Northern Lincolnshire and Goole NHS Foundation Trust

Agenda

Council of Governors Business Meeting

Wednesday, 13th April 2022, virtually via MS Teams
14:00 - 16:00 hours

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

1. BUSINESS ITEMS 14:00

1.1 CHAIRS OPENING REMARKS Verbal
Sean Lyons, Trust Chair
(To note the Chair's opening remarks)

1.2 APOLOGIES FOR ABSENCE* Verbal
Sean Lyons, Trust Chair
(To note apologies for absence)

1.3 DECLARATIONS OF INTEREST Verbal
Sean Lyons, Trust Chair
(To note any declarations of interest in any of the agenda items)

1.4 TO APPROVE THE DRAFT MINUTES OF THE MEETING HELD ON 18th JANUARY 2022 To follow
Sean Lyons, Trust Chair
(To approve or amend the minutes from the previous meeting)

1.5 MATTERS ARISING Verbal
Sean Lyons, Trust Chair
(To discuss any matters arising from the minutes which are not on the agenda)

1.6 REVIEW OF ACTION LOG Attached
Sean Lyons, Trust Chair
(To consider progress against actions agreed at the previous meetings)

2. REPORTS AND UPDATES 14:10

2.1 Chair's Update Attached
Sean Lyons, Trust Chair
(To receive and note the Chair's update)

2.2 Chief Executive's Update Attached
Dr Peter Reading, Chief Executive
(To receive and note the Chief Executive's update)

2.2.1 Trust Priorities 2022/23 Attached
Dr Peter Reading, Chief Executive
(To receive and note the Trust Priorities 2022/23)

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 14:30

3.1 GUEST SPEAKER - Integrated Care Systems (ICS) Development - to date, including the important role of PLACE Attached
Sue Symington, Integrated Care Systems Chair
(To receive an ICS update)

3.2 Care Quality Commission (CQC) Improvement Plan Presentation
Kate Wood, Chief Medical Director
Jennifer Moverley, Head of Compliance & Assurance
(To receive an update on the CQC Improvement Plan)

4. ITEMS FOR APPROVAL 15.30

4.1 Audit, Risk & Governance Committee (ARGC) – External Audit Service Contract Attached
Simon Parkes, Chair of ARGC
(To receive and approve the External Audit Service Contract)

4.2 Governors' Register of Interests – updated report Attached
Alison Hurley, Assistant Director of Corporate Governance
(To receive and approve the updated Governors' Register of Interests)

5. QUESTIONS FROM GOVERNORS Verbal 15.32
Sean Lyons, Trust Chair
(To raise and respond to questions from governors for consideration at the CoG)

6. QUESTIONS FROM THE PUBLIC Verbal 15.37
Sean Lyons, Trust Chair
(To raise and respond to questions from members of the public for consideration at the CoG)

7. ITEMS FOR INFORMATION (see separate **Appendix A**) To Note 15.42
Sean Lyons, Trust Chair
(To note items for information)

8. ANY OTHER URGENT BUSINESS Verbal 15:45
Sean Lyons, Trust Chair
(To discuss any other urgent business)

9. MATTERS TO BE ESCALATED TO THE TRUST BOARD Verbal 15.50
Sean Lyons, Trust Chair
(To discuss any items requiring escalation to the Trust Board)

10. COUNCIL PERFORMANCE AND REFLECTION Verbal 15:55
Sean Lyons, Trust Chair
(To consider the performance of the CoG)

11. DATE AND TIME OF THE NEXT MEETING Verbal 15.58
Sean Lyons, Trust Chair
(To note the date and time of the next formal business meetings)

ANNUAL REVIEW OF THE COUNCIL OF GOVERNORS' MEETING - PRIVATE
Date: 14th July 2022
Time: 14:30 - 16:30 hours
Venue: Virtual via MS Teams

COUNCIL OF GOVERNORS' BUSINESS MEETING - PUBLIC
Date: 20th July 2022
Time: 10:00 - 13:00 hours
Venue: Sands Venue Stadium (Glanford Park), Scunthorpe

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.

7.	**Items for Information**		
7.1	Finance Update	Lee Bond Chief Financial Officer	Attached
7.2	Board Assurance Framework	Helen Harris Director of Corporate Governance	Attached
7.3	Acronyms & Glossary of Terms	Alison Hurley, Assistant Director of Corporate Governance	Attached

PROTOCOL FOR CONDUCT OF COUNCIL OF GOVERNOR BUSINESS

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

CoG (04/22) Item 1.6

NHS
Northern Lincolnshire and Goole
NHS Foundation Trust

COUNCIL OF GOVERNORS

ACTION LOG & TRACKER

2019-2021

(updated January 2022)

ACTION LOG & TRACKER

Council of Governors (CoG) Meeting

Northern Lincolnshire and Goole NHS Foundation Trust

Minute Reference	Date of Meeting	Action Reference	Action Point	Lead Officer	Due Date	Progress	Status	Evidence	Evidence Stored
COG(22)09	18/01/2022	7	Membership Office to reintroduce questions from the public on future agendas	Membership Office	Apr-22	Membership will add to future agendas	**Completed**	Agenda	Yes
COG(22)08	18/01/2022	4.1	Shiv Nand to send through a new declaration of interests to include his employment details to the Membership Office	Shiv Nand	Jan-22	Declaration requested and received	**Completed**	Email	Yes
COG(22)07	18/01/2022	3.2	Shaun Stacey to send a briefing note to the Membership Office on the Trust's Planning Position for distribution	Shaun Stacey	Jan-22	Briefing note on Trust's planning position distributed on 19.01.22	**Completed**	Email	Yes
COG(22)06	18/01/2022	3.2	Membership Office to contact Shaun Stacey to return to a future CoG to provide an update on the planning position and the operational plan	Membership Office	Apr-22	Shaun Stacey to provide update at the 12th May Governor & NED Briefing	**On Track**	Agenda	Yes
COG(22)05	18/01/2022	2.3	Membership Office to seek expressions of interest for the two vacant seats on the ARC	Membership Office	Apr-22	Email sent to Governors requesting expressions of interest on 19.01.22	**Completed**	Email	Yes
COG(22)04	18/01/2022	2.1	Membership Office to arrange for Alison Dubbins to provide a future briefing on culture, equality, diversity, inclusion, and freedom to speak up at a future CoG	Membership Office	Apr-22	Christine Brereton to deliver update within the 20th July CoG	**On Track**	Email	Yes
COG(22)03	18/01/2022	1.6	Membership Office to update the Action Log	Membership Office	Apr-22	Action log updated	**Completed**	Action log	Yes
COG(22)02	18/01/2022	1.4.2	Membership Office to update the attendance records on the minutes from the October and November minutes	Membership Office	Apr-22	Governor and NED attendance has been updated on all three sets of minutes.	**Completed**	Minutes	Yes
COG(22)01	18/01/2022	3.1	Membership Office to contact Rob Pickersgill regarding his question to Lee Bond	Membership Office	Apr-22	Rob Pickersgill contacted by email on 27.01.22 regarding query on Financial Special Measures briefing. Chased on 23.02.2 & 28.03.22	**On Track**	Email	Yes
COG(21)22	19/10/2021		Adolfazl Abdi to provide an update within the January 2022 CoG on elective recovery, A&E attendances and performance levels	Adolfazl Abdi	Jan-22	Update provided within Jan 2022 CoG by Shaun Stacey	**Completed**	Minutes	Yes
COG(21)21	19/10/2021		Adolfazl Abd morning disc			Adolfazl Abdi investigated issues around the early outcome bership	**Completed**	Email	Yes

COG(21)20	19/10/2021	1.6	Organise a briefing with Lee Bond or Shaun Stacey on changes and provide information to Governors on changes to elective care and the ICS.	Membership Office	Jan-22	Update provided within Jan 2022 CoG by Shaun Stacey	**Completed**	Minutes	Yes
COG(21)12	20/04/2021	3.2	Membership Office to arrange for a North Lincolnshire Community Services update within six to 12 months	Membership Office	Apr-22	Briefing added to 6th January 2022 Pre GAG Briefing - briefing stood down due to anticipated service pressures. Scheduled for 10.03.22 - briefing stood down due to anticipated service pressures. Update confirmed to be delivered with 12th May Governor & NED Briefing	**On Track**	Email	Yes

Red Overdue

Amber	On Track
Green	Completed - can be closed following meeting

Minute reference	Date/Month of Meeting	Action Reference (if Different)	Action Point	Lead Officer	Due Date	Progress	Status	Evidence	Evidence Stored
COG AMM(21)19	13/09/2021	6	Membership Office to use the feedback to improve proceedings at the next CoG AMM (AMM)	Membership Off	Sep-22	CoG AMM review and planning meeting arranged for 01.12.21. Feedback report produced in readiness.	Complete	AMM review and planning meeting held 01.12.21.	Yes
COG AMM(21)18	13/09/2021	5	Membership Office to contact individuals raising queries by email regarding responses to the queries raised in advance of the CoG AMM meeting (AMM)	Membership Off	Oct-21	Responses to questions raised were distributed following the CoG AMM meeting	Complete	Emails saved with CoG AMM papers	Yes
COG AMM(21)17	13/09/2021	3.1.1	Membership Office to distribute the audit report to all attendees following the meeting (AMM)	Membership Off	Oct-21	Distributed to attendees following the CoG AMM meeting	Complete	Emails saved with CoG AMM papers	Yes
COG(21)16	20/07/2021	10	Discuss Council Reflection at next GAG meeting	Membership Off	Nov-21	Added to GAG agenda for the meeting on 02.09.21	Complete	Added to GAG Agenda	Yes
COG(21)15	20/07/2021	3.1	Lee Bond or Shaun Stacey to provide information to Governors on changes to elective care and the ICS.	Membership Off	Oct-21	Briefing included within 19.10.21 CoG meeting	Complete	CoG agenda and following minutes	Yes
COG(21)14	20/07/2021	2.2	Request for communications team to raise the importance of wearing face masks and PPE as required	Infection Contro	Oct-21	Directed to the IPC team and a request to comms to raise the importance of wearing face masks and PPE as required	Complete	Emails within CoG meeting actions	Yes
COG(21)13	20/07/2021	1.2	Governors gratitude and best wishes to be conveyed to Terry Moran CB	Alison Hurley	Oct-21	Lead Governor to forward gratitude and best wishes on behalf of the Governors	Complete	Letter sent	Yes
COG(21)11	20/04/2021	3.2	Membership Office to distribute the North Lincolnshire Community Services presentation following the meeting	Membership Office	Apr-21	Alison Hurley distributed Community Services presenation following the April CoG	Complete	Presenation distriubted following April CoG	Yes
COG(21)10	20/04/2021	5	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	Membership Office	Jul-21		Complete	Update provided within the 1st July Governor & NED Briefing session	Yes
COG(21)9	20/04/2021	5	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	Membership Office	Apr-21	Jackie France provided update at 27th Governor & NED Briefing	Complete		Yes
COG(21)8	20/04/2021	5	Jackie France to liaise with Kevin Allen about digital letters and patient support	Membership Office	Jul-21	Kev Allen contacting by Dr Peter Reading, Jackie France and Zoe Hinsley - awaiting confirmon from Kevin action now closed	Complete	Virtual meeting between Kev Allen and Jackie France held on 5th May 2021	Yes
COG(21)7	20/04/2021	**4.1**	Membership Office to update the Governors' Register of Interests with Jeremy Baskett amendment	Membership Off	Jul-21	Jeremy Baskett's updated Declaration of Interests received and added to Register of Interest for approval at July CoG	Complete	Presented at July CoG	Yes
COG(21)6	20/04/2021	2.3	Membership Office arranged CoG Annual Review Meeting, 23rd to be held of site, at Sansview Stadium, Scunthorpe	Membership Office	Jun-21	Off site venue arranged for CoG AMM - virtual meeting arranged in line with COVID-19 guidance	Complete	Off site venue arranged for CoG AMM	Yes
COG(21)6	20/04/2021	1.6	Membership Office to update action log	Membership Office	Apr-21	Action log updated	Complete	Action log updated	Yes
COG(21)5	20/04/2021	1.4	Membership Office to amend 19th January 2021 CoG minutes as discussed	Membership Office	Apr-21	Minutes amended as agreed	Complete	Minutes amended as agreed	Yes
COG(21)4	19/01/2021	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(21)3	19/01/2021	4.2	Membership Office to distribute 15th October Private CoG minutes	Membership Office	Apr-21	Distributed to governors on 19th January 2021	Complete	E-mail	Yes
COG(21)2	19/01/2021	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)1	19/01/2021	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(20)254	22/07/2020	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	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	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)258	15/10/2020	4.3.1	Lee Bond to investigate and provide an update at the January CoG meeting on any short term Trust investments	Lee Bond	Jan-21	Verbal update to be provided at April CoG	Completed	Update provided within April CoG	Yes
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	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	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	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	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	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 problmens 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 - Deliverd at the February Governor & NED Briefing sessioin	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 Govenors 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 Lousie 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 Confiernce 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 wil lbe 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 You-tube clips for the Trust website	Mrs Hurley		Communications team to consider utilisng You-tube 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-committeeswhich 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 futher 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		

Northern Lincolnshire and Goole NHS Foundation Trust

Agenda Number: CoG (04/22) Item: 2.1

Name of the Meeting	Council of Governors	
Date of the Meeting	13 April 2022	
Director Lead	Sean Lyons, Chair	
Contact Officer/Author	As Above	
Title of the Report	**Chair's Update**	
Purpose of the Report and Executive Summary (to include recommendations)	Briefing for the Council of Governors on the key highlights from the recent Trust Board and current issues	
Background Information and/or Supporting Document(s) (if applicable)	N/A	
Prior Approval Process	☐ TMB ☐ PRIMs	☐ Divisional SMT ☐ Other: Click here to enter text.
Which Trust Priority does this link to	☐ Pandemic Response ☐ Quality and Safety ☐ Estates, Equipment and Capital Investment ☐ Finance ☐ Partnership and System Working	✓ Workforce and Leadership ☐ Strategic Service Development and Improvement ☐ Digital ☐ The NHS Green Agenda ☐ Not applicable
Which Trust Strategic Risk(s)* in the Board Assurance Framework (BAF) does this link to (*see descriptions on page 2)	**To give great care:** ☐ 1 - 1.1 ☐ 1 - 1.2 ☐ 1 - 1.3 ☐ 1 - 1.4 ☐ 1 - 1.5 ☐ 1 - 1.6 **To be a good employer:** ☐ 2	**To live within our means:** ☐ 3 - 3.1 ☐ 3 - 3.2 **To work more collaboratively:** ☐ 4 **To provide good leadership:** ✓ 5 ☐ Not applicable
Financial implication(s) (if applicable)		
Implications for equality, diversity and inclusion, including health inequalities (if applicable)		
Recommended action(s) required	☐ Approval ☐ Discussion ☐ Assurance	✓ Information ☐ Review ☐ Other: Click here to enter text.

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1.	**To give great care**
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1.2	To provide treatment, care and support which is as safe, clinically effective, and timely as possible. Risk to Strategic Objective: The risk that the Trust fails to deliver constitutional and other regulatory performance targets which has an adverse impact on patients in terms of timeliness of access to care and/or risk of clinical harm because of delays in access to care.
1.3	To engage patients as fully as possible in their care, and to engage actively with patients and patient groups in shaping services and service strategies. To transform care over time (with partners) so that it is of high quality, safe and sustainable in the medium and long term. Risk to Strategic Objective: The risk that the Trust (with partners) will fail to develop, agree, achieve approval to, and implement an effective clinical strategy (relating both to Humber Acute Services and to Place), thereby failing in the medium and long term to deliver care which is high quality, safe and sustainable.
1.4	To offer care in estate and with engineering equipment which meets the highest modern standards. Risk to Strategic Objective: The risk that the Trust's estate, infrastructure and engineering equipment may be inadequate or at risk of becoming inadequate (through poor quality, safety, obsolescence, scarcity, backlog maintenance requirements or enforcement action) for the provision of high quality care and/or a safe and satisfactory environment for patients, staff and visitors.
1.5	To take full advantage of digital opportunities to ensure care is delivered as safely, effectively and efficiently as possible. Risk to Strategic Objective: The risk that the Trust's digital infrastructure (or the inadequacy of it) may adversely affect the quality, efficacy or efficiency of patient care and/or use of resources, and/or make the Trust vulnerable to data losses or data security breaches.
1.6	To provide treatment, care and support which is as safe, clinically effective, and timely as possible. Risk to Strategic Objective: The risk that the Trust's business continuity arrangements are not adequate to cope without damage to patient care with major external or unpredictable events (e.g. adverse weather, pandemic, data breaches, industrial action, major estate or equipment failure).
2.	**To be a good employer**
2.	To develop an organisational culture and working environment which attracts and motivates a skilled, diverse and dedicated workforce, including by promoting: inclusive values and behaviours, health and wellbeing, training, development, continuous learning and improvement, attractive career opportunities, engagement, listening to concerns and speaking up, attractive remuneration and rewards, compassionate and effective leadership, excellent employee relations. Risk to Strategic Objective: The risk that the Trust does not have a workforce which is adequate (in terms of diversity, numbers, skills, skill mix, training, motivation, health or morale) to provide the levels and quality of care which the Trust needs to provide for its patients.
3.	**To live within our means**
3.1	To secure income which is adequate to deliver the quantity and quality of care which the Trust's patients require while also ensuring value for money for the public purse. To keep expenditure within the budget associated with that income and also ensuring value for money. To achieve these within the context of also achieving the same for the Humber Coast and Vale HCP. Risk to Strategic Objective: The risk that either the Trust or the Humber Coast and Vale HCP fail to achieve their financial objectives and responsibilities, thereby failing in their statutory duties and/or failing to deliver value for money for the public purse.
3.2	To secure adequate capital investment for the needs of the Trust and its patients. Risk to Strategic Objective: The risk that the Trust fails to secure and deploy adequate major capital to redevelop its estate to make it fit for purpose for the coming decades.
4.	**To work more collaboratively**
4.	To work innovatively, flexibly and constructively with partners across health and social care in the Humber Coast and Vale Health Care Partnership (including at Place), and in neighbouring Integrated Care Systems, and to shape and transform local and regional care in line with the NHS Long Term Plan. Risk to Strategic Objective: The risk that the Trust is not a good partner and collaborator, which consequently undermines the Trust's or the healthcare systems collective delivery of: care to patients; the transformation of care in line with the NHS Long Term Plan; the use of resources; the development of the workforce; opportunities for local talent; reduction in health and other inequalities; opportunities to reshape acute care; opportunities to attract investment.
5.	**To provide good leadership**
5.	To ensure that the Trust has leadership at all levels with the skills, behaviours and capacity to fulfil its responsibilities to its patients, staff, and wider stakeholders to the highest standards possible. Risk to Strategic Objective: The risk that the leadership of the Trust (from top to bottom, in part or as a whole) will not be adequate to the tasks set out in its strategic objectives, and therefore that the Trust fails to deliver one or more of these strategic objectives

Chair's report for the NLaG Council of Governors 13 April 2022

Firstly, I would like to thank Governors, Board and Executive members and everyone I have met so far for their warm welcome since joining NLaG and HUTH as Joint Chair on 1st February 2022.

A significant amount of my time has been spent familiarising myself with both Trusts, and their challenges, and meeting with leaders, staff and external stakeholders. I was pleased to be able to present myself to a meeting of Governors on 6th January, and I have also been holding one to one meetings with Governors – I hope to have largely completed this programme by the time the CoG meets in April.

I have been very impressed and encouraged by the sheer hard work and dedication that I have seen from all staff – keeping patients safe and delivering great care are clear priorities that can be witnessed everywhere.

The circumstances in which these aims are being delivered are incredibly challenging, and I am sure Governors and Board members alike would wish their appreciation to be passed on, and I would encourage everyone to take the time to show their personal appreciation whenever there is an opportunity to do so.

