can choose the date and time of their appointment their GP may be able to book their appointment there and then. However, the patient has the right to think about their choices, compare different options and book their appointment at a later stage

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

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

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

Code of Governance - The NHS Foundation Trust Code of Governance is a document published by Monitor which gives best practice advice on governance. NHS Foundation Trusts are required to explain, in their annual reports, any non-compliance with the code

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

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

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

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

Compliance Framework - Monitor's Compliance Framework serves as guidance as to how Monitor will assess governance and financial risk at NHS Foundation Trusts, as reflected by compliance with the Continuity of Services and governance conditions in the provider licence. NHS Foundation Trusts are required by their licence to have regard to this guidance. It was superseded by the Risk Assessment Framework in 2013/14

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

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

COO – Chief Operating Officer

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

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

CQUIN – Commissioning for Quality and Innovation are measures which determine whether we achieve quality goals or an element of the quality goal. These achievements are on the basis of which CQUIN payments are made. The CQUIN payments framework encourages

care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare. For the patient – this means better experience, involvement and outcomes

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

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

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

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

DGH – District General Hospitals

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

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

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

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

DNR - Do not resuscitate

DOI – Declarations of Interest

DOLS – Deprivation of Liberty Safeguards

DPA - Data Protection Act

DPoWH – Diana, Princess of Wales Hospital

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

ECC – Emergency Care Centre

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

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

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

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

EOL – End of Life

EPR - Electronic Patient Record

ERoY – East Riding of Yorkshire for Council and CCG etc

ESR - Electronic Staff Record

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

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

FIP – Finance & Performance Committee

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

FPC – Finance & Performance Committee

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

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

GAG – the Governor Assurance Group has oversight of areas of Trust governance and assurance frameworks in order to provide added levels of assurance to the work of the Council of Governors*

GDH – Goole District Hospital

GDPR – General Data Protection Regulations

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

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

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

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

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

GMC – General Medical Council

HAS – Humber Acute Services

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

HCAI – Healthcare Acquired Infections are those acquired as a result of health care

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

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

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

HOSC - Health Overview and Scrutiny Committee. Committee that looks at the work of the clinical commissioning groups, and National Health Service (NHS) trusts, and the local area team of NHS England. It acts as a 'critical friend' by suggesting ways that health related services might be improve

HTF – Healthtree Foundation Trust charity

Human resources (HR) - A term that refers to managing “human capital”, the people of an organisation

HW - Healthwatch

H&WB Board - Health and Wellbeing Board: has a duty to improve the health and wellbeing for its residents. The joint strategy developed for this Board is based on the Joint Strategic Needs Assessment. Each CCG has its own Health and Wellbeing Board

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

ICS – Integrated Care Systems – where NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve

IPR – Integrated Performance Report

JAG – Joint Advisory Group accreditation

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

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

Lead Governor - Governors will generally communicate with Monitor through the trust's chair. However, there may be instances where it would not be appropriate for the chair to contact Monitor, or for Monitor to contact the chair (for example, in relation to the appointment of the chair). In such situations, we advise that the lead Governor should communicate with Monitor. The role of lead Governor is set out in The NHS Foundation Trust Code of Governance

LiA – Listening into Action

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

LGBT – Lesbian, gay, bisexual or transgender

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

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

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

MCA – Mental Capacity Act

Members - As part of the application process to become an NHS Foundation Trust, NHS trusts are required to set out detailed proposals for the minimum size and composition of

their membership. Anyone who lives in the area, works for the trust, or has been a patient or service user there, can become a Member of an NHS Foundation Trust, subject to the provisions of the trust's constitution. Members can: receive information about the NHS Foundation Trust and be consulted on plans for future development of the trust and its services; elect representatives to serve on the Council of Governors; and stand for election to the Council of Governors

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

MPEG – the governor Membership & Patient Engagement Group has been established to produce and implement the detailed Membership Strategy and provides oversight and scrutiny of the Trust Vision and Values and engagement with patients and carers*

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

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

NED – Non-Executive Director

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

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

Neurology - Study and treatment of nerve systems.

