Northern Lincolnshire and Goole NHS Foundation Trust

Agenda

Council of Governors Business Meeting

Wednesday, 11th January 2023
To be held virtually via MS Teams
Click here to join the meeting
14:00 – 16:30 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** Sean Lyons, Trust Chair		Verbal
1.2	**APOLOGIES FOR ABSENCE*** Sean Lyons, Trust Chair		Verbal
1.3	**DECLARATIONS OF INTEREST** Sean Lyons, Trust Chair		Verbal
1.4	**TO APPROVE THE DRAFT MINUTES OF THE PREVIOUS MEETINGS** Sean Lyons, Trust Chair		Attached
	1.4.1	29th September 2022 Council of Governors' Annual Members Meeting (AMM) Minutes	Attached
	1.4.2	13th October 2022 Council of Governors' Annual Review Meeting (ARM) Minutes	Attached
	1.4.3	13th October 2022 Council of Governors' Business Meeting Minutes	Attached
1.5	**MATTERS ARISING** Sean Lyons, Trust Chair		Verbal
1.6	**REVIEW OF ACTION LOG** Sean Lyons, Trust Chair		Attached

2.	**REPORTS AND UPDATES**		14:20
2.1	**Introductory Briefing – Interim Director of People**		
	Chair's Update Sean Lyons, Trust Chair Simon Nearney, Interim Director of People	Attached	
2.2	**Chief Executive's Update** Dr Peter Reading, Chief Executive	Attached	
2.3	**Lead Governor's Update** Ian Reekie, Lead Governor	Attached	
2.4	**Public Member Engagement Report and Terms of Reference** Ian Reekie, Lead Governor & Member Engagement Working Group	Attached	
3.	**COG BRIEFINGS**		15:00
3.1	**CQC Report** Dr Peter Reading, Chief Executive Jennifer Granger, Interim Associate Director of Quality Governance	Attached	
3.2	**Operational Updates** Shaun Stacey, Chief Operating Officer	Attached	
4.	**ITEMS FOR APPROVAL**		15:45
4.1	**Trust Constitution** Helen Harris, Director of Corporate Governance	Attached	
4.2	**Annual Governors' Register of Interests** Alison Hurley, Assistant Trust Secretary	Attached	
4.3	**Governor Assurance Group Updated Terms of Reference** Helen Harris, Director of Corporate Governance	Attached	
5.	**QUESTIONS FROM GOVERNORS** Sean Lyons, Trust Chair	Verbal	16:00
6.	**QUESTIONS FROM THE PUBLIC** Sean Lyons, Trust Chair	Verbal	16:05
7.	**ITEMS FOR INFORMATION** (see separate **Appendix A**) Sean Lyons, Trust Chair	To Note	16:10
8.	**ANY OTHER URGENT BUSINESS** Sean Lyons, Trust Chair	Verbal	16:15

9.	**MATTERS TO BE ESCALATED TO THE TRUST BOARD** Sean Lyons, Trust Chair	Verbal	16:20
10.	**COUNCIL PERFORMANCE AND REFLECTION** Sean Lyons, Trust Chair	Verbal	16:25
11.	**DATE AND TIME OF THE NEXT MEETING** Sean Lyons, Trust Chair	Verbal	

COUNCIL OF GOVERNORS' BUSINESS MEETING - PUBLIC

Date: 13th April 2023
Time: 14:00 - 17:00 hours
Venue: TBC

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 Trust Secretary	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.

NHS
Northern Lincolnshire and Goole
NHS Foundation Trust

Minutes

COUNCIL OF GOVERNORS ANNUAL MEMBERS MEETING

Minutes of the Meeting held on Thursday, 29th September 2022, from 14:00 to 17:00 hours at the Sands Venue Stadium (Glanford Park), Scunthorpe

Present:

Sean Lyons	Trust Chair	Shiv Nand	Public Governor
Linda Jackson	Vice Chair	Brian Page	Public Governor
Kevin Allen	Public Governor	Rob Pickersgill	Public Governor
Diana Barnes	Public Governor	Stephen Price	Public Governor
Tony Burndred	Public Governor	Ian Reekie	Lead Governor
David Cuckson	Public Governor	Liz Stones	Public Governor
Maureen Dobson	Public Governor		

In Attendance:

Ade Beddow	Associate Director of Communications and Engagement
Lee Bond	Chief Financial Officer
Christine Brereton	Director of People
Helen Harris	Director of Corporate Governance
Alison Hurley	Assistant Trust Secretary
Jug Johal	Director of Estates and Facilities
Ivan McConnell	Director of Strategic Development and Programme Director - Humber Acute Services
Shauna McMahon	Chief Information Officer
Michael Norman	Senior Audit Manager – Mazars Auditors
Fiona Osborne	Non-Executive Director
Gillian Ponder	Non-Executive Director and Senior Independent Director
Dr Peter Reading	Chief Executive Officer
Melanie Sharp	Deputy Chief Nurse (representing Ellie Monkhouse)
Shaun Stacey	Chief Operating Officer
Mark Surridge	Director - Mazars (External auditors)
Sue Symington	Integrated Care Board (ICB) Chair
Dr Kate Wood	Medical Director
Sarah Howson	Communications Officer (Teams Live)
Simon Leonard	Communications Assistant (Presentations)
Suzanne Maclennan	Corporate Governance Officer (Minutes)
Luke Maddison	Information Systems Trainer (Teams Live)

Public Members: Jon Clark, Neil Gammon, Paul Grinell, Hugh Rogers, Kate Truscott

Virtual Attendees: Paula Ashton

	Emma Cummins	
	Melissa Hewitt	
	Mike Hope	
	Matthew Jeyes	
	Jessica McClellan	
	Swathi Pai	
	Richard Parker	
	Simon Parkes	Non-Executive Director
	Kelly Storey	
	Joe Warner	
Stakeholders & Partner Trusts:	Sharon Wright (Humber & Wolds Rural Community Council)	

1. MEETING ITEMS

1.1 CHAIR'S OPENING REMARKS

Sean Lyons welcomed everyone to the Council of Governors (CoG) Annual Members' Meeting (AMM). It was highlighted the meeting was trialling a new hybrid format allowing both face to face and virtual attendees. An overview of the agenda and meeting format was provided including advising members of the public that there would be an opportunity for questions later in agenda.

Sean Lyons thanked everyone for their efforts in magnificently handling the challenges faced by the Trust over the last year during which there had been extreme pressure. It was confirmed the Trust had made great progress within capital investment particularly with the two new Emergency Departments (ED), along with IT and Digital who had commenced work alongside Hull University Teaching Hospitals (HUTH) moving forward to a greater working relationship. Sean Lyons expressed his thanks to the Governors who had provided challenge, wisdom and guidance which had been very valuable in connecting with the public.

Council Decision: The Council received the Chair's opening remarks

1.2 APOLOGIES FOR ABSENCE

Alison Hurley provided apologies for absence as detailed below:

Public Governors:	Jeremy Baskett
Staff Governors:	Ahmed Aftab, Tim Mawson and Anthonia Nwafor
Non-Executive Directors:	Stuart Hall
Executive Directors:	Ellie Monkhouse (Chief Nurse - represented by Melanie Sharp),
Public Members:	Enid Barlow, Keith Moore

1.3 DECLARATION OF INTERESTS

Sean Lyons requested members of the CoG to raise any declarations of interest. None were received.

1.4 TO RECEIVE MINUTES OF THE PREVIOUS ANNUAL MEMBERS MEETING HELD ON 13th SEPTEMBER 2021

Sean Lyons invited members to receive the minutes of the CoG Annual Members' Meeting (AMM) held on the 13th September 2021, and advised the minutes had been approved at the CoG meeting held on the 19th October 2021.

Council Decision: The Council received the CoG minutes

2. ANNUAL REPORT & ACCOUNTS

2.1 Overview of Last Year Including Annual Report & Accounts for 2021/22 and Trust Priorities for the Future

Dr Peter Reading introduced himself and delivered the presentation which provided an overview of the previous year and current year to date. Dr Peter Reading concluded his update and handed over to Lee Bond, Chief Financial Officer to complete the presentation.

Lee Bond introduced himself and delivered the financial update.

Sean Lyons reminded the group that any questions would be answered after all the presentations had been delivered

Council Decision: The Council received an overview of 2021/22 including annual report & accounts for 2021/22 and Trust priorities for the future

2.1.1 Annual Audit Report for 2021/22

Sean Lyons introduced Mark Surridge, Director with Mazars who presented an overview of the Trust's Annual Audit Report for 2021/22. The report summarised the auditor's views on the Trust's arrangements and Mark Surridge confirmed that NLaG was the first Trust to produce a set of financial statements in this period and more importantly without error or concerns.

Council Decision: The Council received the annual audit report for 2021/22

10 minute break and meeting resumed at 15:25

3. COG BRIEFINGS

3.1 Integrated Care System (ICS) Update

Sean Lyons introduced Sue Symington, Chair of the ICB. Sue Symington introduced herself and provided a brief background to roles held before becoming the Chair of the ICB. Sue Symington delivered a comprehensive overview of the ICS and operating model.

Sean Lyons thanked Sue Symington for the presentation and highlighted that a further update to the CoG might be worthwhile in the future as the landscape of the ICS develops.

Council Decision: The Council received an update on the ICS.

3.2 Emergency Department and the future of Emergency Care Update

Sean Lyons introduced the video footage from the new ED at Diana, Princess of Wales Hospital (DPoW) where Natalie Till, Operational Matron, delivered a full tour of the new facilities.

Council Decision: The Council received an update on new ED at DPoW.

3.3 Lead Governor Elections Update

Ian Reekie provided an update on the Governor elections currently in progress and expressed his thanks to two Governors, Mo Dobson and Brian Page who were both due to retire soon.

Sean Lyons endorsed Ian Reekie's remarks and expressed thanks and gratitude to both Mo Dobson and Brian Page for their long and distinguished service.

Council Decision: The Council received an update on the Governor Elections.

4. QUESTIONS

Sean Lyons welcomed questions from the room and virtually on any of the updates provided during the meeting or alternatively any other business.

Question One - what would happen to the current Scunthorpe Hospital site and money spent on updating it currently should the new hospital fund be approved?

Answer - if successful the leading time of formal approvals wouldn't be until 2025/26, it would take three-four years to build taking the overall time to eight-ten years. It could take two or three attempts before the Trust arrives at the top of the list for approval and we have a need for decent facilities now so continued investment in maintaining the hospital is required. The thinking at the moment is that the current site would be disposed of although this could change due to the timescales involved.

Question Two- concerned about the public perception of the ICS as another layer of bureaucracy and management and how would this be managed?

Answer - One ICS replaced the six Clinical Commissioning Groups (CCGs) on 1st July 2022 and the resultant staff changes mean there is now a smaller group of staff and further economies will come in terms of the estate changes too. Everyone is working to ensure there is not more bureaucracy and this will be evidenced later. If the ICS is successful, this should also lead to less regional teams in line with the mandate to reduce these by 40%. The key success of the ICS will be driven by effective partnership working.

Question Three – Is there any idea what the Care Quality Commission (CQC) might sight?

Answer – The CQC will report on what they witnessed and the feedback was nothing significant was found if it had been a letter would have been received from the CQC. The Trust had received no poor communication from the CQC which had been better than previous years and would build on the work covered in the last two years.

Question Four – Given the number of loans and deficit how was the Trust a going concern?

Answer – A going concern should have the ability to trade for a further twelve months, having sixty million pounds in the bank and no shortage of patients; the Trust is considered a going concern.

Question Five – How confident are the Trust that the new ED can be fully staffed and how much of a difference will it make to performance?

Answer – A recruitment campaign was launched a few months back for the new ED which had been reasonably successful, unfortunately the Trust had become beholden to the Immigration Authorities which had caused delays with staffing. It was confirmed that despite the remaining gaps in the workforce the department would be able to function and by Christmas it was hoped the DPoW ED would be fully staffed.

It was confirmed buildings would not impact performance levels and the Trust have been working hard behind the scenes on patient pathways. Following on from the tour of the new ED patients can be segregated into areas designed for the demands meaning patients should be seen faster and keep flow moving. It was confirmed that 98% of patients who could be treated within the ED would go home within two hours and further improvement was expected over the next twelve months.

Question Six – – In relation to the new EDs and staffing, how will you make sure it is not used for politicalisation?

Answer – By focussing on the overall strategy and also what are the issues in common across the areas, such as improved mortality, a better start in life for children etc. This will be a process which will also need to be respectful of different issues in the different areas.

Council Decision: The Council received the questions and answers

5. REFLECTION OF FORMAT FOR FUTURE REVIEW

Sean Lyons invited feedback on the format of the meeting held.

David Cuckson suggested a roving microphone to be passed around the room to enable everyone to hear more clearly.

Paul Grinell suggested publicising the meeting to more people other than just the members. In response Ade Beddow confirmed that the meeting had been publicised over social media and the website for several weeks leading up to the day and would consider other areas of promotion for the future.

Council Decision: The Council discussed the format of the meeting for future review

6. ITEMS FOR INFORMATION

Sean Lyons highlighted the Acronyms and Glossary of Terms as an item for information.

7. ANY OTHER BUSINESS

Sean Lyons invited any other business. None were raised.

8. DATE AND TIME OF NEXT COUNCIL OF GOVERNORS MEETING

Date: 13th October 2022
Time: 14:00 - 17:00 hours
Venue: Forest Pines, Broughton

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

PROTOCOL FOR CONDUCT OF COUNCIL OF GOVERNOR BUSINESS

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• Governors were asked to raise any questions on which they require information or clarification in advance of meetings. This would allow time for the information to be gathered and an appropriate response provided.

Sean Lyons thanked members for their attendance and contributions. The meeting closed at 16:02 hours.

Minutes

COUNCIL OF GOVERNORS' ANNUAL REVIEW MEETING

Minutes of the Meeting held on Thursday, 13th October 2022,
from 11:00 to 13:00 hours at the Tennyson Suite, Forest Pines

Present:

Sean Lyons	Chair	David Cuckson	Public Governor
Kevin Allen	Public Governor	Shiv Nand	Public Governor
Diana Barnes	Public Governor	Ian Reekie	Lead Governor
Jeremy Baskett	Public Governor		

In Attendance:

Ade Beddow	Associate Director of Communications and Engagement
Charlie Grinhaff	Communications Manager
Helen Harris	Director of Corporate Governance
Linda Jackson	Vice Chair / Non-Executive Director
Fiona Osborne	Non-Executive Director
Simon Parkes	Non-Executive Director
Kate Truscott	Associate Non-Executive Director
Suzanne Maclennan	Corporate Governance Officer (minutes)

1. BUSINESS ITEMS

1.1 CHAIR'S OPENING REMARKS

Sean Lyons opened the meeting by welcoming everyone to the Annual Review Meeting (ARM) of the Council of Governors (CoG).

1.2 APOLOGIES FOR ABSENCE

Helen Harris provided apologies for absence as detailed below:

Apologies were received from Peter Reading, Chief Executive, Alison Hurley, Assistant Trust Secretary, Sue Liburd and Gillian Ponder, Non-Executive Directors, Stuart Hall, Associate Non-Executive Director, Ahmed Aftab, Staff Governor, Tony Burndred, Public Governor, Anthonia Nwafor, Staff Governor and Brian Page, Public Governor.

1.3 TO APPROVE THE MINUTES AND ACTION PLAN FROM THE PREVIOUS MEETING HELD ON 23rd JUNE 2021

Sean Lyons invited members to approve the minutes of the CoG ARM held on 23rd June 2021. The minutes were approved as a true and accurate record.

Council Decision: The Council received the minutes

1.4 TO RECEIVE THE ACTION LOG FROM THE PREVIOUS MEETING HELD ON 23rd JUNE 2021

Sean Lyons referred to the action log which demonstrated there were no outstanding actions.

Council Decision: The Council received the ARM CoG action log

2. REVIEW OF OPERATION AND PERFORMANCE

A brief overview was provided by Helen Harris on the revised framework tool and the adapted process which involved collating and circulating Governor feedback in advance of the meeting, and the Council progressed through framework as below.

2.1 ROLE OF GOVERNORS

2.1 (a) Do you fully understand the role of the Governor and CoG as a whole, and is the operation of the CoG influenced by the needs of the local community?

Helen Harris highlighted that there had been a low response rate with only eight completed framework documents from fifteen Governors.

A positive response was provided by 87.5% of the Governors who responded understood their Governor Role, the CoG as a whole, and the operation of the CoG.

Helen Harris highlighted that an area requiring strengthening was the accountability to the local community.

Jeremy Baskett queried the future role of the Governor as the role is currently under review within the new NHS structures and was in a state of flux. In response Sean Lyons highlighted this was due to recent legislation which would broaden the role of the Governor and not fundamentally change the building blocks.

2.1 (b) Is the CoG satisfied with the level of attendance and engagement with the Trust Board (Executive Directors, NEDs and the Senior Independent Director (SID)), and do Governors have sufficient opportunity to question Directors? And do you feel your concerns are taken seriously and feedback given where agreed?

Helen Harris reported that 100% of Governors were satisfied with the level of attendance and engagement with the Trust Board.

Helen Harris highlighted it had been agreed that Executive Directors only attend for their agenda item as required due to Governors holding Non-Executive Directors to account and not Executive Directors.

2.1 (c) Do Governors feel the Trust Chair keeps CoG members informed about the key activities and risks concerning the Board of Directors?

Helen Harris reported a positive response by 100% of Governors to this question. Key comments provided were proactive engagement between the Trust Chair, Vice Chair and Governors and equally Non-Executive Directors had been transparent in making Governors aware of key developments and risks.

Sean Lyons welcomed suggestions regarding other mechanisms of keeping in touch with Governors on a routine basis.

Jeremy Baskett suggested that further work would be required in relation to closer working relationships between Hull University Teaching Hospitals (HUTH) and Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) and queried how the information would be provided to Governors.

Sean Lyons highlighted the three new Stakeholder Governors who would be very helpful in providing a direct link into their respective areas which in turn would help Governors hold the Trust to account.

Ian Reekie confirmed he was not fully assured by the work taking place within the Committees in Common and the Interim Clinical Plan. In response Linda Jackson suggested a briefing on the Interim Clinical Plan to be delivered by Michelle Cady. Sean Lyons confirmed there had been a huge amount of work progressing behind the scenes in selecting points of leadership, process, strategies and structures which had not been completed yet although was maturing.

Fiona Osborne provided assurance to the group by confirming monthly meetings with David Hughes, Non-Executive Director Chair for Quality and Safety Committee (Q&SC) at HUTH and quarterly meetings with Ian Reekie and Diana Barnes to discuss specific areas and concerns from a Governors perspective.

David Cuckson expressed his disappointment with the attendance of Governors at the meeting and queried whether there were enough volunteer organisations represented within the Governors. It was confirmed by Sean Lyons and Ian Reekie that a review of the Trust Constitution was due to take place which would include a review of the composition of Governors.

David Cuckson confirmed that he had not received the review framework and was therefore unable to provide his response.

Council Action: Membership Office to arrange briefing on Interim Clinical Plan to be delivered by Michelle Cady.

2.1 (d) Do the Lead/Deputy Lead Governors keep you informed of developments of interest to governors between meetings and effectively represent the interests of governors in discussions with the Trust Chair/Deputy Chair and Director of Corporate Governance/Assistant Trust Secretary?

Helen Harris confirmed a positive response was received and Sean Lyons commended Ian Reekie and Rob Pickersgill on the feedback.

2.2 ENGAGEMENT WITH MEMBERS AND STAKEHOLDERS

2.2 (a) How do you as a Governor feel opinions are canvassed and represented on the interests of Trust staff and public members and the general public, and are these effectively feedback to the Board of Directors for inclusion in the governance of the Trust?

Helen Harris highlighted a Governor response in relation to the lack of Governor engagement with members and the community and confirmed this would be discussed further in section 4 although welcomed any questions. None were received.

2.2 (b) How do you feel Governors communicate about the Trust, its vision and performance to members, the public and stakeholder organisations who elected or appointed you?

Helen Harris confirmed this area would be discussed further in section 4.

2.3 ACCOUNTABILITY

2.3 (a) Do Governors use their voting rights as a CoG to effectively hold Non-Executive Directors (NEDs) individually and collectively to account for the performance of the Board of Directors?

100% of Governors rated this process as clearly defined and robust, and Helen Harris confirmed there were no further points to be highlighted and welcomed any questions. None were received.

2.3 (b) Are Governors confident that the Audit, Risk and Governance Committee criteria for appointing, re-appointing and removing external auditors is effective?

Helen Harris highlighted one point raised was a lack of providers for the external audit contract which presents a challenge. The Trust were conscious of the issue and there were other Trusts in a similar position.

2.3 (c) Do the CoG receive and consider appropriate information to enable it to discharge its duties?

Helen Harris highlighted the overuse of jargon and acronyms in reports and presentations meaning members and the community had difficulty in fully understanding the documentation and this must be considered in the future.

Council Action: Membership Office to provide an Acronyms and Glossary of Terms as a standard item for information for all meetings.

2.4 CONDUCT OF MEETINGS

2.4 (a) Does the membership and size of the CoG remain fit for purpose?

Helen Harris confirmed a positive response and highlighted the previously discussed new Stakeholder Governors and review of the Trust Constitution. It was queried how the CoG should engage with the members and public which would be discussed in section 4.

2.4 (b) Are there sufficient meetings to address the workload of the CoG and is the balance between the work undertaken at the CoG and at sub-groups correct?

Helen Harris reported that a positive response was received highlighting the revised schedule of the CoG and Governor Assurance Group (GAG) meetings supplemented by ad-hoc briefing was working effectively.

2.4 (c) Are the agenda, minutes and supporting documents circulated in good time for meetings. Are Governors satisfied that you are provided with the key information on the performance of the Trust to be able to discharge your duties as a governor?

Helen Harris reported that 100% of the responses were positive due to the significant improvements in the clarity of the information received by revising the format of the Board Assurance Framework (BAF) and Integrated Performance Report (IPR) and assurance committee highlight reports.

2.5 PERSONAL DEVELOPMENT

2.5 (a) Are governors satisfied that the mechanisms in place are appropriate to identify and meet Governor training needs?

75% of Governors reported being satisfied with the training mechanisms in place. Helen Harris confirmed that a response suggested further consideration needs to be given to the provision of occasional externally facilitated development sessions. It was confirmed this should be discussed within a later section with a view to having a proposal to take forward.

David Cuckson raised a concern regarding the response from one Governor suggesting they had not been aware of any training and whether they had been approached individually. Helen Harris noted this point and confirmed that a wider discussion must take place regarding training and queried if this had been missed during induction.

Jeremy Baskett suggested an annual appraisal for Governors which would include any training areas required.

Ian Reekie suggested development sessions to boost team working which had a particular topic relevant at the time.

Kevin Allen confirmed that he had completed his induction training although was not aware on any ongoing training available.

Diana Barnes confirmed that notifications of NHS Providers training sessions had been provided and had duly participated in them.

Council Action:

- **Helen Harris and Alison Hurley to arrange development reviews and/or appraisals with Governors**
- **Membership Office to arrange team working development sessions**

2.5 (b) Do Governors feel that they have received sufficient induction and training to fulfil their role?

Helen Harris confirmed that an investigation into any tailored training modules available from NHS Providers would follow which could be face to face as a group and not virtual.

Shiv Nand highlighted that online training had been successful due to the availability of Governors and there had been a lack of virtual access to certain meetings throughout the year.

David Cuckson reminded the group of regional training meetings previously delivered by Monitor. In response Sean Lyons confirmed that NHS Providers had a wealth of content available.

Helen Harris confirmed there had been a national governor conference earlier in the year which had not been attended by any governors from NLaG. Dates for the conference next year would be provided to Governors at the earliest convenience to ensure availability.

Council Action: Membership Office to identify dates for the national conference and notify Governors.

Post meeting note:

- **The conference was called Governor Focus Conference.**
- **Governors could sign up to the NHS Providers newsletter where workshop dates were advertised -** : https://nhsproviders.org/development-offer/governor-support/support-and-guidance/helpful-resources/governor-focus-newsletter

2.6 SHAPING THE FUTURE

2.6 (a) Do Governors feel that they make a useful contribution and have had the opportunity to be sufficiently involved in activities within the Trust that influence the future of either clinical services or the Foundation Trust as a whole?

Helen Harris reported that a positive response and feedback had been received. Further questions or comments were sought. None were received.

2.6 (b) Is there sufficient dialogue on the Trust's forward plan?

Helen Harris confirmed a timetable had been produced with regards to the Quality Priorities which included Governor consultation in response to a comment highlighting insufficient Governor consultation for the 2022/23 Quality Priorities.

2.7 STANDARD OF CONDUCT

2.7(a) Are Governors satisfied about the agreed process to remove any Governor from the Council who consistently and unjustifiability fails to attend the meetings of the CoG, has an actual or potential conflict of interest which prevents the proper exercise of their duties or whose behaviours or actions as a Governor or group of Governors may be incompatible with the values and behaviours of the Trust?

Governors provided a positive response despite the notification that enforcement had not been sufficiently robust. Sean Lyons suggested this referred to Governor attendance and highlighted that criteria and processes were in place which could remove any Governor with poor attendance from the group. It was confirmed that a register of attendance was produced covering Governor meetings which could be used as evidence or invoke the processes in place.

Jeremy Baskett highlighted that there were key members of the group who do not attend regularly although provide a valuable input and should they be removed it could be difficult to recruit a suitable replacement. In response Sean Lyons agreed and suggested it should be dealt with sensitively.

It was confirmed that previously discussions had taken place with individual Governors which resulted in them stepping down from the role due to a change in circumstances.

2.7(b) Are Governors aware of the ability of the CoG to exercise its power to remove the Trust Chair or any NEDs after exhausting all means of engagement with the Board of Directors?

Most Governors were aware and one Governor was not aware this was an absolute power. Helen Harris confirmed this should have been covered during the induction process

Shiv Nand suggested arranging 15 Step Challenges in the evening or weekend due to persistently being unable to attend during the working week.

Post meeting note: Evening and weekend 15 Step Challenge had been included within the Chief Nurse annual review in April 2022. The result of this review had been shared with Sean Lyons, Helen Harris, Alison Hurley and Shiv Nand.

10 minute break – meeting resumed at 12:00 hours

3. GOVERNOR HOLDING TO ACCOUNT ROLE

Ian Reekie highlighted that one of the two principal duties of governors was to hold NEDs individually and collectively to account for the performance of the Trust Board. He suggested that there were four questions that needed to be addressed; how do we assess performance of the Board, how do we assess the collective contribution of NEDs, how do we assess the individual contribution of NEDs (including the Chair) and is there more we should be doing?

David Cuckson queried whether the NEDs were holding executive directors to account and were the Governors seeing enough of this happening. Kevin Allen agreed with these sentiments and queried if where the Board had made decisions or targets to meet had these been fulfilled.

Jeremy Baskett suggested the BAF was a good indicator alongside the committee highlight reports which could be checked against each other.

Kate Truscott confirmed that on application a job description was provided detailing duties, responsibilities and objectives which Governors should have sight of and provide a helpful aid memoir.

Ian Reekie queried how CoG assess Board performance and highlighted the current processes in place:

- Observing Trust Board (TB) meetings
- Scrutinising TB papers and minutes
- Observing Board assurance committee meetings
- Scrutiny by the GAG of the committee highlight reports
- Reports from the Chair
- Scrutinising Finance and Quality Accounts
- CQC Well Led Report

Ian Reekie suggested it would not be viable to hold NEDs to account for everything and perhaps Governors should consider the Trust's Strategic aims and priorities and joint governance arrangements with HUTH.

Linda Jackson confirmed that most of the challenge happened from NEDs at the sub-committees which translated to challenge at the TB although there was challenge outside of the committees. It was confirmed the significance of relationships between the NEDs and Executive Directors (ED) not only to provide challenge but also to provide support. Linda Jackson reminded the group that Governors had the opportunity to contribute to NED appraisals.

Ian Reekie queried how the CoG assessed the individual and collective NED contribution which had partially been covered. It was confirmed that the collective contribution was covered by:

- Looking at the TB and the TB dynamics
- How the NEDs challenged the ED

Ian Reekie suggested the individual contributions were assessed by Governors in the following ways and queried whether these were satisfactorily discharged:

- Leadership of the Trust Chair and Vice Chair
- Effectiveness of NED Chairs of each committee
- Appropriateness of individual NEDs challenge and questions at TB
- Chair and NED appraisals
- Reappointments and removal if required

Sean Lyons queried what was the role of NED in relation to shaping the culture of the organisation and how does the individual relate to the challenges of the Trust? It was confirmed the role of the TB was to ensure there was a strategy and accountability.

Simon Parkes highlighted the NHS guidance available which questioned whether the Board and decision making reflected the interest of the members and public, was due process being followed and was the Trust at risk of breaching the conditions of its licence.

Fiona Osborne suggested specific concerns need highlighting which could be discussed at the GAG although as NEDs we require information fed through from the public and what their queries would be.

Kate Truscott suggested the TB had an annual review which would provide feedback and assessment of the work achieved by the Board. It was confirmed that a Board review had not taken place. Helen Harris confirmed a Trust Board Effectiveness Review had been prepared and was awaiting further discussion with Peter Reading, Sean Lyons and Linda Jackson.

Jeremy Baskett suggested the development and support of NEDs and to some degree the NEDs hold the Governors to account.

Ian Reekie drew attention to the new responsibility of Governors which was to hold NEDs to account for the Trust's contribution to system wide plans and the delivery and Trust's openness to collaboration with other partners. It was queried how the Governors assessed the contribution the Trust and the NEDs are making to system wide planning and Ian Reekie suggested the need to scrutinise the relationship between the Trust and system planning through board papers. It was suggested to

scrutinise the relationship between the Trusts strategic objectives and priorities against the Integrated Care Partnership (ICP) Strategy. It was confirmed that assessing the Trust Board's contribution to system delivery could be achieved by attending ICB meetings and minutes, scrutinising the Trusts performance relative to system performance and system wide priorities such as Health Inequalities. The Trusts openness to collaborative working could be assessed by the Trusts contribution to the acute and community collaboratives and the Place Health and Care Partnerships which could include feedback from Stakeholder Governors.

Sean Lyons advised that some of the items mentioned were emerging and once the Integrated Care Strategy was finalised many points would pull through. It was confirmed there had been no lack of willingness to participate although he highlighted the demands being placed on EDs in attending so many meetings of places and collaboratives. Sean Lyons highlighted that due to scarce resources and higher demand it was key that current resources were not diluted. Jeremy Baskett agreed there was a danger of over engagement and co-ordination was key. Sean Lyons responded by confirming the health of the population needed a holistic approach and not an illness response service rather than prevention.

Linda Jackson confirmed that in addition to the ICP briefing a date should be added to diaries for the Acute Collaborative update. It was confirmed that the Strategic Development Committee (SDC) had received several requests to become involved with wider groups which would require careful consideration of how it should be managed. It was important to remember that everyone had their own day jobs to fulfil before becoming involved in other groups and what should take priority.

Ian Reekie thanked the group for their contributions.

Council Action: Membership Office to arrange ICP and Acute Collaborative briefings

4. GOVERNOR ENGAGEMENT ROLE

Sean Lyons welcomed Ade Beddow and Charlie Grinhaff to the meeting to discuss how we should engage with members and the public.

Ade Beddow raised several points regarding what the Trust was trying to achieve through engagement. Was the Trust trying to recruit new members and if so, why? Would we like to communicate more with members and what would we like to communicate with them about? Should we provide news items such as the new Emergency Department opening, should we advise what the Board are working on and should we advise what the Governors are working on?

David Cuckson queried the number of current members and whether more members were required. In response Ade Beddow confirmed there were approximately 12,000 members and recruitment had been reactive and not proactive.

Kevin Allen confirmed that as a volunteer at the Trust he felt the public were the people who engagement should focus on and less so members. It was suggested Governors spend the day as a volunteer guide which would identify areas of concern or requiring attention. Sean Lyons agreed this was a very good point which brings into question the validity of the membership notion.