Governance

Governor elections for three positions East &West Lindsey (two positions) and Goole and Howdenshire (one position) have been arranged. However only two candidates, Jeremy Baskett from East & West Lindsey and Tony Burndred from Goole and Howdenshire, both serving Governors, put their names forward and they have therefore been re-elected unopposed. We wish them well in their new terms in office.

Representations have been made regarding aligning Governor terms of office with the annual election cycle- this is noted, and will be picked up alongside any legislative changes that may emerge from the Health and Social Care Bill, which is expected to gain Royal Assent in July 2022.

Also, both the Boards of NLaG and HUTH have recently approved the appointment of Shauna McMahon as Joint Chief Information Officer and we wish Shauna well in this key appointment.

Following my appointment, Linda Jackson and Stuart Hall, who served with distinction as Acting Chairs of NLaG and HUTH, have returned to their positions as Vice Chairs of their respective organisations. I continue to be very grateful to them and their fellow NED's for their support.

Most Board sub- committee meetings have continued to be held virtually due to IPC restrictions, although it has been possible for occasional 15 Step Challenge ward visits to be permitted.

We remain hopeful that restrictions will not be the case for too much longer. I am aware that both Governors and Board members alike are keen to reconnect.

Board
The NLaG Board has met twice, on 1st February and 5th April, and fortunately the Board was able to meet face to face for a development session 1st March where we explored issues around Equality, Diversity and Inclusion, and the Digital agenda. Further development sessions are scheduled throughout the year.

The Board continues to be focused on quality and safety, elective recovery and addressing a challenging financial situation, as well as playing a full role in the wider system as it develops. Most importantly, the Trust remains focused in staff welfare and wellbeing in extremely demanding times.

The CQC are expected to inspect the Trust in the next few weeks, and I am delighted that Dr Kate Wood will be presenting an update on the Trust's CQC improvement plan at this meeting.

The Ockenden part two report was published on 30 March 2022 and makes difficult reading.

The Board has oversight of the part one recommendations which have progressed well, and will pay close attention to the further recommendations from the latest report.

NHS providers have produced a useful summary of the recommendations from the latest report and the link to these is found here - https://nhsproviders.org/media/693339/ndb-maternity.pdf

Flow of patients who are ready for hospital discharge is a major challenge. Timely Social Care provision for these patients is seriously affecting the ability of the Trust to offload Ambulances, free up bed space for urgent and emergency care cases as well as having detrimental effects on the economics of the system.

Huge pressure is being applied on the NHS to improve waiting lists, but without effective flow, progress will be limited.

HASR Developments
As noted elsewhere, progress continues on all three phases, and we await decisions regarding capital developments which are expected in July.

Programme one which deals with the 10 most fragile services will be given additional support from both Vice Chairs.

ICS

The ICS Governance arrangements continue, with the ICB Executive and Board positions so far being filled as follows. Please note, all posts are currently designate

Chair	Sue Symington
Chief Executive	Stephen Eames
Chief Operating Officer	Amanda Bloor
Executive Director of Finance and Investment	Jane Hazelgrave
Executive Director of Nursing and Quality	Teresa Fenech
Executive Director of Clinical and Professional Services	Nigel Wells
Executive Director of People	Jayne Adamson
Executive Director of Corporate Affairs	Karina Ellis
Executive Director of Communications, Marketing &PR	TBC
Strategic Partnership Director –†Humber	Emma Latimer
Strategic Partnership Director –†North Yorkshire and York	TBC
Non-Executive Director and Audit Committee Chair	Stuart Watson
Non-Executive Director and Rem Committee Chair	Mark Chamberlin
Partner Member - Local Government	TBC
Partner Member - NHS trusts and foundation trusts	TBC
Partner Member - Primary Care	TBC

Two of the three relevant NHS Place Director positions have recently been announced- Alex Seale for North Lincolnshire and Helen Kenyon for North East Lincolnshire. The East Riding role is expected to be announced in the coming weeks. Progress is being made on the composition of the ICP, and the Place Partnership Boards for North Lincolnshire and the East Riding

A link to the ICS website is provided here -https://humberandnorthyorkshire.org.uk – I would commend this site to Governors for their information.

Please note that the 'Humber Coast and Vale ICS' title is being replaced by 'Humber and North Yorkshire ICS ', with effect from 1st April 2022.

Sue Symington, Designate Chair of the ICS has kindly agreed to be with us today and we look forward to hearing about ICS developments to date and the importance role of PLACE.

Finally I would like to emphasise to Governors that I am very happy to be contacted at any time if there are any concerns or good things that you would want me to be aware of.

Agenda Number: CoG (04/22) Item: 2.2

Name of the Meeting	Council of Governors	
Date of the Meeting	13 April 2022	
Director Lead	Dr Peter Reading, Chief Executive	
Contact Officer/Author	Dr Peter Reading, Chief Executive	
Title of the Report	**Chief Executive's Briefing**	
Purpose of the Report and Executive Summary (to include recommendations)	To brief the Council of Governors on major issues of interest, some of which are covered in more detail elsewhere on the agenda.	
Background Information and/or Supporting Document(s) (if applicable)	Not applicable.	
Prior Approval Process	☐ TMB ☐ PRIMs	☐ Divisional SMT ✓ Other: Not applicable
Which Trust Priority does this link to	✓ Pandemic Response ✓ Quality and Safety ✓ Estates, Equipment and Capital Investment ✓ Finance ✓ Partnership and System Working	✓ Workforce and Leadership ✓ Strategic Service Development and Improvement ✓ Digital ✓ The NHS Green Agenda ☐ Not applicable
Which Trust Strategic Risk(s)* in the Board Assurance Framework (BAF) does this link to (*see descriptions on page 2)	**To give great care:** ✓ 1 - 1.1 ✓ 1 - 1.2 ✓ 1 - 1.3 ✓ 1 - 1.4 ✓ 1 - 1.5 ✓ 1 - 1.6 **To be a good employer:** ✓ 2	**To live within our means:** ✓ 3 - 3.1 ✓ 3 - 3.2 **To work more collaboratively:** ✓ 4 **To provide good leadership:** ✓ 5 ☐ Not applicable
Financial implication(s) (if applicable)	Not applicable.	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	Not applicable.	
Recommended action(s) required	☐ Approval ✓ Discussion ☐ Assurance	☐ Information ☐ Review ☐ Other: Click here to enter text.

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Chief Executive's Briefing

1. Development of our Integrated Care System (ICS)

Our ICS has changed its name from the Humber Coast and Vale Health and Care Partnership to the Humber and North Yorkshire Health and Care Partnership.

Further executive and non-executive appointments (designate) have been made to e Integrated Care Board, and Place Directors (designate) for both North and North East Lincolnshire have been appointed. The Place Partnership Boards for North Lincolnshire and East Riding of Yorkshire are now mobilising, and following the publication of further national guidance on the development of Integrated Care Partnerships (ICP), and it is expected that the shape of our local ICP will emerge shortly.

2. Key areas of Executive Team focus

Key areas of focus in February and March:

- Urgent and emergency care, and patient flow;
- Elective recovery;
- Continued pandemic response in light of local resurgence of high levels of Covid;
- Staffing (including managing high levels of absence due to Covid, and supporting staff wellbeing);
- Continuation implementation of the Trust's extensive investment programme in estates, equipment and infrastructure, and digital;
- Developing operational and financial plans for 2022-23, against a backdrop of very high levels of urgent and emergency pressure, the need to pursue elective recovery very energetically, and a tight financial settlement for the NHS in 2022-23.

3. CQC inspection

The CQC resumed hospital inspections in February 2022, but has not yet inspected NLaG.

4. Ockendon Report – Part 2

On 30 March 2022, the final report from the Ockenden Review of maternity services at Shrewsbury and Telford Hospital NHS Trust (SaTH) was published. Building upon the findings from the first report, published in December 2020, this second and final report identifies a set of local actions for learning (LAfL), as well as immediate and essential actions (IEAs) intended to be shared across all maternity services in England.

The Ockenden Review, which spanned a total of five years with a reviewing team of over 90 clinicians, looked at 1,592 clinical incidents involving mothers and their babies, thereby representing the largest clinical review of its kind in the NHS. The review found 'significant or major concerns' around the maternity care provided by SaTH in 201 deaths, 131 stillbirths and 70 deaths during the neonatal period. Many of the concerns that Ockenden and her team identified centred around failings across

governance and the quality of care, including a nationally driven prioritisation of natural births, widespread workforce shortages, a lack of adequate training for staff, safety concerns routinely not being voiced, investigated, or learned from, and substandard organisational culture and leadership.

To address these concerning findings, the report also outlines more than 60 LAfLs for SaTH, as well as 15 IEAs for maternity services across England. The IEAs include recommendations around funding a safe maternity workforce, improving postnatal care, developing procedures to manage risk for complex pregnancies, ensuring adequate training for staff, improving trust board oversight of maternity services, as well as conducting robust investigations that lead to broader learning.[1]

The Trust Executive Team and the Family Services Division are reviewing the report, the LAfLs and the IEAs with great care and will agree appropriate actions through the Trust Management Board (TMB) as a matter of urgency.

It should be noted that, while the service most directly affected by the report is Maternity, many of the report's observations and conclusions have a wider resonance across many, if not most services provided by the Trust, so the TMB will consider action across a wider canvass than just Maternity.

5. National Covid-19 Pandemic Enquiry

This Inquiry is expected to examine the UK's pandemic response and ensuring that lessons were learned for the future. The Trust has established an internal Inquiry working group, made up of key individuals which would meet on a regular basis to discuss and action the information coming from the national team, with the regional steering group meeting monthly. Draft Terms of Reference have recently been published and these set out the aims of the Inquiry, namely to examine the COVID-19 response and the impact of the pandemic; to produce a factual narrative account in relation to central, devolved and local public health decision-making and its consequences; the response of the health and care sector across the UK; the economic response to the pandemic and its impact, including government interventions; and to identify the lessons to be learned from the above, thereby to inform the UK's preparations for future pandemics. It is not expected that hearings will commence until 2023.

6. National Staff Survey

The results of the National Staff Survey for 2021 were published on 30th March 2022. NLaG's response rate at 38% (2,553) was 2% higher than the previous year, but still well below the national average.

Good progress had been made in some areas with staff telling us they feel secure raising concerns about unsafe clinical practice, as well as managers providing clear feedback and allowing staff to use their own initiative. However, fewer staff would recommend NLaG as a place to work, or as a place for friends and relatives to be treated compared to the 2020 results. On this score NLaG was the lowest acute trust in the Region and the third lowest acute trust nationally. This is obviously very

[1] NHS Providers Next Day Briefing – 31.3.22

disappointing, but this score has deteriorated almost everywhere in country, and in some trusts by substantially more than at NLaG – a sad reflection on the enormous pressure the NHS has been under over the last two years.

7. ‘Mutual Aid’ to Neighbouring Trusts

Because NLaG’s elective delivery position (particularly with respect to long waits) is substantially stronger than some of its neighbours (particularly, Hull University Teaching Hospitals - HUTH), the Trust is making available some of its surgical capacity (mostly at Goole) to provide ‘mutual aid’ to help other trusts reduce their numbers of long waits. This will inevitably reduce the performance of NLaG with respect to its own local catchment area, but it is entirely consistent with the collaborative principles now applying in the NHS.

8. Integrated Acute Assessment Business Case

In February the Trust received Full Business Case approval to invest £24.86 million in building Integrated Acute Assessment Units at Grimsby and Scunthorpe hospitals.

9. Joint Clinical Information Officer

The Boards of HUTH and NLaG have appointed Shauna McMahon (NLaG’s Chief Information Officer) to be Joint Chief Information Officer for both trusts with a (non-voting) seat on both Trust Boards, with effect from 1 April 2022.

10. Changes to Divisional Management Arrangements for Clinical Support Services

Following the retirement at the end of March of Dr Steve Griffin, Divisional Medical Director for Clinical Support Services and a careful option appraisal of options, the Trust Management Board has decided to change the management arrangements for the services within that division substantially.

The Division will be disestablished and the majority of its services and departments redistributed across Operations (Central), Estates & Facilities, and the clinical divisions of Medicine, Community & Therapies, and Surgery & Critical Care divisions.

Pathlinks will be managed separately, reporting to the Chief Operating Officer (COO), through a new post of Medical (Clinical) Director for Pathlinks. This post will be advertised internally and externally, and open to clinical scientists as well as doctors.

NLaG and HUTH will appoint a Joint Cancer Divisional Medical Director. This has been an ambition of the Humber Cancer Board as agreed by the 2 trusts in 2019. Nursing leadership for Cancer has already been provided this way since October 2021.

Dr Peter Reading
Chief Executive
4 April 2022

Agenda Number: CoG (04/22) Item: 2.2.1

Name of the Meeting	Council of Governors
Date of the Meeting	13 April 2022
Director Lead	Dr Peter Reading, Chief Executive
Contact Officer/Author	Dr Peter Reading, Chief Executive
Title of the Report	**Trust Priorities – 2022/23**
Purpose of the Report and Executive Summary (to include recommendations)	This paper presents the Trust Priorities for 2022-23. These 'headline priorities' will be supported with more detailed metrics and implementation plans in the Trust's business plan and in the individual objectives of Executive Directors. The Trust Priorities were approved by the Trust Board as its meeting on 5 April 2022, subject to some final refining of the wording of the items which reference the final Ockenden Report (an action delegated to the Chief Executive, Chief Nurse and Medical Director).
Background Information and/or Supporting Document(s) (if applicable)	Not applicable.
Prior Approval Process	☐ TMB ☐ PRIMs ☐ Divisional SMT ✓ Other: Executive Team meetings and the Trust Board
Which Trust Priority does this link to	✓ Pandemic Response ✓ Quality and Safety ✓ Estates, Equipment and Capital Investment ✓ Finance ✓ Partnership and System Working ✓ Workforce and Leadership ✓ Strategic Service Development and Improvement ✓ Digital ✓ The NHS Green Agenda ☐ Not applicable
Which Trust Strategic Risk(s)* in the Board Assurance Framework (BAF) does this link to (*see descriptions on page 2)	**To give great care:** ✓ 1 - 1.1 ✓ 1 - 1.2 ✓ 1 - 1.3 ✓ 1 - 1.4 ✓ 1 - 1.5 ✓ 1 - 1.6 **To be a good employer:** ✓ 2 **To live within our means:** ✓ 3 - 3.1 ✓ 3 - 3.2 **To work more collaboratively:** ✓ 4 **To provide good leadership:** ✓ 5 ☐ Not applicable
Financial implication(s) (if applicable)	Applicable through the Trust's business planning processes.
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	Objectives to further equality, diversity and inclusion, and to reduce health inequalities are included.
Recommended action(s) required	☐ Approval ☐ Discussion ☐ Assurance ☐ Information ☐ Review ✓ Other: Noting

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1.5	To take full advantage of digital opportunities to ensure care is delivered as safely, effectively and efficiently as possible. Risk to Strategic Objective: The risk that the Trust's digital infrastructure (or the inadequacy of it) may adversely affect the quality, efficacy or efficiency of patient care and/or use of resources, and/or make the Trust vulnerable to data losses or data security breaches.
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2.	**To be a good employer**
2.	To develop an organisational culture and working environment which attracts and motivates a skilled, diverse and dedicated workforce, including by promoting: inclusive values and behaviours, health and wellbeing, training, development, continuous learning and improvement, attractive career opportunities, engagement, listening to concerns and speaking up, attractive remuneration and rewards, compassionate and effective leadership, excellent employee relations. Risk to Strategic Objective: The risk that the Trust does not have a workforce which is adequate (in terms of diversity, numbers, skills, skill mix, training, motivation, health or morale) to provide the levels and quality of care which the Trust needs to provide for its patients.
3.	**To live within our means**
3.1	To secure income which is adequate to deliver the quantity and quality of care which the Trust's patients require while also ensuring value for money for the public purse. To keep expenditure within the budget associated with that income and also ensuring value for money. To achieve these within the context of also achieving the same for the Humber Coast and Vale HCP. Risk to Strategic Objective: The risk that either the Trust or the Humber Coast and Vale HCP fail to achieve their financial objectives and responsibilities, thereby failing in their statutory duties and/or failing to deliver value for money for the public purse.
3.2	To secure adequate capital investment for the needs of the Trust and its patients. Risk to Strategic Objective: The risk that the Trust fails to secure and deploy adequate major capital to redevelop its estate to make it fit for purpose for the coming decades.
4.	**To work more collaboratively**
4.	To work innovatively, flexibly and constructively with partners across health and social care in the Humber Coast and Vale Health Care Partnership (including at Place), and in neighbouring Integrated Care Systems, and to shape and transform local and regional care in line with the NHS Long Term Plan. Risk to Strategic Objective: The risk that the Trust is not a good partner and collaborator, which consequently undermines the Trust's or the healthcare systems collective delivery of: care to patients; the transformation of care in line with the NHS Long Term Plan; the use of resources; the development of the workforce; opportunities for local talent; reduction in health and other inequalities; opportunities to reshape acute care; opportunities to attract investment.
5.	**To provide good leadership**
5.	To ensure that the Trust has leadership at all levels with the skills, behaviours and capacity to fulfil its responsibilities to its patients, staff, and wider stakeholders to the highest standards possible. Risk to Strategic Objective: The risk that the leadership of the Trust (from top to bottom, in part or as a whole) will not be adequate to the tasks set out in its strategic objectives, and therefore that the Trust fails to deliver one or more of these strategic objectives

Trust Priority 1 – Our People

- We will further develop how we seek to **attract and recruit** new staff by:
    - Developing an overall Recruitment Plan to attract staff to a range of roles across the trust, including hard to fill clinical roles, resulting in less reliance on bank and agency staff
    - Reviewing our **recruitment practices** to ensure that they are fair, inclusive, responsive and provide a positive candidate experience.
    - Developing **new roles** (including nurse apprenticeships) to attract staff and support existing workforce shortages.
    - Increasing flexible and hybrid working opportunities clinically and non-clinically for our new starters.

- We will **develop and care** for our own staff by**:**
    - Implementing a **nursing career pathway** which offers development opportunities for new and existing staff utilising our apprenticeship levy wherever possible
    - Exploring opportunities with partners, to introduce **new clinical roles** that would enhance our clinical workforce.
    - Reviewing our approach to **flexible, hybrid and retire and return** to meet individual needs in order to retain key staff wherever possible.
    - Continuing to raise awareness of and expand access to **health and wellbeing services** for staff.

- We will continue to improve our **culture and staff engagement** within the Trust by:
    - Conducting a culture diagnostic exercise to understand better what matters to our staff, and build actions to address these needs, overseen and monitored through the introduction of a **Culture Transformation Board.**
    - Further embedding **Just and Learning Culture** practices into how we address adverse events that affect our staff.
    - Designing and implementing a 3-strand **Leadership Development Strategy** focused on developing our emerging and existing leaders which includes: Leadership Core Skills, Career Development, and a Values Based Leadership programme centred on Kindness, Courage and Respect.
    - Strengthening our efforts to increase and celebrate the **diversity** of our workforce, developing strong staff networks to ensure an inclusive employee experience for all staff.

Trust Priority 2 – Quality and Safety

- We will improve safety on the following six **Trust Quality Priorities**:
    - **Mortality Improvement** - focusing on care at the end of life, we will reduce the number who die within 24 hours of admission and reduce emergency admissions for those in the last 3 months of life.
    - **Deteriorating Patient** - in line with the CQUIN to improve safety, we will ensure we observe NEWS2, escalate when it is high, and respond with treatment.
    - **Sepsis** - we will focus on improving sepsis six screening and the response within 1 hour.
    - Medication safety – we will improve the recording of patient weights, reduce medication omissions and improve appropriate antibiotic prescribing.

- **Friends and Family Test and PALS** - these are key to patient experience so we will aim to respond to 70% of PALS in 5 days by the end of the year and improve response rates in the Friends and Family test so we better understand what our patients want.
- **Safety of Discharge** - focusing on seamless safety across organisation boundaries, by improving the timeliness of discharge letters and helping ensure hospital beds are for those who need them by improving the speed of discharge once a patient is well.