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

NEL - North East Lincolnshire for Council and CCG etc

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

NHS – National Health Service

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

NHS Confederation – is the membership body which represents both NHS commissioning and provider organisations

NHSE – NHS England. The NHS Commissioning Board, referred to as NHS England, was established as a statutory body from October 2012. From April 2013, it has taken on many of the functions of the former PCTs with regard to the commissioning of primary care health services, as well as some nationally based functions previously undertaken by the Department of Health

NHS Improvement (NHSI) is an umbrella organisation that brings together Monitor, NHS Trust Development Authority, Patient Safety, the National Reporting and Learning Systems, the Advancing Change Team and the Intensive Support Teams. These companies came together on the 1st April 2019 to act as a single organisation to better support the NHS and

help improve care for patients. The NHSI ensures that it receives sufficient timely information, including monitoring activity against annual plans and maintaining oversight of key quality, governance, finance and sustainability standards, to enable it to assess the performance of each provider in order that it can give the Department a clear account of the quality of its implementation of its functions

NHSE/I – officially merged on 1 April 2019, but are yet to formalise all details

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

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

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

NL - North Lincolnshire for Council and CCG etc

NLaG – Northern Lincolnshire & Goole Hospitals NHS Foundation Trust

NMC – Nursing & Midwifery Council

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

NQB – National Quality Board

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

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

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

PbR – Payment by Results

PCN – Primary Care Networks are groupings of GP practices typically with a patient population of 30,000 – 50,000, which practices were required to participate in as part of the 2019 GP contract. They are intended to provide fully integrated community based health services at a neighbourhood level

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

Place – the geographical/population unit between integrated care systems and PCN network neighbourhoods. Typically they are co-terminus with local authority boundaries, such as North East Lincolnshire and North Lincolnshire.

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

POE – People & Organisational Effectiveness

PPG - Patient Participation Group. The CCGs supports and encourages patients to get involved with the way their healthcare is planned by creating and joining Patient Participation Groups which are based in each Medical Practice. This is another term for GP Patient group

PRIMM - Performance Review Improvement Management Meeting

PSF - Provider Sustainability Fund

PTL – Patient Transfer List

QA – Quality Accounts. A QA is a written report that providers of NHS services are required to submit to the Secretary of State and publish on the NHS Choices website each June summarising the quality of their services during the previous financial year

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

QOF – Quality and Outcomes Framework. The quality and outcomes framework (QOF) is part of the General Medical Services (GMS) contract for general practices and was introduced on 1 April 2004

QRG – the governor Quality Review Group gather robust information on the quality and safety of care provided or commissioned by the Trust and in particular gather information on patients' perceptions of service quality and safety*

QSIR – Quality & Service Improvement Report

RCN – Royal College of Nursing

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

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

RTT – Referrals to Treatment

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

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

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

SGH – Scunthorpe General Hospital

SGWG – the Staff Governor Working Group provides a mechanism to monitor and assist as appropriate in staff engagement, recruitment and retention and staff morale*

SHMI – Summary Hospital-level Mortality Indicator

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

SIB – System Improvement Board

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

Single Oversight Framework - (SOF) sets out how the NHSI oversee NHS trusts and NHS foundation trusts, using one consistent approach in order to determine the type and level of support Trusts require to meet these requirements. The framework identifies NHS providers' support needs across five themes:

- quality of care
- finance and use of resources
- operational performance
- strategic change
- leadership and improvement capability

SNCT - Safer Nursing Care Tool

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

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

Statutory Requirement - A requirement prescribed by legislation

STP - Sustainability and Transformation Partnerships

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

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

TMB - Trust Management Board

ToR – Terms of Reference

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

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

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

UTC – Urgent Treatment Centre

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

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

WC – Workforce Committee

WTE - Whole time equivalent

YTD – Year to date

** please see the terms of reference for further details*

CoG (07/21) Item 9.0

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 April 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.				3	<ul style="list-style-type: none"> Agenda much more focused with routine items moved to GAG
Q2	Were there any other urgent items missing from the agenda that you would expect to see? Please comment and provide specific details.					<ul style="list-style-type: none"> No
Quality of Meeting Papers						
Q3	a) Is the purpose and content clear? Please rate and provide any comments.				3	<ul style="list-style-type: none"> Yes
	b) Are papers clear on CoG action required? Please rate and provide any comments.				3	<ul style="list-style-type: none"> 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.			1	2	<ul style="list-style-type: none"> Yes

Q4	Did any one item/paper stand out for you as a model to adopt for all items? Please rate and provide specific details				2	<ul style="list-style-type: none"> All the update papers were of a good standard and provided necessary assurance 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			1	2	<ul style="list-style-type: none"> Teams is not the ideal medium for CoG meetings so the sooner we return to face to face meetings the better Yes
Q6	How effective was the chairing of the meeting? Please rate and provide specific details				3	<ul style="list-style-type: none"> Excellent as usual
Q7	What worked or didn't work for you whilst meeting virtually? Please comment and provide specific details.					<ul style="list-style-type: none"> Clear that some governors are still struggling to come to terms with virtual meetings Prefer face to face meetings
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.					<ul style="list-style-type: none"> The meeting lasted longer than 2 hours but it did not feel that the length was excessive Yes The recently adopted slimmed-down agenda (achieved by removal of "Highlight" reports) is working well.
	Anything else?					

* 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