Kate Truscott highlighted that in order to be a Foundation Trust it must have members and the Trust requires different strategies for different audiences such as members and the general public.

Ian Reekie suggested that recruiting new members was not a priority and engagement with current members and the public was. He confirmed that his four days acting as a guide at the new DPoW ED had highlighted several concerns which he had brought to the attention of relevant managers. He encouraged other Governors to volunteer occasionally to act as a guide to pick up useful patient feedback.

Sean Lyons highlighted the need for a public engagement strategy.

Jeremy Baskett queried what the requirement of the members was and whether communication was a two-way direction of travel or just one way. It was suggested to target specific people with specific topics which would encourage focus and work alongside Accord, the local Councils and Place Partnerships.

Ade Beddow confirmed that there was an Engagement Director at the ICB who was creating an ICB approach to this area of work. It was confirmed that several hours had been spent working with Place to create an Engagement Strategy and also with the ICB which did not include North Lincolnshire and East Riding of Yorkshire. Ade Beddow suggested patient involvement groups to encourage members and the public with specific areas of interest instead of bombarding with irrelevant topics.

Fiona Osborne was not concerned with the reduced membership number which could reflect quality rather than quantity. It was highlighted that there was a hierarchy which must be observed at public meetings, the Governors represent the public and members and the NEDs represent to the Governors at the Trust Board.

Helen Harris confirmed there had been showcasing events organised by other Trusts which included diverse communities, vulnerable people which had been held at community centres and town halls such as Baths Hall in Scunthorpe which would be accessible to the local people. It was highlighted that NHS Providers hold a Member and Public Engagement training event which could be delivered virtually or in house.

In response to a query Ian Reekie confirmed that any feedback received from the public was ad hoc and was distributed to the relevant Executive Director or department as required. It was suggested that a more structured approach should be introduced for such feedback.

Kevin Allen confirmed that Jo Loughborough was due to present at local schools explaining the procedure when coming into hospital and queried whether this approach could be extended to other communities.

Ian Reekie reminded the group that they must not miss the Humber Acute Services consultation which would prove vital and provide a building block. Sean Lyons agreed and highlighted this would be in 2023 which provides time to prepare.

Sean Lyons highlighted the new and enhanced membership newsletter which had recently been circulated and suggested creating a small task and finish group with Governors to capture the feedback and member engagement. Group members volunteered and were initially to include Ian Reekie, Rob Pickersgill, Jeremy Baskett, Kevin Allen, Kate Truscott, Helen Harris to be convened by Ade Beddow and Charlie

Grinhaff. It was agreed the group would create a Terms of Reference (ToR) to be presented to the CoG in January 2023.

Council Action:

- **Membership Office to provide details of NHS Providers Member and Public Engagement training**
- **Communications team to create task and finish group for Member Engagement and present ToR at the CoG in January**

5. REFLECTION OF FORMAT FOR FUTURE REVIEW MEETING

Sean Lyons welcomed any feedback regarding the format of future Annual Review meetings and it was agreed the same structure would be used in 2023.

David Cuckson queried the suitability of the room due to the number of attendees and cost of the venue. Sean Lyons suggested the possible use of the Boardroom at Diana, Princess of Wales Hospital (DPoW) and Linda Jackson suggested the Lecture Theatre and Robert Holme Hall.

Jeremy Baskett queried whether the meeting could be virtual to encourage attendance. In response Sean Lyons suggested a hybrid meeting might be the best approach.

6. ANY OTHER BUSINESS

David Cuckson expressed his concern regarding the lack of external auditor and queried who would be overseeing this. In response Helen Harris confirmed that unfortunately Mazars had advised the Trust they could no longer fulfil the external auditors role. It was confirmed that the Trust must have an external auditor and a process would be followed to recruit an external auditor and Governors would have the right to agree or disagree with the appointment. Sean Lyons confirmed that Trust would be compliant. Helen Harris agreed to contact Sally Stephenson and Lee Bond for an update regarding the external auditors.

Shiv Nand highlighted he would be happy to suggest a few external auditors should the need arise.

Council Action: Helen Harris to request an update from Sally Stevenson and Lee Bond regarding the external auditors.

Post meeting note: Lee Bond confirmed discussions were taking place with a prospective company and would provide an update once available

7. DATE AND TIME OF NEXT COUNCIL OF GOVERNORS' MEETINGS

Council of Governors' Business Meeting
Date: 13th October 2022
Time: 14:00 - 17:00 hours
Venue: Forest Pines, Broughton

Sean Lyons thanked members for their attendance and contributions. The meeting closed at 13:06 hours.

NHS
Northern Lincolnshire and Goole
NHS Foundation Trust

Minutes

PUBLIC COUNCIL OF GOVERNORS MEETING

Minutes of the Meeting held on Thursday, 13 October 2022, from 14:00 to 17:00 hours
Held at Forest Pines, Broughton, Scunthorpe

Present:

Sean Lyons	Chair	Tim Mawson	Staff Governor (Virtual)
Linda Jackson	Vice Chair	Eddie McCabe	Stakeholder Governor
Kevin Allen	Public Governor	Shiv Nand	Public Governor
Diana Barnes	Public Governor	Brian Page	Public Governor
Jeremy Baskett	Public Governor	Ian Reekie	Lead Governor
David Cuckson	Public Governor	Liz Stones	Public Governor

In Attendance:

Christine Brereton	Director of People
Beth Ellett	Integrated Care Board (ICB) Health Inequalities Lead (Virtual)
Helen Harris	Director of Corporate Governance
Jug Johal	Director of Estates and Facilities
Fiona Osborne	Non-Executive Director
Simon Parkes	Non-Executive Director
Ashy Shankar	Deputy Director of Planning and Performance (Virtual)
Shaun Stacey	Chief Operating Officer (Virtual)
Kate Truscott	Associate Non-Executive Director
Suzanne Maclennan	Corporate Governance Officer (minutes)

Members of the Public: Paul Grinell, Elizabeth Haddock, Harry Haddock and Madeleine Keyworth,

1. BUSINESS ITEMS

1.1 CHAIRS OPENING REMARKS

Sean Lyons opened and welcomed everyone present to the meeting and explained it was running as a hybrid meeting with virtual attendees.

1.2 APOLOGIES FOR ABSENCE

Helen Harris provided apologies for absence as detailed below:

Ahmed Aftab	Staff Governor
Tony Burndred	Public Governor
Mo Dobson	Public Governor
Stuart Hall	Associate Non-Executive Director
Alison Hurley	Assistant Trust Secretary
Shauna McMahon	Chief Information Officer
Keith Moore	Public Member

Emma Mundey	Stakeholder Governor
Anthonia Nwafor	Staff Governor
Rob Pickersgill	Public Governor
Gillian Ponder	Non-Executive Director
Steve Price	Public Governor
Peter Reading	Chief Executive (Represented by Jug Johal)
Dr Kate Wood	Medical Director

1.3 DECLARATION OF INTERESTS

Sean Lyons requested members of the Council of Governors (CoG) to raise any declarations of interest relating to specific agenda items. None were received.

1.4 TO APPROVE MINUTES OF THE PREVIOUS MEETING HELD ON 20 JULY 2022

Sean Lyons invited members to approve the minutes of the CoG Business meeting held on 20 July 2022. The content of the minutes was accepted as a true and accurate record.

Council Decision: The Council received and approved the minutes

1.5 MATTERS ARISING

There were no matters arising which were not captured on the agenda. Sean Lyons introduced Kate Truscott, Associate Non-Executive Director to the CoG meeting which was the first since being appointed.

1.6 REVIEW OF ACTION LOG

The Action Log from the July 2022 CoG meeting was reviewed.

The only outstanding action was for Brian Shipley to provide a summary of the Cost Improvement Plan (CIP) after the July CoG. Helen Harris agreed to follow up on this action.

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

Council Action: Helen Harris to contact Brian Shipley regarding the summary of the CIP following the July CoG.

2. REPORTS AND UPDATES

2.1 CHAIR'S UPDATE

Sean Lyons drew the Council's attention to the Chair's report and which was taken as read. Sean Lyons expressed thanks to the three Non-Executive Directors who had left the Trust, Mike Proctor, Michael Whitworth and Maneesh Singh and welcomed Sue Liburd and Kate Truscott. Similarly, thanks were extended to both Mo Dobson and Brian Page for their service as Governors following their decision to stand down. It was

highlighted that the Care Quality Commission (CQC) report was expected for factual accuracy checks with the full report due in December. Sean Lyons confirmed that the Trust remained under massive operational pressures and that staff had coped with demanding pressures over the last few months. Governors were encouraged to continue with the appreciation of staff during visits as this had been positive.

Sean Lyons welcomed any questions and none were received.

Council Decision: The Council received the Chair's update

2.2 CHIEF EXECUTIVE'S UPDATE

Sean Lyons welcomed Jug Johal, Director of Estates and Facilities who was representing Dr Peter Reading and provided an update to the CoG.

The report was taken as read and the following was highlighted:

- Service pressure and staff resilience
- There had been 32 patients waiting for beds
- There had been zero patients with the right to reside from North East Lincolnshire and five patients from North Lincolnshire
- The opening of the new £17.9 million Emergency Department (ED) at Diana, Princess of Wales Hospital (DPoW) which had provided a significant improvement to patient pathways
- Pay award and industrial action – both the Royal College of Nursing (RCN) and UNISON had notified the Trust they would be balloting their members regarding industrial action
- Confirmation the Trust would receive £6.3 million to refurbish theatres at both Scunthorpe General Hospital (SGH) and DPoW

Jug Johal welcomed any questions and none were received.

Sean Lyons thanked Jug Johal for the update and expressed congratulations on the opening of the new ED.

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

2.3 LEAD GOVERNOR'S UPDATE (to include highlights from the Governor Assurance Group (GAG) and Appointments & Remuneration Committee (ARC) meetings)

Ian Reekie provided an overview of the Lead Governors' report which covered updates on the following:

- Stakeholder Governors – three of the four vacancies had been filled with a particular welcome to Eddie McCabe representing North East Lincolnshire Health and Care Place Partnership
- The recent Governor election had filled three of the seven vacancies, one staff Governor and two North East Lincolnshire public Governors
- Governor briefings
- Governor site visits
- Governor Assurance Group (GAG) Highlights

- Appointments & Remuneration Committee (ARC) Highlights

Sean Lyons invited questions for Ian Reekie.

In response to a question Ian Reekie confirmed that Governor elections took place annually however within the review of Trust Constitution all outstanding issues were to be discussed including the possibility of secondment.

A discussion took place regarding the announcement of the new Governors and due to the election timetable, it was not appropriate to disclose the information during the meeting as a withdrawal period for nominations was still active.

Council Decisions: The Council received the Lead Governor's update.

3. STRATEGY & PLANNING – COG BRIEFINGS

3.1 Recruitment and Retention

Christine Brereton delivered a presentation on Recruitment and Retention.

Sean Lyons thanked Christine Brereton and invited any questions.

Liz Stones informed the group that at the beginning of employment as a nurse in previous years you were asked to sign and agree to remain in a specialist area for a couple of years. Patients much preferred to be cared for by nursing staff with an interest in the area in which they were being cared for example orthopaedics. In response Christine Brereton agreed with this thought which provides a sense of belonging to the staff. Unfortunately, due to pressures, staff were sometimes being asked to move to another area due to capacity.

Shiv Nand thanked Christine Brereton for the very insightful presentation and requested further information regarding retention and the buddy system. It was confirmed that a temporary resource was in place to help with the buddy system particularly for overseas employees. The buddy does not have to be a clinical buddy and perhaps someone with experience of being in a similar position themselves previously.

Shiv Nand queried whether staff who decided to leave the Trust moved to another Trust or were they perhaps going home to their country of origin or leaving the industry completely. Christine Brereton confirmed there was no specific data available for this although highlighted that relationships on wards and the culture of the organisation was key. Shiv Nand queried whether incentivisation could ensure staff remained at the Trust for longer periods. In response Christine Brereton confirmed that one of the reasons staff were not staying with the Trust was due to relationships on the wards and should the Trust provide incentives to remain for two years this could provide uncomfortable situations for staff. It was confirmed that considerable effort had been made with cultural awareness training which had been well received. Liz Stones suggested an incentive scheme to help their wellbeing which could provide discount at local gyms, health clubs and shops and ensure they felt supported. Christine Brereton confirmed the

Trust had a health and wellbeing package which was offered to all staff and more recently a financial wellbeing package which provides a directory of information.

Shiv Nand queried whether there was any requirement from Governors in this area. Christine Brereton suggested support and the benefits of working for the Trust which included bridging the gap around cultural awareness and behaviours on the wards.

Tim Mawson expressed disappointment in the length of time it takes to process visas for overseas staff highlighting one case which had taken five months between recruitment and the new staff arriving in the hospital. If it takes five months to fill vacancies and staff leaving only provide two months notice it was clear why there were shortages in some cases. Christine Brereton confirmed there had been pressure applied both regionally and nationally and improvements had been made in recent months.

Kevin Allen queried whether schools with nursery places available were identified to new starters particularly staff joining from out of the area or overseas. Christine Brereton confirmed the wellbeing directory contained information regarding local schools, GP's and shops.

Ian Reekie questioned whether there were any lessons learned from Hull University Teaching Hospitals (HUTH) regarding the use of bank and agency staff taking into account their accessibility to a medical school. Christine Brereton confirmed collaborative working alongside HUTH, York and Scarborough Teaching Hospitals NHS Foundation Trust and Harrogate and District NHS Foundation Trust to agree a rate of pay consistent across the Integrated Care System (ICS). Discussions had taken place regarding one bank system and not individual for each hospital. Christine Brereton confirmed there had been involvement in the Integrated Care Board (ICB) People Strategy although would have preferred further involvement. It was confirmed that the recruitment situation is a national issue and must be tackled at ICB level.

Paul Grinell expressed his disappointment in delay in joining the Patient Experience Group (PEG) due to a delay with the Disclosure and Barring Service (DBS) certificate. It was confirmed this had taken four months to receive due to an error in countersigning which was not solely due to the DBS. In addition, Paul Grinell had been advised there was no Recruitment team at SGH. It was queried whether applicants had lost interest in the post they had applied for due to delays in processing documents and find employment elsewhere. Christine Brereton confirmed there was a Recruitment team which works across the whole Trust, it was well resourced and had fared well on benchmarking. It was confirmed the Trust works closely with the DBS and that documents had varied in processing times with some taking three days and others taking months. Christine Brereton was happy to continue the conversation with Paul Grinell outside of the meeting to further investigate the problems encountered.

Sean Lyons thanked Christine Brereton for the informative presentation and requested Governors receive the Financial Wellbeing Directory.

Council Decision: The Council received an update on Recruitment and Retention

Council Action: Christine Brereton to circulate the Wellbeing Directory to the CoG

Post meeting note: Christine Brereton provided the Financial Wellbeing Directory to the CoG via email following the meeting

There was a five minute break and the meeting resumed at 14:15

3.2 Health Inequalities Briefing

Jug Johal delivered a presentation on Health Inequalities alongside Beth Ellett and Ashy Shanker.

Jug Johal confirmed a project search not mentioned on the slides which was an opportunity for young adults with learning difficulties to be trained and employed by the Trust. It was confirmed that Estates and Facilities had agreed to provide eight places to these young adults which would deliver on site training and the potential of full time employment after one year. Jug Johal suggested this approach should be rolled out across the Trust and Christine Brereton agreed. It was suggested by Jug Johal that a further update to the CoG in one year would be appropriate.

In response to a query it was confirmed by Jug Johal that Community Nurse Specialist was abbreviated to CNS.

David Cuckson raised a query regarding alcohol dependency money allocated to North East Lincolnshire patients and whether that would be available to North Lincolnshire patients. Jug Johal confirmed that this money was ring fenced for North East Lincolnshire patients and that referring patients between local authorities was not possible although for tobacco dependency the money was available for the whole of the system.

Ian Reekie queried the waiting list management with regards to outcomes of risks assessments as there was evidence to suggest that the most deprived patients wait longer to be referred than patients in more affluent areas. Jug Johal confirmed that patients were kept in chronological order unless they had been identified as at risk, in which case they would be moved up the waiting list appropriately. It was confirmed a Trust in the south of the country was piloting a scheme which identified mental health or learning disability patients who were then treated sooner due to the risks.

Madeleine Keyworth highlighted that the 111 service had advised to attend the out of hours GP service at SGH in June 2022. At the time it was not known that this service was now held in a surgery elsewhere in Scunthorpe and after arriving at SGH followed the signs to the out of hours GP centre only to find it no longer existed in that location. It was confirmed that these signs were still in situ some months later despite the hospital not providing this service. Madeleine Keyworth confirmed this had been discussed with a local Clinical Commissioning Group (CCG) who agreed to contact the 111 service and NLaG explaining the problems encountered. Jug Johal apologised for the incorrect signage and confirmed it would be removed the

following day. It was confirmed there was no knowledge of any escalation from the CCG or other partners. Kevin Allen confirmed there had been discussions with the Estates and Facilities team regarding all signage around the hospitals particularly with the new ED department.

Sean Lyons requested a test to the 111 service to ensure directions to the out of hours GP were correct and not to SGH as previously advised. Jug Johal agreed to take this as an action.

Madeleine Keyworth questioned whether nurses had a higher rate of smokers than the general population. Jug Johal confirmed this data had not been investigated.

Shiv Nand queried how success was measured within the tobacco and alcohol dependency programmes. Jug Johal suggested the specialists leading the programmes would be able to provide the answer to this and confirmed an email to Governors would follow the meeting.

Kate Truscott was delighted to hear of the project search idea and highlighted there was a local charity called Lincolnshire Community Trust which could be used to makes connections.

Kate Truscott queried how mental health patients tied in with the alcohol and tobacco dependency projects. In response Beth Ellett identified that as part of the long term plan all mental health and voluntary sector organisations would be represented which would be a system approach.

Helen Harris raised a question on behalf of two Trust members which queried why money was spent on new car parks at both DPoW and SGH and not elsewhere in the Trust. Jug Johal confirmed that as part of the planning requirement all car parking spaces lost due to the new two EDs had to be replaced which had provided four or five extra spaces. Elizabeth Haddock advised that a friend had found the new car park very difficult to enter and exit. Jug Johal confirmed he had not received any similar feedback.

Council Decision: The Council received an update on Health Inequalities

Council Action:

- **Jug Johal to remove the Out of Hours GP signage from SGH and test the 111 service directions**
- **Jug Johal to provide details of how success was measured within the tobacco and alcohol dependency programmes**

Post meeting note: Jug Johal confirmed the Out of Hours GP signage had been removed on Friday 14th October 2022

3.3 Operational Update to include plans and winter pressures

Shaun Stacey delivered a presentation on emergency care, planned care and winter pressures.

Liz Stones left the meeting at 16:08

Shaun Stacey provided an update following work alongside partners in East Riding, Lincolnshire and North Lincolnshire meaning the position was more satisfactory. It was confirmed there had been 22 patients who did not have the right to reside in the Trusts hospitals, the average on a weekly basis had been 69 patients.

Ian Reekie queried whether the extension of the Urgent Care Service (UCS) and Same Day Emergency Care (SDEC) was a winter plan or aspirational. Shaun Stacey confirmed that UCS was an integrated service using GPs and ED staff and was aspirational to become a 24/7 service. It was confirmed that funding had been requested for SDEC although it would be a challenge to provide cubicles, nursing and diagnostic facilities at this time although possibly in the next year.

Jeremy Baskett queried whether early discharges would be in place for Lincolnshire patients. Shaun Stacey confirmed that pressure had been applied although was unsure how it would be received through United Lincolnshire Hospitals NHS Trust (ULH).

Helen Harris provided a compliment submitted from a 94 year old lady who had attended NLaG and had waited three hours. Shaun Stacey was grateful for the compliment and explained that many were received despite the current pressures.

Elizabeth Haddock highlighted that a family member worked at Kings College Hospital in London and confirmed that there were few agency staff employed. In response Sean Lyons confirmed the struggle to attain this although the Trust was working to recruit and retain their own staff. Kate Truscott highlighted that fewer agency staff was an aspiration and was not currently achievable. A discussion ensued regarding the possible strike action which highlighted the cost of living was a national issue.

Sean Lyons thanked Shaun Stacey for the update.

4. ITEMS FOR APPROVAL

4.1 Governor Register of Interests

Sean Lyons invited members to review the updated Governors' Register of Interests document.

Council Decision: The Council approved the Governor Register of Interests

5. QUESTIONS FROM GOVERNORS

Sean Lyons invited questions from Governors. None was received.

6. QUESTIONS FROM THE PUBLIC

Sean Lyons invited questions from members of the public.

Helen Harris read out the following query as requested:
The query relates to a very busy waiting room in the eye clinic as follows:

To look into the “overcrowding” at Grimsby Eye Clinic caused by patients attending with family/friends who are taking up seats in the waiting room meant for patients. Perhaps more prominent signage, guidelines printed as leaflets sent out with appointments. Use of the TV monitor in the waiting room to convey vital information, as the TV is hardly ever turned on to TV programmes. Grimsby Eye Clinic waiting room is internal without windows, very small busy area with constant traffic of Nurses and patients moving around, through, back and forth to OCT /Eye Test/ laser/Fluoroscope/ Consultant Rooms and to the other small waiting room not to mention to Max - facial department. The waiting room gets very warm, extremely stuffy and not a place I wish to sit in for over an hour, especially as patients and visitors are now not wearing masks.

In response to the query and follow up complaint, Giselle Lowe, the Outpatients Nurse Manager (DPoW) who looks after the nursing staff and HCAs that work in outpatients has responded as follows:

A new post has been funded by the RNIB to help patients, and we have Joanne Almey in this Trustwide Eye Clinic Liaison Officer role. So far, her support has been gratefully received by everyone that she has helped and she is a welcome addition to the eye clinic team. Her support includes:

- Emotional and practical support (including referrals to other services and support groups)
- Support for patients and their family and friends too
- Specialised support with:
- Living with sight loss
- Eye conditions and treatment
- Welfare benefits
- Remaining in employment or re-training
- Mental health and emotional wellbeing
- Aids, equipment and technology
- The legalities around driving
- Referrals to RNIB services including courses and audio books.
- ECLOs are also able to explain the process of becoming registered as blind or partially sighted and the benefits of being registered.

The eye clinic is a busy area which does not have sufficient seating capacity. During COVID, this was managed as it was requested that only patients attended due to social distancing requirements. The staff do ask people to move round to seats near the reception as needed, offer patients bleepers so they can go for a coffee whilst they are waiting and suggest that relatives come back later - sometimes people are grateful for these suggestions and sometimes not. Unfortunately, we are constrained by the physical building that we are based in. We do try to manage patient flow as effectively as possible and the person raising these concerns is correct that patients can go in various different locations during a visit, but this is so that they can have tests done etc., in that one visit.

The televisions in the waiting room are not in use and were to be removed the next day. They were donated a long time ago and are now technologically out of date and haven’t been used in a long time. We have since successfully applied to the Health Tree Foundation charity and now have hospital radio in all of our waiting rooms.

7. ITEMS FOR INFORMATION

Sean Lyons drew the CoG's attention to the items for information contained within appendix A of the agenda which included the following documents:

7.1 Finance Update
7.2 Board Assurance Framework
7.3 Acronyms and Glossary of Terms

8. ANY OTHER URGENT BUSINESS

There were no further items of urgent business raised.

9. MATTERS FOR ESCALATION TO THE TRUST BOARD

Sean Lyons invited Governors to raise any matters for escalation to the Trust Board. None was received.

10. COUNCIL PERFORMANCE AND REFLECTION

Sean Lyons invited suggestions for future meetings highlighting the technology required further work to allow for hybrid meetings in the future. It was suggested that the room layout should be a formal horseshoe shape and not casino style tables.

11. DATE AND TIME OF THE NEXT FORMAL BUSINESS MEETING

COUNCIL OF GOVERNORS' BUSINESS MEETING - PUBLIC
Date: 11 January 2023
Time: 14:00 – 17:00 hours
Venue: TBC

Please notify the Membership Office of any apologies for this event.

Sean Lyons thanked members for their attendance and contributions and the meeting closed at 16:44 hours.

PROTOCOL FOR CONDUCT OF COUNCIL OF GOVERNOR BUSINESS

• In accordance with Standing Order 2.4.3 (at Annex 6 of the Trust Constitution), any Governor wishing to submit an agenda item must notify the Trust Chair's Office in writing at least **10 clear days prior to the meeting at which it was to be considered.** Requests made less than 10 clear days before a meeting may be included on the agenda at the discretion of the Trust Chair.
• Governors were asked to raise any questions on which they require information or clarification in advance of meetings. This would allow time for the information to be gathered and an appropriate response provided.

ANNUAL ATTENDANCE DETAILS

Attendee Name	Possible	Actual	Attendee Name	Possible	Actual
Ahmed Aftab	5	0	Emma Mundey	1	0
Kevin Allen	5	5	Shiv Nand	5	4
Diana Barnes	5	5	Joanne Nejrup	2	0
Jeremy Baskett	5	4	Anthonia Nwafor	5	2
Tony Burndred	5	3	Brian Page	5	4
Nick Coultish	4	0	Rob Pickersgill	5	3
David Cuckson	5	5	Stephen Price	5	2
Mo Dobson	5	2	Ian Reekie	5	5
Tony Hudson	1	0	Alex Seale	4	0
Eddie McCabe	1	1	Cllr Stan Shreeve	1	0
Tim Mawson	5	2	Liz Stones	5	4

ANNUAL NON-EXECUTIVE DIRECTOR ATTENDANCE DETAILS

Attendee Name	Possible	Actual	Attendee Name	Possible	Actual
Sean Lyons	5	5	Gillian Ponder	5	3
Linda Jackson	5	5	Michael Proctor	2	2
Stuart Hall	5	1	Maneesh Singh	3	0
Sue Liburd	2	0	Kate Truscott	2	2
Fiona Osborne	5	4	Michael Whitworth	3	2
Simon Parkes	5	4			

CoG (01/23) Item 1.6

Northern Lincolnshire and Goole NHS Foundation Trust

COUNCIL OF GOVERNORS

ACTION LOG & TRACKER

2019-2022

(updated November 2022)

ACTION LOG & TRACKER

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors (CoG) Meeting

Minute Reference	Date of Meeting	Action Reference	Action Point	Lead Officer	Due Date	Progress	Status	Evidence	Evidence Stored
COG(22)25	13/10/2022	3.2	Deliver Health Inequalities update in 12 months time	Jug Johal	Oct-23				
COG(22)24	13/10/2022	3.2	Provide details of success measures for Tobacco and Alcohol Dependency Programmes	Jug Johal		Update provided on 17th October 2022 and emailed to Governors	**Completed**	Email	Yes
COG(22)23	13/10/2022	3.2	Remove Out of Hours GP signage at SGH	Jug Johal		Confirmation of signage removed on 14th October 2022	**Completed**	Email	Yes
COG(22)22	13/10/2022	3.1	Provide Governors with the Wellbeing Directory	Christine Brereton		Financial Wellbeing Directory emailed to Governors on 13th October 2022	**Completed**	Email	Yes
COG(22)11	13/04/2022	1.6	Membership Office to arrange briefing with Lee Bond on Cost Improvement Programme (CIP)	Membership Office / Helen Harris	Jan-23	Lee Bond invited to present within the 20th July CoG. Brian Shipley delivered the update. Brian Shipley to provide Summary of CIP following July CoG. Brain Shipley provided the CIP Summary and Membership Office emailed to Governors 28th November 2022	**Completed**	Agenda & Document	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(22)21	20/07/2022	4.1	Jeremy Baskett DOI requires updating - form sent to MO via post	Membership Office		Updated Governor Register of Interests and ROI system	Complete	Emails & DOI Form	Yes
COG(22)20	20/07/2022	2.3	Extend the term of office for Fiona Osborne as Associate NED until NED appointment commences	Helen Harris			Complete		Yes
COG(22)19	20/07/2022	2.3	Cancel Governor and NED Briefings in September and November - further briefing to be arranged as required	Membership Office	Jul-22	All Governors and NEDs emailed and diary invites cancelled	Complete	Emails	Yes
COG(22)18	20/07/2022	1.6	Membership Office to update the Action Log	Membership Office		Action Log updated	Complete	Action log	Yes
COG(22)17	20/07/2022	1.4	Membership Office to amend the 13th April minutes	Membership Office		Page 4 amended following correction from Kevin Allen	Complete	Minutes	Yes
COG(22)15	13/04/2022	3.1	Membership Office to rearrange the briefing on Integrated Care Systems (ICS) Development	Membership Office	Jul-22	Ivan McConnell to present at the 26th July Governor and NED Briefing	Complete	Agenda	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	Complete	Email	Yes
COG(22)01	18/01/2022	3.1	Membership Office to contact Rob Pickersgill regarding his question to Lee Bond	Membership Off	Sep-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. Request for CIP briefing within the 20th July CoG.	Complete	Email & Minutes	Yes
COG(22)16	13/04/2022	6	Membership Office to email public members regarding a link to the virtual meetings, which was the approach taken by the Trust	Membership Office	Jul-22	Zoe Hinsley emailed Charlie Grinhaff regarding this approach. Serena Mumby previously recommenced the media bulletin for the CoG meetings in line with that of the Trust Board. Internet site updated	Complete	Emails	Yes
COG(22)14	13/04/2022	2.3	Membership Office to investigate options regarding the emergency department walkaround at DPoW prior to it opening to the public	Membership Office	Jul-22	Original walkaround cancelled by Zoe Hinsley. Rearranged for 11th May 2022	Complete	Emails	Yes
COG(22)13	13/04/2022	2.2	Dr Peter Reading would address the signage issues regarding the termination of the park and ride service	Dr Peter Reading	Jul-22	Peter Reading confirmed this had been picked up with Sally Yates and Keith Fowler	Complete	Email	Yes
COG(22)12	13/04/2022	1.6	Membership Office to update the Action Log	Membership Office	Jul-22	Action log updated	Complete	Action log	Yes
COG(22)10	13/04/2022	1.4	Membership Office to amend the previous minutes	Membership Office	Jul-22	Minutes amended	Complete	Minutes	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 (presented by Ashy Shankar)	Complete	Agenda	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	Complete	Email	Yes
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	Complete	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	Complete	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	Complete	Email	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	Complete	Email	Yes
COG(22)03	18/01/2022	1.6	Membership Office to update the Action Log	Membership Office	Apr-22	Action log updated	Complete	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.	Complete	Minutes	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	Complete	Minutes	Yes
COG(21)21	19/10/2021		Adolfazl Abdi to investigate issues around the early morning discharge of patients	Adolfazl Abdi	Jan-22	Adolfazl Abdi investigated issues around the early morning discharge of patients and the outcome was emailed to Governors by the Membership Office.	Complete	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	Complete	Minutes	Yes
COG AMM(21)19	13/09/2021	6	Membership Office to use the feedback to improve proceedings at the next CoG AMM (AMM)	Membership Office	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 Office	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 Office	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 Office	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 Office	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 Briefi	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		

Agenda Number: CoG (01/23) Item: 2.1

Name of the Meeting	Council of Governors	
Date of the Meeting	11January 2023	
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	☐ Our People ☐ Quality and Safety ☐ Restoring Services ☐ Reducing Health Inequalities ✓ Collaborative and System Working	✓ Strategic Service Development and Improvement ☐ Finance ☐ Capital Investment ☐ 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.

***Board Assurance Framework (BAF) Descriptions:**

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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.
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Chair's Update

I would like again to draw Governor's attention to the ongoing operational challenges that the Trust is facing as Winter pressures increase.

As usual, our staff are responding in the compassionate and caring way that they always do, but inevitably the personal strains will show through at times, and I would encourage Governors to show staff their appreciation whenever possible.

Welcome to new Governors

As mentioned in the last report, a number of Governor vacancies were being advertised, and I am delighted to let you know of the following appointments:

Karen Green - Governor, North East Lincolnshire
Mike Bateson - Governor, North East Lincolnshire

We welcome all our new Governors and look forward to their contribution to the Trust.