- We will continue to implement and embed actions flowing from CQC inspection in 2019 and take all necessary action in response to any further inspection(s) in 2022-23.

- We will improve safety by **sharing key learning** through multiple routes to enable the messages to become embedded.

- We will continue to participate in **national audit** and act on national and outlier alerts, and ensure we keep our services up to date by reviewing and changing practice based on best practice guidance from NICE.

- We will continue to develop and implement our Trust-wide **Quality Improvement (QI)** collaborative approach, with a particular focus on the use of the discharge lounge, document reassessment of pain, the safe storage of medicines and the number of staff trained in QI methodology.

- We will meet the seven actions following the **Ockenden** Report Part 1 and new actions following the publication of the final report.

- We will prepare the organisation for the changes to statutory **Liberty Protection Safeguards** (due summer 2022).

- We will continue to ensure compliance with **Safe Staffing** requirements in line with national workforce safeguards.

- We will continue to maintain the highest standards of **Infection Prevention and Control**.

Trust Priority 3 – Restoring Services

- We will **increase the number of people we can diagnose, treat, and care for in a timely way** through doing things differently, accelerating partnership, and making effective use of the resources available to us, across health and social care. This will include offering our facilities to provide 'mutual aid' to neighbouring trusts if their waiting times are longer than ours.

- By keeping our patients safe, offering the right care, at the right time and in the right setting we will deliver **10% more activity** in 2022/23 when compared to levels of activity in 2019/20

    - Reduce the backlog of patients waiting for care in the Trust from 28,000 to 9,000 and reduce the number of patients waiting above 40 weeks to 400 by March 2023.

In addition, **reduce long waits** for treatment by reducing patients waiting above 52 weeks to zero by June 2022.

- By March 2023, increase **Patient Initiated Follow-Ups** (PIFU), Advice and Guidance (A&G) services and support the reduction of unnecessary Follow Up appointments by 25%

- Improve performance against **cancer waiting times** standards

  - 62-day performance – make a 3% improvement in each quarter from April 2022
  - 31days performance and Faster Diagnosis Standard – meet the standard consistently by March 2023
  - Joint Clinical Director for cancer HUTH/NLAG to be recruited by July 2022, and single management structure in place by September 2022
  - Join cancer services with HUTH by March 2023 for lung, upper gastro-intestinal, head and neck, skin, and oncology

- Cease having any **patients waiting for 12-hours** or more in our emergency departments by March 2023.

- Significantly improve the number of patients waiting to be admitted to wards from the emergency department within one hour.

- Maintain utilisation of **Same Day Emergency Care** (SDEC) above national average and at 40%

- Significantly reduce the time **ambulances** wait in our current emergency departments to **handover** care to achieve the following

  - 65% of handovers in under 15 minutes
  - 95% of handovers in under 30 minutes
  - No handovers waiting more than an hour

- Open our **new Emergency Departments** in July 2022 for DPOW, and in early 2023 for SGH

- Improve the responsiveness and increase the capacity of **community care** to support timely hospital discharge

  - Achieve full geographic coverage urgent community response - 8am to 8pm, 7 days a week and cover all 9 clinical conditions or needs of the national 2-hour guidance
  - Improve productivity and reach more patients under 2 hours to exceed the minimum 70% threshold of people seen within 2 hours by December 2022
  - Complete the comprehensive development of virtual wards (including hospital at home) towards a national ambition of 40-50 virtual beds per 100,000 population by December 2022

Trust Priority 4 – Reducing Health Inequalities

- We will work at system level to reduce pre-pandemic and pandemic related Health Inequalities, using related waiting list data that is embedded within performance

frameworks to measure access, outcomes and experience for **BAME populations and those in the bottom 20% of IMD (Index of Multiple Deprivation)** scores.

- We will improve the length of stay for patients who have **alcohol dependency** from North East Lincolnshire (identified as an area of additional need) and provide support to manage and improve their health in the long term.

- We will provide additional support and treatment to **tobacco** dependent inpatients, high risk outpatients, and pregnant women under our care.

- Our **maternity services** will prioritise those women most likely to experience poorer outcomes, including women from BAME backgrounds and women from the most deprived areas.

- We will focus on ensuring that **patients with learning disabilities or autism** suffer no additional disadvantages in accessing care.

Priority 5 – Collaborative and System Working

- We will develop and implement plans to align further our organisations and services with those of Hull University Teaching Hospitals (HUTH). This will include the Humber Acute Services Review (HASR).

- We will play a full part in the work of the **Humber and North Yorkshire Health and Care Partnership**, including the Humber Partnership Board, the Acute Collaborative, the Community Collaborative, the three Place-based partnerships of North and North East Lincolnshire, and the East Riding of Yorkshire, and associated clinical and professional networks.

- We will play a full part in other **national and regional networks**, including professional, service delivery and improvement (e.g. GIRFT), and operational.

- We will work together with partners across the integrated care system (ICS) to develop our approach to **population health management and prevention**. This will allow our population to play a more proactive role in promoting good health, targeting interventions at those groups most at risk, supporting health prevention and treatment.

Trust Priority 6 – Strategic Service Development and Improvement

With partners in the **Humber Acute Services Review**, we will:

- Submit a **Pre-Consultation Business Case** (PCBC) to NHS England in May 2022 for the delivery of new models of care for Urgent & Emergency Care, Maternity, Neonates & Paediatrics, and Planned Care & Diagnostics;

- Gain approval to launch a **Statutory Public Consultation** during Quarters 2 & 3 of 2022-23;

- Deliver a **Decision-Making Business Case** based upon Consultation Outcomes by Dec. 2022;

- Commence implementation of the **planned models of care** in Q4 2022/23.

Trust Priority 7 - Finance

- We will achieve the **Trust's 2022/23 Financial Plan**.

- We will achieve the 2022/23 Humber and North Yorkshire HCP **system financial control total**.

- We will leave the **Financial Special Measures** element of the Recovery Support Programme.

- We will work as part of the HCV ICS to agree a **3-year plan** starting in 2022/23.

Trust Priority 8 – Capital Investment

- We will invest **c.£100 million in estates and equipment**, including new Emergency Departments, Same Day Emergency Care and Acute Assessment Units at both DPOW and SGH, and Ward 25 (Scunthorpe) refurbishment.

- We will continue to pursue (with Hull University Teaching Hospitals) our £720m Expression of Interest to be part of the **National Hospitals Programme**, including Strategic Outline Case and Outline Business Case, if we are shortlisted for this Programme. Our proposal includes the long-term development of a new hospital for Scunthorpe and redevelopment of DPOW.

Trust Priority 9 – Digital

We will implement the second phase of our **Digital Strategy**, including:

- Completing **digital projec**ts initiated in 2021-22 – Patient Administration System (PAS), Data Warehouse and implementation, Robotic Process Automation (RPA) of Single Sign On (SSO), internal system integration and WebV enhancements.

- Digitising **Health Records** as a priority, followed by corporate paper processes to support paper-lite/paperless working (including introducing an Enterprise Document Management System during 2022-23 and 2023-24).

- Working with national and regional teams to implement **mandated system level digital solutions** (e.g. Maternity IT system, Eye Referral System, Diagnostic Hubs, ICS Electronic Patient Record).

- Collaborating with acute partners in the ICS to improve access for clinicians to clinical information through **digital interoperability between trusts** and by supporting digital processes.

- We will improve **digital literacy** through a focused communications and education approach engaging with end-users to foster a culture that embraces technology and leverages digital champions to support sustained digital transformation.

Trust Priority 10 – The NHS Green Agenda

- We will promote, develop and embed the **NHS Green agenda** into the Trust, specifically, procurement policies, staff energy champions, Net Zero Heroes, travel, waste and recycling, including continuing to move towards the removal of single use plastics where clinically possible and energy reduction.

- At Scunthorpe General Hospital we will explore funding to provide **energy conservation** schemes to include a new energy centre.

- At DPoW we will continue to work with North East Lincolnshire council to explore and develop a **district heating network** across the locality, including a new energy centre coupled with energy conservation measures such as LED lighting.

Agenda Number: CoG (04/22) Item 2.3

Name of the Meeting	**Council of Governors (CoG)**
Date of the Meeting	Wednesday 13 April
Director Lead	Ian Reekie
Contact Officer/Author	Ian Reekie
Title of the Report	**Lead Governor's Update**
Purpose of the Report and Executive Summary (to include recommendations)	The purpose of this report is to update governors on relevant issues that have arisen since the last Council of Governors meeting on 18 January 2022 in which the Lead Governor has been involved, including highlights from the Appointments & Remuneration Committee meeting held on 16 March 2022. The Council of Governors is asked to: • Note the content of the Lead Governor's Update report including highlights from the Appointments & Remuneration Committee. • Confirm the extension of the contract of Linda Jackson as a Non-Executive Director and Vice Chair until 30 September 2023. • Confirm the extension of the contract of Stuart Hall as an Associate Non-Executive Director until 30 September 2023. • Confirm the extension of the contract of Maneesh Singh as an Associate Non-Executive Director until 30 April 2023.
Background Information and/or Supporting Document(s) (if applicable)	
Prior Approval Process	☐ TMB ☐ PRIMs ☐ Divisional SMT ☐ Other: Click here to enter text.
Which Trust Priority does this link to	☐ Pandemic Response ☐ Quality and Safety ☐ Estates, Equipment and Capital Investment ☐ Finance ✓ Partnership and System Working ✓ Workforce and Leadership ☐ Strategic Service Development and Improvement ☐ Digital ☐ The NHS Green Agenda ☐ Not applicable
Which Trust Strategic Risk(s)* in the Board Assurance Framework (BAF) does this link to (*see descriptions on page 2)	**To give great care:** ☐ 1 - 1.1 ☐ 1 - 1.2 ☐ 1 - 1.3 ☐ 1 - 1.4 ☐ 1 - 1.5 ☐ 1 - 1.6 **To be a good employer:** ☐ 2 **To live within our means:** ☐ 3 - 3.1 ☐ 3 - 3.2 **To work more collaboratively:** ✓ 4 **To provide good leadership:** ✓ 5 ☐ Not applicable
Financial implication(s) (if applicable)	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	

Recommended action(s) required	✓ Approval ☐ Discussion ☐ Assurance	✓ Information ☐ Review ☐ Other: Click here to enter text.

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COUNCIL OF GOVERNORS

13 April 2022

Lead Governor's Update

THE POST COVID NEW NORMAL

Over the past two years governors have done their very best to continue to diligently undertake their principal duties to hold NEDs to account for the performance of the Trust Board and to represent the interests of foundation trust members and the public. But Covid has significantly limited the opportunities for governors to proactively fulfill their important governance role. With pandemic restrictions hopefully consigned to the past, now is the time to consider what our post Covid new normal should look like in terms of:

- **Formal Meetings** – During the pandemic Zoom, Teams and the like have transformed the settled format of business meetings worldwide and there will continue to be undoubted benefits from the use of these technologies particularly in reducing the cost, the inconvenience and the environmental damage caused by unnecessary travel. We have already decided to continue to use Teams for our governor committee meetings and briefings, but I hope that this will be the last Council of Governors business meeting that will need to be held virtually. Face to face interaction between governors, NEDs and executives is essential if we are foster the trusting relationships upon which good governance depends.
- **Governor Briefings** – In order to minimise travel requirements, in the past governor briefings have been subject to a fixed timetable linked to Governor Assurance Committee meetings. If all future briefings are to be via Teams there is the opportunity to be more agile in arranging briefings at much shorter notice as the need to raise governor awareness of a particular topic arises.
- **Site Visits** – Following the initial hard lockdown governors have been able to resume limited hospital visits through their participation in 15 Steps ward reviews. However there has been no opportunity for governors to maintain an overview of operational management and new developments through general site walkabouts. It is therefore intended to resume a programme of visits to all NLaG sites over the coming months. This will commence on Tuesday 19 April when governors will be given the opportunity to view DPoW developments including the new Emergency Department before it opens for business. The walkabout will also incorporate a visit to the DPoW Operations Centre to hear about how patient flow is managed and to see the technology used to monitor the bed state in real time.
- **Member/Public Engagement** – The pandemic has severely limited the ability of governors to engage with trust members, patients and the public. This is clearly an area where we need to up our game and supporting the forthcoming Humber Acute Services (HAS) consultation exercise gives us the opportunity to do just that. At the HAS governor evaluation workshop held on Friday 4 March the Director of Strategic Development undertook to involve governors in both the design and implementation of the consultation programme and we need to seize this opportunity to supercharge our efforts to more fully engage the trust membership.

GOVERNOR ASSURANCE GROUP (GAG) HIGHLIGHTS

Unfortunately the GAG meetings scheduled for 6 January and 10 March both had to be stood down due to Covid and Opel 4 related operational pressures. However a rearranged GAG is due to take place immediately following the Council of Governors meeting. As well as seeking assurance from NEDs through consideration of their highlight reports presented to the Trust Board on 5 April, the GAG will also be taking an in depth look at the trust's performance in respect of the Workforce Race Equality Standard. Governors who are not GAG members are very welcome to join the meeting, officially as observers but with the permission of the chair to participate.

APPOINTMENTS & REMUNERATION COMMITTEE (ARC) HIGHLIGHTS

Since the last CoG meeting the ARC has met once on 16 March when the following items were considered:

- **NED Roles/Responsibilities** – ARC confirmed that current NED job descriptions are fit for purpose and were advised that specific 'champion' roles had been allocated as follows:
    - Security Management – Gill Ponder
    - Maternity Board Safety Champion – Mike Proctor
    - Wellbeing Guardian – Michael Whitworth
    - Digital – Fiona Osborne
    - Equality/Diversity/Inclusion – Michael Whitworth
    - Freedom to Speak Up – Linda Jackson
- **Review of NED Terms of Office**
    - Linda Jackson – The term of office of Linda Jackson as a NED and Vice Chair is due to terminate on 31 March 2022. To provide the level of experienced support our newly appointed Joint Chair requires over the next 18 months, ARC decided to recommend the extension of her contract until 30 September 2023. At that point Linda will have served as a NED for the nine years maximum term permitted and will need to stand down. ARC will further consider the process for recruiting a new Vice Chair in December 2022.
    - Stuart Hall – The term of office of Stuart Hall as an Associate NED is due to terminate on 31 March 2022. Stuart also serves as Vice Chair of Hull University Teaching Hospitals NHS Trust (HUTH). ACR agreed to recommend the extension of his contract until 30 September 2023 which will coincide with the expiry of his HUTH term of office.
    - Maneesh Singh – The term of office of Maneesh Singh as an Associate NED is due to terminate on 30 April 2022. ARC was informed of the valuable input Maneesh is making from his clinical perspective particularly to the Quality & Safety Committee and agreed to recommend the extension of his contract until 30 April 2023.

Ian Reekie
Lead Governor

NHS
Northern Lincolnshire and Goole
NHS Foundation Trust

Agenda Number: CoG (04/22) Item: 3.1

Name of the Meeting	Council of Governors	
Date of the Meeting	13 April 2022	
Director Lead		
Contact Officer/Author	Sue Symington, Integrated Care Systems Chair	
Title of the Report	Integrated Care Systems (ICS) Development - to date, including the important role of PLACE	
Purpose of the Report and Executive Summary (to include recommendations)	Governor Briefing on Integrated Care Systems (ICS) Development - to date, including the important role of PLACE - requested by Governors to allow greater scrutiny/assurance	
Background Information and/or Supporting Document(s) (if applicable)	N/A	
Prior Approval Process	☐ TMB ☐ PRIMs	☐ Divisional SMT ☐ Other: Click here to enter text.
Which Trust Priority does this link to	☐ Pandemic Response ☐ Quality and Safety ☐ Estates, Equipment and Capital Investment ☐ Finance ✓ Partnership and System Working	☐ Workforce and Leadership ☐ Strategic Service Development and Improvement ☐ Digital ☐ The NHS Green Agenda ☐ Not applicable
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Financial implication(s) (if applicable)	N/A	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A	
Recommended action(s) required	☐ Approval ✓ Discussion ☐ Assurance	✓ Information ☐ Review ☐ Other: Click here to enter text.

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2.	To develop an organisational culture and working environment which attracts and motivates a skilled, diverse and dedicated workforce, including by promoting: inclusive values and behaviours, health and wellbeing, training, development, continuous learning and improvement, attractive career opportunities, engagement, listening to concerns and speaking up, attractive remuneration and rewards, compassionate and effective leadership, excellent employee relations. Risk to Strategic Objective: The risk that the Trust does not have a workforce which is adequate (in terms of diversity, numbers, skills, skill mix, training, motivation, health or morale) to provide the levels and quality of care which the Trust needs to provide for its patients.
3.	**To live within our means**
3.1	To secure income which is adequate to deliver the quantity and quality of care which the Trust's patients require while also ensuring value for money for the public purse. To keep expenditure within the budget associated with that income and also ensuring value for money. To achieve these within the context of also achieving the same for the Humber Coast and Vale HCP. Risk to Strategic Objective: The risk that either the Trust or the Humber Coast and Vale HCP fail to achieve their financial objectives and responsibilities, thereby failing in their statutory duties and/or failing to deliver value for money for the public purse.
3.2	To secure adequate capital investment for the needs of the Trust and its patients. Risk to Strategic Objective: The risk that the Trust fails to secure and deploy adequate major capital to redevelop its estate to make it fit for purpose for the coming decades.
4.	**To work more collaboratively**
4.	To work innovatively, flexibly and constructively with partners across health and social care in the Humber Coast and Vale Health Care Partnership (including at Place), and in neighbouring Integrated Care Systems, and to shape and transform local and regional care in line with the NHS Long Term Plan. Risk to Strategic Objective: The risk that the Trust is not a good partner and collaborator, which consequently undermines the Trust's or the healthcare systems collective delivery of: care to patients; the transformation of care in line with the NHS Long Term Plan; the use of resources; the development of the workforce; opportunities for local talent; reduction in health and other inequalities; opportunities to reshape acute care; opportunities to attract investment.
5.	**To provide good leadership**
5.	To ensure that the Trust has leadership at all levels with the skills, behaviours and capacity to fulfil its responsibilities to its patients, staff, and wider stakeholders to the highest standards possible. Risk to Strategic Objective: The risk that the leadership of the Trust (from top to bottom, in part or as a whole) will not be adequate to the tasks set out in its strategic objectives, and therefore that the Trust fails to deliver one or more of these strategic objectives

Humber and North Yorkshire
Health and Care Partnership

ICB and ICP
Symbiotic relationship

Strategy / Accountability

A common purpose built around the 4 purposes

A shared strategy, with a clear shared ambition and outcomes for the communities in the ICS.

A mutual approach of listening, supporting, respecting and shared decision making that is focussed on building trust

Integrated Care Board

- Delivering the strategic plan and ICS Strategy
- Accountability for NHS spend and performance
- Holding the executive to account for financial and operational objectives delivery
- Creating an environment and conditions for effective partnership working

Integrated Care Partnership

- Developing and agreeing a system integrated care strategy
- Making recommendations to the ICB on delivery of integrated care strategy
- Oversight of delivery of the integrated care strategy
- Working effectively, collaboratively as a partnership with shared accountability.

Statutory Unitary Board
Core membership made up of Independent Non-Executives, Partner Members and Executives
Supported by specific committees

Led by the shared Chair and Vice Chair

Statutory Collaborative Committee between Local Government and the ICB
Core membership made up of Elected Members, Place Leads and ICB Leadership
Supported by an inclusive wider Assembly of stakeholders and partners

Northern Lincolnshire and Goole NHS Foundation Trust

Agenda Number: 3.2

Name of the Meeting	**Council of Governors Business meeting**	
Date of the Meeting	13th April 2022	
Director Lead	Dr Kate Wood, Chief Medical Director	
Contact Officer/Author	Jennifer Moverley, Head of Compliance & Assurance	
Title of the Report	**CQC Improvement Plan**	
Purpose of the Report and Executive Summary (to include recommendations)	Presentation details trust position following CQC inspection in 2019, compared to progress made to date in key priority areas, including recent divisional self-assessments.	
Background Information and/or Supporting Document(s) (if applicable)	Attached presentation	
Prior Approval Process	☐ TMB ☐ PRIMs	☐ Divisional SMT ☐ Other: Click here to enter text.
Which Trust Priority does this link to	☐ Pandemic Response ✓ Quality and Safety ☐ Estates, Equipment and Capital Investment ✓ Finance ☐ Partnership and System Working	✓ Workforce and Leadership ☐ Strategic Service Development and Improvement ☐ Digital ☐ The NHS Green Agenda ☐ Not applicable
Which Trust Strategic Risk(s)* in the Board Assurance Framework (BAF) does this link to (*see descriptions on page 2)	**To give great care:** ✓ 1 - 1.1 ✓ 1 - 1.2 ☐ 1 - 1.3 ☐ 1 - 1.4 ☐ 1 - 1.5 ✓ 1 - 1.6 **To be a good employer:** ✓ 2	**To live within our means:** ☐ 3 - 3.1 ✓ 3 - 3.2 **To work more collaboratively:** ✓ 4 **To provide good leadership:** ✓ 5 ☐ Not applicable
Financial implication(s) (if applicable)		
Implications for equality, diversity and inclusion, including health inequalities (if applicable)		
Recommended action(s) required	☐ Approval ☐ Discussion ✓ Assurance	☐ Information ☐ Review ☐ Other: Click here to enter text.

*Board Assurance Framework (BAF) Descriptions:

1.	**To give great care**
1.1	To ensure the best possible experience for the patient, focussing always on what matters to the patient. To seek always to learn and to improve so that what is offered to patients gets better every year and matches the highest standards internationally. Risk to Strategic Objective: The risk that patients may suffer because the Trust fails to deliver treatment, care and support consistently at the highest standard (by international comparison) of safety, clinical effectiveness and patient experience.
1.2	To provide treatment, care and support which is as safe, clinically effective, and timely as possible. Risk to Strategic Objective: The risk that the Trust fails to deliver constitutional and other regulatory performance targets which has an adverse impact on patients in terms of timeliness of access to care and/or risk of clinical harm because of delays in access to care.
1.3	To engage patients as fully as possible in their care, and to engage actively with patients and patient groups in shaping services and service strategies. To transform care over time (with partners) so that it is of high quality, safe and sustainable in the medium and long term. Risk to Strategic Objective: The risk that the Trust (with partners) will fail to develop, agree, achieve approval to, and implement an effective clinical strategy (relating both to Humber Acute Services and to Place), thereby failing in the medium and long term to deliver care which is high quality, safe and sustainable.
1.4	To offer care in estate and with engineering equipment which meets the highest modern standards. Risk to Strategic Objective: The risk that the Trust's estate, infrastructure and engineering equipment may be inadequate or at risk of becoming inadequate (through poor quality, safety, obsolescence, scarcity, backlog maintenance requirements or enforcement action) for the provision of high quality care and/or a safe and satisfactory environment for patients, staff and visitors.
1.5	To take full advantage of digital opportunities to ensure care is delivered as safely, effectively and efficiently as possible. Risk to Strategic Objective: The risk that the Trust's digital infrastructure (or the inadequacy of it) may adversely affect the quality, efficacy or efficiency of patient care and/or use of resources, and/or make the Trust vulnerable to data losses or data security breaches.
1.6	To provide treatment, care and support which is as safe, clinically effective, and timely as possible. Risk to Strategic Objective: The risk that the Trust's business continuity arrangements are not adequate to cope without damage to patient care with major external or unpredictable events (e.g. adverse weather, pandemic, data breaches, industrial action, major estate or equipment failure).
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CQC Improvement Plan
Council of Governors Meeting

Dr Kate Wood

April 2022

Inspection Position - 2019

Trust ratings overview

Ratings	
Overall rating for this trust	Requires improvement
Are services safe?	**Inadequate**
Are services effective?	**Requires improvement**
Are services caring?	**Good**
Are services responsive?	**Requires improvement**
Are services well-led?	**Requires improvement**

Trust remained in quality and financial special measures

Ratings for Diana Princess of Wales Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate ↓ Feb 2020	Requires improvement →← Feb 2020	Good →← Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement →← Feb 2020
Medical care (including older people's care)	Requires improvement →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Requires improvement →← Feb 2020	Requires improvement →← Feb 2020	Requires improvement →← Feb 2020
Surgery	Requires improvement →← Feb 2020	Requires improvement →← Feb 2020	Good →← Feb 2020	Requires improvement →← Feb 2020	Requires improvement ↑ Feb 2020	Requires improvement →← Feb 2020
Critical care	Requires improvement →← Feb 2020	Requires improvement →← Feb 2020	Good →← Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement →← Feb 2020	Requires improvement →← Feb 2020
Maternity	Requires improvement →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↓ Feb 2020
Services for children and young people	Requires improvement →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↓ Feb 2020
End of life care	Requires improvement →← Feb 2020	Inadequate ↓ Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement →← Feb 2020	Inadequate ↓ Feb 2020	Inadequate ↓ Feb 2020
Outpatients	Inadequate ↓ Feb 2020	N/A	Good →← Feb 2020	Inadequate →← Feb 2020	Requires improvement ↑ Feb 2020	Inadequate →← Feb 2020
Diagnostic imaging	Inadequate ↓ Feb 2020	N/A	Good →← Feb 2020	Inadequate ↓ Feb 2020	Requires improvement →← Feb 2020	Inadequate ↓ Feb 2020
Overall*	Inadequate ↓ Feb 2020	Requires improvement →← Feb 2020	Good →← Feb 2020	Requires improvement →← Feb 2020	Requires improvement →← Feb 2020	Requires improvement →← Feb 2020

- SGH – similar picture to DPoW, better scores for critical care
- GDH – 'Requires improvement' overall, 'Inadequate' for safe and responsive
- Community Dental and Community Services for Adults regained their green (Good) rating
- End of life care in community dropped from 'Good' to 'Requires Improvement'

Positives - 2019

- Well Led at Trust level
  - The systems to manage risk, issues and performance has improved
  - Staff feel respected, supported and valued (also reflected in latest staff survey results)
  - Better governance, though improvements still needed
  - Open culture recognised
- Recognised improvements in Community and at GDH
- Critical Care at SGH
- Improvements to medicines management
- Patient nutrition and hydration
- Incident management

2019 Priority Area: ED

- Staffing
  - Paediatrics – training more staff, 7 completed or on recognised course
  - Nursing – senior nurses in place and more being recruited
  - Medical – Consultant cover 8am to midnight; to recruit extra consultants
- Training/appraisals
  - Plan to improves rates, trajectories will be monitored for compliance
- Mental health room
  - Building works in capital plan for 2020/21

2019 Priority Area: End of life care

- Trust actions
  - Recruit to new roles at SGH to help with seven day services
  - Embed learning lessons from patient experiences throughout the Trust
  - Review and embed documentation
  - Improve training and medicines management
- Wider health system actions

2019 Priority Area: Diagnostics - scanners

- Previous 12 months:
  - £8.1m of aligned emergency capital for improved CT and MRI facilities at DPoW
  - £156K Endoscopy; to deliver increased capacity for gastrointestinal pathways
- The future:
  - Construction has already commenced at Grimsby for the back-to-back MRI Suite. Completion in March 2021.
  - (Pending national NHSI/E approval) Construction works to commence in Q3/4 for SGH MRI. Completion March 2022 (tbc)
  - New CT modular unit to be installed at DPoW by September 2020

2019 Priority Area: Diagnostics - reporting

- Expansion of Reporting Radiographers
- Outsourcing contract awarded August 2019 (following full procurement)
- As of Thursday 12 March 2020 - 2,156 unreported studies, down from 10,000+ in August 2019; 33 overdue their KPI
- Continue to see and report approx. 6,000 studies per week

2019 Priority Area: Waiting lists

Metric	Mar-18	Sep-19	Nov-19	Jan-20	Feb-20 (as of 20/02)
52 Weeks	320	5	8	7	4
40+	1,503	298	262	381	336
18+	9,928	5,224	5,013	5,737	5,521
Overall	29,396	24,859	25,190	25,229	24,904
RTT Performance %	66.2%	79%	80.09%	77.3%	77.2%
Overdue FUPs	31,569	32,450	30,248	31,469	30,708
No Due Date	8,924	5,245	2,941	2,970	2,978
Overdue and No Due Date Combined	40,493	37,695	33,189	34,439	33,686

Focus our action to achieve 0 patients waiting over 40 weeks

2019 Priority Area: Ophthalmology

- Commenced Ophthalmology virtual follow up clinic. Pilot at DPoW: 300 patients reviewed and face to face appointments avoided
- Light touch sub contract commenced December 2019. Current total transferred 215 referrals
- 113 patients listed for Oculoplastic operations and cataract operations for patients waiting over 30 weeks have been offered appointments
- Planning started to procure full sub contract for 12 months

Current Position – April 2022

Updates from 2019 position in red text

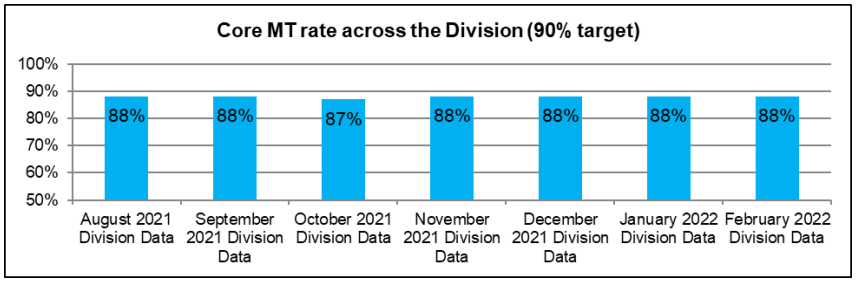
Improvement plan

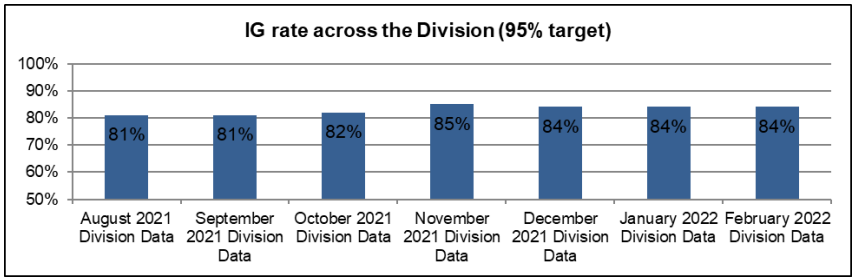
Month of Impact Report / PRIM slide	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of CQC Actions	140	140	140	144	144	144	145	145	148	145	145	145
Blue	30.7% (43)	32.6% (46)	32.6% (46)	31.9% (46)	33.3% (48)	34.7% (50)	33.1% (48)	33.8% (49)	37.8% (56)	39.3% (57)	42.1% (61)	42.8% (62)
Green	38.6% (54)	37.1% (52)	37.1% (52)	41.7% (60)	40.3% (58)	38.9% (56)	42.8% (62)	42.1% (61)	39.2% (58)	37.2% (54)	38.6% (56)	37.9% (55)
Amber	19.3% (27)	21.4% (30)	21.4% (30)	18.1% (26)	18.1% (26)	18.1% (26)	15.9% (23)	15.9% (23)	17.6% (26)	17.9% (26)	14.5% (21)	14.5% (21)
Red	6.4% (9)	6.4% (9)	6.4% (9)	5.6% (8)	5.6% (8)	5.6% (8)	5.5% (8)	5.5% (8)	2.7% (4)	2.8% (4)	2.0% (3)	2.0% (3)
On hold / retired	5% (7)	2.1% (3)	2.1% (3)	2.8% (4)	2.8% (4)	2.8% (4)	2.8% (4)	2.8% (4)	2.7% (4)	2.8% (4)	2.8% (4)	2.8% (4)

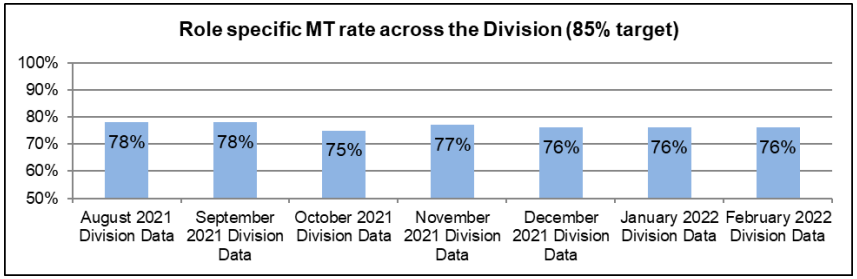
- 145 actions
- 81% of actions are closed or are on track
- 3 red actions in relation to mandatory training & appraisals (improvement from 7 red actions for MT/apps in last few months, ongoing monitoring & implementation of new systems)
- All actions are aligned to a trust sub-committee for oversight, assurance and escalation plus monthly escalation to the trust management board

Priority Area: ED

- Staffing
  - Paediatrics – training more staff, 7 completed or on recognised course PEN team now in place, all B5+ working towards level 1 RCN competencies
  - Nursing – senior nurses in place and more being recruited Clinical co-ordinators filled to establishment at both sites, clinical educators at both sites- working towards making substantive. Establishment review taking into consideration new build, currently with finance committee
  - Medical – Consultant cover 8am to midnight; to recruit extra consultants Recruited plus middle grade consultation completed
- Training/appraisals
  - Plan to improves rates, trajectories will be monitored for compliance See graphs
- Mental health room
  - Building works in capital plan for 2020/21 Completed







Priority Area: End of life care

- Trust actions
  - Recruit to new roles at SGH to help with seven day services Standards not yet met but work underway. Interim solution: Trial in NL of 24/7 Specialist Palliative Care advice and guidance to the acute and community services, and additionally enabling weekend admissions to Lindsey Lodge Hospice. Partners across Northern Lincolnshire (Grimsby & Scunthorpe) have already identified funding towards increasing the capacity in Specialist Palliative Care services and support for end of life care. Final job description for the SPC consultants has been agreed with our partners across Northern Lincolnshire and submitted to the Royal College. Following approval joint recruitment for these posts will take place with NLaG and Care Plus Group.
  - Embed learning lessons from patient experiences throughout the Trust Improvement work driven from complaints themes to improve communications, introduced family voices and bluebell principle, management of analgesia including re-assessment of pain (trust-wide QI project). All complaints themes shared at EoL implementation group
  - Review and embed documentation The last days of life care plan is under review by all partners and in line with the End of life ambitions document to ensure that evidence based practice is implemented.
  - Improve training and medicines management Trust task and finish group on training and education ensuring training is consistent across the system and compliance data is accurate. Assessing job roles against required training, EoL specific.
- Wider health system actions

-Developed system wide EoL care strategy. Agreed system wide training and education competency levels and developing training timetable to allow agencies to undertake consistent training across the system. Rolled out electronic palliative care co-ordination system across primary and secondary care. Rolled out ReSPeCT across primary and secondary care. Held EoL care conference as a system.

Priority Area : Diagnostics - scanners

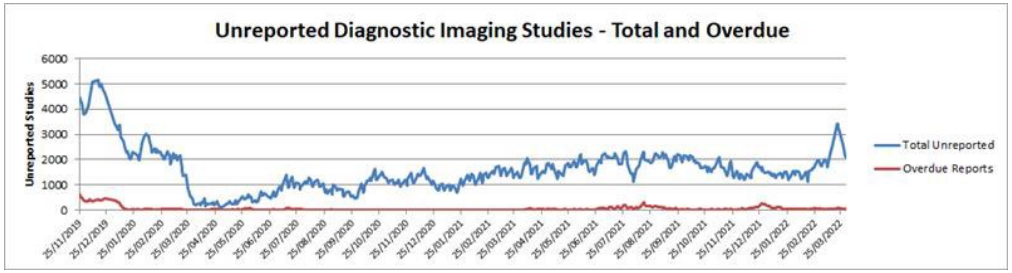
- Previous 12 months:
  - £8.1m of aligned emergency capital for improved CT and MRI facilities at DPoW
  - £156K Endoscopy; to deliver increased capacity for gastrointestinal pathways
- The future:
  - Construction has already commenced at Grimsby for the back-to-back MRI Suite. Completion in March 2021. Completed
  - (Pending national NHSI/E approval) Construction works to commence in Q3/4 for SGH MRI. Completion March 2022 (tbc) Completed
  - New CT modular unit to be installed at DPoW by September 2020 Completed- live in January 2021

Summary of Additional Scanning Equipment since 2020

- Additional CT scanner and modular build at DPOW completed 31st January 2021
- Unit housing 1 additional and 1 replacement MRI scanner at DPOW completed 30th April 2021
- Additional MRI scanner at SGH completed 14th February 2022
- Sufficient resources to meet demand have been implemented. Clinical Sciences now have 2 CT scanners at DPOW, 2 CT scanners at SGH, 2 MRI scanners at DPOW and 2 MRI scanners at SGH. Moving forward to the future to ensure the waiting lists remain controlled a fifth CT scanner will be housed at DPOW in the new A&E unit planned completion by Q3 22/23 and a business case for a further CT scanner at SGH is in production.

Priority Area: Diagnostics - reporting

- Expansion of Reporting Radiographers 4 additional plain film radiographers, 2 further upskilled to chest & abdomen, 2 further upskilled to upper GI fluoroscopy
- Outsourcing contract awarded August 2019 (following full procurement) Embedded
- As of Thursday 12 March 2020 - 2,156 unreported studies, down from 10,000+ in August 2019; 33 overdue their KPI All maintained within KPIs, no breeches, see graph below
- Continue to see and report approx. 6,000 studies per week End March 2022- 9700 studies per week



Priority Area: Diagnostics – reporting, cont.