Robert Copley had been appointed as a Staff Governor but had now resigned from his substantive post with the Trust so was unable to undertake the Governor role. Thanks were noted to Robert for the support provided whilst in the role.

Development of a Group Leadership Model

Joint Group Chief Executive Recruitment Process

I can confirm that the advert for the role of joint Group Chief Executive went live on 29 November 2022 with a closing date of 9 January 2023.

The selection and appointment process will be held over a two-day period: Monday, 23 and Tuesday, 24 January 2023. Day 1 will include a series of stakeholder engagement events, at which Governor representation has been included.

Group Models: Learning from Elsewhere

As outlined in the Case for Change, an option appraisal is being undertaken of the range of group models and associated corporate governance arrangements operating elsewhere in the NHS. The output from that work will be considered at a board development event at the end of February 2023. This will ensure that executive and non-executive directors are able to help inform and shape the options as to what the HUTH : NLaG group arrangements might look like.

I will ensure Governors are appraised of how these discussions move forward, but please be assured that the sovereignty of NLaG as a Foundation Trust and the Council of Governors role will not be affected.

CQC Report

Governors will be aware that the Trust received a very much improved CQC report, following their inspection earlier in the year.

The CQC have stated that the Trust has now met the requirements for exiting the SOF4 categorisation for Quality concerns. This is a huge move forward and everyone involved deserves to be commended for this progress.

For the Trust to be formally removed from the SOF4 level, the Trust will need to continue to maintain control of its finances.

A formal review meeting to assess the overall position will take place in March 2023.

Thank you to Christine Brereton

I am sure Governors will join me in thanking Christine Brereton, Director of People, for her service with the Trust. Christine joins the Newcastle University Teaching Hospitals Foundation Trust as Chief People Officer. We wish her well for the future.

Welcome to Simon Nearney

As Christine leaves us, the Trust Remuneration and Terms of Service Committee have agreed that Simon Nearney, Director of People at HUTH, will also act as Director of People at NLaG on an interim basis. We wish Simon well in this role.

Northern Lincolnshire and Goole NHS Foundation Trust

Agenda Number: CoG (01/23) Item: 2.2

Name of the Meeting	**Council of Governors**	
Date of the Meeting	11 January 2023	
Director Lead	Dr Peter Reading	
Contact Officer/Author	Dr Peter Reading	
Title of the Report	**Chief Executive's Update**	
Purpose of the Report and Executive Summary (to include recommendations)	To brief Governors on various items of interest.	
Background Information and/or Supporting Document(s) (if applicable)	Not applicable.	
Prior Approval Process	☐ TMB ☐ PRIMs	☐ Divisional SMT ✓ Other: Trust Board
Which Trust Priority does this link to	✓ Our People ✓ Quality and Safety ✓ Restoring Services ✓ Reducing Health Inequalities ✓ Collaborative and System Working	✓ Strategic Service Development and Improvement ✓ Finance ✓ Capital Investment ✓ 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. System Wide Operational Pressures

As Governors will be aware, the whole of the NHS is experiencing extraordinary pressure this winter at a level which, for those of us who have been around a long time, feels genuinely unprecedented. The combination of high levels of sickness in our communities leading to very high levels of emergency attendances and admissions, difficulties in the capacity of social care associated principally with their being able to recruit and retain staff in today's labour market, the urgent need to recover the huge pandemic legacy backlogs in electives, cancer care and diagnostics, and high levels of staff sickness (associated with high levels of sickness in the community but also reduced resilience amongst our staff due to the huge pressures placed on them over the last three years) have all been layered onto the structural issues in the NHS and social care, including capacity, pre-pandemic, which was already very stretched and a growing structural workforce deficit which has left 130,000 plus vacancies across the whole of the NHS. Against this background, the Trust's staff have worked tremendously hard to maintain services and to reduce the elective, cancer and diagnostic backlogs. We are also supporting our neighbours, particularity Hull and York and Scarborough, by providing Mutual Aid in the form of elective work on our sites to reduce their elective backlogs. The combination of all of this means that our staff are working under extraordinary pressure and the Trust performance in a number of areas falls far short of what anyone would want it to be, in particular with respect to ambulance handover times and the length of time patients stay in A&E. It should be noted, however, that the Trust's elective performance, while regrettably well below where it was as we entered the pandemic, remains among the best in the region.

I am sure that Governors will join me in expressing their huge gratitude to our staff and our leadership teams for their continued extraordinary efforts in such difficult circumstances, and also our sincere regrets to patients and their families whose experience of our care, particularly with regard to waiting times, falls well short of what they have a right to expect from the NHS.

Shaun Stacey, Chief Operating Officer, will present a more detailed operational report elsewhere on the agenda.

2. CQC Report

The Care Quality Commission (CQC), published its latest report on our Trust's hospitals (Community Services were not inspected on this occasion) on 2 December 2022. This item is covered fully elsewhere on the agenda.

3. Finance

In common with the rest of the acute hospital sector, the Trust is under substantial financial pressure, particularly associated with, in our case, the high costs of agency temporary staff. The Trust continues to work closely with NHS England to seek to meet the criteria for its exit from the 'financial special measures' element of the Recovery Support Programme (RSP) within the Strategic Oversight Framework Level 4.

4. NLaG's Investment Plans for its Digital and Estates Infrastructure in 2023.

The embedded staff briefing ('Building Our Future: find out what's in store for us next year', published in 29 December 2022) summarises our plans for investing in the digital and estates infrastructure in 2023, as we continue to roll out our £100m+ investment.

Agenda Number: CoG (01/23) Item 2.3

Name of the Meeting	**Council of Governors**
Date of the Meeting	11 January 2023
Director Lead	
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 business meeting in which the Lead Governor has been involved, including highlights from Governor Assurance Group meeting held on 10 November 2022. (Note – The Appointments & Remuneration Committee has not met since the last CoG meeting) The Council of Governors is recommended to: • Note the content of the Lead Governor's Update report including highlights from the Governor Assurance Group meeting. • Note that the Council of Governors has virtually approved the appointment of Azets as the Trust's External Auditors for a period of three years with the option to extend for a further year commencing with the financial year 2022/23.
Background Information and/or Supporting Document(s) (if applicable)	None
Prior Approval Process	☐ TMB ☐ PRIMs ☐ Divisional SMT ☐ Other: Click here to enter text.
Which Trust Priority does this link to	☐ Our People ☐ Quality and Safety ☐ Restoring Services ☐ Reducing Health Inequalities ☐ Collaborative and System Working ☐ Strategic Service Development and Improvement ☐ Finance ☐ Capital Investment ☐ 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)	None

Implications for equality, diversity and inclusion, including health inequalities (if applicable)	None	
Recommended action(s) required	☐ Approval ☐ Discussion ☐ Assurance	✓ Information ☐ Review ☐ Other: Click here to enter text.

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COUNCIL OF GOVERNORS

11 January 2023

Lead Governor's Update

GOVERNOR APPOINTMENTS

I am sure that all CoG members will wish to join me in welcoming to their first business meeting our two new colleagues Mike Bateson and Karen Green who were elected as governors in November. Their enthusiasm to get stuck in has already been demonstrated by Karen agreeing to join the Appointments & Remuneration Committee and by Mike joining the Governor Assurance Group. Unfortunately newly elected staff governor Robert Copley has subsequently resigned due to a change in his employment status. This means that we are still one staff governor and three public governors short of a full complement with two vacancies existing for North Lincolnshire and one for East/West Lindsey. Over the coming year we must do more to attract greater interest from our foundation trust members in putting themselves forward to stand in governor elections.

GOVERNOR BRIEFINGS/VISITS

Since the last CoG meeting there have been three governor briefings plus a site visit covering the following subjects:

- Group Leadership Model briefing – Thursday 20 October
- Goole and District Hospital site visit – Monday 31 October
- CQC Report pre-publication briefing – Thursday 1 December
- Interim Clinical Plan/Humber Acute Services briefing – Wednesday 14 December

The next planned briefing covering Critical Infrastructure and Capital Funding Options will be held on Tuesday 21 February. Suggestions from governors on topics for future briefings would be welcomed. As all briefings are now held virtually they will in future be recorded as a matter of course and will be available to view via Teams after the event by any governor or NED who is unable to participate live.

GOVERNOR ASSURANCE GROUP (GAG) HIGHLIGHTS

A meeting of the GAG was held on Thursday 10 November at which governors considered the content of board sub-committee highlight reports presented by NED chairs. Topics focused on included:

- the impact of diagnostic delays on cancer performance
- the compatibility of Pathlincs IT with HUTH systems
- the outcomes for lung cancer patients when referred direct to a tertiary centre rather than via NLaG
- the integration of the skin cancer service with the dermatology interim clinical plan service
- the likely impact of flexible working arrangements in attracting new recruits
- the interim Director of People cover arrangements

- the priorities and funding arrangements for community diagnostic centres
- the potential options to be included in the delayed Humber Acute Services consultation now scheduled for June 2023
- the potential need to introduce short notice changes to maternity provision due to service pressures throughout the winter
- the quality of counter fraud awareness and investigation
- the process for converting the longlist of potential quality priorities into an agreed set of priorities with key performance indicators

APPOINTMENT OF EXTERNAL AUDITORS

Governors will recall that following a tender evaluation exercise which was undertaken by a panel including Rob Pickersgill and David Cuckson, CoG members were asked to virtually approve the appointment of Azets as the Trust's External Auditors for a period of three years with the option to extend for a further year commencing with the financial year 2022/23. For the purpose of generating a formal minute of this decision CoG is now asked to note that approval of the appointment was forthcoming. However, since the decision was taken circumstances have arisen which place the award of the external audit contract in doubt at least for the full term envisaged. If necessary, a confidential verbal update will be provided for governors at the CoG meeting.

Ian Reekie
Lead Governor

Agenda Number: CoG (01/23) Item 2.4

Name of the Meeting	**Council of Governors**
Date of the Meeting	Wednesday 11 January 2023
Director Lead	
Contact Officer/Author	Ian Reekie, Lead Governor
Title of the Report	**Public Member Engagement**
Purpose of the Report and Executive Summary (to include recommendations)	The purpose of this report is to update governors on work undertaken by the Member Engagement Working Group since it was established at the Annual Review Meeting on 13 October 2022. The Council of Governors is recommended to: • Approve Terms of Reference for the Member Engagement Working Group • Approve the proposed methodology for conducting a survey of the views of public members • To note the intention to draft a revised public member communication and engagement strategy for CoG consideration taking account of public member feedback.
Background Information and/or Supporting Document(s) (if applicable)	None
Prior Approval Process	☐ TMB ☐ PRIMs ☐ Divisional SMT ☐ Other: Click here to enter text.
Which Trust Priority does this link to	☐ Our People ☐ Quality and Safety ☐ Restoring Services ☐ Reducing Health Inequalities ☐ Collaborative and System Working ☐ Strategic Service Development and Improvement ☐ Finance ☐ Capital Investment ☐ 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)	None
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	None

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

PUBLIC MEMBER ENGAGEMENT

Member Engagement Working Group

At the CoG Annual Review Meeting on 13 October 2022 there was general agreement that we urgently need to raise our game in fulfilling one of governors' statutory responsibilities 'to represent the interests of FT members' by revitalising our communication and engagement. It was therefore decided to establish a Member Engagement Working Group which has since met on two occasions.

In the absence of a specific brief from the Annual Review Meeting the Working Group has compiled the draft Terms of Reference (ToR) attached as Appendix 1 which CoG is recommended to approve. Although the draft ToR are widely drawn, CoG is asked to note that the Working Group has decided to place two initial limitations on its considerations, namely:

- To initially concentrate on member rather than broader public engagement – Although it is reasonable to expect governors to influence and support NLaG's approach, public engagement strategy is primarily a Trust Board not a CoG responsibility.
- To focus on public member engagement – In the absence of any staff governors among its members the Working Group felt that it was ill equipped to consider whether engagement with staff who are FT members should differ in any way from the Trust's general approach to staff engagement.

Public Governor Profile

Currently the Trust has 6,377 public members who must live within one of the four constituencies and be aged 16 or above. All staff are also offered the opportunity to be enrolled as members when commencing employment with the Trust.

The tables below provide a detailed breakdown of the public membership as at 7 December 2022.

Total Membership	
Public members	6,377
Staff members	5,248
Total members	**11,625**

Age Group – Public Members	**Number**	**Percentage**
Under 21	644	10.1%
22 +	5,503	86.3%
DoB not stated	230	3.6%
Total	**6,377**	**100%**

Location - Public Members	**Male**	**Female**	**Not stated**	**Total**
Goole and Howdenshire	201	322	0	523
North East Lincolnshire	796	1,962	0	2,758
North Lincolnshire	828	1,598	0	2,426
East and West Lindsey	203	467	0	670
Total	**2,028**	**4,349**	**0**	**6,377**

Ethnicity – Public Members	Number	Percentage
White	5943	93.2%
Mixed	18	0.3%
Asian or Asian British	115	1.8%
Black or Black British	39	0.6%
Other	12	0.2%
Not stated	251	3.9%

Email Addresses – Public Members	Email Addresses Available	% Members Contactable by Email	No Email Addresses Available	Total
East & West Lindsey	323	48.2%	347	670
Goole and Howdenshire	238	45.5%	285	523
North East Lincolnshire	1,608	58.3%	1,150	2,758
North Lincolnshire	1,210	49.9%	1,216	2,426
Total	**3,379**	**53.0%**	**2,998**	**6,377**

Member Engagement Background

The Trust has an existing four year Membership and Public Engagement Strategy which is due for review in 2023. In terms of engaging and communicating with members the strategy states that this should be done through a combination of Trust and Governor managed formal and informal communications, including:

- Promoting the work of the Trust and its governors on the Trust's website with a designated section for Members
- On-line membership recruitment form
- Council of Governors webpages including:
    - Governor Role information, meet the Governors section with photos and biographies
    - Details about Governor meetings and forums
    - Governor election page with details of the latest elections, how to stand as a Governor, the elections timetable, details of prospective Governor Roadshows, and results from recent elections
- Trust Members' Portal which provides detailed information about all the above and specifically Trust membership, the Council of Governors, elections, benefits of membership (including NHS discounts) and a page for the latest information
- Relevant information for new members about the Trust, the benefits of membership and the role of members via an e-welcome pack or postal pack
- Face to Face contact through quarterly Governor and Members Forums held at each of the three hospital sites including Goole Governor drop-in sessions
- Inviting members to engage in patient experience programmes, consultations and surveys to gain their views
- E-magazine produced bi-monthly (Joint Staff and Members' newsletter e-mailed to all members with e-mail address and available in hard copy across the Trust)
- E-mails on upcoming Governor and Member Forum invites, links to local Healthwatch organisations and any current key information
- Information to encourage members to stand in governor elections

- Twitter and Facebook posts
- Media releases
- Promotional posters across the Trust sites

The strategy states that the Council of Governors will:

- Maintain and develop a programme of events
- Review and develop membership materials and ensure the language is clear
- Develop strategies to inform the wider public and stakeholders about the Trust
- Evaluate the membership's response to different levels of information and methods of delivery
- Use various communication methods to facilitate effective communication with Members
- Regularly review the communication methods utilised to engage with members to ensure the needs of members are met.

For various reasons, primarily Covid restrictions, much of this planned work has not been delivered over the last three years. Initiatives currently in place are:

- A dedicated members page on the recently revamped Trust website https://www.nlg.nhs.uk/patients/get-involved/membership/ which had 362 page views between October 2021 and October 2022 and a Meet our Governors page https://www.nlg.nhs.uk/about/how-we-are-run/governors/ which had 504 views in the same period
- Two editions of a new e-newsletter were sent in September and November 2022 to the 53% of public members whose email addresses are known to the Trust. Initial data analysis suggests that these e-newsletters were opened by between 40-50% of members who received them.
- Information on posters in some areas of the hospital estates
- Promotion of governors on an ad-hoc basis through the Trust's social media accounts.

Member Survey

The Working Group decided that as a prerequisite to CoG taking any decisions regarding its future approach to member engagement the views of public members must first be sought. The questionnaire attached as Appendix 2 has therefore been drafted for CoG approval. It seeks to discover the preferences of public members in respect of:

- How they wish to be engaged (print/online/in person)
- How frequently they wish to be contacted (monthly/quarterly/less often)
- What they wish to be engaged about (topical issues/specific services/clinical pathways)

Whilst conducting a survey it is felt that the opportunity should be taken to seek to:

- Update contact details (particularly missing email addresses)
- Find out what aspects of the Trust's work members are particularly interested in
- Identify any members who might wish to get more involved in the work of the Trust through participating in patient groups or by volunteering

The Way Forward

If CoG is happy with the approach adopted by the Member Engagement Working Group it is intended to:

- Proceed with the proposed survey of public members and analyse the results
- Draft a revised public member communication and engagement strategy for CoG consideration taking account of the feedback received from members
- Develop detailed proposals for future public member communication channels
- Develop a detailed programme of future public member engagement opportunities
- Review the public member recruitment process.

Northern Lincolnshire and Goole NHS Foundation Trust

Directorate of Corporate Governance

MEMBER ENGAGEMENT WORKING GROUP

Membership and Terms of Reference

1.0 Authority

1.1 The Council of Governors' Member Engagement Working Group is constituted as a group of the Council of Governors under the Trust Constitution. The purpose of the working group is to assist the Council of Governors to refresh, develop and then implement the Trust's Member Engagement and Communications Strategy and to facilitate communication and engagement between the Trust's members, the public and the Council of Governors.

1.2 Its terms of reference shall be as set out below and shall not be amended, revoked or replaced except by a resolution passed at a general meeting of the Council of Governors.

1.3 The Group is constituted for a time-limited period to be determined by the Council of Governors.

2.0 Role

2.1 Membership Communication and Engagement

2.1.1 Develop communication approaches to support implementation of the Membership Strategy that are of use to all members as well as the wider public (regardless of age or language).

2.1.2 Consider the requirements of Governors in communicating with:

- Their constituents
- Between themselves

2.1.3 Develop quality monitoring systems for Foundation Trust membership and communications and provide assurance to the Governor Assurance Group that the Foundation Trust membership is being appropriately communicated with.

2.1.4 Review membership recruitment material and the welcome and introduction pack for members.

2.1.5 Review communication methods for members. These will include:

- Newsletter
- Communication channels of partners, including Healthwatch
- E-mail and e-communications (including with staff)
- Communication via the intranet (staff) and website

2.1.6 Oversee content/production of Member e-Newsletter.

2.1.7 Work closely with the Communications & Engagement Team to maximise opportunities for positive public relations using the media and other forums to promote Trust membership and engagement.

2.1.8 Review the Membership Strategy engagement work plan.

2.1.9 Develop representation and engagement opportunities and events, working alongside the Patient Experience Team, Volunteering Team and partners in the ICB and at Place.

2.1.10 Feed into the planning and promotion of the Annual General Meeting and Annual Members' Meeting.

2.2 The Council of Governors shall not delegate any of its powers to the Group and the Group shall not exercise any of the powers of the Council of Governors.

3.0 Membership of the Working Group

3.1 The Group shall comprise a minimum of four elected governors and a non-executive director.

3.2 The following Trust staff shall be members of the Group:

a) The Director of Corporate Governance

b) The Associate Director of Communications and Engagement or suitable deputy

c) The Communications Manager

d) In addition, the Group may invite other people to attend including those from an external organisation

4.0 Quorum

4.1 A quorum shall comprise:

a) Three governors

b) Two Trust staff – one of either Director of Corporate Governance or Associate Director of Communications and Communications Manager

5.0 Frequency of Meetings

5.1 The Group shall meet when considered necessary to fulfil its brief and shall report to the Council of Governors after each meeting.

6.0 Attendance Requirements

6.1 Members are expected to attend a minimum of 50% of meetings.

7.0 Planning and Administration of Meetings

7.1 The Group shall elect from its membership, a governor to serve as chair to serve a term agreed by the Group. The chair will be eligible for re-election after the term has expired.

7.2 The Group shall elect from its membership, a governor to serve as a deputy chair who will be appointed at the same time as the chair.

7.3 The Communications Team will support the planning of the sub-committee.

7.4 A member of the Communications Team will act as secretary to the sub-committee.

7.5 The Membership, Engagement and Communications and Recruitment Plans will be agreed by the Group and ratified by the Council of Governors.

8.0 Review

8.1 The terms of reference of the working group shall be reviewed by the Council of Governors annually.

9.0 Equality Act (2010)

9.1 Northern Lincolnshire and Goole NHS Foundation Trust is committed to promoting a pro-active and inclusive approach to equality which supports and encourages an inclusive culture which values diversity.

9.2 The Trust is committed to building a workforce which is valued and whose diversity reflects the community it serves, allowing the Trust to deliver the best possible healthcare service to the community. In doing so, the Trust will enable all staff to achieve their full potential in an environment characterised by dignity and mutual respect.

9.3 The Trust aims to design and provide services, implement policies and make decisions that meet the diverse needs of our patients and their carers the general population we serve and our workforce, ensuring that none are placed at a disadvantage.

9.4 We therefore strive to ensure that in both employment and service provision no individual is discriminated against or treated less favourably by reason of age, disability, gender, pregnancy or maternity, marital status or civil partnership, race, religion or belief, sexual orientation or transgender (Equality Act 2010).

10.0 Freedom to Speak Up

Where a member of staff has a safety or other concern about any arrangements or practices undertaken in accordance with these terms of reference, please speak in the first instance to your line manager. Guidance on raising concerns is also available by referring to the Trust's Freedom to Speak Up Policy and Procedure (DCP126). Staff can raise concerns verbally, by letter, email or by completing an incident form. Staff can also contact the Trust's Freedom to Speak Up Guardian in confidence by email to nlg-tr.ftsuguardian@nhs.net or telephone 07892764607. More details about how to raise concerns with the Trust's Freedom to Speak Up Guardian can be found on the Trust's intranet site.

The electronic master copy of this document is held by Document Control,

Directorate of Corporate Governance, NL&G NHS Foundation Trust.

APPENDIX 2

Northern Lincolnshire and Goole NHS Foundation Trust

Member Communication and Engagement

Dear Fellow Foundation Trust Member

One of our principal responsibilities as NLaG governors is to represent the interests of you as a foundation trust member. To do this effectively we need to hear and understand your views and concerns. We know that we have not been very good at doing this and we are determined to improve our performance.

Over the past three years our engagement with you has been negligible. Publication of our Trust magazine which you used to receive ceased with the arrival of Covid. Also prior to the pandemic we used to invite members to attend talks by clinicians and to arrange drop-in sessions at our three hospitals to promote dialogue between members and governors. Some of these were well attended, others less so.

During Covid we haven't even been able to muster enough nominations to enable you to engage with the Trust by casting your vote in contested governor elections. So we recognise that there is an urgent need to revitalise our approach to communicating with you to ensure that your much valued interest in the work of NLaG is maintained.

To do this we need your help. We need to know:

- How you wish to be engaged (print/online/in person)
- How frequently you wish to be contacted (monthly/quarterly/less often)
- What you wish to be engaged about (topical issues/specific services/clinical pathways)

It would therefore greatly assist us if you could spare a few minutes to complete a short member survey. It would be easier for us and probably easier for you to do this online by clicking on this Microsoft Forms link. Alternatively, if you are unable to or prefer not to go online please complete a hard copy of the attached survey and pop it in the post using our FREEPOST address:

FREEPOST - RRYL-SZKA-SYAU, Scunthorpe General Hospital, Cliff Gardens
Scunthorpe, DN15 7BH

We would also like to take this opportunity to ensure that we have your up-to-date contact details so please could you complete this section of the survey as well.

Thank you in anticipation for your ongoing support.

Yours sincerely

IAN REEKIE — Lead Governor

ROB PICKERSGILL — Deputy Lead Governor

NHS
Northern Lincolnshire and Goole
NHS Foundation Trust

Member Survey 2023

Communication/engagement

Help us to revitalise our approach to communicating with you

Kindness · Courage · Respect

Member Communications and Engagement

1. How would you like the Trust to communicate/engage with you? (please select all that apply)

- [ ] Printed updates sent through the post
- [ ] Email updates
- [ ] Briefing sessions by governors at local community venues
- [ ] Online briefing sessions by governors
- [ ] In person briefings by clinicians/managers
- [ ] Online briefings by clinicians/managers
- [ ] Joint events with other health/social care organisations
- [ ] Other

2. How often would you like to be contacted by the Trust?

- ◯ Monthly
- ◯ Quarterly
- ◯ Six monthly
- ◯ Less often

3. What do you want the Trust to communicate with you about? (please select all that apply)

- [ ] Trust priorities/service issues and news
- [ ] Broader out of hospital health related issues
- [ ] Services/developments in my local hospital
- [ ] Specific health conditions
- [ ] Other

Your contact details

4. Full name

5. Postal address

6. Email address

7. Telephone number

8. Are you currently a patient or a carer for a patient at NLaG?

- ◯ Yes
- ◯ No

9. Which topics are you most interested in? (please select all that apply)

- [ ] Clinical services
- [ ] Trust performance generally
- [ ] Quality and safety of services
- [ ] Trust finances
- [ ] New buildings/equipment
- [ ] My local hospital
- [ ] Staff/patient stories
- [ ] Other

10. Would you be interested in becoming a volunteer in one of our hospitals?

- ◯ Yes
- ◯ No

11. Would you be interested in helping us shape our services for the future?

- ◯ Yes
- ◯ No

12. If so, would you like us to send you details of such opportunities when they arise?

- ◯ Yes
- ◯ No

Please return the following FREEPOST address:

FREEPOST - RRYL-SZKA-SYAU
Scunthorpe General Hospital
Cliff Gardens
Scunthorpe
DN15 7BH

Northern Lincolnshire and Goole NHS Foundation Trust

Agenda Number: CoG (01/23) Item: 3.1

Name of the Meeting	**Council of Governors**	
Date of the Meeting	11 January 2023	
Director Lead	Peter Reading (Chief Executive Officer) and Kate Wood (Chief Medical Officer)	
Contact Officer/Author	Jennifer Granger (Interim Associate Director of Quality Governance and Head of Compliance & Assurance)	
Title of the Report	**CQC report**	
Purpose of the Report and Executive Summary (to include recommendations)	Attached presentation detailing findings of recently published CQC inspection report for NLaG including actions and next steps for the trust	
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	✓ Our People ✓ Quality and Safety ☐ Restoring Services ☐ Reducing Health Inequalities ✓ Collaborative and System Working	☐ Strategic Service Development and Improvement ✓ Finance ☐ Capital Investment ☐ 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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Northern Lincolnshire and Goole NHS Foundation Trust

Care Quality Commission

CQC Inspection Report 2022

Northern Lincolnshire & Goole NHS Foundation Trust

Kindness · Courage · Respect

Overall Trust Ratings- 2019

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Inadequate ↓ Feb 2020	Requires improvement →← Feb 2020	Good →← Feb 2020	Requires improvement →← Feb 2020	Requires improvement ↑ Feb 2020	Requires improvement →← Feb 2020

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diana Princess of Wales Hospital	Inadequate ↓ Feb 2020	Requires improvement →← Feb 2020	Good →← Feb 2020	Requires improvement →← Feb 2020	Requires improvement →← Feb 2020	Requires improvement →← Feb 2020
Scunthorpe General Hospital	Inadequate ↓ Feb 2020	Requires improvement →← Feb 2020	Good →← Feb 2020	Requires improvement →← Feb 2020	Requires improvement →← Feb 2020	Requires improvement →← Feb 2020
Goole and District Hospital	Inadequate ↓ Feb 2020	Good ↑ Feb 2020	Good →← Feb 2020	Inadequate ↓ Feb 2020	Requires improvement →← Feb 2020	Requires improvement →← Feb 2020
Overall trust	Inadequate ↓ Feb 2020	Requires improvement →← Feb 2020	Good →← Feb 2020	Requires improvement →← Feb 2020	Requires improvement ↑ Feb 2020	Requires improvement →← Feb 2020

Overall Trust Ratings- 2022

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires Improvement ↑ Nov 2022	Requires Improvement →← Nov 2022	Good →← Nov 2022	Requires Improvement →← Nov 2022	Requires Improvement →← Nov 2022	Requires Improvement →← Nov 2022

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diana Princess of Wales Hospital	Requires Improvement ↑ Nov 2022	Requires Improvement →← Nov 2022	Good →← Nov 2022	Requires Improvement →← Nov 2022	Requires Improvement →← Nov 2022	Requires Improvement →← Nov 2022
Goole & District Hospital	Good ↑↑ Nov 2022	Good →← Nov 2022	Good →← Nov 2022	Good ↑↑ Nov 2022	Requires Improvement →← Nov 2022	Good ↑ Nov 2022
Scunthorpe General Hospital	Requires Improvement ↑ Nov 2022	Requires Improvement →← Nov 2022	Good →← Nov 2022	Requires Improvement →← Nov 2022	Requires Improvement →← Nov 2022	Requires Improvement →← Nov 2022
Overall trust	Requires Improvement ↑ Nov 2022	Requires Improvement →← Nov 2022	Good →← Nov 2022	Requires Improvement →← Nov 2022	Requires Improvement →← Nov 2022	Requires Improvement →← Nov 2022

RSP

We have now achieved the standards required to move out of ‘quality special measures’ (now called the Recovery Support Programme) and that process, which has a number of formal stages, has already commenced on the back of this report

Ratings - GDH

2019 ratings

Ratings for Goole and District Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good ↑ Feb 2020	Good ↑ Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020
Surgery	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020
Maternity	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Requires improvement ↓ Feb 2020	Good →← 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	Good ↑ Feb 2020	Good →← Feb 2020	Inadequate ↓ Feb 2020	Requires improvement →← Feb 2020	Requires improvement →← Feb 2020

2022 ratings

Rating for Goole & District Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020
Minor injuries unit	Good Jul 2014	Good Apr 2016	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Apr 2016
Surgery	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020
Diagnostic imaging	Good ↑↑ Nov 2022	Not rated	Good →← Nov 2022	Good ↑↑ Nov 2022	Requires Improvement →← Nov 2022	Good ↑↑ Nov 2022
Maternity	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Requires improvement Feb 2020	Good Feb 2020
Outpatients	Good ↑↑ Nov 2022	Not rated	Good →← Nov 2022	Requires Improvement ↑ Nov 2022	Good ↑ Nov 2022	Good ↑↑ Nov 2022
Overall	Good ↑↑ Nov 2022	Good →← Nov 2022	Good →← Nov 2022	Good ↑↑ Nov 2022	Requires Improvement →← Nov 2022	Good ↑ Nov 2022

Ratings - DPOW

2019 ratings

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

2022 ratings

Rating for Diana Princess of Wales Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires Improvement →← Nov 2022	Good →← Nov 2022	Good →← Nov 2022	Requires Improvement →← Nov 2022	Requires Improvement →← Nov 2022	Requires Improvement →← Nov 2022
Services for children & young people	Requires Improvement Feb 2020	Good Feb 2020	Good Feb 2020	Good 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
End of life care	Requires Improvement →← Nov 2022	Inadequate →← Nov 2022	Good ↑ Nov 2022	Inadequate ↓ Nov 2022	Requires Improvement ↑ Nov 2022	Inadequate →← Nov 2022
Surgery	Requires Improvement →← Nov 2022	Requires Improvement →← Nov 2022	Good →← Nov 2022	Good ↑ Nov 2022	Requires Improvement →← Nov 2022	Requires Improvement →← Nov 2022
Urgent and emergency services	Requires Improvement ↑ Nov 2022	Requires Improvement →← Nov 2022	Good →← Nov 2022	Requires Improvement →← Nov 2022	Requires Improvement →← Nov 2022	Requires Improvement →← Nov 2022
Diagnostic imaging	Requires Improvement ↑ Nov 2022	Not rated	Good →← Nov 2022	Good ↑↑ Nov 2022	Requires Improvement →← Nov 2022	Requires Improvement ↑ Nov 2022
Maternity	Requires Improvement →← Nov 2022	Good →← Nov 2022	Good →← Nov 2022	Good ↑ Nov 2022	Requires Improvement →← Nov 2022	Requires Improvement →← Nov 2022
Outpatients	Good ↑↑ Nov 2022	Not rated	Good →← Nov 2022	Requires Improvement ↑ Nov 2022	Good ↑ Nov 2022	Good ↑↑ Nov 2022
Overall	Requires Improvement ↑ Nov 2022	Requires Improvement →← Nov 2022	Good →← Nov 2022	Requires Improvement →← Nov 2022	Requires Improvement →← Nov 2022	Requires Improvement →← Nov 2022

Ratings - SGH

2019 ratings

Ratings for Scunthorpe General 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	Good ↑ Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good ↑ 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	Good →← 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

2022 ratings

Rating for Scunthorpe General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires Improvement →← Nov 2022	Good →← Nov 2022	Good →← Nov 2022	Good ↑ Nov 2022	Requires Improvement →← Nov 2022	Requires Improvement →← Nov 2022
Services for children & young people	Requires Improvement Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Requires Improvement Feb 2020	Requires Improvement Feb 2020
Critical care	Requires Improvement Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020
End of life care	Requires Improvement →← Nov 2022	Inadequate →← Nov 2022	Good →← Nov 2022	Inadequate ↓ Nov 2022	Requires Improvement ↑ Nov 2022	Inadequate →← Nov 2022
Surgery	Requires Improvement →← Nov 2022	Requires Improvement →← Nov 2022	Good →← Nov 2022	Good ↑ Nov 2022	Requires Improvement →← Nov 2022	Requires Improvement →← Nov 2022
Urgent and emergency services	Requires Improvement ↑ Nov 2022	Requires Improvement →← Nov 2022	Good →← Nov 2022	Requires Improvement →← Nov 2022	Requires Improvement →← Nov 2022	Requires Improvement →← Nov 2022
Diagnostic imaging	Good ↑↑ Nov 2022	Not rated	Good →← Nov 2022	Good ↑↑ Nov 2022	Requires Improvement →← Nov 2022	Good ↑↑ Nov 2022
Maternity	Requires Improvement →← Nov 2022	Good →← Nov 2022	Good →← Nov 2022	Good ↑ Nov 2022	Requires Improvement →← Nov 2022	Requires Improvement →← Nov 2022
Outpatients	Good ↑↑ Nov 2022	Not rated	Good →← Nov 2022	Requires Improvement ↑ Nov 2022	Good ↑ Nov 2022	Good ↑↑ Nov 2022
Overall	Requires Improvement ↑ Nov 2022	Requires Improvement →← Nov 2022	Good →← Nov 2022	Requires Improvement →← Nov 2022	Requires Improvement →← Nov 2022	Requires Improvement →← Nov 2022

Ratings - Community

Although Community services weren't inspected on this occasion – their previous ratings are including in the report

Rating for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community dental services	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020
Community health services for children and young people	Good Apr 2017	Good Apr 2016	Good Apr 2016	Good Apr 2016	Good Apr 2016	Good Apr 2017
Community health services for adults	Good Feb 2020	Good Feb 2020	Good Feb 2020	Requires improvement Feb 2020	Good Feb 2020	Good Feb 2020
Community end of life care	Requires improvement Feb 2020	Requires improvement Feb 2020	Good Feb 2020	Requires improvement Feb 2020	Requires improvement Feb 2020	Requires improvement Feb 2020
Overall	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated

Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Highlights

- GDH is rated ‘Good’ overall
- Trust overall no longer rated ‘Inadequate’ for Safe; now ‘Requires Improvement’
- Maternity & Surgery moved up to ‘Good’ for responsive
- Outpatients moved up from ‘Inadequate’ to ‘Good’ overall and up to ‘Good’ for well-led
- Diagnostic imaging was highlighted for ‘outstanding practice’ & moved from ‘Inadequate’ to ‘Good’ overall for GDH & SGH

Highlights, cont.