Improvement shown of wait time from request to exam and also exam to report

Radiology Average Waits (excludes planned and unscheduled)

Last 13 Weeks Trend

PriorityGroup: All

KH12 Modality: All

Northern Lincolnshire and Goole NHS Foundation Trust

Average Days from Request To Exam

PriorityGroup	1/22	16/01/22	23/01/22	30/01/22	06/02/22	13/02/22	20/02/22	27/02/22	06/03/22	13/03/22	20/03/22	27/03/22	Total
31/62	9.78	7.97	8.66	8.56	8.44	8.85	8.69	8.24	9.28	9.08	10.04	10.07	9.04
CT	0.59	8.66	9.31	8.88	8.44	8.61	8.39	8.04	8.77	8.86	10.52	10.21	9.14
MRI	6.85	6.37	6.74	7.14	7.30	9.42	8.96	8.68	9.29	9.38	10.35	10.17	8.47
Non Obs U/S	9.75	7.76	8.53	9.09	9.35	8.97	9.18	8.28	10.44	9.20	8.63	9.56	9.31
Other	1.65	47.90	45.14	44.10	41.88	36.41	34.90	39.71	38.54	35.75	30.90	30.38	38.53
CT	9.68	36.64	37.10	35.59	24.63	26.74	35.59	45.61	42.00	36.80	29.57	29.96	34.60
MRI	2.35	25.33	27.45	23.59	23.21	24.23	23.92	26.95	27.84	25.26	27.33	26.99	25.16
Non Obs U/S	5.17	70.42	61.15	65.25	65.22	50.74	41.90	43.49	44.58	43.22	34.81	32.79	50.92
Total	4.05	39.74	36.58	35.31	32.54	29.80	28.94	33.38	32.21	29.39	26.32	24.72	31.57

AverageDays from Request To Exam by Priority Group

PriorityGroup 31/62 Other

50

0

02/01/22 09/01/22 16/01/22 23/01/22 30/01/22 06/02/22 13/02/22 20/02/22 27/02/22 06/03/22 13/03/22 20/03/22 27/03/22

Average Days from Exam To Report

PriorityGroup	3/01/22	16/01/22	23/01/22	30/01/22	06/02/22	13/02/22	20/02/22	27/02/22	06/03/22	13/03/22	20/03/22	27/03/22	Total
31/62	2.56	2.02	1.64	1.75	2.20	2.07	1.92	1.95	2.41	1.68	1.69	1.99	2.09
CT	2.61	2.14	1.66	1.63	2.17	1.96	2.01	1.98	1.91	1.54	1.54	2.02	2.07
MRI	2.42	1.62	1.58	2.08	2.27	2.43	1.65	1.88	3.69	2.01	1.99	1.89	2.15
Other	7.91	8.40	8.60	7.94	6.79	8.73	10.05	8.47	8.63	8.84	9.40	10.16	9.12
CT	7.67	11.10	11.55	8.54	7.24	8.42	8.75	9.30	7.05	9.51	9.59	11.24	8.99
MRI	8.12	5.83	5.03	7.33	6.34	9.09	11.13	7.54	10.00	8.36	9.05	8.83	9.25
Total	6.53	6.56	6.18	5.93	5.26	6.60	7.73	6.80	6.95	6.96	7.39	7.54	7.07

Average Days from Exam To Report by Priority Group

PriorityGroup 31/62 Other

10

5

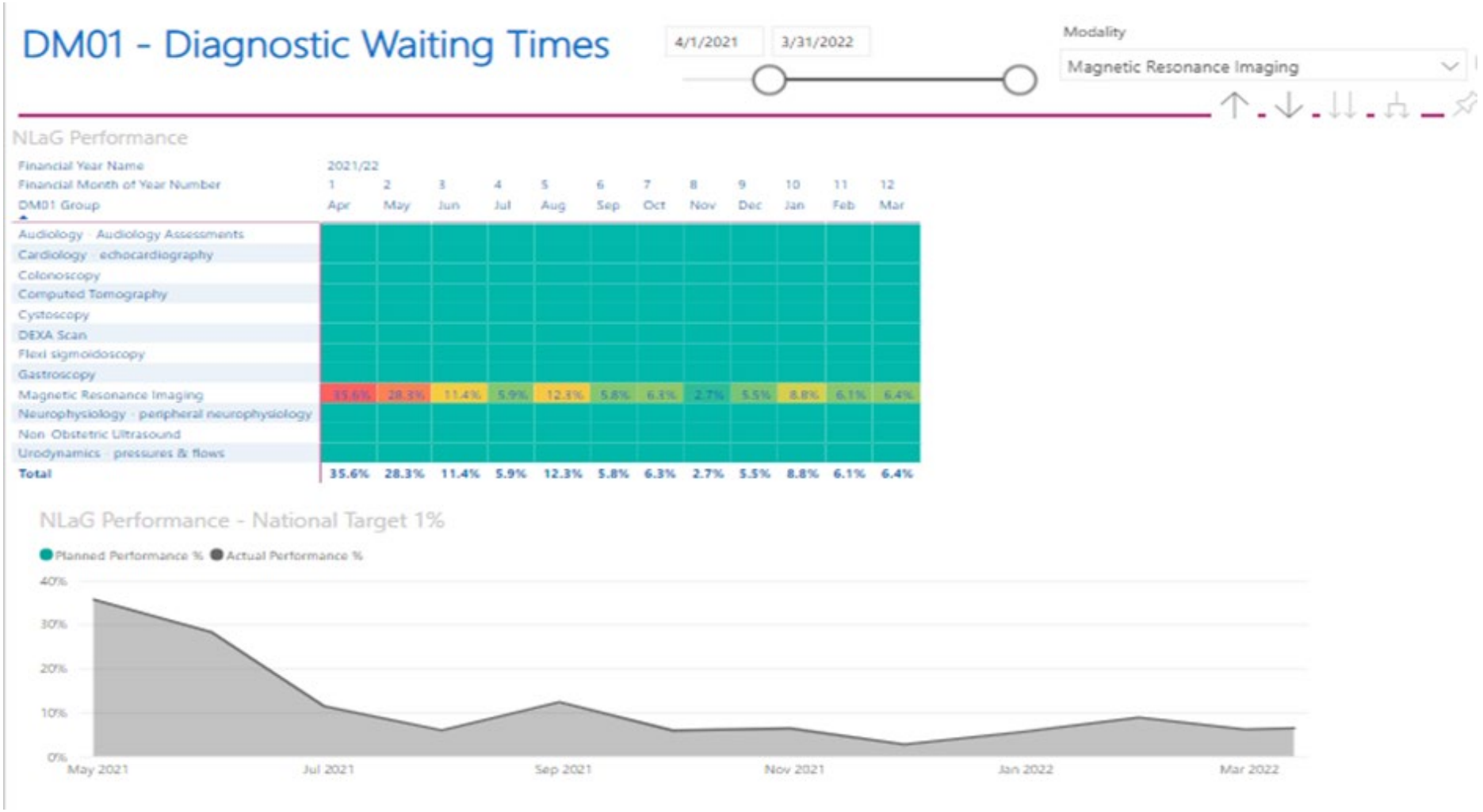
0

02/01/22 09/01/22 16/01/22 23/01/22 30/01/22 06/02/22 13/02/22 20/02/22 27/02/22 06/03/22 13/03/22 20/03/22 27/03/22

Priority Area: Diagnostics – reporting, cont.

Improved DM01 performance over the last 12 months; going from worst to best in region and now bettering the all-England average

The replacement of old equipment and purchase of additional equipment has enabled the waiting list to significantly reduce. See the DM01 Diagnostic waiting position as at 15th March 2022:



Priority Area: Waiting lists

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Overall	29,396	24,859	25,190	25,229	24,904
RTT Performance %	66.2%	79%	80.09%	77.3%	77.2%
Overdue FUPs	31,569	32,450	30,248	31,469	30,708
No Due Date	8,924	5,245	2,941	2,970	2,978
Overdue and No Due Date Combined	40,493	37,695	33,189	34,439	33,686

Metric	Mar-18	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22 (as of 01-04-22)
52 Weeks	320	380	376	342	275	194
40+	1,503	1,331	1,462	1,389	1,286	1,128
18+	9,928	9,304	9,546	9,177	9,102	9,215
Overall	29,396	30,149	30,496	30,568	31,067	30,768
RTT Performance	66.2%	69.1%	68.7%	70.0%	70.7%	69.7%
Overdue FUPs	31,569	29,552	30,120	29,453	27,859	27,599
No Due Date	8,924	4,623	4,415	4,739	4,736	4,936
Overdue and No Due Date Combined	40,493	34,175	34,535	34,192	32,595	32,535

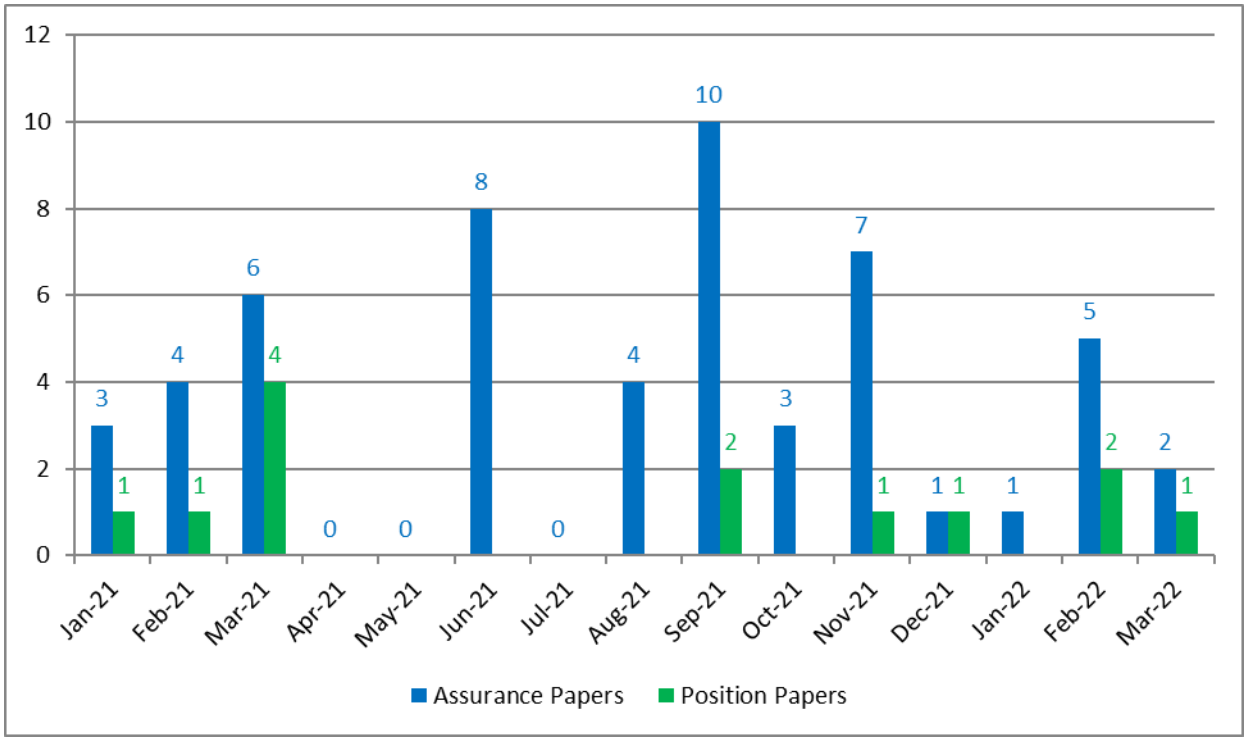
Focus our action to achieve 0 patients waiting over 40 weeks

Both the 52 and 40 week waiters are on a downward trend over the last couple of months but with the mutual aid for levelling up of trusts this position could change as NLaG are offering aid to other trusts.

Priority Area: Ophthalmology

- Commenced Ophthalmology virtual follow up clinic. Pilot at DPoW: 300 patients reviewed and face to face appointments avoided Pilot of health record review now rolled out on all sites. Risk stratification for all overdue and new patients. All high risk patients tracked
- Light touch sub contract commenced December 2019. Current total transferred 215 referrals 'Lift & shift' between Dec 19 – Mar 20 for 1716 patients
- 113 patients listed for Oculoplastic operations and cataract operations for patients waiting over 30 weeks have been offered appointments Working with independent sector to secure theatre space in 20/21, in 21/22 IPT cataracts for 135 patients, GDH opened to increase lists from 4/wk to 10/wk. For 22/23 to continue plan for low complexity patients
- Planning started to procure full sub contract for 12 months Out to tender in 2021 to support shortfall in capacity but no suitable submissions. Amended plan for contract for just new patients from Sept 21-Mar 22 so internal team can focus on follow ups. In 2021 2200 new patients, 9000 overdue follow ups, current position 500 new, 6200 overdue follow ups

Sustained momentum of closure of actions



To date, 68 documents have been uploaded to the CQC, 52 of which were assurance papers and 16 position papers

Quality Improvement

- New trust wide QI team
- The trust launched a new QI strategy for 2021-2022 in February 2022
- Current work the QI Team are supporting includes
  - Safe & Secure Medications QI Collaborative
  - Key areas of focus for family services are around triage, induction of labour and thermo-regulation
  - Reducing multiple attendance of community DVT patients to ED / SDEC
  - The Safe Discharge project focussing on criteria led discharge, communicating discharge, discharge lounge processes, medication for home and equipment.
  - Pain assessment collaborative
  - QI Training for Junior Doctors from across the ICS has been completed for 2021/22 with approx. 360 Foundation Doctors receiving QI training through our QI Academy. The delivery of this will continue in 2022/23 for both Foundation Years 1 and 2 Doctors.
  - The QI Academy recommenced the delivery of QSIR (Quality, Service Improvement & Redesign) Fundamentals. 57 staff have attended a QSIR course during 2021/22, 51 of those have either produced or are in the process of producing an improvement piece of work

Overall (Self assessed) Trust Ratings

	Safe	Effective	Caring	Responsive	Well-Led
Inspection September 2019	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement
Self-Assessment September 2020	Requires improvement	Requires improvement	Good	Requires improvement	Good
Self-Assessment September 2021	Good	Good	Good	Requires improvement	Requires improvement
Self-Assessment March 2022	Good	Good	Good	Requires improvement	Good

Family Services: Children & Young People

	Safe	Effective	Caring	Responsive	Well-Led
Inspection September 2019	Requires improvement	Good	Good	Good	Requires improvement
Self-Assessment September 2020	Requires improvement	Good	Good	Good	Good
Self-Assessment September 2021	Good	Good	Good	Requires improvement	Requires improvement
Self-Assessment March 2022	Good	Good	Good	Requires improvement	Requires improvement

Family Services: Maternity

	Safe	Effective	Caring	Responsive	Well-Led
Inspection September 2019	Requires improvement	Good	Good	Requires improvement	Requires improvement
Self-Assessment September 2020	Requires improvement	Good	Good	Good	Good
Self-Assessment September 2021	Requires improvement	Good	Good	Requires improvement	Requires improvement
Self-Assessment March 2022	Requires improvement	Good	Good	Requires improvement	Requires improvement

Diagnostics

	Safe	Effective	Caring	Responsive	Well-Led
Inspection September 2019	Inadequate	N/A	Good	Inadequate	Requires improvement
Self-Assessment September 2020	Requires improvement	N/A	Good	Requires improvement	Good
Self-Assessment September 2021	Good	N/A	Good	Good	Good
Self-Assessment March 2022	Good		Good	Good	Good

Outpatients

	Safe	Effective	Caring	Responsive	Well-Led
Self-Assessment September 2021	Good	Good	Good	Requires Improvement	Good
Self-Assessment March 2022	Good	Good	Good	Requires Improvement	Good

Medicine: Medicine

	Safe	Effective	Caring	Responsive	Well-Led
Inspection September 2019	Requires improvement	Good	Good	Requires improvement	Requires improvement
Self-Assessment September 2020	Requires improvement	Requires improvement	Good	Requires improvement	Good
Self-Assessment September 2021	Requires improvement	Requires improvement	Good	Requires improvement	Good
Self-Assessment March 2022	Requires improvement	Requires improvement	Good	Requires improvement	Good

Medicine: Urgent Care

	Safe	Effective	Caring	Responsive	Well-Led
Inspection September 2019	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement
Self-Assessment September 2020	Requires improvement	Requires improvement	Good	Requires improvement	Good
Self-Assessment September 2021	Requires improvement	Requires improvement	Good	Requires improvement	Good
Self-Assessment March 2022	Requires improvement	Requires improvement	Good	Requires improvement	Good

Surgery: Surgery

	Safe	Effective	Caring	Responsive	Well-Led
Inspection September 2019	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement
Self-Assessment September 2020	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement
Self-Assessment September 2021	Requires improvement	Good	Good	Good	Requires improvement
Self-Assessment March 2022	Requires improvement	Good	Good	Good	Good

Surgery: Critical Care

	Safe	Effective	Caring	Responsive	Well-Led
Inspection September 2019	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement
Self-Assessment September 2020	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement
Self-Assessment September 2021	Good	Good	Good	Good	Requires improvement
Self-Assessment March 2022	Good	Good	Good	Good	Good

Community & Therapies: Community Dental

	Safe	Effective	Caring	Responsive	Well-Led
Inspection September 2019	Good	Good	Good	Good	Good
Self-Assessment September 2020	Good	Good	Outstanding	Good	Good
Self-Assessment September 2021	Good	Good	Outstanding	Good	Outstanding
Self-Assessment March 2022	Good	Good	Outstanding	Good	Outstanding

Community & Therapies: Community Adult

	Safe	Effective	Caring	Responsive	Well-Led
Inspection September 2019	Good	Good	Good	Requires improvement	Good
Self-Assessment September 2020	Good	Good	Good	Requires improvement	Good
Self-Assessment September 2021	Good	Good	Good	Requires improvement	Good
Self-Assessment March 2022	Good	Good	Good	Good	Good

Community & Therapies: Community End Of Life

	Safe	Effective	Caring	Responsive	Well-Led
Inspection September 2019	Requires improvement	Required improvement	Good	Requires improvement	Requires improvement
Self-Assessment September 2020	Requires improvement	Requires improvement	Good	Requires improvement	Good
Self-Assessment September 2021	Good	Requires improvement	Good	Requires improvement	Good
Self Assessment March 2022	Good	Requires improvement	Good	Requires improvement	Good

Community & Therapies: DPOW & SGH End Of Life

	Safe	Effective	Caring	Responsive	Well-Led
Inspection September 2019	Requires improvement	Inadequate	Requires improvement	Requires improvement	Inadequate
Self-Assessment September 2020	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Inadequate
Self-Assessment September 2021	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement
Self Assessment March 2022	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement

What Next?

Ongoing Progress

- Staff preparation for next inspection- SLC, QI, hub page although ‘business as usual’ & using inspection as opportunity to be proud of improvements
- Ongoing monitoring of all actions at divisional level with escalation into PRIMS, sub-committees and TMB
- RAG ratings assessed monthly to indicate areas of progress or concern (transparency of progress or deterioration)
- Quarterly reviews of all closed actions to ensure sustainability of improvements made

Questions?

Agenda Number: CoG (04/22) Item: 4.1

Name of the Meeting	Council of Governors
Date of the Meeting	13 April 2022
Director Lead	Simon Parkes – Chair of Audit, Risk and Governance Committee
Contact Officer/Author	Lee Bond – Chief Financial Officer
Title of the Report	**External Audit Service Contract**
Purpose of the Report and Executive Summary (to include recommendations)	To brief the Council of Governors on the status of the External Audit service contract. Mazars were originally awarded the Trust's external audit service contract in 2019/20 for a period of three years with the option to extend for a fourth and final year (2022/23). The audit of the Trust's financial statements for 2021/22 would be the last scheduled duty of the existing external auditor, Mazars, unless the Trust decided to extend the period in line with the terms of the original contract award. This option was duly being considered and a fee for the extension year was requested in order to allow the Audit, Risk and Governance Committee to make an informed decision on recommending the option year be taken up, to the Council of Governors. However, Mazars have advised the Trust that they may not be able to resource and deliver the 2022/23 financial statements audit. It is therefore necessary to go out to the market for a new external audit service. In view of this, the Audit, Risk and Governance Committee recommends that the Trust market the external audit service via a national framework route. **The Council of Governors is therefore asked to approve the recommendation of the Audit, Risk and Governance Committee to market test the external audit service.**
Background Information and/or Supporting Document(s) (if applicable)	Audit and Assurance: a guide to governance for providers and commissioners (NHSE/I, December 2019)
Prior Approval Process	☐ TMB ☐ PRIMs ☐ Divisional SMT ✓ Other: ARG Committee
Which Trust Priority does this link to	☐ Pandemic Response ☐ Quality and Safety ☐ Estates, Equipment and Capital Investment ✓ Finance ☐ Partnership and System Working ☐ Workforce and Leadership ☐ Strategic Service Development and Improvement ☐ Digital ☐ The NHS Green Agenda ☐ Not applicable

Which Trust Strategic Risk(s)* in the Board Assurance Framework (BAF) does this link to (*see descriptions on page 2)	**To give great care:** ☐ 1 - 1.1 ☐ 1 - 1.2 ☐ 1 - 1.3 ☐ 1 - 1.4 ☐ 1 - 1.5 ☐ 1 - 1.6 **To be a good employer:** ☐ 2	**To live within our means:** ☐ 3 - 3.1 ☐ 3 - 3.2 **To work more collaboratively:** ☐ 4 **To provide good leadership:** ☐ 5 ✓ Not applicable
Financial implication(s) (if applicable)		
Implications for equality, diversity and inclusion, including health inequalities (if applicable)		
Recommended action(s) required	✓ Approval ☐ Discussion ☐ Assurance	☐ Information ☐ Review ☐ Other: Click here to enter text.

*Board Assurance Framework (BAF) Descriptions:

1.	**To give great care**
1.1	To ensure the best possible experience for the patient, focussing always on what matters to the patient. To seek always to learn and to improve so that what is offered to patients gets better every year and matches the highest standards internationally. Risk to Strategic Objective: The risk that patients may suffer because the Trust fails to deliver treatment, care and support consistently at the highest standard (by international comparison) of safety, clinical effectiveness and patient experience.
1.2	To provide treatment, care and support which is as safe, clinically effective, and timely as possible. Risk to Strategic Objective: The risk that the Trust fails to deliver constitutional and other regulatory performance targets which has an adverse impact on patients in terms of timeliness of access to care and/or risk of clinical harm because of delays in access to care.
1.3	To engage patients as fully as possible in their care, and to engage actively with patients and patient groups in shaping services and service strategies. To transform care over time (with partners) so that it is of high quality, safe and sustainable in the medium and long term. Risk to Strategic Objective: The risk that the Trust (with partners) will fail to develop, agree, achieve approval to, and implement an effective clinical strategy (relating both to Humber Acute Services and to Place), thereby failing in the medium and long term to deliver care which is high quality, safe and sustainable.
1.4	To offer care in estate and with engineering equipment which meets the highest modern standards. Risk to Strategic Objective: The risk that the Trust's estate, infrastructure and engineering equipment may be inadequate or at risk of becoming inadequate (through poor quality, safety, obsolescence, scarcity, backlog maintenance requirements or enforcement action) for the provision of high quality care and/or a safe and satisfactory environment for patients, staff and visitors.
1.5	To take full advantage of digital opportunities to ensure care is delivered as safely, effectively and efficiently as possible. Risk to Strategic Objective: The risk that the Trust's digital infrastructure (or the inadequacy of it) may adversely affect the quality, efficacy or efficiency of patient care and/or use of resources, and/or make the Trust vulnerable to data losses or data security breaches.
1.6	To provide treatment, care and support which is as safe, clinically effective, and timely as possible. Risk to Strategic Objective: The risk that the Trust's business continuity arrangements are not adequate to cope without damage to patient care with major external or unpredictable events (e.g. adverse weather, pandemic, data breaches, industrial action, major estate or equipment failure).
2.	**To be a good employer**
2.	To develop an organisational culture and working environment which attracts and motivates a skilled, diverse and dedicated workforce, including by promoting: inclusive values and behaviours, health and wellbeing, training, development, continuous learning and improvement, attractive career opportunities, engagement, listening to concerns and speaking up, attractive remuneration and rewards, compassionate and effective leadership, excellent employee relations. Risk to Strategic Objective: The risk that the Trust does not have a workforce which is adequate (in terms of diversity, numbers, skills, skill mix, training, motivation, health or morale) to provide the levels and quality of care which the Trust needs to provide for its patients.
3.	**To live within our means**
3.1	To secure income which is adequate to deliver the quantity and quality of care which the Trust's patients require while also ensuring value for money for the public purse. To keep expenditure within the budget associated with that income and also ensuring value for money. To achieve these within the context of also achieving the same for the Humber Coast and Vale HCP. Risk to Strategic Objective: The risk that either the Trust or the Humber Coast and Vale HCP fail to achieve their financial objectives and responsibilities, thereby failing in their statutory duties and/or failing to deliver value for money for the public purse.
3.2	To secure adequate capital investment for the needs of the Trust and its patients. Risk to Strategic Objective: The risk that the Trust fails to secure and deploy adequate major capital to redevelop its estate to make it fit for purpose for the coming decades.
4.	**To work more collaboratively**
4.	To work innovatively, flexibly and constructively with partners across health and social care in the Humber Coast and Vale Health Care Partnership (including at Place), and in neighbouring Integrated Care Systems, and to shape and transform local and regional care in line with the NHS Long Term Plan. Risk to Strategic Objective: The risk that the Trust is not a good partner and collaborator, which consequently undermines the Trust's or the healthcare systems collective delivery of: care to patients; the transformation of care in line with the NHS Long Term Plan; the use of resources; the development of the workforce; opportunities for local talent; reduction in health and other inequalities; opportunities to reshape acute care; opportunities to attract investment.
5.	**To provide good leadership**
5.	To ensure that the Trust has leadership at all levels with the skills, behaviours and capacity to fulfil its responsibilities to its patients, staff, and wider stakeholders to the highest standards possible. Risk to Strategic Objective: The risk that the leadership of the Trust (from top to bottom, in part or as a whole) will not be adequate to the tasks set out in its strategic objectives, and therefore that the Trust fails to deliver one or more of these strategic objectives

Northern Lincolnshire and Goole NHS Foundation Trust

COUNCIL OF GOVERNORS

EXTERNAL AUDIT SERVICE CONTRACT

Executive summary

This paper recommends the invitation of tenders to provide external audit services to the Trust from 2022/23.

Background

As a Foundation Trust the Trust is required to select its own external auditors in accordance with NHSE/I's document '*Audit and Assurance: a guide to governance for providers and commissioners'*. (December 2019). In accordance with this document, it is the responsibility of the Council of Governors to appoint, re-appoint and remove the Trust's external auditors. The Audit Committee supports the Council of Governors on this issue and will make recommendations as to the appointment, re-appointment and removal of the external auditor by providing the Council of Governors with the information it needs to consider such matters.

The external auditor performs the statutory audit and assurance services in connection with the Trust's annual public disclosure statements and Charitable Fund annual financial statements.

Existing External Audit Contract

The current contract was awarded to Mazars in 2019 following a competition exercise undertaken by the Trust using the NHS Shared Business Services Framework Agreement for Audit Services.

The existing contract with Mazars for the supply of external audit services to the Trust was for a three year period, 1/9/2019 to 31/8/2022 (19/20, 20/21 and 21/22), with the option to extend for a further 12 month period (22/23). The audit of the Trust's financial statements for 2021/22 will therefore be the last scheduled duty of the existing external auditor unless the Trust decided to extend the period in line with the terms of the original contract award. The fee for 2021/22 is £62,525 for the Trust's financial statement. A separate fee of £5,175 is charged for the audit of the Trust's Charitable Funds.

In view of Mazars detailed understanding of the Trust's financial position, there would be merit in retaining them for a further year. However, in seeking to ascertain the fee for the possible extension year in order to inform the Audit, Risk and Governance (ARG) Committee with a view to making a recommendation to the Council of Governors, Mazars advised that they are not currently in a position to be certain that they could resource and deliver the audit of the financial statements for 2022/23. This is attributed to a number of staff retirements and some other staff losses within the firm. Mazars felt it only right and proper therefore that they should inform the Trust of this possible risk to delivery should the extension year be taken up by the Trust.

For the avoidance of doubt, this does not impact the audit of the 2021/22 accounts which is due to commence in February 2022 with their interim work. They will deliver the audit for this financial year and report accordingly at the April and June 2022 ARG Committee meetings.

Service Provision by Mazars

It is the view of the Finance team; endorsed by the Audit, Risk and Governance Committee that Mazars has provided a professional and efficient external audit service to the Trust for the duration of the contract to date. Notably, the on-set of the Covid-19 pandemic resulted in a move to remote working but this did not hamper or impact negatively upon the year end audit process.

However, in light of Mazars statement that they may not be able to resource and deliver the 2022/23 financial statements audit, it is necessary to go out to the market for a new external audit service contract.

If the decision of the Council of Governors is to market test, then the tender process will commence in July 2022 (once potential External Audit service providers have concluded their busiest period of NHS year end work) in order to have a new contract in place for Autumn 2022, commencing with work on the 2022/23 public disclosure statements.

As in previous tender exercises for external audit services, a sub-committee of the Council of Governors will be convened. This sub-committee will be supported in the tender process by appropriate advisors from the Audit, Risk and Governance Committee and members of the Finance and Procurement team. A recommendation will then be made from the sub-committee to the full Council of Governors for it to approve the appointment of external auditors, following the competitive tendering exercise.

Recommendation

In view of the information received that it will not be possible to take up the extension year with the Trust's incumbent External Auditor, the Audit, Risk and Governance Committee recommends to the Council of Governors that the Trust market test the external audit service via a national framework route.

Northern Lincolnshire and Goole NHS Foundation Trust

Agenda Number: CoG (04/22) Item: 4.2

Name of the Meeting	Council of Governors	
Date of the Meeting	13 April 2022	
Director Lead	Helen Harris, Director of Corporate Governance	
Contact Officer/Author	Alison Hurley, Assistant Director of Corporate Governance	
Title of the Report	Updated Register of Governors' Interests	
Purpose of the Report and Executive Summary (to include recommendations)	The report provides the updated Register of Governors' Interests as at April 2022	
Background Information and/or Supporting Document(s) (if applicable)	N/A	
Prior Approval Process	☐ TMB ☐ PRIMs	☐ Divisional SMT ☐ Other: Click here to enter text.
Which Trust Priority does this link to	☐ Pandemic Response ☐ Quality and Safety ☐ Estates, Equipment and Capital Investment ☐ Finance ☐ Partnership and System Working	✓ Workforce and Leadership ☐ Strategic Service Development and Improvement ☐ Digital ☐ The NHS Green Agenda ☐ Not applicable
Which Trust Strategic Risk(s)* in the Board Assurance Framework (BAF) does this link to (*see descriptions on page 2)	**To give great care:** ☐ 1 - 1.1 ☐ 1 - 1.2 ☐ 1 - 1.3 ☐ 1 - 1.4 ☐ 1 - 1.5 ☐ 1 - 1.6 **To be a good employer:** ☐ 2	**To live within our means:** ☐ 3 - 3.1 ☐ 3 - 3.2 **To work more collaboratively:** ☐ 4 **To provide good leadership:** ✓ 5 ☐ Not applicable
Financial implication(s) (if applicable)	N/A	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A	
Recommended action(s) required	✓ Approval ☐ Discussion ☐ Assurance	☐ Information ✓ Review ☐ Other: Click here to enter text.

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REGISTER OF GOVERNORS' INTERESTS

APRIL 2022 (v1)

GOVERNOR NAME	INTERESTS	DATE
PUBLIC GOVERNORS - EAST & WEST LINDSEY		
Jeremy Baskett	➢ 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 and Deputy Leader for Louth Town Council ➢ Louth Town Councillor	04.04.2022
PUBLIC GOVERNORS - GOOLE & HOWDENSHIRE		
Tony Burndred	➢ Chair of Men in Sheds (Goole)	07.12.2021
Rob Pickersgill	➢ 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)	17.11.2021
Stephen Price	➢ None	15.12.2021
PUBLIC GOVERNORS - NORTH LINCOLNSHIRE		
Kevin Allen	➢ Volunteer worker at SGH ➢ Local Authority Governor at Scunthorpe C E Primary School ➢ Co-opted Governor at Enderby Road Infants School	24.11.2021
David Cuckson	➢ None	18.11.2021
Maureen Dobson	➢ None	23.11.2021
Shiv Nand	➢ Father and brother are CURRENT employees of NLAG being Dr Sanjiv Nand (Orthopaedics) and Dr Raghav Nand (FY2) respectively ➢ Sits on a Citizens' Advice Bureau board ➢ Sits on Bilborough College board ➢ Ongoing committee member of Lincolns business club, and ex-President of regional Junior Lawyers "Davison" ➢ Works as a solicitor at Gatley PLC	28.03.2022
Vacancy	➢	

PUBLIC GOVERNORS - NORTH EAST LINCOLNSHIRE		
Diana Barnes	➢ None	25.11.2021
Brian Page	➢ Sole Trader trading as BP Training ➢ Currently contracted to deliver Health & Wellbeing training for Care Plus	20.11.2021
Ian Reekie	➢ Member of the National Institute of Health & Care Excellence (NICE) Quality Standards Advisory Committee	17.11.2021
Liz Stones	➢ Chairman of Cleethorpes Golf Club (1894) Ltd	17.11.2021
Vacancy		

STAKEHOLDER GOVERNORS		
Vacancy- East Riding of Yorkshire Council	➢	
Vacancy - North East Lincolnshire Clinical Commissioning Group	➢	
Alex Seale - North Lincolnshire Clinical Commissioning Group	➢ Chief Operating Officer at North Lincolnshire CCG	10.12.2021
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	18.11.2021
Vacancy - North Lincolnshire Council		
Vacancy - Lincolnshire Council		

STAFF GOVERNORS		
Ahmed Aftab	➢ Director of Sazin Eyecare Limited	16.12.2021
Tim Mawson	➢ United Kingdom Accreditation Service ➢ Voluntary ISAS technical Assessor since October 2014	06.12.2021
Anthonia Nwafor	➢ None	03.12.2021
Joanne Nejrup	➢ None	21.12.2021

Northern Lincolnshire and Goole NHS Foundation Trust

Agenda Number: CoG(04/22)7.1

Name of the Meeting	**Council of Governors**	
Date of the Meeting	13 April 2022	
Director Lead	Lee Bond, Chief Financial Officer	
Contact Officer/Author	Brian Shipley, Deputy Director of Finance	
Title of the Report	**Finance Report – M11**	
Purpose of the Report and Executive Summary (to include recommendations)	The attached report outlines the reported financial position at M11 of the 2021/22 reporting period.	
Background Information and/or Supporting Document(s) (if applicable)	N/A	
Prior Approval Process	☐ TMB ☐ PRIMs	☐ Divisional SMT ✓ Other: F&P Committee
Which Trust Priority does this link to	☐ Pandemic Response ☐ Quality and Safety ☐ Estates, Equipment and Capital Investment ✓ Finance ☐ Partnership and System Working	☐ Workforce and Leadership ☐ Strategic Service Development and Improvement ☐ Digital ☐ The NHS Green Agenda ☐ Not applicable
Which Trust Strategic Risk(s)* in the Board Assurance Framework (BAF) does this link to (*see descriptions on page 2)	**To give great care:** ☐ 1 - 1.1 ☐ 1 - 1.2 ☐ 1 - 1.3 ☐ 1 - 1.4 ☐ 1 - 1.5 ☐ 1 - 1.6 **To be a good employer:** ☐ 2	**To live within our means:** ✓ 3 - 3.1 ✓ 3 - 3.2 **To work more collaboratively:** ☐ 4 **To provide good leadership:** ☐ 5 ☐ Not applicable
Financial implication(s) (if applicable)	-	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A	
Recommended action(s) required	☐ Approval ☐ Discussion ☐ Assurance	✓ Information ☐ Review ☐ Other: Click here to enter text.

*Board Assurance Framework (BAF) Descriptions:

1.	**To give great care**
1.1	To ensure the best possible experience for the patient, focussing always on what matters to the patient. To seek always to learn and to improve so that what is offered to patients gets better every year and matches the highest standards internationally. Risk to Strategic Objective: The risk that patients may suffer because the Trust fails to deliver treatment, care and support consistently at the highest standard (by international comparison) of safety, clinical effectiveness and patient experience.
1.2	To provide treatment, care and support which is as safe, clinically effective, and timely as possible. Risk to Strategic Objective: The risk that the Trust fails to deliver constitutional and other regulatory performance targets which has an adverse impact on patients in terms of timeliness of access to care and/or risk of clinical harm because of delays in access to care.
1.3	To engage patients as fully as possible in their care, and to engage actively with patients and patient groups in shaping services and service strategies. To transform care over time (with partners) so that it is of high quality, safe and sustainable in the medium and long term. Risk to Strategic Objective: The risk that the Trust (with partners) will fail to develop, agree, achieve approval to, and implement an effective clinical strategy (relating both to Humber Acute Services and to Place), thereby failing in the medium and long term to deliver care which is high quality, safe and sustainable.
1.4	To offer care in estate and with engineering equipment which meets the highest modern standards. Risk to Strategic Objective: The risk that the Trust's estate, infrastructure and engineering equipment may be inadequate or at risk of becoming inadequate (through poor quality, safety, obsolescence, scarcity, backlog maintenance requirements or enforcement action) for the provision of high quality care and/or a safe and satisfactory environment for patients, staff and visitors.
1.5	To take full advantage of digital opportunities to ensure care is delivered as safely, effectively and efficiently as possible. Risk to Strategic Objective: The risk that the Trust's digital infrastructure (or the inadequacy of it) may adversely affect the quality, efficacy or efficiency of patient care and/or use of resources, and/or make the Trust vulnerable to data losses or data security breaches.
1.6	To provide treatment, care and support which is as safe, clinically effective, and timely as possible. Risk to Strategic Objective: The risk that the Trust's business continuity arrangements are not adequate to cope without damage to patient care with major external or unpredictable events (e.g. adverse weather, pandemic, data breaches, industrial action, major estate or equipment failure).
2.	**To be a good employer**
2.	To develop an organisational culture and working environment which attracts and motivates a skilled, diverse and dedicated workforce, including by promoting: inclusive values and behaviours, health and wellbeing, training, development, continuous learning and improvement, attractive career opportunities, engagement, listening to concerns and speaking up, attractive remuneration and rewards, compassionate and effective leadership, excellent employee relations. Risk to Strategic Objective: The risk that the Trust does not have a workforce which is adequate (in terms of diversity, numbers, skills, skill mix, training, motivation, health or morale) to provide the levels and quality of care which the Trust needs to provide for its patients.
3.	**To live within our means**
3.1	To secure income which is adequate to deliver the quantity and quality of care which the Trust's patients require while also ensuring value for money for the public purse. To keep expenditure within the budget associated with that income and also ensuring value for money. To achieve these within the context of also achieving the same for the Humber Coast and Vale HCP. Risk to Strategic Objective: The risk that either the Trust or the Humber Coast and Vale HCP fail to achieve their financial objectives and responsibilities, thereby failing in their statutory duties and/or failing to deliver value for money for the public purse.
3.2	To secure adequate capital investment for the needs of the Trust and its patients. Risk to Strategic Objective: The risk that the Trust fails to secure and deploy adequate major capital to redevelop its estate to make it fit for purpose for the coming decades.
4.	**To work more collaboratively**
4.	To work innovatively, flexibly and constructively with partners across health and social care in the Humber Coast and Vale Health Care Partnership (including at Place), and in neighbouring Integrated Care Systems, and to shape and transform local and regional care in line with the NHS Long Term Plan. Risk to Strategic Objective: The risk that the Trust is not a good partner and collaborator, which consequently undermines the Trust's or the healthcare systems collective delivery of: care to patients; the transformation of care in line with the NHS Long Term Plan; the use of resources; the development of the workforce; opportunities for local talent; reduction in health and other inequalities; opportunities to reshape acute care; opportunities to attract investment.
5.	**To provide good leadership**
5.	To ensure that the Trust has leadership at all levels with the skills, behaviours and capacity to fulfil its responsibilities to its patients, staff, and wider stakeholders to the highest standards possible. Risk to Strategic Objective: The risk that the leadership of the Trust (from top to bottom, in part or as a whole) will not be adequate to the tasks set out in its strategic objectives, and therefore that the Trust fails to deliver one or more of these strategic objectives

NHS
Northern Lincolnshire and Goole
NHS Foundation Trust

Finance Report Month 11

February – 2021/22

Executive Summary Month 11 2021/22

NHS Northern Lincolnshire and Goole NHS Foundation Trust

The Trust reported a £0.53m surplus for the month of February, which was £0.43m better than plan. The year-to-date position is now a £0.53m surplus, which is £0.42m better than plan.

Income was £2.06m worse than plan in month.

• TIF income was £0.58m above plan, representing a share of non-recurrent ICS income available to support the activity and capacity pressures across the system. ERF income was £0.05m above plan (see paragraph below). Covid outside envelope income was £0.02m below plan due to lower testing costs. Other income was £0.58m above plan due to additional income across several areas including QSM funding support, Path links, Pharmacy Recharges and accommodation income. Donated income, excluded from NHSE&I financial targets, was £3.80m below plan due to continued delays in the Salix Energy scheme.

• Elective Recovery Funding (ERF) – the Trust achieved £0.30m ERF income in month, £0.05m above February's plan. ERF income achievement is subject to volatility and subsequent validation as it is dependent on the overall ICS position.

Pay was £1.88m overspent in month.

• Medical staff was £0.96m overspent primarily due to Flowers cost estimates, Anaesthetic Middle Grade rota delays, additional staff over WTE budget in Orthopaedics, ENT, Urology, Gynaecology and Paediatrics, additional waiting list expenditure in Cellular Pathology, and an estimate for unfunded Middle Grade pay reforms.