- There were no concerns around fundamentals of care and no requirement notices were issued
- Inspectors said they saw good examples of patients receiving compassionate care, with staff ensuring patients privacy and dignity was maintained
- The report noted most people were happy with the care provided and it was evident staff worked hard to achieve the best possible outcomes for people throughout the services they inspected
- The report recognises improvements in leadership, culture, safety, complaints and the elective backlog
- Commitment to learning and quality improvement was highlighted
- Improvements to data management was recognised as was strengthening of operational financial management and governance arrangements

Lowlights

- Pace of improvement- need to improve more quickly in some areas
- End of life care – whilst moved up a rating to 'Good' for caring and up to 'Requires Improvement' for well-led, there was a drop to 'Inadequate' for responsive and End of Life remains 'Inadequate' overall
- Repeated themes from previous inspections remain- including long waits for patients, insufficient staffing levels and mandatory training & appraisals compliance

Actions

- 87 actions identified (145 at the last inspection: drop of 40%)

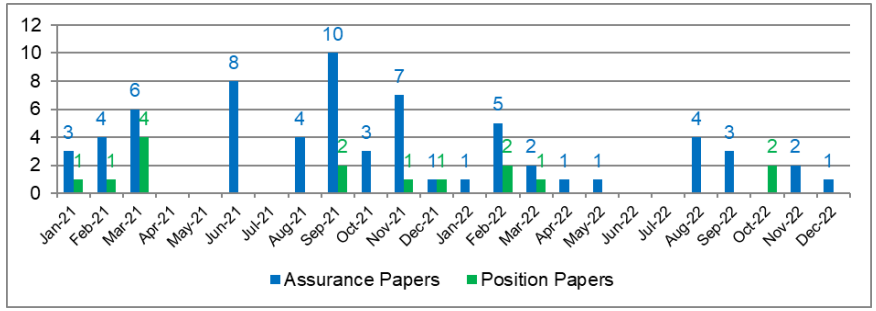
- 14: Documentation
- 11: Facilities and environment
- 9: Staffing and appraisal rates
- 9: Staffing numbers including skill mix and qualifications
- 8: Medication management
- 7: Governance
- 6: Culture including visibility of leaders
- 5: Performance
- 3: IPC
- 3: Establishment of processes
- 12: Miscellaneous

Update of previous actions

- 85% of 145 actions on previous report are currently rated as blue or green
- There are no red rated actions
- Monitored at divisional level with oversight at each sub-committee plus TMB
- Exercise to compare old & new actions being undertaken (see next steps slide)

Month Report	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number of CQC Actions	145	145	145	145	145	145	145	145	145	145	145	145
Blue	39.3% (57)	42.1% (61)	42.8% (62)	43.5% (63)	44.8% (65)	44.8% (65)	44.8% (65)	45.5% (66)	49.0% (71)	49.0% (71)	49.0% (71)	50.3% (73)
Green	37.2% (54)	38.6% (56)	37.9% (55)	37.2% (54)	37.2% (54)	38.6% (56)	40.0% (58)	39.3% (57)	35.9% (52)	35.9% (52)	35.8% (52)	34.5% (50)
Amber	17.9% (26)	14.5% (21)	14.5% (21)	14.5% (21)	13.8% (20)	13.8% (20)	12.4% (18)	12.4% (18)	12.4% (18)	12.4% (18)	12.4% (18)	12.4% (18)
Red	2.8% (4)	2.0% (3)	2.0% (3)	2.0% (3)	1.4% (2)	0%	0%	0%	0%	0%	0%	0%
On hold / retired	2.8% (4)	2.8% (4)	2.8% (4)	2.8% (4)	2.8% (4)	2.8% (4)	2.8% (4)	2.8% (4)	2.8% (4)	2.8% (4)	2.8% (4)	2.8% (4)

	Total number of actions	Red	Amber	Green	Blue	Retired / on hold
Workforce Committee	25	0	5	11	9	0
Finance & Performance Committee	27	0	7	3	15	2
Quality & Safety Committee	93	0	6	36	49	2



System support- EoL

Action	Required for achievement
The trust must ensure that the systems in place to support the management of governance, risk and performance are sustained and fully embedded so that they are positive outcomes for patients. (Regulation 17)	Involvement of external providers and internal support groups to EoL meetings. Review ToR to EoL meetings to ensure correct representations
The service must ensure clinical care and treatment are delivered in accordance with national guidance and best practice. (Regulation 17).	QI approach with multiple stakeholders to understand and benchmark best practice
The service must ensure that robust systems are in place to monitor the effectiveness of care and treatment delivered to achieve good outcomes for patients. (Regulation 17).	QI approach to understanding data and engagement with multiple stakeholders to understand and benchmark best practice
The service must ensure that there are sufficient staff with the right qualifications, skills and training to keep people safe from harm. (Regulation 12).	Recruitment to 7 day working for relevant nursing staff. Ensure correct staff groups are identified for training. Supporting staff for release for training
The service must ensure there is a formalised referral processes to the EoL teams with effective cross site cover. (Regulation 12).	Review of specialist palliative and EOLC services across NLAG and CPG to determine how the operational model can be transformed to respond to a formalised referral process then implement

Next steps

- **Initial response**

The CQC require an initial response to the report 4 weeks following publication: a detailed response to the 'MUST DO' actions (listing how the action will be achieved, how will improvements be sustainable, what measures will be in place to ensure sustainability, what resources may be required, are these resources available and how will patients be affected by not meeting the action). Reviewed by TMB & NED chairs, sent to CQC on 22nd December

- **Compare action plans**

An exercise is being undertaken to compare existing open actions from the 2019 report to the actions within the new report with a plan made on how to deal with existing actions being mindful to ensure actions remain embedded with appropriate monitoring mechanisms in place and amalgamation of any existing actions that feature in the new report. Paper being drafted

Next steps

- **Regular monitoring**

Regular progress meetings being scheduled with all action leads to commence work looking at the detail of each action, developing sub-actions, planning measurable KPIs and collating supporting evidence on the journey to completion

- **Governance oversight**

Actions are ‘owned’ by the divisions (and some corporate directorates) for engagement and leadership plus each action is aligned to a sub-committee. Regular progress meetings and support from compliance team. Monthly progress report to all sub-committees, TMB, QB and shared with CQC. Actions can improve or deteriorate- transparency. When completed, ratified at divisional governance, then executive review (further amendments back to divisional governance) then shared with CQC- continuous data stream including position papers when not completed yet but ‘a story of progress to tell’. Quarterly review of all closed actions for sustainability- re-opened if necessary

Any questions?

Northern Lincolnshire and Goole NHS Foundation Trust

Agenda Number: CoG (01/23) Item: 3.2

Name of the Meeting	**Council of Governors**	
Date of the Meeting	11 January 2023	
Director Lead	Shaun Stacey, Chief Operating Officer	
Contact Officer/Author	Richard Peasgood, Executive Assistant	
Title of the Report	**Operational Update**	
Purpose of the Report and Executive Summary (to include recommendations)	The presentation gives the highlights, lowlights and risks of the current Emergency Department performance, Ambulance Handovers, SDEC, IAAU, D2A, Electives and Pandemic position.	
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	☐ Our People ☐ Quality and Safety ✓ Restoring Services ☐ Reducing Health Inequalities ✓ Collaborative and System Working	☐ Strategic Service Development and Improvement ☐ Finance ☐ Capital Investment ☐ 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.

*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

EPRR/COVID-19 Pandemic

Highlights	Lowlights
• Next step in covid surge plan wards identified should NLAG need to re-establish red wards at DPOWH and SGH • Nationally delivered Tactical Health Commander training ongoing through October and November with training well attended • NHSBT: Red cell shortage amber alert now ended as national stocks at improved levels – Post-incident report in progress by Blood Transfusion Team to identify as lessons to be learned • National exercise Artic Willow to completed Nov/Dec looking at combination of potential risks over winter period – NLAG linked in through ICB Place	• National early preparations taking place for potential industrial action through NHSE with further dates released for strikes by NHS staff including Nursing, Support staff and ambulance staff. • NHSE/ICB leading review of business continuity plans across country for energy shortages ahead of winter, however, current intelligence suggest highly unlikely to occur • Ward closures have occurred due to covid and influenza during Dec – IPC Team working closely with wards to reduce risk of further closures • Increase in paediatric acuity/demand due to seasonal respiratory presentations • All restrictions lifted outside of Healthcare, restrictions beginning to be lifted within healthcare use of PPE now only within Clinical settings – **UPDATE: NLAG has now issued updated guidance on mask wearing expanding to include all clinical settings including OPD and all areas within the hospital**

Risks

- Potential of cyber attacks due to the unrest in Ukraine and sanctions imposed on Russia
- Increase in covid positives numbers could trigger the requirement for ‘red wards’ if numbers escalate and increase in number of influenza patients been admitted
- Potential risk to supply chains across all industries due to multiple pressures on manufacturing and logistics
- Potential risk of distribution to service delivery from industrial actions, both external (e.g. Royal Mail strikes) and internal (e.g. healthcare workers) during the coming months
- Reduction of the sterling pound causing concern within financial market and impacting on costs such as Electricity/Gas/Fuel

Urgent and Emergency Care

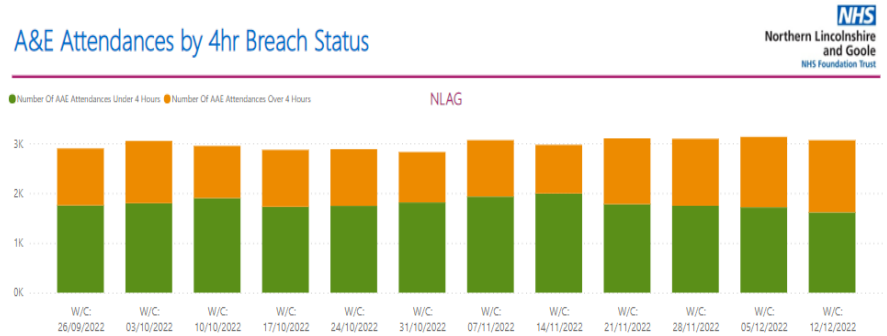
Highlights	Lowlights
• Attendance admission rate has improved slightly from Nov – 17.59% to Dec to date – 15.85%	• Delivery against performance compared to region continues to be a challenge • 4 hour performance Nov – 57.67% - Dec to date – 50.58% • Trolley wait has increased from 533.17 in Nov to 596.44 in Dec to date • Triage duration has increased from 35.52 in Nov to 52.95 in Dec to date • Average time to treatment has increased from 94.34 in Nov to 150.08 in Dec to date • UCS - 2 hour performance - Nov 79.69% - Dec to date – 75.16% • UCS – Average time to be seen by a clinician has increased from 40.40 in Nov to 50.36 in Dec to date • UCS – Performance against 4 hour target has dropped slightly from Nov – 99.44% to Dec to date – 98.69%

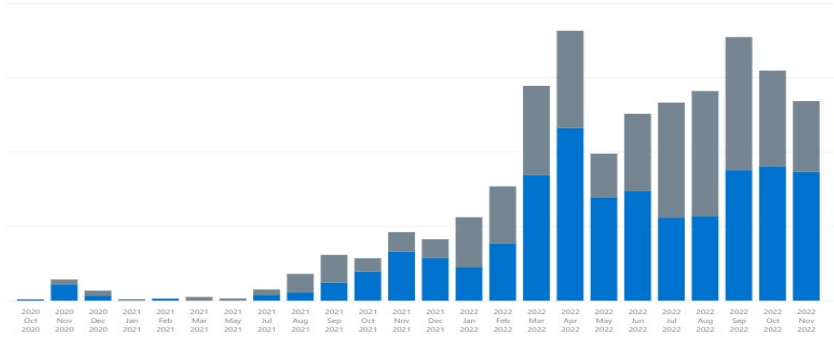
Risks

- Acuity of patients that are being seen in Resus and Majors
- Acuity of walk in patients
- Delays in progression of SDEC for Gynae / Surgery
- UCS not being 24/7 results in drop in 4 hour performance and increased pressure across the department between 2000-0800
- Medical staffing for ED new builds – business case submitted with revised establishment required for safe staffing of new footprint
- Inability to staff extra shifts that have been agreed to support the current demand and acuity

Urgent and Emergency Care

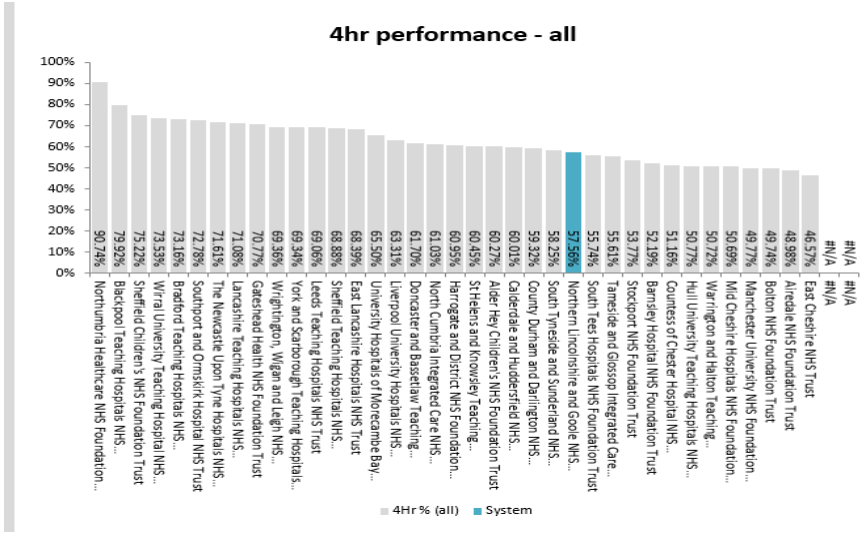
NLAG Position

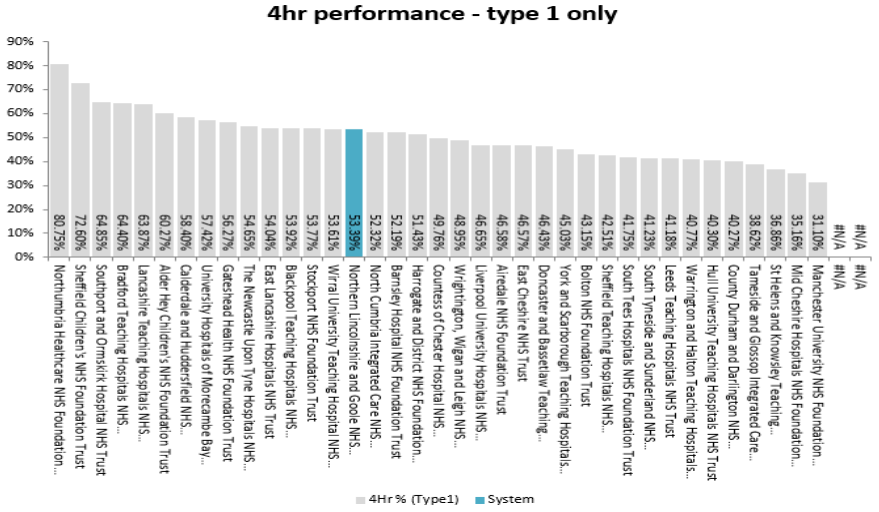




Regional Position (week ending 18/12/2022)

- NLAG is currently 15th of 38 in the region for our performance for Type 1 Activity (36/116 Nationally). NLaG is 25th /38 for All types and 72/116 Nationally. This is because other Trusts have larger quantities of type 3 activity factored into this KPI compared to NLAG



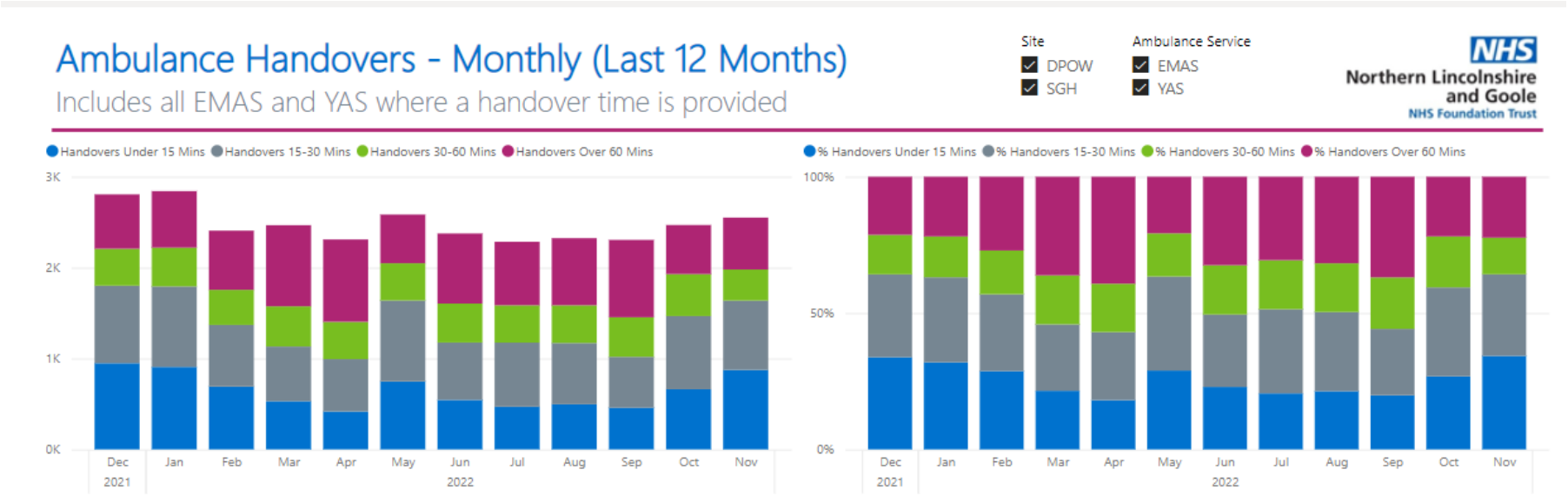


Ambulance Handovers

Highlights	Lowlights
• QI project is being organised to focus on getting all ambulances into the department in under 45 Minutes	• Ambulance handovers are not being achieved

Risks

- Lack of patient flow through the system is resulting in exit block in ED for patients requiring admission delays in offloading patients from incoming ambulances
- Delayed ambulance handovers into ED results in reduced availability of ambulances to attend calls in the community and delayed patient care



Integrated Acute Assessment Unit/SDEC

Highlights

- 4 x Specialists started in post and further 2 in pipeline.
- New Consultant rota implemented to ensure consistent cover for SDEC
- FEAST consultation concluded, pending implementation.
- Pilot of electronic referrals from NL SPA to SDEC started 7th November 2022. Process now embedded and working well. Working ongoing to trial with NEL
- Funding agreed for ward clerk provision. Recruitment process underway. Estimated start date of full rota coverage February 2023.
- Highest number of new patients seen in month through SDEC : 2004
- Percentage of Non Elective Admissions that did not stay overnight having IAAU intervention: November: **51.20%,** December MTD: **50.7%**
- Percentage of Non Elective Admissions discharged within 24 hours that had IAAU intervention: November: **54.3%,** December MTD: **53.4%**
- OPAT & Virtual Ward monthly meetings established between Medicine and Community Teams to progress services
- Virtual Ward start date at SGH 12/12/22. DPOW start date 09/01/23.
- Funding confirmed for nursing & medical staff up to 31st March 2023. Recruitment process underway

Lowlights

- High levels of vacancies exist within the Acute Medicine team while recruitment continues and we are awaiting appointed medical staff to start
- No applications received for Acute Consultant roles. Re-advertised and Talent Acquisition continue to support.
- Lack of office space and IT equipment for additional workforce
- Inconsistency of ward clerk cover causing delays with patient spells and leading to high volume of filing within department impacting clinical coding
- Under utilisation of EMAS direct to SDEC pathway with mix of pathway not used by EMAS crews and failed referrals into SDEC
- Ongoing delays with WebV launching integrated electronic discharge summary for SDEC.
- Work is still in progress on developing an IT systems integration solution for SDEC services and community (NHS111/GP/SPA)
- Lack of diagnostic capacity impacting on patient flow, particularly in SDEC
- Task & Finish Group to progress use of Symphony within SDEC paused pending data warehouse transfer

Risks

- Reliance on sufficient daily discharges to enable flow out of IAAU is required to prevent bottleneck between ED and IAAU
- A lack of sufficient specialty SDEC capacity impacts on the ED workforce, patient waits and crowding in ED
- High vacancy levels in the medical workforce with a risk of burnout for Consultant ACPs working a high number of hours every week
- Paused Symphony rollout could impact the national implementation of Type 5 ECDS data recording and also mean staff need retraining on two different systems

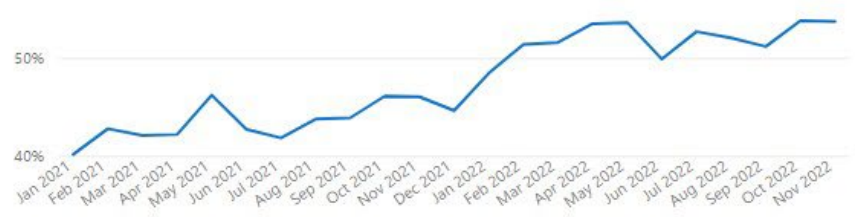
Acute IAAU Performance

Acute IAAU Patient Flow Current Month Performance and 24 Month Trend

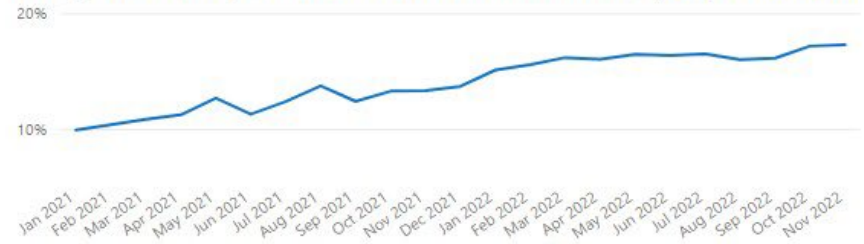
Northern Lincolnshire and Goole NHS Foundation Trust

Percentage of Non Elective Spells That Had IAAU Intervention

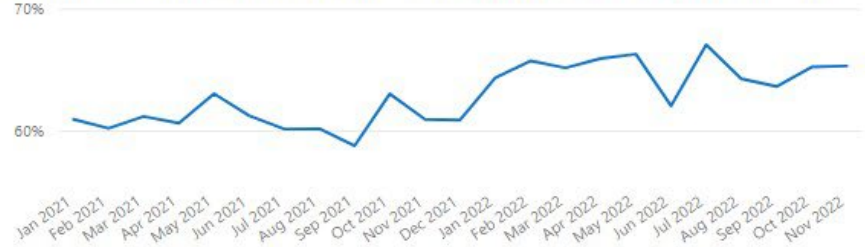
Percentage of Non Elective Admissions That Were Discharged Within 24 Hours That Had IAAU Intervention



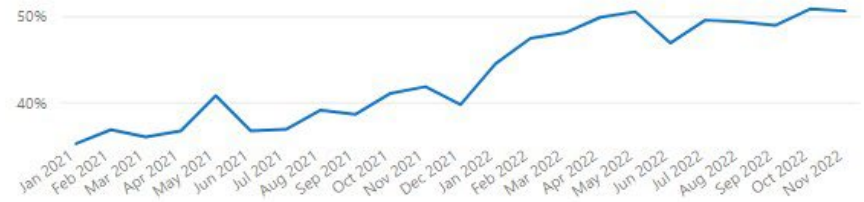
Percentage of Non Elective Spells That Were On IAAU But Did Not Go to Another Specialty Area After IAAU



Percentage of Non Elective Admissions That Were Discharged Within 72 Hours That Had IAAU Intervention



Percentage of Non Elective Admissions That Did Not Stay Overnight in Hospital That Had IAAU Intervention



IAAU patient flow – 12 month activity including current month

Percentage of Non Elective Spells Which Had IAAU Intervention

Organisation Site Name	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Total
Diana, Princess of Wales Hospital (RJL30)	72.2%	73.7%	73.0%	71.9%	75.0%	75.9%	72.8%	73.7%	73.4%	73.5%	77.0%	71.1%	**73.6%**
Scunthorpe General Hospital (RJL32)	72.0%	69.0%	72.0%	66.2%	73.0%	73.4%	76.4%	73.1%	71.8%	73.3%	74.7%	72.4%	**72.4%**
Total	**72.1%**	**71.4%**	**72.5%**	**69.1%**	**74.0%**	**74.6%**	**74.5%**	**73.4%**	**72.6%**	**73.4%**	**75.8%**	**71.8%**	**73.0%**

Percentage of Non Elective Admission That Were On IAAU And Stayed Within IAAU Throughout Their Admission

Organisation Site Name	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Total
Diana, Princess of Wales Hospital (RJL30)	15.00%	15.97%	15.96%	16.91%	16.71%	15.09%	15.66%	15.53%	15.56%	16.40%	16.93%	16.30%	**16.01%**
Scunthorpe General Hospital (RJL32)	17.56%	17.44%	18.87%	17.16%	18.31%	19.67%	19.44%	18.44%	18.92%	20.19%	19.64%	19.77%	**18.82%**
Total	**16.13%**	**16.63%**	**17.27%**	**17.02%**	**17.45%**	**17.19%**	**17.36%**	**16.83%**	**17.11%**	**18.13%**	**18.19%**	**17.90%**	**17.29%**

Percentage of Non Elective Admissions That Did Not Stay Overnight in Hospital That Had IAAU Intervention

Organisation Site Name	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Total
Diana, Princess of Wales Hospital (RJL30)	47.1%	50.2%	48.9%	52.6%	50.2%	44.2%	49.6%	50.3%	47.9%	48.7%	50.0%	49.0%	**49.0%**
Scunthorpe General Hospital (RJL32)	43.8%	45.6%	49.1%	48.6%	52.9%	51.0%	50.6%	49.5%	51.2%	54.0%	52.3%	52.4%	**50.3%**
Total	**45.6%**	**48.1%**	**49.0%**	**50.7%**	**51.5%**	**47.6%**	**50.1%**	**49.9%**	**49.6%**	**51.3%**	**51.2%**	**50.7%**	**49.6%**

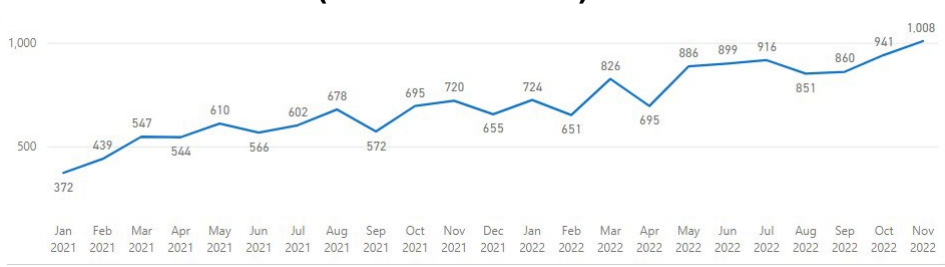
Percentage of Non Elective Admissions That Were Discharged Within 24 Hours That Had IAAU Intervention

Organisation Site Name	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Total
Diana, Princess of Wales Hospital (RJL30)	51.3%	54.8%	52.7%	55.9%	53.3%	47.4%	53.5%	52.8%	49.9%	52.2%	52.8%	51.7%	**52.3%**
Scunthorpe General Hospital (RJL32)	47.8%	49.0%	52.4%	52.7%	56.1%	54.0%	53.0%	52.4%	53.7%	56.5%	55.8%	55.1%	**53.4%**
Total	**49.6%**	**52.1%**	**52.6%**	**54.4%**	**54.6%**	**50.6%**	**53.3%**	**52.6%**	**51.8%**	**54.3%**	**54.3%**	**53.4%**	**52.9%**

Same Day Emergency Care activity trends

SDEC DPOW (1st attendance)

SDEC SGH (1st attendance)



SDEC Ward Attender Activity

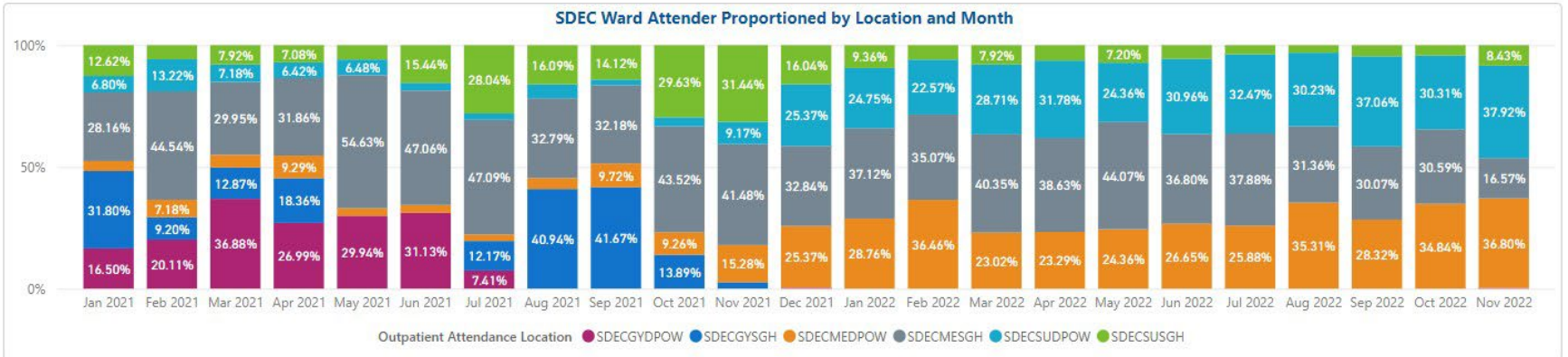
*All Outpatient ROA Activity on the SDEC Wards that are classed as Planned Follow Ups, ie Attended the Emergency Department and was then admitted to SDEC as an Inpatient and then asked to come back to the service and then recorded on PAS as an ROA.