• Nursing was £0.81m overspent in month. There were underspends due to Midwifery vacancies, but these were offset by use of escalation and surge beds, transfer team costs, increased staff absence and implementation of Chief Nurse safety recommendations.

• Other Pay variances include unidentified CIP in Family Services and Surgery, and £0.05m Flowers costs, for which the Trust has not been reimbursed (£0.36m year-to-date).

Non Pay was £1.11m underspent in month. This was mostly due to independent sector outsourcing underspends and a CNST rebate, partly offset by some internal ERF and Pathology overspends.

Post EBITDA items were £0.21m underspent in month, primarily on depreciation due to capital programme delays.

COVID-19 Specific Expenditure

• The Trust has incurred £11.96m year-to-date expenditure as a direct consequence of the pandemic, marginally within its covid expenditure funding of £12.72m (£13.37m total covid funding less £0.65m funding for loss of car parking income and loss of other income).

Income & Expenditure to 28th February 2022

Income & Expenditure	Annual Plan to 31st March 2022 £'000	Current Month Plan £'000	Current Month Actual £'000	Current Month Variance £'000	Year to Date Plan £'000	Year to Date Actual £'000	Year to Date Variance £'000
Clinical Income	349,593	29,629	30,106	477	319,943	324,616	4,673
ERF Income	11,266	251	299	48	11,016	4,834	(6,182)
TIF	5,905	984	1,567	583	4,920	7,837	2,917
Block Top Up	60,160	5,042	5,118	76	55,118	56,019	901
Covid Inside Envelope Block	13,019	1,023	1,022	(1)	11,996	11,990	(6)
Covid Outside the Envelope	1,839	146	124	(22)	1,693	1,376	(317)
Other Income	37,081	2,954	3,533	579	34,107	35,499	1,392
Donated Income	57,684	4,585	785	(3,800)	53,677	8,550	(45,127)
Total Operating Income	**536,547**	**44,614**	**42,555**	**(2,058)**	**492,470**	**450,721**	**(41,749)**
Clinical Pay	(255,013)	(20,942)	(22,627)	(1,685)	(233,350)	(239,932)	(6,582)
Other Pay	(66,075)	(5,914)	(6,109)	(195)	(60,875)	(64,171)	(3,296)
Total Pay	**(321,088)**	**(26,856)**	**(28,735)**	**(1,879)**	**(294,225)**	**(304,103)**	**(9,878)**
Clinical Non Pay	(70,449)	(5,762)	(6,127)	(365)	(64,619)	(63,735)	884
Other Non Pay	(72,928)	(6,564)	(5,093)	1,471	(66,297)	(59,974)	6,322
Total Non Pay	**(143,377)**	**(12,326)**	**(11,220)**	**1,106**	**(130,916)**	**(123,709)**	**7,207**
Operating Expenditure	**(464,465)**	**(39,182)**	**(39,955)**	**(773)**	**(425,141)**	**(427,813)**	**(2,671)**
EBITDA	**72,081**	**5,431**	**2,600**	**(2,831)**	**67,329**	**22,908**	**(44,421)**
Depreciation	(12,538)	(1,213)	(972)	240	(11,310)	(10,181)	1,129
Interest Expenses & Other Costs	(182)	(14)	14	29	(168)	(254)	(87)
Dividend	(5,192)	(334)	(391)	(57)	(4,745)	(4,240)	505
Total Post EBITDA Items	**(17,911)**	**(1,561)**	**(1,349)**	**212**	**(16,222)**	**(14,675)**	**1,547**
Remove Capital Donated I&E Impact	(54,182)	(3,771)	(718)	3,053	(51,000)	(7,850)	43,150
Remove net loss on disposal of DHSC donated equipment	0	0	0	0	0	145	145
I&E Surplus / (Deficit)	**(12)**	**99**	**533**	**434**	**106**	**528**	**421**

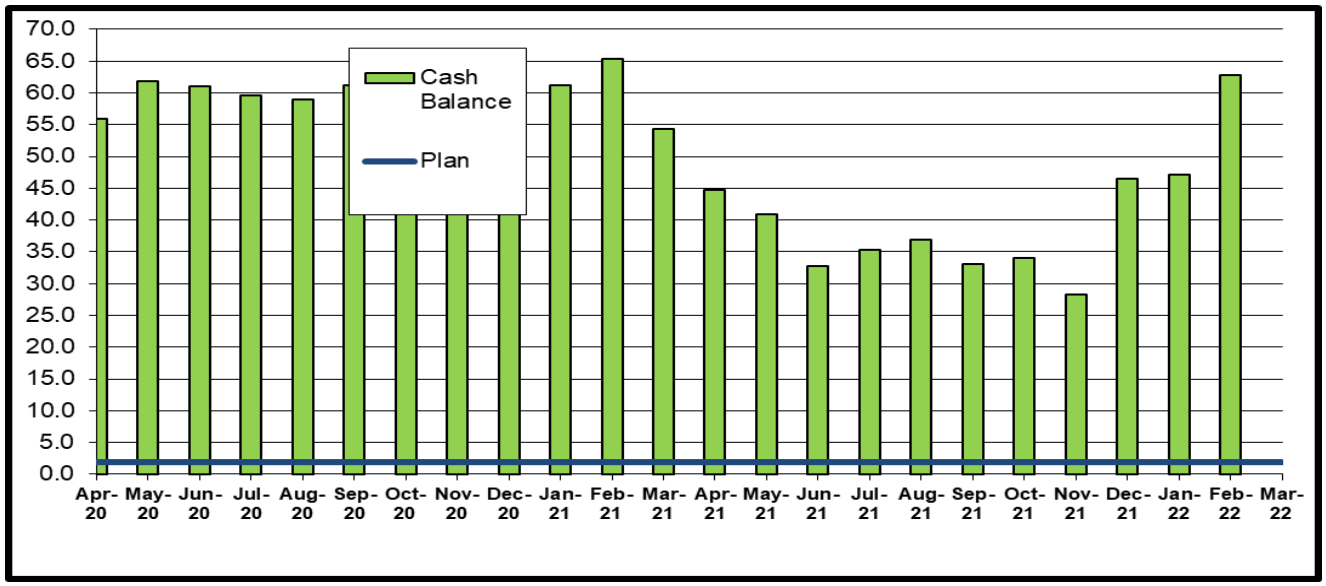
COVID-19 Expenditure

Expenditure Category	Year-to-date 21-22		
	Pay (£k)	Non-pay (£k)	Total (£k)
Expand NHS Workforce - Medical / Nursing / AHPs / Healthcare Scientists / Other	2,801	0	2,801
Existing workforce additional shifts to meet increased demand	5,034	0	5,034
Backfill for higher sickness absence	1,938	0	1,938
Total Testing - In Envelope	423	79	502
PPE associated costs	0	7	7
Increase ITU capacity (incl Increase hospital assisted respiratory support capacity, particularly mechanical ventilation)	0	2	2
Remote management of patients	6	0	6
Segregation of patient pathways	0	43	43
Decontamination	0	241	241
Additional PTS costs	0	7	7
After care and support costs (community, mental health, primary care)	0	35	35
Remote working for non-patient activities	0	0	0
Outside Envelope COVID-19 - Vaccination Programme - Provider/ Hospital hubs	161	1	162
Outside Envelope COVID-19 - Deployment of final year student nurses	141	0	141
Outside Envelope COVID-19 - International quarantine costs	0	6	6
Outside Envelope COVID-19 virus testing - rt-PCR virus testing	36	39	75
Outside Envelope COVID-19 virus testing - Rapid / point of care testing - locally procured reagents costs	0	835	835
Outside Envelope COVID-19 virus testing - Rapid / point of care testing (for DHSC provided Samba2, DNA Nudge, Primer Design, LumiraDx and Abbott ID NOW)	69	0	69
Outside Envelope NIHR SIREN testing - antibody testing only	19	0	19
Outside Envelope Antibody Assays	0	36	36
Total COVID-19 Expenditure	10,628	1,332	11,960
Total Trust Operating Expenditure (including COVID-19 expenditure and all other operating expenditure)	304,103	123,709	427,812
COVID-19 % of Total Trust Operating Expenditure	3.5%	1.1%	2.8%

Cash

The cash balance at 28th February was £62.79m, an in-month increase of £15.64m. The increase is cash relates to the draw down of PDC.

	£m	£m
Cash Balance as at 28th February		**62.79**
Commitments:		
Income received in advance	5.12	
Capital creditors	5.36	
Capital loan repayments	0.39	
February PAYE/NI/Pension	11.52	
Public Dividend Capital payment	2.72	
Annual leave income	4.49	
Capital PDC received	4.11	
To support other creditors due	27.18	
		(60.89)
NHSi minimum balance		**1.90**



Balance Sheet as at 28th February 2022

	Last Month	This Month
	£mil	£mil
Total Fixed Assets	216.63	219.02
Stocks & WIP	3.63	3.46
Debtors	15.14	13.37
Prepayments	6.25	4.40
Cash	47.15	62.79
Total Current Assets	72.17	84.02
Creditors : Revenue	40.24	42.80
Creditors : Capital	6.33	5.36
Accruals	15.07	22.63
Deferred Income	5.92	5.12
Finance Lease Obligations	0.00	0.00
Loans < 1 year	1.37	1.39
Provisions	2.77	3.12
Total Current Liabilities	71.70	80.43
Net Current Assets/(Liabilities)	0.46	3.60
Debtors Due > 1 Year	0.89	0.89
Creditors Due > 1 Year	0.00	0.00
Loans > 1 Year	8.21	8.21
Finance Lease Obligations > 1 Year	0.02	0.02
Provisions - Non Current	5.38	5.38
TOTAL ASSETS/(LIABILITIES)	204.36	209.90
TOTAL CAPITAL & RESERVES	204.36	209.90

- Stock has reduced again this month, mainly in Pharmacy.
- Debtors have reduced in month; the Trust has now received the additional TIF funding £3.5m and Salix funding of £1.1m.
- The reduction in prepayments relates to rates and CNST paid over 10 months.
- The Trust cash balance has increased to £62.8m. The Trust has now received £25.6m of PDC for capital schemes.
- Revenue creditors and accruals have increased in month, this relates to accruals, the Trust is waiting for invoices or purchase orders to be goods received. Following the outsourcing of accounts payable the BPPC figures for the Trust stands at 100% for both non- NHS and NHS invoices. This is for the number of invoices paid and the value paid in the month. The increase relates to the invoice date as the date transferred to the accounts payable system. We will continue to monitor the BPPC and are communicating to staff the importance of authorising invoices.

Agenda Number: CoG (04/22) Item: 7.2

Name of the Meeting	Council of Governors
Date of the Meeting	13 April 2022
Director Lead	Helen Harris, Director of Corporate Governance
Contact Officer/Author	Alison Hurley, Assistant Director of Corporate Governance
Title of the Report	**Board Assurance Framework (BAF) 2021-22 – Quarter 3**
Purpose of the Report and Executive Summary (to include recommendations)	The COG is asked to: a) to review the strategic risks which remain at 15 and above as of quarter three, and consider whether any actions are required (as per the table below); b) receive for assurance the Board Assurance Framework (as at Appendix A) which details the progress against the delivery of the Trust's strategic objectives; c) note the above Sub-Committees have considered the Board Assurance Framework at their meetings; d) note the report below, the controls, assurances, planned actions and underpinning high level risks associated with each strategic risk.
Background Information and/or Supporting Document(s) (if applicable)	N/A
Prior Approval Process	✓ TMB ☐ PRIMs ☐ Divisional SMT ☐ Other: Trust Board & Sub-Committee Approvals
Which Trust Priority does this link to	✓ Pandemic Response ✓ Quality and Safety ✓ Estates, Equipment and Capital Investment ✓ Finance ✓ Partnership and System Working ✓ Workforce and Leadership ✓ Strategic Service Development and Improvement ✓ Digital ✓ The NHS Green Agenda ☐ Not applicable

Strategic Risk	Current Risk at Quarter 3 position	Target Risk by 31 March 2022
SO1-1.1	15	15
SO1-1.2	20	20
SO1-1.3	12	8
SO1-1.4	20	20
SO1-1.5	12	9
SO1-1.6	16	16
SO2	20	8
SO3-3.1	12	5
SO3-3.2	12	15
SO4	12	8
SO5	8	8

Which Trust Strategic Risk(s)* in the Board Assurance Framework (BAF) does this link to (*see descriptions on page 2)	**To give great care:** ✓ 1 - 1.1 ✓ 1 - 1.2 ✓ 1 - 1.3 ✓ 1 - 1.4 ✓ 1 - 1.5 ✓ 1 - 1.6 **To be a good employer:** ✓ 2	**To live within our means:** ✓ 3 - 3.1 ✓ 3 - 3.2 **To work more collaboratively:** ✓ 4 **To provide good leadership:** ✓ 5 ☐ Not applicable
Financial implication(s) (if applicable)	N/A	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A	
Recommended action(s) required	☐ Approval ☐ Discussion ✓ Assurance	☐ Information ✓ Review ☐ Other: Click here to enter text.

Board Assurance Framework (BAF)
Quarter 3 Review (1 October – 31 December 2021)

1. Purpose of the Report

1.1 To present the quarter three BAF to the Trust Board. The BAF triangulates relevant information on the risks to the delivery of the board's Strategic Objectives, highlighting risks, controls and assurances. It is an essential tool to support the Board in seeking assurance against delivery of key organisational objectives. It is envisaged that through appropriate utilisation of the BAF the Trust Board can have confidence that they are undertaking thorough oversight of strategic risk. The BAF is utilised to support the Board in receiving confidence about the likely achievement of each of its Strategic Objectives.

1.2 The Trust Board Sub-Committees are responsible for reviewing the relevant objectives and risks and providing assurance to the Trust Board on progress.

1.3 The Trust Board is responsible for setting its assurance framework, to capture the key risks to achieving the Trust's strategic goals, and detail the level, or lack of, assurance during the year as to what extent the level of risk is being managed.

1.4 The Trust has in place a 'ward to Board' process for risk management, which allows for the BAF to include reference to relevant risks from the High Level Register where they may impact on the achievement of the Trust's strategic goals.

2. Background

2.1 Following the Trust Board meeting on 7th December 2021 the following actions were agreed and have been completed:

- Add annual targets to the risk scores for each strategic risk;
- To review and consider additional sub-categories for Strategic Objective 2. Following a meeting with the Chief Nurse, Director of People and Director of Corporate Governance it was agreed to move the safe staffing element from Strategic Objective SO2 to SO1-1.1.

2.2 Further developments include the separation of planned actions on a quarterly basis for each Strategic Objective. This is to provide an easy reference against required actions at set timescales**.**

2.3 The Risk Appetite Score is now included in the description section for each Strategic Objective (see column H, rows 5 to 8 for each spreadsheet).

2.4 The Enabling Strategy / Plan is also included (see column L, rows 5 to 8).

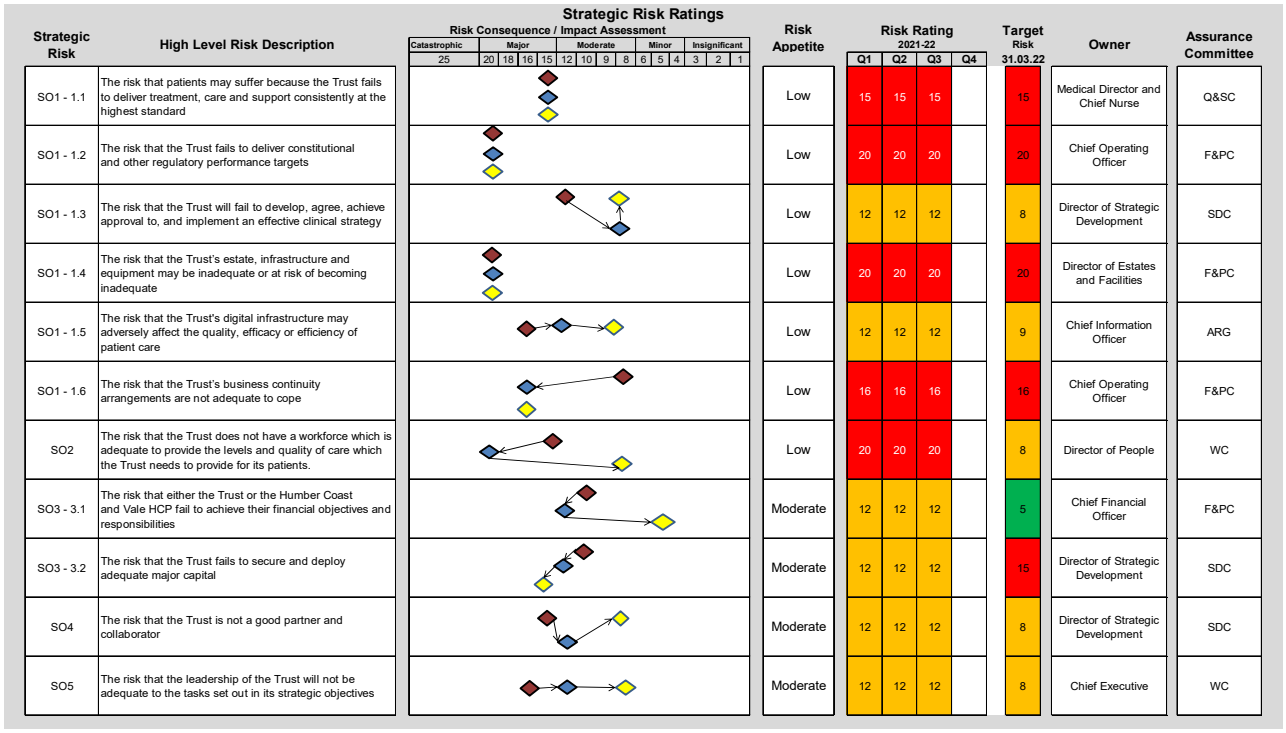
2.5 All strategic risks have been reviewed by their associated Board Sub-Committee with the exception of the Strategic Development Committee. This will be addressed as part of their initial programme of works.

2.6 End of year risk ratings have been added to the Strategic Risk Ratings spreadsheet for easy reference as noted in Section 3 below.

2.7 Please note that the blue text in the updated BAF signifies updated information and red illustrates text to be deleted once this has been reviewed and approved at the Trust Board.

3. Summary of Current Risk Ratings by Strategic Objective Risk

3.1 The full BAF is available at Appendix A, and the Strategic Objectives are detailed below with the current risk ratings for quarter three:



Strategic Risk	High Level Risk Description	Risk Appetite	Risk Rating 2021-22 Q1	Q2	Q3	Q4	Target Risk 31.03.22	Owner	Assurance Committee
SO1 - 1.1	The risk that patients may suffer because the Trust fails to deliver treatment, care and support consistently at the highest standard	Low	15	15	15		15	Medical Director and Chief Nurse	Q&SC
SO1 - 1.2	The risk that the Trust fails to deliver constitutional and other regulatory performance targets	Low	20	20	20		20	Chief Operating Officer	F&PC
SO1 - 1.3	The risk that the Trust will fail to develop, agree, achieve approval to, and implement an effective clinical strategy	Low	12	12	12		8	Director of Strategic Development	SDC
SO1 - 1.4	The risk that the Trust's estate, infrastructure and equipment may be inadequate or at risk of becoming inadequate	Low	20	20	20		20	Director of Estates and Facilities	F&PC
SO1 - 1.5	The risk that the Trust's digital infrastructure may adversely affect the quality, efficacy or efficiency of patient care	Low	12	12	12		9	Chief Information Officer	ARG
SO1 - 1.6	The risk that the Trust's business continuity arrangements are not adequate to cope	Low	16	16	16		16	Chief Operating Officer	F&PC
SO2	The risk that the Trust does not have a workforce which is adequate to provide the levels and quality of care which the Trust needs to provide for its patients.	Low	20	20	20		8	Director of People	WC
SO3 - 3.1	The risk that either the Trust or the Humber Coast and Vale HCP fail to achieve their financial objectives and responsibilities	Moderate	12	12	12		5	Chief Financial Officer	F&PC
SO3 - 3.2	The risk that the Trust fails to secure and deploy adequate major capital	Moderate	12	12	12		15	Director of Strategic Development	SDC
SO4	The risk that the Trust is not a good partner and collaborator	Moderate	12	12	12		8	Director of Strategic Development	SDC
SO5	The risk that the leadership of the Trust will not be adequate to the tasks set out in its strategic objectives	Moderate	12	12	12		8	Chief Executive	WC

KEY	
◆	Inherent risk score
◆	Current risk score
◆	Target risk score

KEY TO COMMITTEE NAMES

Quality and Safety Committee - Q&SC
Finance and Performance Committee - F&PC
Audit Risk and Governance - ARG
Workforce Committee - WC
Strategic Development Committee - SDC

4. Strategic Objectives – Current and Target Risk Ratings

4.1 The table below demonstrates the current risk rating of each Strategic Objective against the target risk rating by the end of March 2022:

Strategic Objective	Current Risk at Quarter 3 position	Target Risk by 31 March 2022
SO1-1.1	15	15
SO1-1.2	20	20
SO1-1.3	12	8
SO1-1.4	20	20
SO1-1.5	12	9
SO1-1.6	16	16
SO2	20	8
SO3-3.1	12	5
SO3-1.2	12	15
SO4	12	8
SO5	8	8

4.2 The Risk Ratings for each Strategic Objective have been reviewed and the Trust Board are required to note that several strategic risks remain at a high level of 15 and above, as detailed in the table above.

5. Recommendations

The Trust Board is asked to:

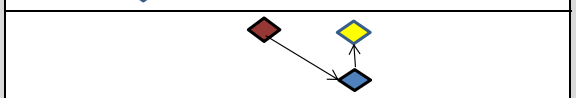
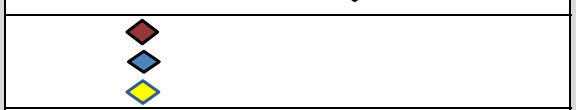
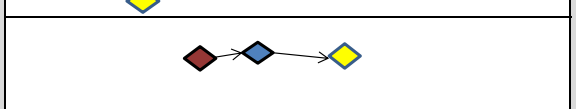
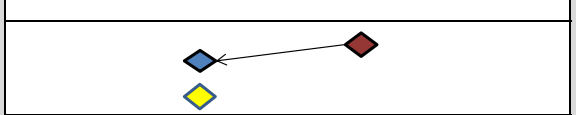
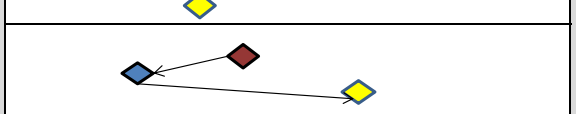
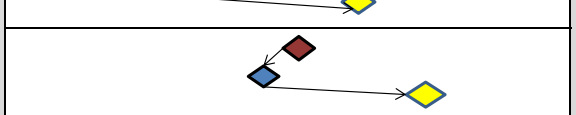
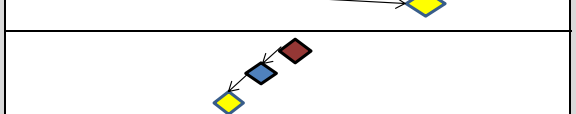
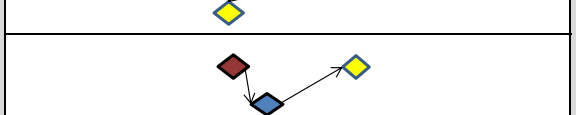
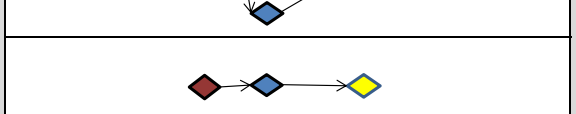
a) review the strategic risks which remain at 15 and above as of quarter three, and consider whether any additional actions are required (as per section 3.1);

b) receive the complete BAF (at Appendix A) which details the progress against the delivery of the Trust's Strategic Objectives;

c) note the above Sub-Committees have considered the BAF at their meetings;

d) note the detailed report, the controls, assurances, planned actions and the underpinning high-level risks associated with each strategic risk.

Strategic Risk Ratings

Strategic Risk	High Level Risk Description	Risk Consequence / Impact Assessment	Risk Appetite	Risk Rating 2021-22 Q1	Q2	Q3	Q4	Target Risk 31.03.22	Owner	Assurance Committee
		Catastrophic: 25 / Major: 20, 18, 16, 15 / Moderate: 12, 10, 9, 8 / Minor: 6, 5, 4 / Insignificant: 3, 2, 1								
SO1 - 1.1	The risk that patients may suffer because the Trust fails to deliver treatment, care and support consistently at the highest standard		Low	15	15	15		15	Medical Director and Chief Nurse	Q&SC
SO1 - 1.2	The risk that the Trust fails to deliver constitutional and other regulatory performance targets		Low	20	20	20		20	Chief Operating Officer	F&PC
SO1 - 1.3	The risk that the Trust will fail to develop, agree, achieve approval to, and implement an effective clinical strategy		Low	12	12	12		8	Director of Strategic Development	SDC
SO1 - 1.4	The risk that the Trust's estate, infrastructure and equipment may be inadequate or at risk of becoming inadequate		Low	20	20	20		20	Director of Estates and Facilities	F&PC
SO1 - 1.5	The risk that the Trust's digital infrastructure may adversely affect the quality, efficacy or efficiency of patient care		Low	12	12	12		9	Chief Information Officer	ARG
SO1 - 1.6	The risk that the Trust's business continuity arrangements are not adequate to cope		Low	16	16	16		16	Chief Operating Officer	F&PC
SO2	The risk that the Trust does not have a workforce which is adequate to provide the levels and quality of care which the Trust needs to provide for its patients.		Low	20	20	20		8	Director of People	WC
SO3 - 3.1	The risk that either the Trust or the Humber Coast and Vale HCP fail to achieve their financial objectives and responsibilities		Moderate	12	12	12		5	Chief Financial Officer	F&PC
SO3 - 3.2	The risk that the Trust fails to secure and deploy adequate major capital		Moderate	12	12	12		15	Director of Strategic Development	SDC
SO4	The risk that the Trust is not a good partner and collaborator		Moderate	12	12	12		8	Director of Strategic Development	SDC
SO5	The risk that the leadership of the Trust will not be adequate to the tasks set out in its strategic objectives		Moderate	12	12	12		8	Chief Executive	WC

KEY	
◆	**Inherent risk score**
◆	**Current risk score**
◆	**Target risk score**

KEY TO COMMITTEE NAMES

Quality and Safety Committee - Q&SC

Finance and Performance Committee - F&PC

Audit Risk and Governance - ARG

Workforce Committee - WC

Strategic Development Committee - SDC

Northern Lincolnshire and Goole NHS Foundation Trust

Agenda Number: CoG (04/22) Item: 7.3

Name of the Meeting	Council of Governors	
Date of the Meeting	13 April 2022	
Director Lead	Alison Hurley, Assistant Director of Corporate Governance	
Contact Officer/Author	Zoe Hinsley, Corporate Governance Officer	
Title of the Report	Acronyms & Glossary of Terms	
Purpose of the Report and Executive Summary (to include recommendations)	The Council of Governors is asked to note this document for Support / Information	
Background Information and/or Supporting Document(s) (if applicable)		
Prior Approval Process	☐ TMB ☐ PRIMs	☐ Divisional SMT ☐ Other: Click here to enter text.
Which Trust Priority does this link to	☐ Pandemic Response ☐ Quality and Safety ☐ Estates, Equipment and Capital Investment ☐ Finance ✓ Partnership and System Working	✓ Workforce and Leadership ☐ Strategic Service Development and Improvement ☐ Digital ☐ The NHS Green Agenda ☐ Not applicable
Which Trust Strategic Risk(s)* in the Board Assurance Framework (BAF) does this link to (*see descriptions on page 2)	**To give great care:** ☐ 1 - 1.1 ☐ 1 - 1.2 ☐ 1 - 1.3 ☐ 1 - 1.4 ☐ 1 - 1.5 ☐ 1 - 1.6 **To be a good employer:** ✓ 2	**To live within our means:** ☐ 3 - 3.1 ☐ 3 - 3.2 **To work more collaboratively:** ✓ 4 **To provide good leadership:** ✓ 5 ☐ Not applicable
Financial implication(s) (if applicable)		
Implications for equality, diversity and inclusion, including health inequalities (if applicable)		
Recommended action(s) required	☐ Approval ☐ Discussion ☐ Assurance	✓ Information ☐ Review ☐ Other: Click here to enter text.

*Board Assurance Framework (BAF) Descriptions:

1.	**To give great care**
1.1	To ensure the best possible experience for the patient, focussing always on what matters to the patient. To seek always to learn and to improve so that what is offered to patients gets better every year and matches the highest standards internationally. Risk to Strategic Objective: The risk that patients may suffer because the Trust fails to deliver treatment, care and support consistently at the highest standard (by international comparison) of safety, clinical effectiveness and patient experience.
1.2	To provide treatment, care and support which is as safe, clinically effective, and timely as possible. Risk to Strategic Objective: The risk that the Trust fails to deliver constitutional and other regulatory performance targets which has an adverse impact on patients in terms of timeliness of access to care and/or risk of clinical harm because of delays in access to care.
1.3	To engage patients as fully as possible in their care, and to engage actively with patients and patient groups in shaping services and service strategies. To transform care over time (with partners) so that it is of high quality, safe and sustainable in the medium and long term. Risk to Strategic Objective: The risk that the Trust (with partners) will fail to develop, agree, achieve approval to, and implement an effective clinical strategy (relating both to Humber Acute Services and to Place), thereby failing in the medium and long term to deliver care which is high quality, safe and sustainable.
1.4	To offer care in estate and with engineering equipment which meets the highest modern standards. Risk to Strategic Objective: The risk that the Trust's estate, infrastructure and engineering equipment may be inadequate or at risk of becoming inadequate (through poor quality, safety, obsolescence, scarcity, backlog maintenance requirements or enforcement action) for the provision of high quality care and/or a safe and satisfactory environment for patients, staff and visitors.
1.5	To take full advantage of digital opportunities to ensure care is delivered as safely, effectively and efficiently as possible. Risk to Strategic Objective: The risk that the Trust's digital infrastructure (or the inadequacy of it) may adversely affect the quality, efficacy or efficiency of patient care and/or use of resources, and/or make the Trust vulnerable to data losses or data security breaches.
1.6	To provide treatment, care and support which is as safe, clinically effective, and timely as possible. Risk to Strategic Objective: The risk that the Trust's business continuity arrangements are not adequate to cope without damage to patient care with major external or unpredictable events (e.g. adverse weather, pandemic, data breaches, industrial action, major estate or equipment failure).
2.	**To be a good employer**
2.	To develop an organisational culture and working environment which attracts and motivates a skilled, diverse and dedicated workforce, including by promoting: inclusive values and behaviours, health and wellbeing, training, development, continuous learning and improvement, attractive career opportunities, engagement, listening to concerns and speaking up, attractive remuneration and rewards, compassionate and effective leadership, excellent employee relations. Risk to Strategic Objective: The risk that the Trust does not have a workforce which is adequate (in terms of diversity, numbers, skills, skill mix, training, motivation, health or morale) to provide the levels and quality of care which the Trust needs to provide for its patients.
3.	**To live within our means**
3.1	To secure income which is adequate to deliver the quantity and quality of care which the Trust's patients require while also ensuring value for money for the public purse. To keep expenditure within the budget associated with that income and also ensuring value for money. To achieve these within the context of also achieving the same for the Humber Coast and Vale HCP. Risk to Strategic Objective: The risk that either the Trust or the Humber Coast and Vale HCP fail to achieve their financial objectives and responsibilities, thereby failing in their statutory duties and/or failing to deliver value for money for the public purse.
3.2	To secure adequate capital investment for the needs of the Trust and its patients. Risk to Strategic Objective: The risk that the Trust fails to secure and deploy adequate major capital to redevelop its estate to make it fit for purpose for the coming decades.
4.	**To work more collaboratively**
4.	To work innovatively, flexibly and constructively with partners across health and social care in the Humber Coast and Vale Health Care Partnership (including at Place), and in neighbouring Integrated Care Systems, and to shape and transform local and regional care in line with the NHS Long Term Plan. Risk to Strategic Objective: The risk that the Trust is not a good partner and collaborator, which consequently undermines the Trust's or the healthcare systems collective delivery of: care to patients; the transformation of care in line with the NHS Long Term Plan; the use of resources; the development of the workforce; opportunities for local talent; reduction in health and other inequalities; opportunities to reshape acute care; opportunities to attract investment.
5.	**To provide good leadership**
5.	To ensure that the Trust has leadership at all levels with the skills, behaviours and capacity to fulfil its responsibilities to its patients, staff, and wider stakeholders to the highest standards possible. Risk to Strategic Objective: The risk that the leadership of the Trust (from top to bottom, in part or as a whole) will not be adequate to the tasks set out in its strategic objectives, and therefore that the Trust fails to deliver one or more of these strategic objectives

ACRONYMS & GLOSSARY OF TERMS

FOR GOVERNORS & NON-EXECUTIVE DIRECTORS

March 2022 – v8

2WW - Two week wait

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

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

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

AAU – Acute Assessment Unit

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

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

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

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

AGC – Audit & Governance Committee

AGM – Annual General Meeting

AHP – Allied Health Professional

ALOS – Average Length of Stay

AMM – Annual Members' Meeting

AO – Accountable Officer

AOMRC – Association of Medial Royal Colleges

AOP – Annual Operating Plan

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

ARGC – Audit Risk & Governance Committee

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

BAF - Board Assurance Framework

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

BLS – Basic Life Support

BMA – British Medical Association

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

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

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

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

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

CE/CEO – Chief Executive Officer

CF – Cash Flow

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

CoP – Code of Practice

CPA – Care Programme Approach

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

CPN – Community Psychiartiric Nurse

CPIS - Child Protection Information Sharing

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)

DCA – Director of Corporate Affairs

DD – Due Diligence

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

DGH – District General Hospitals

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

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

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

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

DNR - Do not resuscitate

DoF – Director of Finance

DOI - Declarations of Interest

DOLS - Deprivation of Liberty Safeguards

DOSA – Day of Surgery Admission

DPA - Data Protection Act

DPH - Director of Public Health

DPoW - Diana, Princess of Wales hospital

DTOCs – Delayed Transfers of Care

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

ECC - Emergency Care Centre

ED – Executive Directors or Emergency Department

HER – Electronic Health Record

EIA - Equality Impact Assessment

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

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

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.

FD – Finance Director

F&PC – Finance & Performance Committee

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

FRC – Financial Risk Rating

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

FTE – Full Time Equivalent

FTGA – Foundation Trust Governors' Association

FTN – Foundation Trust Network

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

FY – Financial Year

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

GDH – Goole District Hospital

GDP – Gross Domestic Product

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

H1 - First Half (financial or calendar year)

H2 - Second Half (financial or calendar year)

HAS - Humber Acute Services

HASR - Humber Acute Services Review

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

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

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

HEE – Health Education England

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

HOBS - High Observations Beds

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

HR – Human Resources

HSCA – Health & Social Care Act 2012

HSMR - Hospital Standardised Mortality Ratio

HTF - Health Tree Foundation (Trust charity)

HTFTC - Health Tree Foundation Trustees' Committee

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

HW – Healthwatch

HWB/HWBB – Health & Wellbeing Board

HWNL - Healthwatch North Lincolnshire

HWNEL - Healthwatch North East Lincolnshire

HWER - Healthwatch East Riding

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

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

IAPT – Improved Access to Psychological Therapies

IBP – Integrated Business Plan

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

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

ICU – Intensive Care Unit

IG – Information Governance

Integrated Care - Joined up care across local councils, the NHS, and other partners. It is about giving people the support they need, joined up across local councils, the NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. The aim is that people can live healthier lives and get the care and treatment they need, in the right place, at the right time.

IP – Inpatient

IPC - Infection Prevention & Control

IPR – Integrated Performance Report

IT – Information Technology

ITU – Intensive Therapy Unit

JAG – Joint Advisory Group accreditation

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

JSNA – Joint Strategic Needs Assessment

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

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

LA – NHS Leadership Academy

LATs – Local Area Teams

LD – Learning Difficulties

Lead Governor - 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

LETB – Local Education and Training Board

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

LHE – Local Health Economy

LHW – Local Healthwatch

LiA – Listening into Action

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

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

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

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

LTC - Long Term Condition

M&A – Mergers & Acquisitions

MCA - Mental Capacity Act

MDT - Multi-disciplinary Team

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

MHA – Mental Health Act

MI – Major Incident

MIU – Major Incident Unit

MLU - Midwifery led unit

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

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*

MRI – Magnetic Resonance Imaging

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

MSA – Mixed Sex Accommodation

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

NED – Non-Executive Director

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

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

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

Neurology - Study and treatment of nerve systems.

NEWS - National Early Warning Score

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

NEL - North East Lincolnshire 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

NHSP - NHS Professionals

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

NHS ICS Body - Will be a new legal entity under Government White Paper with responsibility for the day-to-day running of the ICS. Allocative functions of CCGs will be merged into the new ICS NHS body.

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

NHSI - NHS Improvement: 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 - NHS England / Improvement

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

NHSTDA – NHS Trust Development Authority

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

NL - North Lincolnshire 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

NSFs – National Service Frameworks

OBC - Outline Business Case

OFT – Office of Fair Trading

OLU - Obstetric led unit

OOH - Out of Hours

OP – Outpatients

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

OSCs – Overview and Scrutiny Committees

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

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

PAU – Paediatric assessment unit

PbR - Payment by Results

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

PCT – Primary Care Trust

PDC – Public Dividend Capital

PEWS - Paediatric Early Warning Score

PFI – Private Finance Initiative

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

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

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

POE - People & Organisational Effectiveness

Population Health Management (PHM) - A technique for using data to design new models of proactive care, delivering improvements in health and wellbeing which make best use of

the collective resources. Population health aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population.

PPE - Personal Protective Equipment

PPG - Patient Participation Group. 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

PPI – Patient and Public Involvement

PRIMM - Performance Review Improvement Management Meeting

PROMS – Patient Recorded Outcome Measures

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

PSF - Provider Sustainability Fund

PTL – Patient Transfer List

PTS – Patient Transport Services

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

QGAF – Quality governance assurance framework

QI – Quality Improvement

QIA – Quality Impact Assessment

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

QOF – Quality and Outcomes Framework. The quality and outcomes framework (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*

QRP – Quality & Risk Profile

Q&SC – Quality & Safety Committee

QSIR – Quality & Service Improvement Report

R&D – Research & Development

RAG – Red, Amber, Green classifications

RCGP – Royal College of General Practitioners

RCN – Royal College of Nursing

RCP – Royal College of Physicians

RCPSYCH – Royal College of Psychiatrists

RCS – Royal College of Surgeons

RGN – Registered General Nurse

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

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

RoI – Return on Investment

RTT – Referrals to Treatment

SaLT - Speech and Language Therapy

SDEC – Same day emergency care

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

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

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

SGH – Scunthorpe General Hospital

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

SJR - Structured Judgement Review

SLA – Service Level Agreement

SLM/R – Service Line Management/Reporting

SNCT - Safer Nursing Care Tool

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

SPA – Single Point of Access

SoS – Secretary of State

SSA – Same Sex Accommodation

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

Statutory Requirement - A requirement prescribed by legislation

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

T&C – Terms and Conditions

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

TMB - Trust Management Board

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

ToR – Terms of Reference

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

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

TTO – To Take Out

ULYSSES - Risk Management System to report Incidents and Risk (Replaces DATIX)

UTC - Urgent Treatment Centre

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

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

VTE – Venous Thromboembolism

WRES - Workforce Race Equality Standards

WDES - Workforce Disability Equality Standards

WC - Workforce Committee

WTE - Whole time equivalent

YTD - Year to date

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