NHS Northern Lincolnshire and Goole NHS Foundation Trust

Last 30 Days	Latest Full Week	Previous Week
306 SDEC ROA's	83 SDEC ROA's	66 SDEC ROA's

Showing Data: 01 Jan 2021 to 30 Nov 2022 23:50

Organisation Site Name	SDEC ROA's
Diana, Princess of Wales Hospital (RJL30)	**3,659**
SDECGYDPOW	663
SDECMEDPOW	1,484
SDECSUDPOW	1,512
Scunthorpe General Hospital (RJL32)	**4,699**
SDECGYSGH	761
SDECMESGH	3,054
SDECSUSGH	884
Total	**8,358**



Discharge to Assess (D2A)

Highlights	Lowlights

• Current position - The trust is the second best performing trust in the region for LLOS reporting at 12.7% for over 21 days, although this is over the target of 12%
• NEL electronic voluntary sector (Red Cross) referral to be uploaded on to the Web V by end of Jan
• Working wit NL homeless team and developed a electronic referral, which needs governance sign off prior to being uploaded on to Web V
	• 03/01/23 = 35 D2A patients outstanding: ER 9, Lincs 14, NEL 5, NL 7,
	  • 03.01.23 Lost Bed days has significantly increased to 462: ER 119, Lincs 182, NEL 46, NL 115,
	  • Rate of discharge has been negatively impacted due to the long bank holiday weekends.
	• Meeting taken place with Lincs to discuss issues
	• Engagement planned with ER to discuss issues

Risks

- Continued IT system & reporting improvements required to ensure all data is captured and reported accurately by our IT systems
- Significant system capacity issues across Northern Lincolnshire resulting in delayed discharges for patients on a discharge to assess pathway

Electives and Cancer

Highlights

- Delivered Cancer standard – 14 day 1st seen and 62 day consultant upgrade achieved 100% for November
- Delivered Cancer standard – 14 day 1st seen and 31 day subsequent treatment (surgery) in December – subject to validation.
- Focus for cancer team (with Divisions) on delivering improvements against the 28 day Faster Diagnosis, Transformation work is on-going, monitored through PCIP.
- Elective inpatient activity for November is showing an improving position, 88.7% of the plan achieved for elective IP, December @231222 shows 60.9% of plan achieved.
- 97.7% of DC plan achieved in November following the introduction of the HIT lists and @ 23/12/22 78% of December plan achieved.
- New Outpatient plan for November shows 96.9% for new attendances was achieved and @ 23/12/22. 70.6% of December plan achieved.
- Outpatient review plan achieved 116.7% in November and @231222 83.1% December review plan achieved.

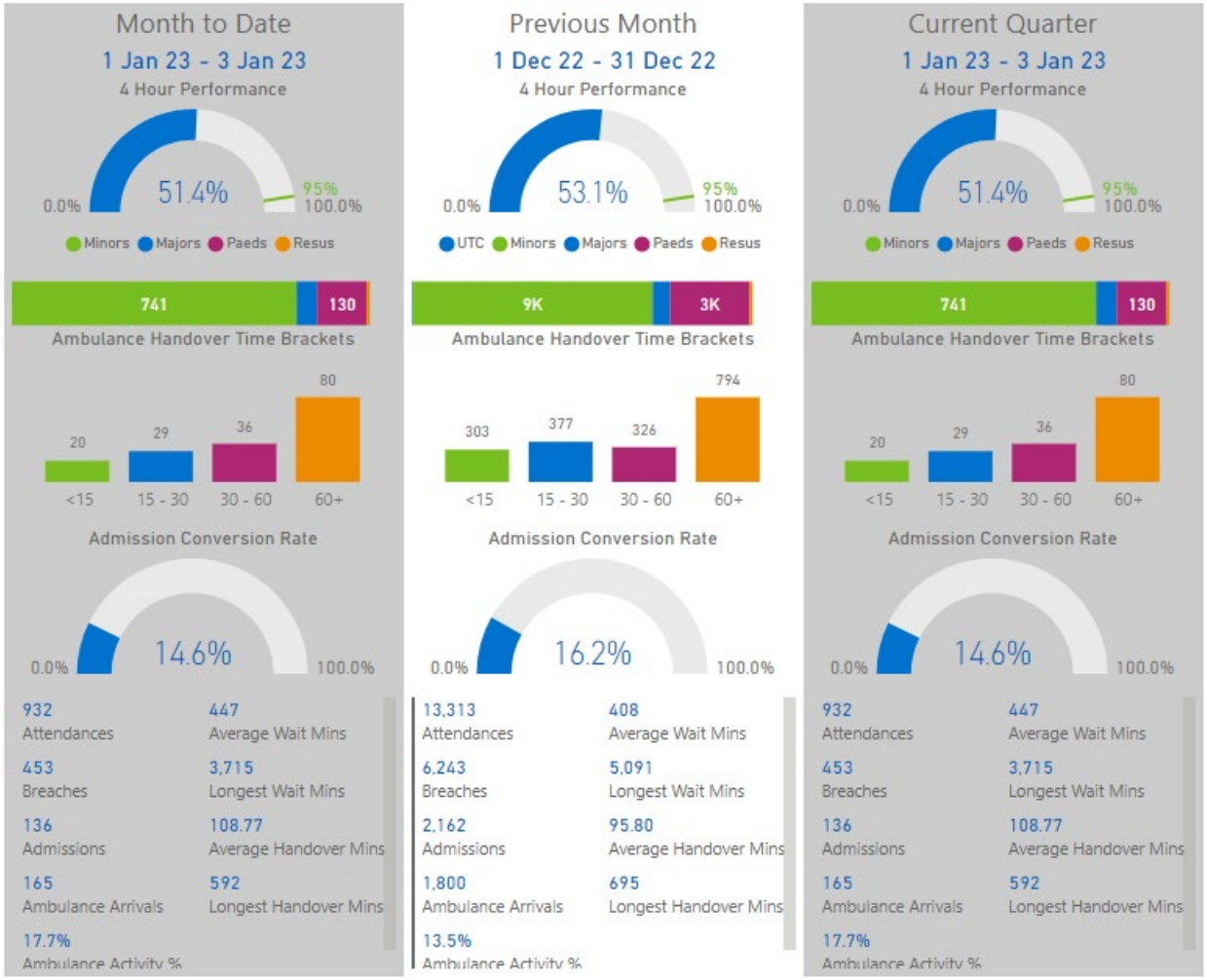
Lowlights

- All cancer standards (except 14 day 1st seen and 31 day consultant upgrade –surgery) failing in December though data is subject to validation
- 52+ position as of 181222 showed 426 patients in
- 78 weeks, the current position @ 231222 shows 31 patients >78weeks (unvalidated)
- +90weeks – 7 reported as of 18-12-22
- PIFU performance in November was 2.31% and performance @231222 shows 1.90% delivery below 5% target.

Risks

- Capacity to deliver risk stratification for both inpatient and outpatient waiting lists.
- Challenges to delivery of the elective recovery plan with a current risk to staff sickness as winter approaches, theatre availability and patient flow issues.
- Offering ‘Mutual aid’ and the ‘levelling up’ of waiting lists at HCV level affecting NLAG’s RTT position, scoping work underway
- Implementing PIFU and A&G will require clinical engagement and successful delivery of the Outpatient transformation programme, Clinical lead appointed to support.

ED Performance



Northern Lincolnshire and Goole NHS Foundation Trust

Agenda Number: CoG (01/23) Item: 4.1

Name of the Meeting	**Council of Governors**
Date of the Meeting	11 January 2023
Director Lead	Helen Harris, Director of Corporate Governance
Contact Officer/Author	Helen Harris, Director of Corporate Governance
Title of the Report	**Trust Constitution**
Purpose of the Report and Executive Summary (to include recommendations)	The Council of Governors is asked to approve general updates and specific amendments to the Trust Constitution. This follows approval by the Trust Board at its meeting on 5 January 2023 and the recommendation for approval by the Council of Governors. The amendments for approval are captured in the attached report due to the detailed nature of these. Particular attention is drawn to: • The proposed change for the Composition of the Council of Governors (in Annex 3, section 2.6 on page 35), which proposes to increase the number of East and West Lindsey Governor seats to align with Goole and Howdenshire Governor seats with the same membership requirements. Also, the removal of the Hull and York Medical School Governor seat; • The proposed increase in the Non-Executive Director term of office from a maximum of two terms of three years, to three terms of three years (in Page 106, Annex 7, Section 4.5). The revised draft Trust Constitution is also appended for reference.
Background Information and/or Supporting Document(s) (if applicable)	
Prior Approval Process	☐ TMB ☐ PRIMs ☐ Divisional SMT ✓ Other: Trust Board, 5 January 2023
Which Trust Priority does this link to	☐ Our People ☐ Quality and Safety ☐ Restoring Services ☐ Reducing Health Inequalities ☐ Collaborative and System Working ☐ Strategic Service Development and Improvement ☐ Finance ☐ Capital Investment ☐ 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:** **To live within our means:** ☐ 3 - 3.1 ☐ 3 - 3.2 **To work more collaboratively:** ☐ 4 **To provide good leadership:** ✓ 5

	☐ 2	☐ 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) 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 national 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

TRUST CONSTITUTION CHANGES

1. BACKGROUND

The Trust Constitution has been amended in line with the Health and Care Act 2022 and the changes with the Integrated Care System. This is in addition to general updates.

Source documents include the Trust Constitutions for Doncaster and Bassetlaw, Rotherham, Sheffield Teaching Hospitals, Bedfordshire Hospitals, Sherwood Forest Hospitals NHS FT and Liverpool NHS Foundation Trusts and the FT Model Core Constitution.

2. GENERAL UPDATES

General updates made to the Trust Constitution cover the following:

- References to the **Health & Care Act 2022** have been added/amended throughout the document as required
- References to Monitor, NHS Improvement (NHSI) or **NHS England** (NHSE)/NHSI have been amended to NHSE throughout the document as per the Health and Care Act 2022 as of 1 July 2022
- Chairman has been amended to **Chair**
- Deputy Chair has been amended **Vice Chair**
- Board of Directors has been amended to the **Trust Board**
- Finance Director has been amended to **Chief Financial Officer**
- Trust Secretary has been amended to note that this is undertaken by the **Director of Corporate Governance** whilst continuing to be referred to as Trust Secretary throughout the document
- Audit Committee has been amended to **Audit, Risk and Governance Committee (ARGC)**
- Remuneration Committee has been amended to **Remuneration and Terms of Service Committee (RATS)**
- References to Clinical Commissioning Groups have been amended to **Place Partnerships**

3. SPECIFIC UPDATES/CHANGES

The following details refer to more specific updates and changes:

- **Page 8 - Section 11.2** - Additional section to address the need for Staff Members to liaise with the Trust Secretary and then consult their Line Manager prior to submitting their nomination form for Staff Governor elections

- **Page 8 - Section 11.6 and 11.7** - Additional sections to cover the ability to co-opt in Governors and to hold a reserve list to cover Governor vacancies if required in support of Governor elections until the next Governor elections

- **Page 8 - Section 12.2 and 12.3** – These sections clarify the maximum Governor term of office will be three terms of three years unless approved by the Council of Governors. Clarification added to allow an extension to the Governor term in office to align with the annual Governor election where possible

- **Page 10 – Section 15.1.2** - Addition of references to Governors representing Trust members and the public in the Trust constituency areas and the wider integrated health and care system area (which includes reference to the collaborative system place based working

- **Page 11 – Section 15.3** - Addition of the requirement for the Trust to commit to provide full support to Governors (and candidates to be Governors) who feel unable to use digital platforms to engage in the business of the Council of Governors

- **Previously on Page 11– Section 15.4** - Duties of Governors have been removed and are now covered in the CoG Standing Orders

- **Page 14 – Section 24.3** – The example provided for exceptional circumstances in appointing NEDs now includes working jointly or in collaboration with other NHS bodies

- **Page 14 – Section 24.5** – Additional section to address establish that a NED from another NHS body may undertake the role of Associate Non-Executive Director at the Trust

- **Previously on Page 14 – Section 25** – this section has been removed as is no longer required. This section was part of the model constitution when a NHS Trust became a Foundation Trust and 'initial' appointments of the Chair and other NEDs was required

- **Page 14 – Section 25.2** – Additional section to clarify that the Associate NED may be a Vice/Deputy Chair or equivalent with another NHS body

- **Previously on Page 16 – Section 26.3 and Section 27** – Reference to the appointment of the initial Chief Executive for the Trust has been removed

- **Page 15-16 – Section 28.3 and 28.4** – Additional sections to address the business of meetings to be conducted in person or virtually

- **Page 18 – Section 33** – New section added to reflect the Trust being able to form Committees in Common (joint Committees) and Pooled Funds

- **Page 19 – Section 36.1.3** – This now includes reference to the quality account as well as the latest annual report

- **Page 19 – Section 36.1.4** - Additional section to detail that a copy of the latest Care Quality Commission report will be available to the public for inspection

- **Page 21 – Section 38.2** – Additional section to detail that CoG may appoint one Governor (and one Governor deputy to cover in their absence) as **observers** for the ARGC

- **Page 22 – Section 24.3** – This section has been removed at it no longer needs to state that the Trust Chair cannot simultaneously be the Chair of another NHS Foundation Trust

- **Page 23 – Section 44.5** – Additional details have been added to note the need to inform NHSE of changes to the Trust Constitution

- **Page 23 – Section 45.5** – **Significant Transactions** – note changes to NHSE from NHSI with regards to approval. Guidance now refers to the NHSE assuring and supporting complex change such as Statutory transactions, including mergers and acquisitions, as of October 2022

- **Page 25 – Section 45.6** - New section to detail that where the Trust is undertaking significant transactions / proposals, a report should be presented to the Council of Governors

- **Page 25-29 – Section 46.9** – Various updates made and Deputy Lead Governor, Integrated Care Board (ICB), Integrated Care System (ICS) and Integrated Care Partnership (ICP) added to the glossary of terms section

- **Page 30-31 - Annex 1** – **Public Constituencies** – East and West Lindsey Governor seats have been amended from two to three to align with Goole and Howdenshire Governor seats with the same membership requirements, and help ensure adequate Governor representation for this constituency

- **Previously on Page 33 – Annex 3, Section 2.5** – **Qualifying Medical Schools** – this section has been removed in line with the removal of the Hull and York Medical Schools Stakeholder Governor seat

- **Page 33-34 – Annex 3, Section 2.5 – Partnership Organisations** – this section now reflects the removal of Clinical Commissioning Groups and the addition of Place Health and Care Partnerships for North and North East Lincolnshire.

- **Page 35 – Annex 3, 2.6 - Composition of the Council of Governors** – the Goole & Howdenshire Governor seats have been increased from two to three to align with East and West Lindsey Governor seats.

    - Stakeholder governors are noted for North Lincolnshire and North East Lincolnshire Place Partnerships and this is reflected in the CoG composition

- **Page 77 - Annex 5 – Section 1** - Additional section created to clarify Governor Terms of Office

- **Page 77 - Annex 5 – Section 2.1.2** – Vexatious complainant/litigant section updated slightly (in liaison with Director of People)

- **Page 77 - Annex 5 – Section 2.1.3** – Updated to include reference to staff with ongoing investigations (in liaison with Director of People)

- **Page 77 - Annex 5 – Section 2.1.4** – The removal of the two year timescale for dismissal (in liaison with Director of People)

- **Page 78 - Annex 5 – Section 2.1.5** – New section added for the potential rejection of Governor nominations (in liaison with Director of People)

- **Page 78 - Annex 5 – Section 2.1.6** – Additional legislative references have been added

- **Page 78-80 - Annex 5 – Section 2.1.9 to 2.5.1** – Additional sections now incorporated to strengthen the disqualification and removal of Governors and the investigation process into a complaint(s)

- **Page 79 – Annex 5 – Section 3 to 3.1.9 – Council of Governors: Termination of Office** – updates to strengthen the termination of office of a Governor.

- **Page 82 - Annex 5, Section 4** - **Council of Governors: Vacancies** – reference to holding a second election has been removed

- **Page 82 – Annex 5, Section 5 - Council of Governors: Role** - New section now included for clarification of the Governor role

- **Page 82 – Annex 5, Section 6 - Council of Governors: Meetings** - New section incorporated to provide additional details for Council of Governor meetings

- **Page 82-83 – Annex 5, Section 7 - Council of Governors: Declarations** - New section provided for clarification around declarations of interest

- **Page 83 – Annex 5, Section 8 - Council of Governors: Lead Governor** - New section for clarification on the Lead Governor role

- **Page 86, Annex 6, Section 1.10** – **appointment of Deputy Lead Governor** - new section added for the appointment process of the Deputy Lead Governor

- **Page 90, Annex 6, Section 2.6.4** – **attendance at the CoG Annual Members' Meeting –** added the need for all members of the Trust Board to attend the Annual Members' Meeting

- **Page 95, Annex 6, Section 3.9** – **Governor duties -** the Governor duties section has been added to the Standing Orders of the CoG and removed from Section 15.9 of the main body of the Trust Constitution

- **Page 102, Annex 7, Section 2** – new section added to clarify the delegation of powers

- **Page 105, Annex 7, Section 4.1.2** – new section added to describe the Associate NED role as part of the Board composition

- **Page 105, Annex 7, Section 4.2.2** – section amended to clarify how Board opinion will be sought for new NED appointments

- **Page 105, Annex 7, Section 4.3** – new section included about the appointment of an Associate Non-Executive Director

- **Page 105, Annex 7, Section 4.3.1** – section amended to clarify how Board opinion will be sought for new Associate NED appointments

- **Page 106, Annex 7, Section 4.4.1** - the partner organisation shall nominate a Non-Executive Director of that organisation for approval by the Council of Governors

- **Page 106, Annex 7, Section 4.5** – **Terms of Office of the Chair and Non-Executive Directors** – the term of office of Non-Executive Directors has been revised to three terms of three years (from the original two)

- **Page 106, Annex 7, Section 4.6** – new section now details the terms of office of an Associate Non-Executive Director

- **Page 106, Annex 7, Section 4.7** – new section now details the terms of office of an Associate Non-Executive Director with partner organisations

- **Page 108, Annex 7, Section 6.2.1** – **calling of Trust Board meetings** – amended to Chair calling the meetings (from the Chief Executive)

- **Page 113, Annex 7, Section 6.10 – Trust Board quoracy –** clarification added that attendance at Trust Board meetings can be via electronic means and still contributes to the quoracy of the meeting

- **Page 116, Annex 7, Section 9.1.6 – Trust Board Committees** – clarification that Executive Directors are members of the Trust Board Committees (as opposed to attendees), except the ARGC and RATS committees which are Non-Executive Director only committees

- **Page 116, Annex 7, Section 9.1.8 – Trust Board Committees** – Committees in Common and Strategic Development Committee added

- **Page 118, Annex 7, Section 10.3 – Declaration of Interests** – further clarification added about the requirements of declarations of interests and how to avoid conflicts of interest

- **Page 119, Annex 7, Section 10.3.8 – Declaration of Interests – updates** – the need to update declarations of interests within seven days of any change to update the register of interest

- **Page 119, Annex 7, Section 10.4 – Authorisation of conflicts of interests** - new section added around the authorisation of conflicts of interests

- **Page 123, Annex 7, Section 12.4.5 – Standards of Business Conduct** –document reference amended to refer to the Standards of Business Conduct Policy for declarations of interest

4. RECOMMENDATION

The Council of Governors are asked to consider and approve the Trust Constitution changes detailed.

Northern Lincolnshire and Goole NHS Foundation Trust

Chief Executive's Office

TRUST CONSTITUTION

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Northern Lincolnshire and Goole NHS Foundation Trust actively seeks to promote equality of opportunity. The Trust seeks to ensure that no employee, service user, or member of the public is unlawfully discriminated against for any reason, including the "protected characteristics" as defined in the Equality Act 2010. These principles will be expected to be upheld by all who act on behalf of the Trust, with respect to all aspects of Equality.

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1. Name

1.1. The name of the foundation Trust is Northern Lincolnshire and Goole NHS Foundation Trust (“the Trust”).

2. Principal Purpose

2.1. The principal purpose of the Trust is the provision of goods and services for the purposes of the health service in England (the "Principal Purpose").

2.2. The Trust does not fulfil its Principal Purpose unless, in each financial year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other purposes.

2.3. The Trust may provide goods and services for any purposes related to:

2.3.1. The provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness; and

2.3.2. The promotion and protection of public health.

2.4. Subject to the requirements of paragraph 40.2, the Trust may also carry on activities other than those mentioned in paragraph 2.3 for the purpose of making additional income available in order to better carry on its Principal Purpose.

3. Powers

3.1. The powers of the Trust are set out in the 2006 Act, and within the Health and Care Act 2022, subject to any restrictions in its Licence.

3.2. All the powers of the Trust shall be exercised by the Trust Board on behalf of the Trust.

3.3. Any of these powers may be delegated to a committee of directors or to an executive director.

4. Membership and Constituencies

4.1. The Trust shall have members, each of whom shall be a member of one of the following constituencies:

4.1.1. a public constituency and

4.1.2. a staff constituency.

5. Application for Membership

5.1. An individual who is eligible to become a member of the Trust may do so on application to the Trust.

5.2. Applications for membership shall be dealt with by the Trust in accordance with the provisions of Annex 8.

6. Public Constituency

6.1. An individual who lives in an area specified in Annex 1 as an area for a public constituency may become or continue as a member of the Trust.

6.2. Those individuals who live in an area specified as an area for any public constituency are referred to collectively as the public constituency.

6.3. The minimum number of members in each area specified as an area for a public constituency is specified in Annex 1.

7. Staff Constituency

7.1. An individual who is employed by the Trust under a contract of employment with the Trust may become or continue as a member of the Trust provided that:

7.1.1. he or she is employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least twelve months; or

7.1.2. he or she has been continuously employed by the Trust under a contract of employment for at least twelve months.

7.2. Individuals who exercise functions for the purposes of the Trust, otherwise than under a contract of employment with the Trust, may become or continue as members of the staff constituency provided such individuals have exercised those functions continuously for a period of at least twelve months.

7.3. Those individuals who are eligible for membership of the Trust by reason of the previous provisions are referred to collectively as the staff constituency.

7.4. The minimum number of members in the staff constituency is specified in Annex 2.

7.5. An individual who is:

7.5.1. eligible to become a member of the staff constituency, and

7.5.2. invited by the Trust to become a member of the staff constituency, shall become a member of the Trust without an application being made, unless they inform the Trust that they do not wish to do so, in accordance with the process more fully set out in Annex 8.

8. Restriction on Membership

8.1. An individual who is a member of a constituency may not while membership of that constituency continues, be a member of any other constituency.

8.2. An individual who satisfies the criteria for membership of the staff constituency may not become or continue as a member of any constituency other than the staff constituency.

8.3. Further provisions as to the circumstances in which an individual may not become or continue as a member of the Trust are set out in Annex 8.

9. Annual Members' Meeting

9.1. The Trust shall hold an annual members' meeting which shall be open to members of the public. Further provisions about the annual members meeting are set out Annex 6.

10. Council of Governors – Composition

10.1. The Trust shall have a Council of Governors, which shall comprise both elected and appointed governors.

10.2. The composition of the Council of Governors is specified in Annex 3.

10.3. The members of the Council of Governors, other than the appointed members, shall be chosen by election by their constituency. The number of governors to be elected by each constituency is specified in Annex 3.

11. Council of Governors – Election of Governors

11.1. Elections for elected members of the Council of Governors shall be conducted in accordance with the Model Rules for Elections, as may be varied from time to time.

11.2. Staff members must liaise with the Trust Secretary and then consult their Line Manager prior to nominating themselves as a Staff Governor. [Note: this is to ensure that staff members have discussed the Governor role commitments with their Line Manager.]

11.3. The Model Rules for Elections, as may be varied from time to time, form part of this Constitution and are attached at Annex 4.

11.4. A variation of the Model Rules by the Department of Health and Social Care shall not constitute a variation of the terms of this Constitution. For the avoidance of doubt, the Trust cannot amend the Model Rules.

11.5. An election, if contested, shall be by secret ballot.

11.6. In the event that a vacancy is not filled by election, or a vacancy arises, the Council of Governors, by agreement at a meeting, may co-opt to that vacancy until the next Governor elections, but the co-optee must be from the same constituency as the vacancy.

11.7. A reserved list from Governor elections will be maintained to allow succession planning and for use as co-optees until the next election process.

12. Council of Governors – Tenure

12.1. Subject to the transitional provisions, governors, both elected and nominated, shall hold office for three years and will be eligible for re-election or re-appointment as applicable at the end of that period.

12.2. A Governor may hold office for no more than three terms of three years, unless approved by the Council of Governors. An elected Governor may not stand for election again on completion of the maximum term of nine years.

12.3. Should a governor's term of office end before the annual governor election process, the term of office may be extended by the Chair or Trust Secretary.

12.4. An elected governor shall cease to hold office if they cease to be a member of the constituency by which they were elected.

12.5. An appointed governor shall cease to hold office if the appointing organisation withdraws its sponsorship and / or terminates the appointment.

13. Council of Governors – Disqualification and Removal

13.1. The following may not become or continue as a member of the Council of Governors:

13.1.1. a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;

13.1.2. a person who has made a composition or arrangement with, or granted a Trust deed for, creditors and has not been discharged in respect of it;

13.1.3. a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed.

13.2. Governors must be at least 16 years of age at the date they are nominated for election or appointment.

13.3. Further provisions as to the circumstances in which an individual may not become or continue as a member of the Council of Governors are set out in Annex 5.

14. Termination of office and Removal of Governors

14.1. A governor shall immediately cease to hold office if:

14.1.1. They resign by notice in writing to the Trust Secretary.

14.1.2. They fail to attend half of the council meetings in any financial year, unless the other governors are satisfied that:

- the absences were due to a reasonable cause and
- they will start attending council meetings within such a period as the governors consider reasonable.

14.2. In the case of an elected governor, they cease to be a member of the constituency by whom they were elected.

14.3. In the case of an appointed governor, the appointing organisation withdraws its sponsorship or terminates the appointment.

14.4. Without good reason the governor has failed to undertake any training required by the Council of Governors and / or fails to engage with the

development review process for governors as agreed by the Council of Governors.

14.5. They have failed to sign and deliver to the Chair a statement in the form required by the Council of Governors confirming acceptance of the code of conduct and / or complete the Disclosure and Barring Service process within the specified time period.

14.6. They refuse to sign a declaration, in the form specified by the Council of Governors, that they are a member of one of the public constituencies or one of the classes of staff constituency as the case might be and are not prevented from being a member of the Council of Governors.

14.7. Any of the exclusion criteria listed in Annex 5 become applicable.

14.8. They are removed from the Council of Governors by a resolution, approved by a two-thirds majority of the remaining governors, that:

14.8.1. they have committed a serious breach of the code of conduct;

14.8.2. they have acted in a manner detrimental to the interests of the Trust,

14.8.3. the Council of Governors considers that it is not in the best interests of the Trust for that person to continue as governor.

14.9. Where there is any disagreement as to whether the proposal for removal of a governor is justified, an independent assessor agreeable to both parties shall be requested to consider the evidence and conclude whether the proposed removal is reasonable or otherwise.

15. Council of Governors – Duties of Governors

15.1. The general duties of the Council of Governors are:

15.1.1. to hold the Non-Executive Directors individually and collectively to account for the performance of the Trust Board; and

15.1.2. to represent the interests of the members of the Trust as a whole and the interests of the public within the Trust constituencies and wider integrated health and care system area

15.1.3. to assist with collaborative place-based system working.

15.2. The Trust must take steps to secure that the governors are equipped with the skills and knowledge they require in their capacity as such.

15.3. While the business of the Council of Governors is primarily conducted through or with the support of digital platforms, the Trust commits to provide full support to Governors (and candidates to be Governors) who feel unable to use digital platforms to engage in the business of the Council of Governors.

16. Council of Governors – Meetings of Governors

16.1. The Chair or, in the absence of the Chair, the Vice Chair or, in the absence of the Vice Chair, any other Non-Executive Director, shall preside at meetings of the Council of Governors.

16.2. Meetings of the Council of Governors shall be open to members of the public except as provided for in Annex 6.

16.3. For the purposes of obtaining information about the Trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the Trust's or directors' performance), the Council of Governors may require one or more of the directors to attend a meeting.

17. Council of Governors – Standing Orders

17.1. The standing orders for the practice and procedure of the Council of Governors, as may be varied from time to time, are provided for, are attached at Annex 6.

18. Council of Governors – Referral to the Panel for Advising Governors

18.1. The Panel is both independent and national and is appointed by NHSE. Its role is to answer questions raised by the governors of an NHS foundation Trust about whether the Trust has failed or is failing to act in accordance with:

18.1.1. its own Constitution; or

18.1.2. Chapter 5 of the NHS Act 2006.

18.2. A governor may refer a question to the Panel only if more than half of the members of the Council of Governors voting approve the referral. Evidence of the vote will need to be provided to the Panel before it can consider a question from governors. The Panel's remit is to support governors in fulfilling their role in representing the interests of their members and the public. Best interests are served by governors seeking to resolve any questions or issues with their Trust chair and other Non-Executive Directors before posing a question to the Panel. However, the Panel is available as a free resource in the event of continued uncertainty.

19. Council of Governors – Conflicts of Interest of Governors

19.1. If a governor has a pecuniary, personal or family interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors, the governor shall disclose that interest to the members of the Council of Governors as soon as he or she becomes aware of it. The standing orders for the Council of Governors shall make provision for the disclosure of interests and arrangements for the exclusion of a governor declaring any interest from any discussion or consideration of the matter in respect of which an interest has been disclosed.

20. Council of Governors – Expenses

20.1. The Trust shall pay travelling and other expenses to members of the Council of Governors at rates determined by the Trust.

21. Trust Board – Composition

21.1. The Trust Board which shall comprise both Executive and Non-Executive Directors:

21.1.1. a Non-Executive Chair;

21.1.2. five other Non-Executive Directors; and

21.1.3. five Executive Directors.

21.2. One of the Executive Directors shall be the Chief Executive.

21.3. The Chief Executive shall be the accounting officer.

21.4. One of the Executive Directors shall be the Chief Financial Officer.

21.5. One of the Executive Directors shall be a registered medical practitioner or a registered dentist (within the meaning of the Dentists Act 1984 (amendment order 2005)).

21.6. One of the Executive Directors shall be a registered nurse or a registered midwife.

22. Trust Board – General Duty

22.1. The general duty of the Trust Board and of each director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.

23. Trust Board – Qualification for Appointment as a Non-Executive Director (including the Chair)

23.1. A person may be appointed as a Non-Executive Director only if:

23.1.1. they are a member of the public constituency*, or

23.1.2. where any of the Trust's hospitals includes a medical or dental school provided by a university, they exercise functions for the purposes of that university, and

23.1.3. they are not disqualified by virtue of paragraph 27 below.

*In exceptional circumstances, this requirement may be waived by the Council of Governors in agreement with NHSE.

24. Trust Board – Appointment and Removal of Chair and other Non-Executive Directors

24.1. The Council of Governors at a general meeting of the Council of Governors shall appoint or remove the Chair and the other Non-Executive Directors.

24.2. The Council of Governors shall appoint a Chair who is independent. This provision shall exclude anyone who:

- is a former Chief Executive of the Trust.
- has been an employee of the NHS foundation Trust within the last five years.
- has, or has had within the last three years, a material business relationship with the NHS foundation Trust either directly, or as a partner, shareholder, director or senior employee of a body that has such a relationship with the NHS foundation Trust.
- has received or receives additional remuneration from the NHS foundation Trust apart from a director's fee, participates in the NHS foundation Trust's performance-related pay scheme, or is a member of the NHS foundation Trust's pension scheme;

- has close family ties with any of the NHS foundation Trust's advisers, directors or senior employees;
- holds cross directorships or has significant links with other directors through involvement in other companies or bodies;
- has served on the board for more than nine years from the date of his or her first appointment;
- is an appointed representative of the NHS foundation Trust's university medical or dental school.

[These criteria shall apply only on appointment, thereafter the test of independence is not appropriate in relation to the Chair.]

24.3. Removal of the Chair or another Non-Executive Director shall require the approval of three-quarters of the members of the Council of Governors.

24.4. Subject to a Memorandum of Understanding or Collaborative Agreement, a Non-Executive Director from another NHS body, may undertake the role of Associate Non-Executive Director at the Trust.

25. Trust Board – Appointment of Vice Chair

25.1. The Council of Governors at a general meeting of the Council of Governors shall appoint one of the Non-Executive Directors as Vice Chair.

25.2. The Vice Chair may undertake the role of an Associate Non-Executive Director or equivalent, in accordance with a Memorandum of Understanding or Collaborative Agreement with another NHS body.

26. Trust Board – Appointment and Removal of the Chief Executive and other Executive Directors

26.1. The Non-Executive Directors shall appoint or remove the Chief Executive.

26.2. The appointment of the Chief Executive shall require the approval of the Council of Governors. This shall be a subject of the first general meeting after the selection process and prior to the appointment being made.

26.3. A committee consisting of the Chair, the Chief Executive and the other Non-Executive Directors shall appoint or remove the other executive directors.

27. Trust Board – Disqualification

27.1. The following shall not become or continue as a member of the Trust Board:

27.1.1. a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;

27.1.2. a person who has made a composition or arrangement with, or granted a Trust deed for, creditors and has not been discharged in respect of it;

27.1.3. a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed;

27.1.4. a person who does not satisfy all of the 'fit and proper person' requirements set out in regulation 5(3) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, or/

27.1.5. a person who falls within the additional grounds for disqualification set out at Annex 8.

28. Trust Board – Meetings

28.1. Meetings of the Trust Board shall be open to members of the public. Members of the public may be excluded from a meeting for special reasons.

28.2. Before holding a meeting, the Trust Board must send a copy of the agenda of the meeting to the Council of Governors. As soon as practicable after holding a meeting, the Trust Board must send a copy of the minutes of the meeting to the Council of Governors.

28.3. The Chair (or Vice Chair) shall give such directions as they think fit in regard to the arrangements for meetings and accommodation of the public such as to ensure that business shall be conducted without interruption and disruption.

28.4. There may be times and reasons why the Trust Board meetings are held 'virtually online' and not in person. The Chair (or Vice Chair) will decide these times in consultation with the Chief Executive.

29. Trust Board of Directors – Standing Orders

29.1. The standing orders for the practice and procedure of the Trust Board, as may be varied from time to time, are attached at Annex 7.

30. Trust Board – Liability of Directors

30.1. The Trust shall indemnify Non-Executive Directors in respect of any personal civil liability they incur as a result of carrying out their duties, provided that they have acted honestly, in good faith and without recklessness.

30.2. The Trust shall indemnify executive directors in respect of any personal civil liability they incur as a result of carrying out their duties, provided that they have acted honestly, in good faith, without recklessness and within the remit of their contractual duties as set out by the Trust.

31. Trust Board – Conflicts of Interest of Directors

31.1. The duties that a director of the Trust has by virtue of being a director include in particular:

31.1.1. a duty to avoid a situation in which the director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust; and

31.1.2. a duty not to accept a benefit from a third party by reason of being a director or doing (or not doing) anything in that capacity.

31.2. The duty referred to in sub-paragraph 33.1.1 is not infringed if:

31.2.1. the situation cannot reasonably be regarded as likely to give rise to a conflict of interest; or

31.2.2. the matter has been authorised in accordance with the Constitution.

31.3. The duty referred to in sub-paragraph 33.1.2 is not infringed if acceptance of the benefit cannot reasonably be regarded as likely to give rise to a conflict of interest.

31.4. In sub-paragraph 33.1.2, “third party” means a person other than:

31.4.1. the Trust; or

31.4.2. a person acting on its behalf.

31.5. If a director of the Trust has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trust, the director must declare the nature and extent of that interest to the other directors.

31.6. If a declaration under this paragraph proves to be, or becomes, inaccurate, incomplete, a further declaration must be made.

31.7. Any declaration required by this paragraph must be made before the Trust enters into the transaction or arrangement.

31.8. This paragraph does not require a declaration of an interest of which the director is not aware or where the director is not aware of the transaction or arrangement in question.

31.9. A director need not declare an interest:

31.9.1. if it cannot reasonably be regarded as likely to give rise to a conflict of interest;

31.9.2. if, or to the extent that, the Trust Board are already aware of it;

31.9.3. if, or to the extent that, it concerns terms of the director's appointment that have been or are to be considered:

- by a meeting of the Trust Board; or
- by a committee of the directors appointed for the purpose under the Constitution.

32. Trust Board of Directors – Remuneration and Terms of Office

32.1. The Council of Governors at a general meeting of the Council of Governors, following a recommendation by the Appointments & Remuneration Committee for Non-Executive Directors (including Chair, Vice Chair and Senior Independent Director), shall decide the remuneration and allowances, and the other terms and conditions of office, of the Chair and the other Non-Executive Directors.

32.2. The Trust shall establish a committee of Non-Executive Directors (the 'Remuneration and Terms of Service Committee') to decide the remuneration and allowances, and the other terms and conditions of office, of the Chief Executive and other Executive Directors.

33. Committees in Common and Pooled Funds

33.1. The Trust may form Committees in Common, with two or more providers, to make joint arrangements and pool funds. [Note: Providers means: Trusts, Foundation Trusts, NHSE, Integrated Care Boards and Local Authorities].

34. Registers

34.1. The Trust shall have:

34.1.1. a register of members showing, in respect of each member, the constituency to which they belong;

34.1.2. a register of members of the Council of Governors;

34.1.3. a register of interests of governors;

34.1.4. a register of directors; and

34.1.5. a register of interests of the directors.

34.2. The process of admission to and removal from the register shall be as set out in Annex 8.

35. Registers – Inspection and Copies

35.1. The Trust shall make the registers specified in paragraph 35 above available for inspection by members of the public, except in the circumstances set out below or as otherwise prescribed by regulations.

35.2. The Trust shall not make any part of its registers available for inspection by members of the public which shows details of any member of the Trust, if the member so requests.

35.3. So far as the registers are required to be made available:

35.3.1. they are to be available for inspection free of charge at all reasonable times; and

35.3.2. a person who requests a copy of or extract from the registers is to be provided with a copy or extract.

35.4. If the person requesting a copy or extract is not a member of the Trust, the Trust may impose a reasonable charge for doing so.

36. Documents Available for Public Inspection

36.1. The Trust shall make the following documents available for inspection by members of the public free of charge at all reasonable times:

36.1.1. a copy of the current Constitution:

36.1.2. a copy of the latest annual accounts and of any report of the auditor on them; and

36.1.3. a copy of the latest annual report and quality account;

36.1.4. a copy of the latest Care Quality Commission report and ratings. The Care Quality Commission report will also be available / published on the Care Quality Commission website.

36.2. The Trust shall also make the following documents relating to a special administration of the Trust available for inspection by members of the public free of charge at all reasonable times:

36.2.1. a copy of any order made under section 65D (appointment of Trust special administrator), 65J (power to extend time), 65KC (action following Secretary of State's rejection of final report), 65L(trusts coming out of administration) or 65LA (trusts to be dissolved) of the 2006 Act;

36.2.2. a copy of any report laid under section 65D (appointment of Trust special administrator) of the 2006 Act;

36.2.3. a copy of any information published under section 65D (appointment of Trust special administrator) of the 2006 Act;

36.2.4. a copy of any draft report published under section 65F (administrator's draft report) of the 2006 Act;

36.2.5. a copy of any statement provided under section 65F (administrator's draft report) of the 2006 Act;

36.2.6. a copy of any notice published under section 65F (administrator's draft report), 65G (consultation plan), 65H (consultation requirements), 65J (power to extend time), 65KA (NHSE's decision), 65KB (Secretary of State's response to NHSE's decision), 65KC (action following Secretary of State's rejection of final report) or 65KD (Secretary of State's response to re-submitted final report) of the 2006 Act;

36.2.7. a copy of any statement published or provided under section 65G (consultation plan) of the 2006 Act;

36.2.8. a copy of any final report published under section 65I (administrator's final report);

36.2.9. a copy of any statement published under section 65J (power to extend time) or 65KC (action following Secretary of State's rejection of final report) of the 2006 Act; and

36.2.10. a copy of any information published under section 65M (replacement of Trust special administrator) of the 2006 Act.

36.3. Any person who requests a copy of or extract from any of the above documents is to be provided with a copy.

36.4. If the person requesting a copy or extract is not a member of the Trust, the Trust may impose a reasonable charge for doing so.

37. Appointing & Removing the NHS Foundation Trust's External Auditor

37.1. The Trust shall have an external auditor.

37.2. The Council of Governors shall appoint or remove the external auditor at a general meeting of the Council of Governors.

37.3. When appointing or removing the external auditor, governors must consider the criteria set out in the 'National Audit Office – Code of Audit Practice. In all matters regarding the appointment, re-appointment, removal, remuneration and terms of engagement of the external auditor, and in discharging its responsibilities in this regard as referred to above, the Council of Governors will be advised by the audit committee.

37.4. Should the Council of Governors not accept the recommendation of the audit committee then the Trust Board shall ensure that the annual report both includes a statement from the audit committee explaining the recommendation and also sets out the reasons why the Council of Governors has taken a different position.

37.5. Should the Council of Governors remove the auditor contrary to the advice of the audit committee then the Chair will advise NHSE in writing of the reasons behind the decision.

38. Audit, Risk and Governance Committee

38.1. The Trust shall establish a committee of Non-Executive Directors as an audit, risk and governance committee to perform such monitoring, reviewing and other functions as are appropriate.

38.2. The Council of Governors may appoint up to one governor (and one governor deputy to cover in their absence) as **observers**.

39. Accounts

39.1. The Trust shall keep proper accounts and proper records in relation to the accounts.

39.2. NHSE may with the approval of the Secretary of State give directions to the Trust as to the content and form of its accounts.

39.3. The accounts shall be audited by the Trust's auditor.

39.4. The Trust shall prepare in respect of each financial year annual accounts in such form as NHSE may, with the approval of the Secretary of State, direct.

39.5. The functions of the Trust with respect to the preparation of the annual accounts shall as set out in paragraph 25 of schedule 7 of the 2006 Act, shall be delegated to the Accounting Officer.

40. Annual Report, Forward (Operational) Plans and non-NHS Work

40.1. The Trust shall prepare an annual report and send it to NHSE.

40.2. The Trust shall give information as to its forward (operational) planning in respect of each financial year to NHSE.

40.3. The document containing the information with respect to forward (operational) planning (referred to in paragraph 40.2 above) shall be prepared by the directors.

40.4. In preparing the said document with respect to forward (operational) planning, the directors shall have regard to the views of the Council of Governors.

40.5. Each forward (operational) plan must include information about:

40.5.1. the activities other than the provision of goods and services for the purposes of the health service in England that the Trust proposes to carry on; and

40.5.2. the income it expects to receive from doing so.

40.6. Where a forward (operational) plan contains a proposal that the Trust carry on an activity of a kind mentioned in sub-paragraph 40.5.1 the Council of Governors must:

40.6.1. determine whether it is satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfilment by the Trust of its Principal Purpose or the performance of its other functions; and

40.6.2. notify the directors of the Trust of its determination.

40.7. A Trust which proposes to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of health service in England may implement the proposal only if more than half of the members of the Council of Governors voting approve its implementation.

41. Presentation of the Annual Accounts and Reports to the Governors and Members

41.1. The following documents are to be presented to the Council of Governors at a general meeting of the Council of Governors:

41.1.1. the annual accounts;

41.1.2. any report of the auditor on them; and

41.1.3. the annual report.

41.2. The documents shall also be presented to the members of the Trust at the annual members' meeting by at least one member of the Trust Board of Directors in attendance.

41.3. The Trust may combine a meeting of the Council of Governors convened for the purposes of sub-paragraph 41.1 with the annual members' meeting.

42. Resolution of Disputes

42.1. Should a disagreement arise between the Trust Board of Directors and the Council of Governors, such as would impair the decision making process or the successful operation of the Trust, then the Chair shall convene a joint meeting of the two bodies to consider the issue in dispute.

42.2. Should this meeting not resolve the issue then the Chair shall have the authority to make a decision on behalf of the Trust. This decision, and the reasons supporting it, will be communicated in writing to all members of both the Trust Board of Directors and the Council of Governors.

43. Instruments

43.1. The Trust shall have a seal.

43.2. The seal shall not be affixed except under the authority of the Trust Board of Directors and as delegated to the Trust Secretary.

44. Amendment of the Constitution

44.1. The Trust may make amendments of its Constitution only if:

44.1.1. More than half of the members of the Council of Governors of the Trust voting approve the amendments; and

44.1.2. More than half of the members of the Trust Board of Directors of the Trust voting approve the amendments.

44.2. Amendments made under paragraph 44.1 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the Constitution would, as a result of the amendment, not accord with schedule 7 of the 2006 Act.

44.3. Where an amendment is made to the Constitution in relation to the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the Trust):

44.3.1. At least one member of the Council of Governors must attend the next annual members' meeting and present the amendment; and

44.3.2. The Trust must give the members an opportunity to vote on whether they approve the amendment.

44.4. If more than half of the members voting approve the amendment, the amendment will continue to have effect; otherwise, it will cease to have effect and the Trust must take such steps as are necessary as a result.

44.5. Amendments by the Trust of its Constitution are to be notified to NHSE. For the avoidance of doubt, NHSE's function do not include a power or duty to determine whether or not the Constitution, as a result of the amendments, accords with Schedule 7 of the 2006 Act.

45. Significant Transactions

45.1. The Trust may only apply for a merger, acquisition, separation or dissolution with the approval of more than half of the members of the Council of Governors – not just half the number that attends the meeting at which the decision is taken.

45.2. The Trust may enter into a Significant Transaction only if more than half of the members of the Council of Governors of the Trust voting approve of the Trust entering into the transaction.

45.3. "Significant Transaction" means:

45.3.1. the acquisition of, or an agreement to acquire, whether contingent or not, assets the value of which is more than 25% of the value of the Trust's gross assets before the acquisition; or

45.3.2. the disposition of, or an agreement to dispose of, whether contingent or not, assets of the Trust the value of which is more than 25% of the value of the Trust's gross assets before the disposition; or

45.3.3. a transaction that has or is likely to have the effect of the Trust acquiring rights or interests or incurring obligations or liabilities, including contingent liabilities, the value of which is more than 25% of the value of the Trust's gross assets before the transaction.

45.4. For the purpose of this paragraph:

45.4.1. "gross assets" means the total of fixed assets and current assets;

45.4.2. in assessing the value of any contingent liability for the purposes of sub-paragraph 45.3.3, the directors:

- must have regard to all circumstances that the directors know, or ought to know, affect, or may affect, the value of the contingent liability; and
- may rely on estimates of the contingent liability that are reasonable in the circumstances; and
- may take account of the likelihood of the contingency occurring.

45.5. Where the Trust is considering organisational transactions (mergers and acquisitions, transfer and dissolutions) or non-organisational transactions (significant capital investments, joint ventures and private finance initiatives), early engagement with NHSE is required. This process aims to reduce costs and allow Trusts to identify issues prior to committing significant resources to a particular transaction. Further guidance on the process for Trusts to follow

when considering such transactions is outlined in the NHSE, Assuring and supporting complex change, Statutory transactions, including mergers and acquisitions, October 2022.

45.6. Where the Trust is undertaking significant transactions / proposals, a report should be presented to the Council of Governors.

46. Interpretation and definitions

46.1. Unless a contrary intention is evident or the context requires otherwise, words or expressions contained in this Constitution shall bear the same meaning as in the 2006 Act.

46.2. Words importing the masculine gender only shall include the feminine gender; words importing the singular shall import the plural and vice-versa.

46.3. References in this Constitution to legislation include all amendments, replacements or re-enactments made in references to paragraph numbers or references to paragraphs of this Constitution unless the context provides otherwise.

46.4. References to legislation include all regulations and statutory guidance.

46.5. Headings are for ease of reference only and are not to affect interpretation.

46.6. If there is a conflict between the provisions of this Constitution and the provisions of any document referred to herein then the provisions of this Constitution shall prevail unless the law requires otherwise.

46.7. References to this paragraph are to paragraphs in this Constitution.

46.8. All Annexes referred to in this Constitution form part of it.

46.9. In this Constitution:

"accounting officer"	is the person who from time to time discharges the functions specified in paragraph 25(5) in Schedule 7 to the 2006 Act
"annual members' meeting"	means the annual meeting of all the members
"applicant NHS Trust"	means the Northern Lincolnshire and Goole NHS Foundation Trust
"appointed governors"	means the local authority governors and the partnership organisation governors

"authorisation"	means the authorisation for the Trust to become an NHS foundation Trust given by Monitor at that time* [*Monitor became part of NHS Improvement as of 1 April 2016] [*NHS Improvement became part of NHS England as of 1 July 2022]
"Trust Board of Directors"	means the Trust Board of Directors of the Trust as constituted in accordance with this Constitution and referred to in paragraph 21
"Chair"	means the Chair of the Trust appointed in accordance with the Constitution
"Chief Executive"	means the Chief Executive (and Accounting Officer) of the Trust appointed in accordance with paragraph 27
"constituencies"	means the public constituencies and the staff constituency of the Trust
"Constitution"	means this constitution of the Trust
"Council of Governors"	means the Council of Governors of the Trust as constituted in accordance with this Constitution
"deputy lead governor"	means the deputy of the lead governor
"director"	means a director on the Trust Board of Directors
"elected governors"	means the public and staff governors respectively
"election rules"	means the election rules set out in Annex 4 and which are to be used in connection with the election of the elected governors
"executive director"	means an executive director of the Trust
"financial year"	means-: (a) the period beginning with the date on which the Trust is authorised and ending with the next 31st March; and (b) each successive period of twelve months beginning with 1st April

“governor”	means a governor on the Council of Governors and being either an elected governor or an appointed governor
“integrated care board”	means a statutory NHS organisation with responsibility for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in a geographical area
“integrated care system”	means the 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
“lead governor”	means the main governor contact in a few specific circumstances in which NHSE may need to contact the council of governors or the other way round (further details on this role are provided within the Standing Orders of the Council of Governors at Annex 6, 1.9)
"Licence"	means the Trust's licence granted by Monitor at the time* under the 2012 Act [*Monitor became part of NHS Improvement as of 1 April 2016] [*NHS Improvement became part of NHS England as of 1 July 2022]
“member"	means a member of the Trust as determined in accordance with this Constitution
“members’ meetings”	means a meeting of the members
“membership”	means membership of the Trust through being a member of one of the constituencies
“model election rules”	means the model form rules for the conduct of elections published from time to time by the Department of Health and Social Care and as currently set out in Annex 4
“NHSE”	means the regulator for the purposes of the 2006 Act [*NHS Improvement became part of NHS England as of 1 July 2022]

"Non-Executive Directors"	means a Non-Executive Director of the Trust
"partnership organisation governor"	means a member of the Council of Governors appointed by a partnership organisation referred to in Annex 3
"partnership organisations"	means organisations designated as partnership organisations for the purposes of this Constitution and referred to in Annex 3
"public constituencies"	means that part of the Trust's membership consisting of members from the area of the public constituency as described in Annex 1
"public governor"	means a member of the Council of Governors elected by the members of a public constituency
"qualifying local authorities"	means those Councils referred to in Annex 3 all of which are Councils for an area which includes the whole or part of the area of the Trust
"qualifying local authority governors"	means a member of the Council of Governors appointed by qualifying local authorities and referred to in Annex 3
"Secretary"	means the Trust Secretary [this role is undertaken within NLAG by the Director of Corporate Governance] of the Trust or any other person appointed to perform the duties of a 'company secretary'
"senior independent director"	means the Non-Executive Director appointed as an alternative point of contact for governors and directors when they have concerns that have not been resolved through the normal channels of Chair, Chief Executive, Chief Financial Officer or Trust Secretary or for which such contact is inappropriate
"staff constituency"	means that part of the Trust's membership consisting of staff of the Trust and other persons as described in paragraph 7
"staff governor"	means a member of the Council of Governors elected by the staff constituency
"the 2006 Act"	means the National Health Service Act 2006
"the 2022 Act"	means the Health and Care Act 2022

"the Trust"	means the Northern Lincolnshire and Goole NHS Foundation Trust
"transitional provisions"	means those provisions relating to the terms of office of the initial governors as set out in Annex 3
"Vice Chair"	means the Vice Chair of the Trust

ANNEX 1 – THE PUBLIC CONSTITUENCIES

Name of the Public Constituency	Area of the public constituency by Electoral Wards	Minimum number of members	Number of Governors to be elected
North Lincolnshire	The Wards of: Ashby; Axholme Central; Axholme North; Axholme South; Barton upon Humber; Bottesford; Brigg & Wolds; Broughton & Appleby; Brumby; Burringham & Gunness; Burton upon Stather & Winterton; Crosby & Park; Ferry; Frodingham; Kingsway/Lincoln Gardens; Ridge; Town.	500	5
North East Lincolnshire	The Wards of: Croft Baker; East Marsh; Freshney; Haverstoe; Heneage; Humberston & New Waltham; Immingham; Park; Scartho; Sidney; South; Sussex; Waltham; West Marsh; Wolds; Yarborough.	500	5
Goole & Howdenshire	The Wards of Goole North; Goole South; Howden; Howdenshire; Snaith, Airmyn & Rawcliffe and Marshlands.	200	3

East & West Lindsey	The Wards of: Binbrook; Grimoldby; Holton Le Clay; Legbourne; Ludford; Mablethorpe Central; Mablethorpe East; Mablethorpe North; Marsh Chapel; North Holme; North Somercotes; North Thoresby; Priory; Skidbrook with Saltfleet Haven; St Mary's; St Michaels; Sutton on Sea North; Sutton on Sea South; Tetney; Trinity; Trusthorpe/Mablethorpe South; Withern with Stain. Caistor; Gainsborough East; Gainsborough North; Gainsborough South West; Hemswell; Kelsey; Scotter; Thonock; Waddingham & Spital; Wold View; Yarborough.	200	3

ANNEX 2 – THE STAFF CONSTITUENCY

There are no classes within the staff constituency. The minimum number of members in the staff constituency is 150.

ANNEX 3 – COMPOSITION OF COUNCIL OF GOVERNORS

1. Introduction

1.1 The Council of Governors shall comprise governors who are:

1.1.1 elected by the respective constituencies in accordance with the provisions of this constitution; and

1.1.2 appointed in accordance with paragraph 2 below.

1.2 The Council of Governors shall at all times be constituted so that more than half the Council of Governors shall consist of governors who are elected by members of the Trust other than those who are members of the staff constituency.

2. Bodies entitled to appoint a member of the Council of Governors

2.1 The following bodies in this paragraph 2 shall be entitled to appoint a governor or governors (as the case may be) to the Council of Governors as provided for in this paragraph 2.

2.2 Qualifying Local Authorities

There are four qualifying local authorities covering the areas specified within the Trust's Constitution as a public constituency, as follows:

- East Riding of Yorkshire
- Lincolnshire
- North East Lincolnshire
- North Lincolnshire

2.3 There will be four local authority seats on the Council of Governors for the four qualifying local authorities.

2.4 A governor appointed under paragraph 2.3 above shall then serve on the Council of Governors for the period stipulated in the Constitution.

2.5 Partnership Organisations

2.5.1 Place Health and Care Partnerships (North Lincolnshire and North East Lincolnshire)

2.5.1.1 Place Health and Care Partnerships for North Lincolnshire and North East Lincolnshire shall be entitled to appoint one governor each in accordance with a process of appointment agreed by them with the Trust. The absence of any

such agreed process of appointment shall not preclude the said Place Partnerships from appointing their governors provided the appointment is duly made in accordance with the Place Partnerships' own internal processes.

2.5.1.2 If a Place Partnership named in paragraph 2.5.1.1 above declines or fails to appoint a governor within three months of being requested to do so by the Trust, the Trust shall in its absolute discretion be entitled to invite any of those other Place Partnerships to whom it provides goods and services to appoint a governor in substitution for the Place Partnerships detailed which has failed or declined to do so.

2.5.1.3 If the invitation referred to in paragraph 2.5.1.1 above is accepted by a member or officer of either Place Partnership, they shall be appointed as governor. Any Place Partnership appointment that has previously failed, shall cease to be entitled to do so. The Trust shall give notice of that invitation to NHS England.

2.5.1.4 Subject to paragraph 2.5.1.5 below, if the invitation is not accepted within a reasonable period or such period as may have been specified in the invitation, the Trust shall invite any other such Place Partnership to appoint a governor until the invitation, is accepted and a governor is appointed.

2.5.1.5 Any governor appointed under paragraphs 2.5.1.3 and 2.5.1.4 above shall serve on the Council of Governors for the period stipulated in the constitution. At the end of that period the Trust shall in its absolute discretion decide whether to permit that which had first failed or declined to appoint a governor to do so for the next period of office or to invite the Place Partnership which had appointed a governor in substitution to do so.

2.5.2 Notwithstanding the foregoing provisions of this paragraph, the Trust shall in its absolute discretion be entitled to:

2.5.2.1 give not less than six months' notice to the Place Partnership referred to in paragraphs 2.5.1.1 above (or any substituted Place Partnership appointed under paragraphs 2.5.1.2 and 2.5.1.4 above) terminating their right to appoint a governor and upon the expiration of that notice period or such other date as the Trust and the relevant Place Partnership may agree that Place Partnership right to appoint a governor shall be terminated and the period of office of the governor appointed by that Place Partnership shall also come to an end on that date; and

2.5.2.2 appoint another Place Partnership for which the Trust provides goods and services to replace that Place Partnership to which notice has been given under paragraph 2.5.3 above save that these provisions shall at all times be operated so as to ensure that the number of Place Partnership entitled to appoint a governor remains as provided for in paragraph 2.5.1.1 and 2.5.1.2 above.

2.6 The Composition of the Council of Governors

The composition of the Council of Governors shall be as set out in Table 1 below

Table 1:

	Electing/Appointing Body	Number of Governors
1.	**Public Constituency Governors**	
1.1	North East Lincolnshire Constituency	5
1.2	North Lincolnshire Constituency	5
1.3	East and West Lindsey Constituency	3
1.4	Goole & Howdenshire Constituency	3
2.	**Staff Governors**	4
3.	**Partnership Organisations**	
3.1	North East Lincolnshire Health and Care Partnership	1
3.2	North Lincolnshire Health and Care Partnership	1
4.	**Qualifying Local Authority Governors**	
4.1	East Riding of Yorkshire	1
4.2	Lincolnshire	1
4.3	North East Lincolnshire	1
4.4	North Lincolnshire	1
	Total number of governors	**25**

ANNEX 4 – THE MODEL RULES FOR ELECTIONS

(Paragraph 11 of the Trust Constitution refers)

Part 1 – Interpretation

1. Interpretation

Part 2 – Timetable for election

2. Timetable
3. Computation of time

Part 3 – Returning officer

4. Returning officer
5. Staff
6. Expenditure
7. Duty of co-operation

Part 4 - Stages Common to Contested and Uncontested Elections

8. Notice of election
9. Nomination of candidates
10. Candidate's consent and particulars
11. Declaration of interests
12. Declaration of eligibility
13. Signature of candidate
14. Decisions as to validity of nomination papers
15. Publication of statement of nominated candidates
16. Inspection of statement of nominated candidates and nomination papers
17. Withdrawal of candidates
18. Method of election

Part 5 – Contested elections

19. Poll to be taken by ballot
20. The ballot paper
21. The declaration of identity

Action to be taken before the poll

22. List of eligible voters
23. Notice of poll

24. Issue of voting information by returning officer
25. Ballot paper envelope and covering envelope
26. E-voting systems

The poll

27. Eligibility to vote
28. Voting by persons who require assistance
29. Spoilt ballot papers
30. Lost voting information
31. Issue of replacement voting information
32. Declaration of identity for replacement ballot information
33. Procedure for remote voting by internet
34. Procedure for remote voting by telephone
35. Procedure for remote voting by text

Procedure for receipt of envelopes, internet votes, telephone vote and text message votes

36. Receipt of voting documents
37. Validity of votes
38. De-duplication of votes
39. Declaration of identity but no ballot paper
40. Sealing of packets

Part 6 – Counting the votes

41. Single Transferable Vote (STV) - Interpretation of Part 6
42. Arrangements for counting of the votes
43. The count
44. STV - Rejected ballot papers
45. First Past the Post (FPP) - Rejected ballot papers
46. STV - First stage
47. STV - The quota
48. STV - Transfer of votes
49. STV - Supplementary provisions on transfer
50. STV - Exclusion of candidates
51. STV - Filling of last vacancies
52. STV - Order of election of candidates
53. FPP - Equality of votes

Part 7 – Final proceedings in contested and uncontested elections

54. STV - Declaration of result for contested elections
55. FPP - Declaration of result for contested elections

56. Declaration of result for uncontested elections

Part 8 – Disposal of documents

57. Sealing up of documents relating to the poll
58. Delivery of documents
59. Forwarding of documents received after close of the poll
60. Retention and public inspection of documents
61. Application for inspection of certain documents relating to election

Part 9 – Death of a candidate during a contested election

62. STV- Countermand or abandonment of poll on death of candidate
63. FPP - Countermand or abandonment of poll on death of candidate

Part 10 – Election expenses and publicity Expenses

64. Election expenses
65. Expenses and payments by candidates
66. Expenses incurred by other persons

Publicity

67. Publicity about election by the corporation
68. Information about candidates for inclusion with voting information
69. Meaning of “for the purposes of an election”

Part 11 - Questioning elections and irregularities

70. Application to question an election

Part 12 - Miscellaneous

71. Secrecy
72. Prohibition of disclosure of vote
73. Disqualification
74. Delay in postal service through industrial action or unforeseen event

Part 1 – Interpretation

1. Interpretation

1.1 In these rules, unless the context otherwise requires:

"corporation" means the public benefit corporation subject to this Constitution;

"election" means an election by a constituency, or by a class within a constituency, to fill a vacancy among one or more posts on the Council of Governors;

"the regulator" means the Independent Regulator for NHS foundation trusts; and "the 2006 Act" means the National Health Service Act 2006;

"e-voting" means voting using the internet;

"internet voting system" means such computer hardware and software, data, other equipment and services as may be provided by the returning officer for the purpose of enabling voters to cast their votes using the internet;

"method of polling" means voting either by post or internet;

"voter ID number" means a unique, randomly generated numeric identifier allocated to each voter by the Returning Officer for the purpose of e-voting.

1.2 Other expressions used in these rules and in Schedule 7 to the NHS Act 2006 have the same meaning in these rules as in that Schedule.

Part 2 – Timetable for election

2. Timetable

The proceedings at an election shall be conducted in accordance with the following timetable:

Proceeding	Time
Publication of notice of election	Not later than the fortieth day before the day of the close of the poll.
Final day for delivery of nomination papers to returning officer	Not later than the twenty eighth day before the day of the close of the poll.
Publication of statement of nominated candidates	Not later than the twenty seventh day before the day of the close of the poll.
Final day for delivery of notices of withdrawals by candidates from	Not later than twenty fifth day before the day of the close of the poll.

election	
Notice of the poll	Not later than the fifteenth day before the day of the close of the poll.
Close of the poll	By 5.00pm on the final day of the election

3. Computation of time

3.1 In computing any period of time for the purposes of the timetable:

(a) a Saturday or Sunday;
(b) Christmas day, Good Friday, or a bank holiday; or,
(c) a day appointed for public thanksgiving or mourning, shall be disregarded, and any such day shall not be treated as a day for the purpose of any proceedings up to the completion of the poll, nor shall the returning officer be obliged to proceed with the counting of votes on such a day.

3.2 In this rule, "bank holiday" means a day which is a bank holiday under the Banking and Financial Dealings Act 1971 in England and Wales.

Part 3 – Returning officer

4. Returning officer

4.1 Subject to rule 69, the returning officer for an election is to be appointed by the corporation.

4.2 Where two or more elections are to be held concurrently, the same returning officer may be appointed for all those elections.

5. Staff

5.1 Subject to rule 69, the returning officer may appoint and pay such staff, including such technical advisers, as he or she considers necessary for the purposes of the election.

6. Expenditure

6.1 The corporation is to pay the returning officer:

(a) any expenses incurred by that officer in the exercise of his or her functions under these rules,
(b) such remuneration and other expenses as the corporation may determine.

7. Duty of co-operation

7.1 The corporation is to co-operate with the returning officer in the exercise of his or her functions under these rules.

Part 4 – Stages Common to Contested and Uncontested Elections

8. Notice of election

8.1 The returning officer is to publish a notice of the election stating:

(a) the constituency, or class within a constituency, for which the election is being held;
(b) the number of members of the Council of Governors to be elected from that constituency, or class within that constituency;
(d) the details of any nomination committee that has been established by the corporation;
(e) the address and times at which nomination papers may be obtained;
(f) the address for return of nomination papers and the date and time by which they must be received by the returning officer;
(g) the date and time by which any notice of withdrawal must be received by the returning officer;
(g) the contact details of the returning officer; and,
(h) the date and time of the close of the poll in the event of a contest,

9. Nomination of candidates

9.1 Each candidate must nominate themselves on a single nomination paper.

9.2 The returning officer:

(a) is to supply any member of the corporation with a nomination paper, and;
(b) is to prepare a nomination paper for signature at the request of any member of the corporation;

but it is not necessary for a nomination to be on a form supplied by the returning officer and it can, subject to rule 13, be in an electronic format.

10. Candidate's particulars

10.1 The nomination paper must state the candidate's:

(a) full name;
(b) contact address in full; and,

(c) constituency, or class within a constituency, of which the candidate is a member.

11. Declaration of interests

11.1 The nomination paper must state:

(a) any financial interest that the candidate has in the corporation; and,
(b) whether the candidate is a member of a political party, and if so, which party, and if the candidate has no such interests, the paper must include a statement to that effect.

12. Declaration of eligibility

12.1 The nomination paper must include a declaration made by the candidate:

(a) that he or she is not prevented from being a member of the Council of Governors by paragraph 8 of Schedule 7 of the 2006 Act or by any provision of the Constitution; and,
(b) for a member of the public constituency, of the particulars of his or her qualification to vote as a member of that constituency, or class within that constituency, for which the election is being held.

13. Signature of candidate

13.1 The nomination paper must be signed and dated by the candidate, in a manner prescribed by the returning officer, indicating that:

(a) they wish to stand as a candidate,
(b) their declaration of interests as required under rule 11, is true and correct, and
(c) their declaration of eligibility, as required under rule 12, is true and correct.

14. Decisions as to the validity of nomination

14.1 Where a nomination paper is received by the returning officer in accordance with these rules, the candidate is deemed to stand for election unless and until the returning officer:

(a) decides that the candidate is not eligible to stand,
(b) decides that the nomination paper is invalid,
(c) receives satisfactory proof that the candidate has died, or
(d) receives a written request by the candidate of their withdrawal from candidacy.

14.2 The returning officer is entitled to decide that a nomination paper is invalid only on one of the following grounds:

(a) that the paper is not received on or before the final time and date for return of nomination papers, as specified in the notice of the election;
(b) that the paper does not contain the candidate's particulars, as required by rule 10;
(c) that the paper does not contain a declaration of the interests of the candidate, as required by rule 11;
(d) that the paper does not include a declaration of eligibility as required by rule 12; or,
(e) that the paper is not signed and dated by the candidate, as required by rule 13.

14.3 The returning officer is to examine each nomination paper as soon as is practicable after he or she has received it, and decide whether the candidate has been validly nominated.

14.4 Where the returning officer decides that a nomination is invalid, the returning officer must endorse this on the nomination paper, stating the reasons for their decision.

14.5 The returning officer is to send notice of the decision as to whether a nomination is valid or invalid to the candidate at the contact address given in the candidate's nomination paper.

15. Publication of statement of candidates

15.1 The returning officer is to prepare and publish a statement showing the candidates who are standing for election.

15.2 The statement must show:

(a) the name, contact address, and constituency or class within a constituency of each candidate standing, and
(b) the declared interests of each candidate standing, as given in their nomination paper.

15.3 The statement must list the candidates standing for election in alphabetical order by surname.

15.4 The returning officer must send a copy of the statement of candidates and copies of the nomination papers to the corporation as soon as is practicable after publishing the statement.

16. Inspection of statement of nominated candidates and nomination papers

16.1 The corporation is to make the statement of the candidates and the nomination papers supplied by the returning officer under rule 15.4 available for inspection by members of the public free of charge at all reasonable times.

16.2 If a person requests a copy or extract of the statement of candidates or their nomination papers, the corporation is to provide that member with the copy or extract free of charge.

17. Withdrawal of candidates

17.1 A candidate may withdraw from election on or before the date and time for withdrawal by candidates, by providing to the returning officer a written notice of withdrawal which is signed by the candidate and attested by a witness.

18. Method of election

18.1 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is greater than the number of members to be elected to the Council of Governors, a poll is to be taken in accordance with Parts 5 and 6 of these rules.

18.2 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is equal to the number of members to be elected to the Council of Governors, those candidates are to be declared elected in accordance with Part 7 of these rules.

18.3 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is less than the number of members to be elected to be Council of Governors, then:

(a) the candidates who remain validly nominated are to be declared elected in accordance with Part 7 of these rules, and

(b) the returning officer is to order a new election to fill any vacancy which remains unfilled, on a day appointed by him or her in consultation with the corporation.

Part 5 – Contested elections

19. Poll to be taken by ballot

19.1 The votes at the poll must be given by secret ballot.

19.2 The votes are to be counted and the result of the poll determined in accordance with Part 6 of these rules.

19.3 The corporation may decide if eligible voters, within a constituency, or class within a constituency, may, subject to rule 19.4, cast their vote by any combination of the methods of polling.

19.4 The corporation may decide if eligible voters, within a constituency or class within a constituency, for whom an e-mail mailing address is included in the list of eligible voters may only cast their votes by, one or more, e-voting methods of polling.

19.5 If the corporation decides to use an e-voting method of polling then they and the returning officer must satisfy themselves that:

(a) if internet voting is being used, the internet voting system to be used for the purpose of the election is configured in accordance with these rules and that it will accurately record the internet voting record of any voter who chooses to cast their vote using the internet voting system.
(b) if telephone voting is being used, the telephone voting system to be used for the purpose of the election is configured in accordance with these rules and that it will accurately record the telephone voting record of any voter who choose to cast their vote using the telephone voting system.
(c) if text message voting is being used, the text message voting system to be used for the purpose of the election is configured in accordance with these rules and that it will accurately record the text voting record of any voter who choose to cast their vote using the text message voting system.

20. The ballot paper

20.1 The ballot of each voter is to consist of a ballot paper with the persons remaining validly nominated for an election after any withdrawals under these rules, and no others, inserted in the paper.

20.2 Every ballot paper must specify:

(a) the name of the corporation;
(b) the constituency, or class within a constituency, for which the election is being held;

(c) the number of members of the Council of Governors to be elected from that constituency, or class within that constituency;
(d) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates;
(e) instructions on how to vote by all available methods of polling, including the relevant voters and voter ID number if e-voting is a method of polling;
(f) if the ballot paper is to be returned by post, the address for its return and the date and time of the close of the poll; and,
(g) the contact details of the returning officer.

20.3 Each ballot paper must have a unique identifier.

20.4 Each ballot paper must have features incorporated into it to prevent it from being reproduced.

21. The declaration of identity (public constituencies)

21.1 In respect of an election for a public constituency a declaration of identity must be issued with all ballot information.

21.2 The declaration of identity is to include a declaration:

(a) that the voter is the person to whom the ballot information was addressed;
(b) that the voter has not marked or returned any other voting paper in the election; and,
(c) for a member of the public constituency, of the particulars of that member's qualification to vote as a member of the constituency or class within a constituency for which the election is being held.

21.3 The declaration of identity is to include space for:

(a) the name of the voter;
(b) the address of the voter;
(c) the voter's signature; and,
(d) the date that the declaration was made by the voter.

21.4 The voter must be required to return the declaration of identity together with the ballot information, or complete the electronic declaration prior to voting electronically.

21.5 The declaration of identity must caution the voter that, if it is not returned with the ballot paper, or if it is returned without being correctly completed, or if it is not completed prior to electronic voting, the voter's ballot paper may be declared invalid.

Action to be taken before the poll

22. List of eligible voters

22.1 The corporation is to provide the returning officer with a list of the members of the constituency or class within a constituency for which the election is being held who are eligible to vote by virtue of rule 27 as soon as is reasonably practicable after the final date for the delivery of notices of withdrawals by candidates from an election.

22.2 The list is to include, for each member, a postal mailing address and if available an e-mail address, where their voting information may be sent.

22.3 The corporation may decide if the voting information is to be sent only by e-mail to those members, in a particular constituency or class within a constituency, for whom an e-mail address is included in the list of eligible voters.

23. Notice of poll

23.1 The returning officer is to publish a notice of the poll stating:

(a) the name of the corporation;
(b) the constituency, or class within a constituency, for which the election is being held;
(c) the number of members of the Council of Governors to be elected from that constituency, or class with that constituency;
(d) the names, contact addresses, and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates;
(e) the methods of polling by which votes may be cast at the election by a constituency or class within a constituency as determined by the corporation in rule 19.3;
(f) the address for return of the ballot papers, and the date and time of the close of the poll;
(g) the uniform resource locator (url) where, if internet voting is being used, the polling website is located;
(h) the telephone number where, if telephone voting is being used, the telephone voting facility is located;
(i) the telephone number or telephone short code where, if text message voting is being used, the text message voting facility is located;
(j) the address and final dates for applications for replacement voting information; and,
(k) the contact details of the returning officer.

24. Issue of voting information by returning officer

24.1 As soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following voting information to each member of the corporation named in the list of eligible voters:

(a) by post to each member of the corporation named in the list of eligible voters and on the basis of rule 22 able to cast their vote by post:
  (i) a ballot paper and ballot paper envelope;
  (ii) a declaration of identity (if required);
  (iii) information about each candidate standing for election, pursuant to rule 68 of these rules; and,
  (iv) a covering envelope.

(b) by e-mail or by post, to each member of the corporation named in the list of eligible voters and on the basis of rule 19.4 able to cast their vote only by an e-voting method of polling:
  (i) instructions on how to vote;
  (ii) the eligible voter's voter ID number;
  (iii) information about each candidate standing for election, pursuant to rule 64 of these rules, or details of where this information is readily available on the internet or available in such other formats as the Returning Officer thinks appropriate;
  (iv) contact details of the returning officer.

24.2 The documents are to be sent to the mailing address or e-mail address for each member, as specified in the list of eligible voters.

25. Ballot paper envelope and covering envelope

25.1 The ballot paper envelope must have clear instructions to the voter printed on it, instructing the voter to seal the ballot paper inside the envelope once the ballot paper has been marked.

25.2 The covering envelope is to have:

(a) the address for return of the ballot paper printed on it; and,
(b) pre-paid postage for return to that address.

25.3 There should be clear instructions, either printed on the covering envelope or elsewhere, instructing the voter to seal the following documents inside the covering envelope and return it to the returning officer:

(a) the completed declaration of identity if required; and,
(b) the ballot paper envelope, with the ballot paper sealed inside it.

26. E-voting systems

26.1 If internet voting is a method of polling for the relevant election then the returning officer must provide a website for the purpose of voting over the internet (in these rules referred to as "the polling website").

26.2 If telephone voting is a method of polling for the relevant election then the returning officer must provide an automated telephone system for the purpose of voting by the use of a touch-tone telephone (in these rules referred to as “the telephone voting facility”).

26.3 If text message voting is a method of polling for the relevant election then the returning officer must provide an automated text messaging system for the purpose of voting by text message (in these rules referred to as “the text message voting facility”).

26.4 The provision of the polling website and internet voting system will:

(a) require a voter, to be permitted to vote, to enter his voter ID number;
(b) specify:
(i) the name of the corporation;
(ii) the constituency, or class within a constituency, for which the election is being held;
(iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency;
(iv) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates;
(v) instructions on how to vote.
(c) prevent a voter voting for more candidates than they are entitled to at the election;
(d) create a record ("the internet voting record") that is stored in the internet voting system in respect of each vote cast using the internet of:
(i) the voter ID number used by the voter;
(ii) the candidate or candidates for whom he has voted; and,
(iii) the date and time of his vote;
(e) if their vote has been cast and recorded, provide the voter with confirmation;
(f) prevent any voter voting after the close of poll.

26.5 The provision of a telephone voting facility and telephone voting system, will:

(a) require a voter to be permitted to vote, to enter his voter ID number;

(b) specify:

(i) the name of the corporation,
(ii) the constituency, or class within a constituency, for which the election is being held
(iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
(iv) instructions on how to vote.

(c) prevent a voter voting for more candidates than he is entitled to at the election;

(d) create a record ("the telephone voting record") that is stored in the telephone voting system in respect of each vote cast by telephone of-
(i) the voter ID number used by the voter;
(ii) the candidate or candidates for whom he has voted; and
(iii) the date and time of his vote

(e) if their vote has been cast and recorded, provide the voter with confirmation;

(f) prevent any voter voting after the close of poll.

26.6 The provision of a text message voting facility and text messaging voting system, will:

(a) require a voter to be permitted to vote, to provide his voter ID number;

(b) prevent a voter voting for more candidates than he is entitled to at the election;

d) create a record ("the text voting record") that is stored in the text messaging voting system in respect of each vote cast by text message of:
(i) the voter ID number used by the voter;
(ii) the candidate or candidates for whom he has voted; and
(iii) the date and time of his vote

(e) if their vote has been cast and recorded, provide the voter with confirmation;

(f) prevent any voter voting after the close of poll.

The poll

27. Eligibility to vote

27.1 An individual who becomes a member of the corporation on or before the closing date for the receipt of nominations by candidates for the election, is eligible to vote in that election.

28. Voting by persons who require assistance

28.1 The returning officer is to put in place arrangements to enable requests for assistance to vote to be made.

28.2 Where the returning officer receives a request from a voter who requires assistance to vote, the returning officer is to make such arrangements as they consider necessary to enable that voter to vote.

29. Spoilt ballot papers

29.1 If a voter has dealt with their ballot paper in such a manner that it cannot be accepted as a ballot paper (referred to as a "spoilt ballot paper"), that voter may apply to the returning officer for a replacement ballot paper.

29.2 On receiving an application, the returning officer is to obtain the details of the unique identifier on the spoilt ballot paper, if they can obtain it.

29.3 The returning officer may not issue a replacement ballot paper for a spoilt ballot paper unless:

(a) satisfied as to the voter's identity; or,
(b) the declaration of identity, if required, has not been returned.

29.4 After issuing a replacement ballot paper for a spoilt ballot paper, the returning officer shall enter in a list ("the list of spoilt ballot papers"):

(a) the name of the voter and confirmation of the voter's identity;
(b) the details of the unique identifier of the spoilt ballot paper (if that officer was able to obtain it); and,
(c) the details of the unique identifier of the replacement ballot paper.

30. Lost voting information

30.1 Where a voter has not received their voting information by the tenth day before the close of the poll, that voter may apply to the returning officer for replacement voting information.

30.2 The returning officer may not issue replacement voting information for lost voting information unless they:

(a) are satisfied as to the voter's identity;
(b) have no reason to doubt that the voter did not receive the original voting information;
(c) has ensured that the declaration of identity if required has not been returned.

30.3 After issuing replacement voting information, the returning officer shall enter in a list ("the list of lost ballots"):

(a) the name of the voter;
(b) the details of the unique identifier of the replacement ballot paper; and,
(c) if applicable, the voter ID number of the voter.

31. Issue of replacement voting information

31.1 If a person applies for replacement voting information under rule 29 or 30 and a declaration of identity has already been received by the returning officer in the name of that voter, the returning officer may not issue replacement voting information unless, in addition to the requirements imposed by rule 29.3 or 30.2, they are also satisfied that that person has not already voted in the election, notwithstanding the fact that a declaration of identity if required has already been received by the returning officer in the name of that voter.

31.2 After issuing a replacement ballot paper under this rule, the returning officer shall enter in a list ("the list of tendered ballot papers"):

(a) the name of the voter; and,
(b) the details of the unique identifier of the replacement ballot paper issued under this rule.

32. Declaration of identity for replacement voting information (public constituencies)

32.1 In respect of an election for a public constituency a declaration of identity must be issued with all replacement ballot information.

32.2 The declaration of identity is to include a declaration:

(a) that the voter has not voted in the election with any ballot information other than the ballot information being returned or completed with the declaration; and,

(b) of the particulars of that member's qualification to vote as a member of the public constituency, or class within a constituency, for which the election is being held.

32.3 The declaration of identity is to include space for:

(a) the name of the voter;
(b) the address of the voter;
(c) the voter's signature; and,
(d) the date that the declaration was made by the voter.

32.4 The voter must be required to return or electronically complete the declaration of identity together with the ballot paper.

32.5 The declaration of identity must caution the voter that if it is not returned with the ballot paper, or if it is returned without being correctly completed, or electronically completed prior to e-voting, the replacement ballot information may be declared invalid.

Polling by internet, telephone or text

33. Procedure for remote voting by internet

33.1 To cast their vote using the internet the voter must gain access to the polling website by keying in the url of the polling website provided in the voting information.

33.2 When prompted to do so, the voter must enter their voter ID number.

33.3 If the internet voting system authenticates the voter ID number the system must give the voter access to the polling website for the election in which the voter is eligible to vote.

33.4 To cast their vote the voter may then key in a mark on the screen opposite the particulars of the candidate or candidates for whom they wish to cast their vote.

33.5 The voter must not be able to access the internet voting facility for an election once their vote at that election has been cast.

34. Voting procedure for remote voting by telephone

34.1 To cast their vote by telephone the voter must gain access to the telephone voting facility by calling the designated telephone number provided on the voter information using a telephone with a touch-tone keypad.

34.2 When prompted to do so, the voter must enter their voter ID number using the keypad.

34.3 If the telephone voting facility authenticates the voter ID number, the voter must be prompted to vote in the election.

34.4 When prompted to do so the voter may then cast his vote by keying in the code of the candidate or candidates, allocated in accordance with Part Five of these rules, for whom they wish to vote.

34.5 The voter must not be able to access the telephone voting facility for an election once their vote at that election has been cast.

35. Voting procedure for remote voting by text message

35.1 To cast their vote by text the voter must gain access to the text message voting facility by sending a text message to the designated telephone number or telephone short code provided on the voter information.

35.2 The text message sent by the voter must contain their voter ID number and the code for the candidate or candidates, for whom they wish to vote.

35.3 The text message sent by the voter must be structured in accordance with the instructions on how to vote contained in the voter information.

Procedure for receipt of envelopes, internet votes, telephone votes and text message votes

36. Receipt of voting documents

36.1 Where the returning officer receives a:

(a) covering envelope; or,
(b) any other envelope containing a declaration of identity if required, a ballot paper envelope, or a ballot paper, before the close of the poll, that officer is to open it as soon as is practicable; and rules 37 and 38 are to apply.

36.2 The returning officer may open any ballot paper covering envelope for the purposes of rules 37 and 38, but must make arrangements to ensure that no person obtains or communicates information as to:

(a) the candidate for whom a voter has voted; or,
(b) the unique identifier on a ballot paper.

36.3 The returning officer must make arrangements to ensure the safety and security of the ballot papers and other documents.

37. Validity of votes

37.1 A ballot paper shall not be taken to be duly returned unless the returning officer is satisfied that it has been received by the returning officer before the close of the poll, with a declaration of identity if required that has been correctly completed, signed, and dated.

37.2 Where the returning officer is satisfied that rule 37.1 has been fulfilled, they should:

(a) put the declaration of identity if required in a separate packet; and,
(b) put the ballot paper aside for counting after the close of the poll.

37.3 Where the returning officer is not satisfied that rule 37.1 has been fulfilled, they should:

(a) mark the ballot paper “disqualified”;
(b) if there is a declaration of identity accompanying the ballot paper, mark it as “disqualified” and attach it the ballot paper;
(c) record the unique identifier on the ballot paper in a list (the “list of disqualified documents”); and,
(d) place the document or documents in a separate packet.

37.4 An internet, telephone or text message vote shall not be taken to be duly returned unless the returning officer is satisfied that the internet, telephone or text voting record has been received by the returning officer before the close of the poll.

38. De-duplication of votes

38.1 Where a combination of the methods of polling are being used, the returning officer shall examine all votes cast to ascertain if a voter ID number has been used more than once to cast a vote in an election.

38.2 If the returning officer ascertains that a voter ID number has been used more than once to cast a vote in an election they shall:

(a) only accept as duly returned the first vote received that contained the duplicated voter ID number;

(b) mark as "disqualified" all other votes containing the duplicated voter ID number

38.3 Where a ballot paper is "disqualified" under this rule the returning officer shall:

(a) mark the ballot paper "disqualified",

(b) record the unique identifier and voter id number on the ballot paper in a list (the "list of disqualified documents"); and

(c) place the ballot paper in a separate packet.

38.4 Where an internet, telephone or text voting record is "disqualified" under this rule the returning officer shall:

(a) mark the record as "disqualified",

(b) record the voter ID number on the record in a list (the "list of disqualified documents".

(c) disregard the record when counting the votes in accordance with these Rules.

39. Declaration of identity but no ballot paper (public constituency) – Where the returning officer receives a declaration of identity if required but no ballot paper:

(a) mark the declaration of identity "disqualified";
(b) record the name of the voter in the list of disqualified documents, indicating that a declaration of identity has been received from the voter without a ballot paper; and,
(c) place the declaration of identity in a separate packet.

40. Sealing of packets

40.1 As soon as is possible after the close of the poll and after the completion of the procedure under rules 37 and 38, the returning officer is to seal the packets containing:

(a) the disqualified documents, together with the list of disqualified documents inside it;
(b) the declarations of identity if required;
(c) the list of spoilt ballots;
(d) the list of lost ballots;
(e) the list of eligible voters;
(e) the list of tendered ballots; and,
(f) complete electronic copies of records referred to in rule 26 held in a device suitable for the purpose of storage.

Part 6 – Counting the votes

Note: the following rules describe how the votes are to be counted manually but it is expected that appropriately audited vote counting software will be used to count votes where a combination of methods of polling is being used and votes are contained as electronic e-voting records and ballot papers.

41. Single Transferable Vote (STV) - Interpretation of Part 6

In part 6 of these rules:

"ballot" means a ballot paper, internet voting record, telephone voting record or text voting record;

"continuing candidate" means any candidate not deemed to be elected, and not excluded;

"count" means all the operations involved in counting of the first preferences recorded for candidates, the transfer of the surpluses of elected candidates, and the transfer of the votes of the excluded candidates;

"deemed to be elected" means deemed to be elected for the purposes of counting of votes but without prejudice to the declaration of the result of the poll;

"mark" means a figure, an identifiable written word, or a mark such as "X";

"non-transferable vote" means a ballot:

(a) on which no second or subsequent preference is recorded for a continuing candidate; or,
(b) which is excluded by the returning officer under rule 49 - STV below;

"preference" as used in the following contexts has the meaning assigned below:

(a) "first preference" means the figure "1" or any mark or word which clearly indicates a first (or only) preference;
(b) "next available preference" means a preference which is the second, or as the case may be, subsequent preference recorded in consecutive order for a continuing candidate (any candidate who is deemed to be elected or is excluded thereby being ignored); and,
(c) in this context, a "second preference" is shown by the figure "2" or any mark or word which clearly indicates a second preference, and a third preference by the figure "3" or any mark or word which clearly indicates a third preference, and so on;

"quota" means the number calculated in accordance with rule 46 - STV below;

"surplus" means the number of votes by which the total number of votes for any candidate (whether first preference or transferred votes, or a combination of both) exceeds the quota; but references in these rules to the transfer of the surplus means the transfer (at a transfer value) of all transferable ballots from the candidate who has the surplus;

"stage of the count" means:

(a) the determination of the first preference vote of each candidate;
(b) the transfer of a surplus of a candidate deemed to be elected; or,
(c) the exclusion of one or more candidates at any given time;

"transferable vote" means a ballot on which, following a first preference, a second or subsequent preference is recorded in consecutive numerical order for a continuing candidate;

"transferred vote" means a vote derived from a ballot on which a second or subsequent preference is recorded for the candidate to whom that ballot has been transferred; and,

"transfer value" means the value of a transferred vote calculated in accordance with rules 47.4 - STV or 47.7 - STV below

42. Arrangements for counting of the votes

42.1 The returning officer is to make arrangements for counting the votes as soon as is practicable after the close of the poll.

43. The count

43.1 The returning officer is to:

(a) count and record the number of votes that have been returned; and,
(b) count the votes according to the provisions in this Part of the rules.

43.2 The returning officer, while counting and recording the number of votes and counting the votes, must make arrangements to ensure that no person obtains or communicates information as to the unique identifier on a ballot paper or a voter's voter ID number.

43.3 The returning officer is to proceed continuously with counting the votes as far as is practicable.

44. STV - Rejected ballot papers

44.1 STV - Any ballot paper:

(a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced;
(b) on which the figure "1" standing alone is not placed so as to indicate a first preference for any candidate;
(c) on which anything is written or marked by which the voter can be identified except the unique identifier; or,
(d) which is unmarked or rejected because of uncertainty;

shall be rejected and not counted, but the ballot paper shall not be rejected by reason only of carrying the words "one", "two", "three" and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

44.2 STV – The returning officer is to endorse the word "rejected" on any ballot paper which under this rule is not to be counted.

44.3 STV - The returning officer is to draw up a statement showing the number of ballot papers rejected by him or her under each of the subparagraphs (a) to (d) of rule 44.1 - STV

44. First Past the Post (FPP) - Rejected ballot papers

44.1 Any ballot paper:

(a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced;

(b) on which votes are given for more candidates than the voter is entitled to vote;
(b) on which anything is written or marked by which the voter can be identified except the unique identifier; or,
(c) which is unmarked or rejected because of uncertainty;

shall, subject to rules 44.2- FPP and 44.3 - FPP, be rejected and not counted.

44.2 FPP - Where the voter is entitled to vote for more than one candidate, a ballot paper is not to be rejected because of uncertainty in respect of any vote where no uncertainty arises, and that vote is to be counted.

44.3 FPP - A ballot paper on which a vote is marked:

(a) elsewhere than in the proper place;
(b) otherwise than by means of a clear mark;
(c) by more than one mark;

is not to be rejected for such reason (either wholly or in respect of that vote) if an intention that the vote shall be for one or other of the candidates clearly appears, and the way the paper is marked does not itself identify the voter and it is not shown that he or she can be identified by it.

44.4 FPP - The returning officer is to:

(a) endorse the word “rejected” on any ballot paper which under this rule is not to be counted; and
(b) in the case of a ballot paper on which any vote is counted under rules 44.2 - FPP and 44.3 - FPP, endorse the words “rejected in part” on the ballot paper and indicate which vote or votes have been counted.

44.5 FPP - The returning officer is to draw up a statement showing the number of rejected ballot papers under the following headings:

(a) does not bear proper features that have been incorporated into the ballot paper,
(b) voting for more candidates than the voter is entitled to;
(c) writing or mark by which voter could be identified; and,
(d) unmarked or rejected because of uncertainty;

and, where applicable, each heading must record the number of ballot papers rejected in part.

45. STV - First stage

45.1 STV - The returning officer is to sort the ballots into parcels according to the candidates for whom the first preference votes are given.

45.2 STV - The returning officer is to then count the number of first preference votes given on ballots for each candidate, and is to record those numbers.

45.3 STV - The returning officer is to also ascertain and record the number of valid ballots.

46. STV - The quota

46.1 STV - The returning officer is to divide the number of valid ballots by a number exceeding by one the number of members to be elected.

46.2 STV - The result, increased by one, of the division under rule 46.1 - STV (any fraction being disregarded) shall be the number of votes sufficient to secure the election of a candidate (in these rules referred to as “the quota”).

46.3 STV - At any stage of the count a candidate whose total votes equals or exceeds the quota shall be deemed to be elected, except that any election where there is only one vacancy a candidate shall not be deemed to be elected until the procedure set out in rules 47.1 - STV to 47.3 - STV has been complied with.

47. STV - Transfer of votes

47.1 STV - Where the number of first preference votes for any candidate exceeds the quota, the returning officer is to sort all the ballots on which first preference votes are given for that candidate into sub- parcels so that they are grouped:

(a) according to next available preference given on those ballots for any continuing candidate; or,
(b) where no such preference is given, as the sub-parcel of non-transferable votes.

47.2 STV - The returning officer is to count the number of ballots in each parcel referred to in rule.

47.3 STV - The returning officer is, in accordance with this rule and rule 48 - STV, to transfer each sub-parcel of ballots referred to in rule 47.1(a) - STV to the candidate for whom the next available preference is given on those papers.

47.4 STV - The vote on each ballot transferred under rule 47.3 - STV shall be at a value ("the transfer value") which:

(a) reduces the value of each vote transferred so that the total value of all such votes does not exceed the surplus; and,
(b) is calculated by dividing the surplus of the candidate from whom the votes are being transferred by the total number of the ballots on which those votes are given, the calculation being made to two decimal places (ignoring the remainder if any).

47.5 STV - Where at the end of any stage of the count involving the transfer of ballots, the number of votes for any candidate exceeds the quota, the returning officer is to sort the ballots in the sub-parcel of transferred votes which was last received by that candidate into separate sub-parcels so that they are grouped:

(a) according to the next available preference given on those ballots for any continuing candidate; or,
(b) where no such preference is given, as the sub-parcel of non-transferable votes.

47.6 STV - The returning officer is, in accordance with this rule and rule 48 - STV, to transfer each sub-parcel of ballots referred to in rule 47.5(a) - STV to the candidate for whom the next available preference is given on those ballots.

47.7 STV - The vote on each ballot transferred under rule 47.6 - STV shall be at:

(a) a transfer value calculated as set out in rule 47.4(b) - STV; or,
(b) at the value at which that vote was received by the candidate from whom it is now being transferred, whichever is the less.

47.8 STV - Each transfer of a surplus constitutes a stage in the count.

47.9 STV - Subject to rule 47.10 - STV, the returning officer shall proceed to transfer transferable ballots until no candidate who is deemed to be elected has a surplus or all the vacancies have been filled.

47.10 STV - Transferable ballots shall not be liable to be transferred where any surplus or surpluses which, at a particular stage of the count, have not already been transferred, are**:**

(a) less than the difference between the total vote then credited to the continuing candidate with the lowest recorded vote and the vote of the candidate with the next lowest recorded vote; or,

(b) less than the difference between the total votes of the two or more continuing candidates, credited at that stage of the count with the lowest recorded total numbers of votes and the candidate next above such candidates.

47.11 STV - This rule does not apply at an election where there is only one vacancy.

48. **STV - Supplementary provisions on transfer**

48.1 STV - If, at any stage of the count, two or more candidates have surpluses, the transferable ballots of the candidate with the highest surplus shall be transferred first, and if:

(a) The surpluses determined in respect of two or more candidates are equal, the transferable ballots of the candidate who had the highest recorded vote at the earliest preceding stage at which they had unequal votes shall be transferred first; and,
(b) the votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between those candidates by lot, and the transferable ballots of the candidate on whom the lot falls shall be transferred first.

48.2 STV - The returning officer shall, on each transfer of transferable ballots under rule 47 - STV:

(a) record the total value of the votes transferred to each candidate;
(b) add that value to the previous total of votes recorded for each candidate and record the new total;
(c) record as non-transferable votes the difference between the surplus and the total transfer value of the transferred votes and add that difference to the previously recorded total of non-transferable votes; and,
(d) compare**:**
    (i) the total number of votes then recorded for all of the candidates, together with the total number of non-transferable votes; with,
    (ii) the recorded total of valid first preference votes.

48.3 STV - All ballots transferred under rule 47 - STV or 48 - STV shall be clearly marked, either individually or as a sub-parcel, so as to indicate the transfer value recorded at that time to each vote on that ballot or, as the case may be, all the ballots in that sub-parcel.

48.4 STV - Where a ballot is so marked that it is unclear to the returning officer at any stage of the count under rule 47 - STV or 48 - STV for which candidate the next preference is recorded, the returning officer shall treat any vote on that ballot as a non-transferable vote; and votes on a ballot shall be so treated

where, for example, the names of two or more candidates (whether continuing candidates or not) are so marked that, in the opinion of the returning officer, the same order of preference is indicated or the numerical sequence is broken.

49. STV - Exclusion of candidates

49.1 STV - If:

(a) all transferable ballots which under the provisions of rule 47 – STV (including that rule as applied by rule 49.11 - STV and this rule are required to be transferred, have been transferred; and,
(b) subject to rule 50 - STV, one or more vacancies remain to be filled;

the returning officer shall exclude from the election at that stage the candidate with the then lowest vote (or, where rule 49.12 - STV applies, the candidates with the then lowest votes).

49.2 STV - The returning officer shall sort all the ballots on which first preference votes are given for the candidate or candidates excluded under rule 49.1 - STV into two sub-parcels so that they are grouped as:

(a) ballots on which a next available preference is given; and,
(b) ballots on which no such preference is given (thereby including ballots on which preferences are given only for candidates who are deemed to be elected or are excluded).

49.3 STV - The returning officer shall, in accordance with this rule and rule 48 - STV, transfer each sub-parcel of ballots referred to in rule 49.2 - STV to the candidate for whom the next available preference is given on those ballots.

49.4 STV - The exclusion of a candidate, or of two or more candidates together, constitutes a further stage of the count.

49.5 STV - If, subject to rule 50 - STV, one or more vacancies still remain to be filled, the returning officer shall then sort the transferable ballots, if any, which had been transferred to any candidate excluded under rule 49.1 - STV into sub- parcels according to their transfer value.

49.6 STV - The returning officer shall transfer those ballots in the sub-parcel of transferable ballots with the highest transfer value to the continuing candidates in accordance with the next available preferences given on those ballots (thereby passing over candidates who are deemed to be elected or are excluded).

49.7 STV - The vote on each transferable ballot transferred under rule STV49.6 shall be at the value at which that vote was received by the candidate excluded under rule STV49.1.

49.8 STV - Any ballots on which no next available preferences have been expressed shall be set aside as non-transferable votes.

49.9 STV - After the returning officer has completed the transfer of the ballots in the sub-parcel of ballots with the highest transfer value he or she shall proceed to transfer in the same way the sub-parcel of ballots with the next highest value and so on until he has dealt with each sub-parcel of a candidate excluded under rule STV49.1.

49.10 STV - The returning officer shall after each stage of the count completed under this rule:

(a) record:
  (i) the total value of votes; or,
  (ii) the total transfer value of votes transferred to each candidate;
(b) add that total to the previous total of votes recorded for each candidate and record the new total;
(c) record the value of non-transferable votes and add that value to the previous non-transferable votes total; and,
(d) compare:

  (i) the total number of votes then recorded for each candidate together with the total number of non-transferable votes; with,
  (ii) the recorded total of valid first preference votes.

49.11 STV - If after a transfer of votes under any provision of this rule, a candidate has a surplus, that surplus shall be dealt with in accordance with rules 47.5 - STV 47.10 - STV and rule 48 - STV.

49.12 STV - Where the total of the votes of the two or more lowest candidates, together with any surpluses not transferred, is less than the number of votes credited to the next lowest candidate, the returning officer shall in one operation exclude such two or more candidates.

49.13 STV - If when a candidate has to be excluded under this rule, two or more candidates each have the same number of votes and are lowest**:**

(a) regard shall be had to the total number of votes credited to those candidates at the earliest stage of the count at which they had an unequal number of votes and the candidate with the lowest number of votes at that stage shall be excluded; and,

(b) where the number of votes credited to those candidates was equal at all stages, the returning officer shall decide between the candidates by lot and the candidate on whom the lot falls shall be excluded.

50. STV - Filling of last vacancies

50.1 STV - Where the number of continuing candidates is equal to the number of vacancies remaining unfilled the continuing candidates shall thereupon be deemed to be elected.

50.2 STV - Where only one vacancy remains unfilled and the votes of any one continuing candidate are equal to or greater than the total of votes credited to other continuing candidates together with any surplus not transferred, the candidate shall thereupon be deemed to be elected.

50.3 STV - Where the last vacancies can be filled under this rule, no further transfer of votes shall be made.

51. STV - Order of election of candidates

51.1 STV - The order in which candidates whose votes equal or exceed the quota are deemed to be elected shall be the order in which their respective surpluses were transferred, or would have been transferred but for rule 47.10 - STV.

51.2 STV - A candidate credited with a number of votes equal to, and not greater than, the quota shall, for the purposes of this rule, be regarded as having had the smallest surplus at the stage of the count at which he obtained the quota.

51.3 STV - Where the surpluses of two or more candidates are equal and are not required to be transferred, regard shall be had to the total number of votes credited to such candidates at the earliest stage of the count at which they had an unequal number of votes and the surplus of the candidate who had the greatest number of votes at that stage shall be deemed to be the largest.

51.4 STV - Where the number of votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between them by lot and the candidate on whom the lot falls shall be deemed to have been elected first.

51. FPP - Equality of votes

51.1 FPP - Where, after the counting of votes is completed, an equality of votes is found to exist between any candidates and the addition of a vote would entitle any of those candidates to be declared elected, the returning officer is to

decide between those candidates by a lot, and proceed as if the candidate on whom the lot falls had received an additional vote.

Part 7 – Final proceedings in contested and uncontested elections

52. STV - Declaration of result for contested elections

52.1 STV - In a contested election, when the result of the poll has been ascertained, the returning officer is to:

(a) declare the candidates who are deemed to be elected under Part 6 of these rules as elected;
(b) give notice of the name of each candidate who they have declared elected:

(i) where the election is held under a proposed Constitution pursuant to powers conferred on the Northern Lincolnshire and Goole Foundation NHS Trust by section 33(4) of the 2006 Act, to the Chair of the NHS Trust; or,
(ii) in any other case, to the Chair of the corporation; and,

(c) give public notice of the name of each candidate who they have declared elected.

52.2 STV - The returning officer is to make**:**

(a) the number of first preference votes for each candidate whether elected or not;
(b) any transfer of votes;
(b) the total number of votes for each candidate at each stage of the count at which such transfer took place;
(d) the order in which the successful candidates were elected; and,
(e) the number of rejected ballot papers under each of the headings in rule STV- 44.1,
available on request.

52. FPP - Declaration of result for contested elections

52.1 FPP - In a contested election, when the result of the poll has been ascertained, the returning officer is to:

(a) declare the candidate or candidates whom more votes have been given than for the other candidates, up to the number of vacancies to be filled on the council of governors from the constituency, or class within a constituency, for which the election is being held to be elected;

(b) give notice of the name of each candidate who they have declared elected:
   (i) where the election is held under a proposed constitution pursuant to powers conferred on the Northern Lincolnshire and Goole Foundation NHS Trust by section 33(4) of the 2006 Act, to the Chair of the NHS Trust, or
   (ii) in any other case, to the Chair of the corporation; and,

(b) give public notice of the name of each candidate whom they have declared elected.

52.2 FPP - The returning officer is to make:

(a) the total number of votes given for each candidate (whether elected or not); and,
(b) the number of rejected ballot papers under each of the headings in rule 44.5 - FPP, available on request.

53. Declaration of result for uncontested elections

53.1 In an uncontested election, the returning officer is to as soon as is practicable after final day for the delivery of notices of withdrawals by candidates from the election:

(a) declare the candidate or candidates remaining validly nominated to be elected;
(b) give notice of the name of each candidate who they have declared elected to the Chair of the corporation; and,
(c) give public notice of the name of each candidate who they have declared elected.

Part 8 – Disposal of documents

54. Sealing up of documents relating to the poll

54.1 On completion of the counting at a contested election, the returning officer is to seal up the following documents in separate packets:

(a) the counted ballot papers;
(b) the ballot papers endorsed with “rejected in part”;
(c) the rejected ballot papers;
(d) papers; and,
(e) the complete electronic copies of records referred to in rule 26 held in a device suitable for the purpose of storage.

54.2 The returning officer must not open the sealed packets of:

(a) the disqualified documents, with the list of disqualified documents inside it;
(b) the list of spoilt ballot papers;
(c) the list of lost ballots;
(d) the list of eligible voters;
(e) the complete electronic copies of records referred to in rule 26 held in a device suitable for the purpose of storage; and,
(f) the list of tendered ballot papers.

54.3 The returning officer must endorse on each packet a description of**:**

(a) its contents;
(b) the date of the publication of notice of the election;
(c) the name of the corporation to which the election relates; and,
(d) the constituency, or class within a constituency, to which the election relates.

55. Delivery of documents

55.1 Once the documents relating to the poll have been sealed up and endorsed pursuant to rule 54, the returning officer is to forward them to the chair of the corporation.

56. Forwarding of documents received after close of the poll

56.1 Where:

(a) any voting documents are received by the returning officer after the close of the poll; or,
(b) any envelopes addressed to eligible voters are returned as undelivered too late to be resent; or,
(c) any applications for replacement voter information is made too late to enable new ballot papers to be issued.

The returning officer is to put them in a separate packet, seal it up, and endorse and forward it to the Chair of the corporation.

57. Retention and public inspection of documents

57.1 The corporation is to retain the documents relating to an election that are forwarded to the chair by the returning officer under these rules for one year,

and then, unless otherwise directed by the regulator, cause them to be destroyed.

57.2 With the exception of the documents listed in rule 58.1, the documents relating to an election that are held by the corporation shall be available for inspection by members of the public at all reasonable times.

57.3 A person may request a copy or extract from the documents relating to an election that are held by the corporation, and the corporation is to provide it, and may impose a reasonable charge for doing so.

58. Application for inspection of certain documents relating to an election

58.1 The corporation may not allow the inspection of, or the opening of any sealed packet containing:

(a) any rejected ballot papers, including ballot papers rejected in part;
(b) any disqualified documents, or the list of disqualified documents;
(c) any counted ballot papers;
(d) any declarations of identity;
(e) the list of eligible voters; or,
(f) the complete electronic copies of records referred to in rule 26 held in a device suitable for the purpose of storage by any person without the consent of the Regulator.

58.2 A person may apply to the Regulator to inspect any of the documents listed in rule 58.1, and the Regulator may only consent to such inspection if it is satisfied that it is necessary for the purpose of questioning an election pursuant to Part 11.

58.3 The Regulator's consent may be on any terms or conditions that it thinks necessary, including conditions as to:

(a) persons;
(b) time;
(c) place and mode of inspection;
(d) production or opening, and the corporation must only make the documents available for inspection in accordance with those terms and conditions.

58.4 On an application to inspect any of the documents listed in rule 58.1:

(a) in giving its consent, the regulator, and
(b) making the documents available for inspection, the corporation, must ensure that the way in which the vote of any particular member has been given shall not be disclosed, until it has been established:

(i) that their vote was given; and,
(ii) that the regulator has declared that the vote was invalid.

Part 9 – Death of a candidate during a contested election

59. STV - Countermand or abandonment of poll on death of candidate

59.1 STV - If, at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:

(a) publish a notice stating that the candidate has died; and,

(b) proceed with the counting of the votes as if that candidate had been excluded from the count so that:

(i) ballots which only have a first preference recorded for the candidate that has died, and no preferences for any other candidates, are not to be counted; and,

(ii) ballots which have preferences recorded for other candidates are to be counted according to the consecutive order of those preferences, passing over preferences marked for the candidate who has died.

59.2 STV - The ballots which have preferences recorded for the candidate who has died are to be sealed with the other counted ballots pursuant to rule 54.1(a).

59. FPP - Countermand or abandonment of poll on death of candidate

59.1 FPP - If at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:

(a) countermand notice of the poll, or, if voting information has been issued, direct that the poll be abandoned within that constituency or class; and,
(b) order a new election, on a date to be appointed by him or her in consultation with the corporation, within the period of 40 days, computed in accordance with rule 3 of these rules, beginning with the day that the poll was countermanded or abandoned.

59.2 FPP - Where a new election is ordered under rule 59.1 - FPP, no fresh nomination is necessary for any candidate who was validly nominated for the

election where the poll was countermanded or abandoned but further candidates shall be invited for that constituency or class.

59.3 FPP - Where a poll is abandoned under rule 59.1(a) - FPP, rules 59.4 - FPP to 59.7 - FPP are to apply.

59.4 FPP - The returning officer shall not take any step or further step to open envelopes or deal with their contents in accordance with rules 37 and 38, and is to make up separate sealed packets in accordance with rule 39.

59.5 FPP - The returning officer is to:

(a) count and record the number of ballot papers that have been received; and,
(b) seal up the ballot papers into packets, along with the records of the number of ballot papers;
(c) seal up the electronic copies of records that have been received referred to in rule 26 held in a device suitable for the purpose of storage.

59.6 FPP - The returning officer is to endorse on each packet a description of:

(a) its contents;
(b) the date of the publication of notice of the election;
(c) the name of the corporation to which the election relates; and,
(d) the constituency, or class within a constituency, to which the election relates.

59.7 FPP - Once the documents relating to the poll have been sealed up and endorsed pursuant to rules 59.4 - FPP to 59.6 - FPP, the returning officer is to deliver them to the Chair of the corporation, and rules 57 and 58 are to apply.

Part 10 – Election expenses and publicity

60. Election expenses

60.1 Any expenses incurred, or payments made, for the purposes of an election which contravene this Part are an electoral irregularity, which may only be questioned in an application to the regulator under Part 11 of these rules.

61. Expenses and payments by candidates

61.1 A candidate may not incur any expenses or make a payment (of whatever nature) for the purposes of an election, other than expenses or payments that relate to

(a) personal expenses;
(b) travelling expenses, and expenses incurred while living away from home; and,
(c) expenses for stationery, postage, telephone, internet (or any similar means of communication) and other petty expenses, to a limit of £100.

62. Election expenses incurred by other persons

62.1 No person may:

(a) incur any expenses or make a payment (of whatever nature) for the purposes of a candidate's election, whether on that candidate's behalf or otherwise, or
(b) give a candidate or their family any money or property (whether a gift, donation, loan, or otherwise) to meet or contribute to expenses incurred by or on behalf of the candidate for the purposes of an election.

62.2 Nothing in this rule is to prevent the corporation from incurring such expenses, and making such payments, as it considers necessary pursuant to rules 63 and 64.

Publicity

63. Publicity about election by the corporation

63.1 The corporation may:

(a) compile and distribute such information about the candidates; and,
(b) organise and hold such meetings to enable the candidates to speak and respond to questions, as it considers necessary.

63.2 Any information provided by the corporation about the candidates, including information compiled by the corporation under rule 64, must be**:**

(a) objective, balanced and fair;
(b) equivalent in size and content for all candidates;
(c) compiled and distributed in consultation with all of the candidates standing for election; and,
(d) must not seek to promote or procure the election of a specific candidate or candidates, the expense of the electoral prospects of one or more other candidates.

63.3 Where the corporation proposes to hold a meeting to enable the candidates to speak, the corporation must ensure that all of the candidates are invited to attend, and in organising and holding such a meeting, the corporation must

not seek to promote or procure the election of a specific candidate or candidates at the expense of the electoral prospects of one or more other candidates.

64. Information about candidates for inclusion with voting information

64.1 The corporation must compile information about the candidates standing for election, to be distributed by the returning officer pursuant to rule 24 of these rules.

64.2 The information must consist of:

(a) a statement submitted by the candidate of no more than 250 words;
(b) a photograph of the candidate;
(c) an optional video statement may also be submitted.

65. Meaning of "for the purposes of an election"

65.1 In this Part, the phrase "for the purposes of an election" means with a view to, or otherwise in connection with, promoting or procuring a candidate's election, including the prejudicing of another candidate's electoral prospects; and the phrase "for the purposes of a candidate's election" is to be construed accordingly.

65.2 The provision by any individual of their own services voluntarily, on their own time, and free of charge is not to be considered an expense for the purposes of this Part.

Part 11 – Questioning elections and the consequence of irregularities

66. Application to question an election

66.1 An application alleging a breach of these rules, including an electoral irregularity under Part 10, may be made to the regulator.

66.2 An application may only be made once the outcome of the election has been declared by the returning officer.

66.3 An application may only be made to the Regulator by:

(a) a person who voted at the election or who claimed to have had the right to vote; or,
(b) a candidate, or a person claiming to have had a right to be elected at the election.

66.4 The application must:

(a) describe the alleged breach of the rules or electoral irregularity; and,
(b) be in such a form as the Regulator may require.

66.5 The application must be presented in writing within 21 days of the declaration of the result of the election.

66.6 If the Regulator requests further information from the applicant, then that person must provide it as soon as is reasonably practicable.

66.7 The Regulator shall delegate the determination of an application to a person or persons to be nominated for the purpose of the Regulator.

66.8 The determination by the person or persons nominated in accordance with rule 64.7 shall be binding on and shall be given effect by the corporation, the applicant and the members of the constituency (or class within a constituency including all the candidates for the election to which the application relates.

66.9 The Regulator may prescribe rules of procedure for the determination of an application including costs.

Part 12 – Miscellaneous

67. Secrecy

67.1 The following persons:

(a) the returning officer;
(b) the returning officer's staff, must maintain and aid in maintaining the secrecy of the voting and the counting of the votes, and must not, except for some purpose authorised by law, communicate to any person any information as to:

(i) the name of any member of the corporation who has or has not been given voter information or who has or has not voted;
(ii) the unique identifier on any ballot paper;
(iii) the voter ID number allocated to any voter;
(iv) the candidate(s) for whom any member has voted.

67.2 No person may obtain or attempt to obtain information as to the candidate(s) for whom a voter is about to vote or has voted, or communicate such information to any person at any time, including the unique identifier on a ballot paper given to a voter or the voter id number allocated to a voter.

67.3 The returning officer is to make such arrangements as he or she thinks fit to ensure that the individuals who are affected by this provision are aware of the duties it imposes.

68. Prohibition of disclosure of vote

68.1 No person who has voted at an election shall, in any legal or other proceedings to question the election, be required to state for whom he or she has voted.

69. Disqualification

69.1 A person may not be appointed as a returning officer, or as staff of the returning officer pursuant to these rules, if that person is**:**

(a) a member of the corporation,
(b) an employee of the corporation,
(c) a director of the corporation, or
(d) employed by or on behalf of a person who has been nominated for election.

70. Delay in postal service through industrial action or unforeseen event

70.1 If industrial action, or some other unforeseen event, results in a delay in**:**

(a) the delivery of the documents in rule 24; or,
(b) the return of the ballot papers and declarations of identity;

the returning officer may extend the time between the publication of the notice of the poll and the close of the poll, with the agreement of the Regulator.

ANNEX 5 – ADDITIONAL PROVISIONS – COUNCIL OF GOVERNORS

1. Council of Governors: Terms of Office (see also Section 13)

1.1 A Governor:

1.1.1 shall cease to hold office if:

(a) they cease to be a Member of a Trust constituency or, in the case of an Appointed Governor, if the body which appointed them withdraws its appointment at any time;

(b) their term of office is terminated in accordance with paragraph 3 below and/or they are disqualified from or are otherwise ineligible to hold office as a Governor; or

1.1.2 they resign by notice in writing to the Trust.

1.2 Notwithstanding the provisions of paragraph 1.1.1(a) above, a Public Governor elected by a Public Constituency who ceases to be eligible to be a Member of that Public Constituency but who is eligible to be and forthwith becomes a Member of another Public Constituency shall not by virtue of paragraph 1.1.1(a) above cease to hold office but shall continue in office as Public Governor for the Constituency which elected them for the remainder of the term for which he was elected.

2. Council of Governors: Nomination of, Disqualification and Removal

2.1 In addition to those provisions in Section 13 of the Constitution, the following persons shall not become or continue to be eligible as a member of the Council of Governors:

2.1.1 anyone who is a director or chair of the Trust or a governor of another healthcare Trust or equivalent NHS funded provider.

2.1.2 persons defined as a vexatious complainant or litigant, as determined by the Trust Chair, Chief Executive and Trust Secretary (two out of the three have to agree).

2.1.3 staff and appointed governors with current disciplinary action, ongoing investigations, or who have a disciplinary sanction still in force will not be permitted to be elected, or if already elected carry out the role of a governor.

2.1.4 members who have been dismissed otherwise than by reason of redundancy or ill health from any paid employment with a health service body.

2.1.5 whilst the Trust will not automatically reject nominations for potential governors based on previous adverse employment / relationships issues with the Trust or other organisations, it does reserve the right to reject / not support applications if it believes that such an appointment would not support the Trust's culture or values. This decision will be made by Trust Chair, Chief Executive and Trust Secretary (two out of the three have to agree). Each case will be considered on a case by case basis.

2.1.6 persons whose name appears or is added to the Sex Offenders Register, of Schedule 1 Offenders pursuant to the Sexual Offences Act 2003 (as amended) and / or the Children and Young Person's Act 1933 and updated in 2008.

2.1.7 a person whose tenure of office as the Chair, governor or director of a health service body has been terminated on the grounds that the appointment was not in the interests of the health service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest.

2.1.8 anyone who is suffering from a mental disorder and is either admitted to hospital in pursuance of an application for admission for treatment under the Mental Health Act 1983 or is subject to an order made by a court having jurisdiction in matters concerning mental disorder for detention or for the appointment of a receiver; and is, therefore, incapable by reason of mental disorder of carrying out the duties of a governor.

2.1.9 has failed to make, or has falsely made, any declaration as required to be made under Section 60 of the 2006 Act or has spoken or voted in a meeting on a matter in which they have direct or indirect pecuniary or nonpecuniary interest and they are judged to have acted so by a majority of not less than 75% of the Council of Governors at a meeting;

2.1.10 NHSE has exercised its powers to remove them as a Governor of the Trust or has suspended them from office or has disqualified them from holding office as a Governor of the Trust for a specified period or NHSE has exercised any of those powers in relation to them on any other occasion whether in relation to the Trust or some other NHS Foundation Trust;

2.1.11 has within the preceding five years been convicted in the British Islands of any offence, and a sentence of imprisonment (whether suspended or not) for a period of three months or more (without the option of a fine) was imposed on them;

2.1.12 their term of office is terminated pursuant to paragraph 3 below;

2.1.13 is a Member of a Staff Class and any professional registration relevant to his eligibility to be a Member of that Staff Class has been suspended for a continuous period of more than six months;

2.1.14 the relevant organisation which they represents ceases to exist;

2.1.15 is a member of the UK Parliament;

2.1.16 is a Director of the Trust.

2.2 Where a person has been elected or appointed to be a Governor and they become disqualified from that appointment they shall notify the Trust Secretary in writing of such disqualification as soon as practicable and in any event within 14 days of first becoming aware of those matters which rendered them disqualified.

2.3 If it comes to the notice of the Trust that a Governor is disqualified, the Trust shall immediately declare them disqualified and shall give them notice in writing to that effect as soon as practicable.

2.4 Upon the giving of notice under paragraphs 2.2 and 2.3 above, that person's tenure of office as a Governor shall thereupon be terminated and they shall cease to be a Governor and their name shall be removed from the Register of Governors.

2.5 If a complaint is received against a member of the Council of Governors, it shall be referred to the Chair who will address the complaint appropriately based on a case by case basis in liaison with the Trust Secretary and/or Director of People as necessary.

2.5.1 the Chair upon receipt of the complaint may carry out an investigation and may suspend the Governor from duties. If the outcome of the investigation is to terminate the Governor, the process is set out under paragraph 3. [Note: the investigation will be determined on a case by case basis].

3. Council of Governors: Termination of Office

3.1 A governor shall immediately cease to hold office if:

3.1.1 they resign by notice in writing to the Trust Secretary;

3.1.2 they fail to attend half of the council meetings in any financial year, unless the other governors are satisfied that:

(a) the absences were due to a reasonable cause and

(b) they will start attending council meetings within such a period as the governors consider reasonable.

3.1.3 in the case of an elected governor, they cease to be a member of the constituency by whom they were elected.

3.1.4 in the case of an appointed governor, the appointing organisation withdraws its sponsorship or terminates the appointment.

3.1.5 without good reason the governor has failed to undertake any training required by the Council of Governors and/or fails to engage with the development review process for governors as agreed by the Council of Governors.

3.1.6 they have failed to sign and deliver to the Chair a statement in the form required by the Council of Governors confirming acceptance of the code of conduct and/or complete the Disclosure and Barring Service process within the specified time period.

3.1.7 they refuse to sign a declaration, in the form specified by the Council of Governors, that they are a member of one of the public constituencies or one of the classes of staff constituency as the case might be and are not prevented from being a member of the Council of Governors.

3.1.8 they are removed from the Council of Governors by a resolution, approved by a two-thirds majority of the remaining governors, that:

(a) they have committed a serious breach of the code of conduct;

(b) he or she has acted in a manner detrimental to the interests of the Trust,

(c) the Council of Governors considers that it is not in the best interests of the Trust for that person to continue as governor.

3.1.9 where there is any disagreement as to whether the proposal for removal of a governor is justified, an independent assessor agreeable to both parties shall be requested to consider the evidence and conclude whether the proposed removal is reasonable or otherwise.

3.1.10 upon a Governor resigning under paragraph 3.1.1 above or upon the Council of Governors resolving to terminate a Governor's tenure of office in accordance with the above provisions, that Governor shall cease to be a Governor and their name shall be forthwith removed from the Register of Governors.

3.1.11 the Standing Orders adopted by the Council of Governors may contain provisions governing its procedure for termination under these provisions and for a Governor to appeal against the decision terminating his tenure of office, except in the case of 3.1.8a above.

3.1.12 a Governor who resigns or whose tenure of office is terminated under this paragraph 3 shall not be eligible to stand for re-election for a period of three years from the date of their resignation or removal from office or the date upon which any appeal against their removal from office is disposed of whichever is the later except by resolution carried by a majority of the Council of Governors present and voting at a general meeting. Any re-election would take into account time served as a Governor so that a maximum term would not exceed nine years.

3.1.13 where a Governor's membership of the Council of Governors ceases for one of the reasons set out in paragraph 2 or paragraph 3, Elected Governors shall be replaced in accordance with paragraphs 4.1 to 4.2 below and, in the case of Appointed Governors, the Trust shall invite the relevant appointing body to appoint a new Governor to hold office for the remainder of the term of office in accordance with the processes referred to in Annex 3 within 30 days of the vacancy having arisen.

4. Council of Governors: Vacancies – Elected Governors

4.1 In the event of an appointed stakeholder governor not serving out their full term of office the Council of Governors shall require the organisation concerned to appoint a replacement at the earliest opportunity.

4.2 In the event of an elected governor not serving out their full term of office the Chair may, where the unexpired term is less than twelve months, choose to leave the seat vacant until the next scheduled election unless the vacancy is in a public constituency and the vacancy means that the governors elected by the public constituencies no longer constitute more than half the members of the Council of Governors. In that event and in all other cases save as provided for in this paragraph the Chair shall be at liberty either:

4.2.1 to call an election within three months to fill the seat for the remainder of that term of office, or

4.2.2 to invite the next highest polling candidate for that seat at the most recent election to fill the seat and be co-opted onto the Council of Governors until the next annual election, at which time the seat will fall vacant and subject to election for any unexpired period of the term of office. At the annual election, it shall be the last candidate elected to the constituency involved who will serve the unexpired period of the term of office for that constituency.

5. Council of Governors: Role

5.1 The Council of Governors and each Governor shall act in the best interests of the Trust at all times and with proper regard to the provisions of the NHS Foundation Trust Code of Governance and any code of conduct for the Council of Governors.

5.2 Subject to the requirement specified in paragraph 5.1 above, each Governor shall exercise their own skill and judgement in their conduct of the Trust's affairs and shall in their stewardship of the Trust's affairs bring as appropriate the perspective of the constituency or organisation by which s/he was elected or appointed, as the case may be. Public governors are expected to represent all members and the public, and not to promote a single issue or cause.

5.3 Subject to the further provisions of this Constitution and without in any way derogating from them, the Council of Governors shall;

5.3.1 hold the Non-Executive Directors to account in assisting the Trust Board of Directors in setting the strategic direction of the Trust and targets for the Trust's performance and in monitoring the Trust's performance in terms of achieving those strategic aims and targets which have been set; and

5.3.2 observe the activities of the Trust with the view to ensuring that they are being conducted in a manner consistent with this Constitution.

6. Council of Governors: Meetings

6.1 The Council of Governors shall hold not less than four general meetings each financial year. However, in extremis (see paragraph 16 of the Trust Constitution), the Chair may decide to suspend Council of Governors' meetings.

6.2 The Council of Governors may appoint committees or sub-committees, consisting of its members, which are relevant and proportionate, to advise and assist it in the discharge of its functions. The outcomes of such committees will be in the form of recommendations to be presented to the Council of Governors. Recommendations presented to the Council of Governors therefore provide a second layer of oversight on a particular matter of interest by governor peers.

7. Council of Governors: Declarations

7.1 A Member of a Public Constituency standing for election as Governor must make a declaration for the purposes of Section 60 of the 2006 Act in the form specified below stating the particulars of their qualification to vote as a

Member and that they are not prevented from being a member of the Council of Governors by virtue of any provisions of this Constitution.

7.2 The specified form of declaration shall be set out on the Nomination Form referred to in the Election Scheme.

8. Council of Governors: Lead Governor

8.1 No person may serve as the Lead Governor for more than a total of six years.

8.2 A person elected as the Lead Governor shall cease to be eligible to continue serving as the Lead Governor if they cease to be a Governor or Member and the Lead Governor's term of office may be terminated by a majority of not less than 75% of the Governors present and voting at a meeting of the Council of Governors.

8.3 Further provisions can be found in the Council of Governors Standing Orders.

ANNEX 6 – STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE COUNCIL OF GOVERNORS

1. General Overview and Introduction to the Council of Governors

1.1 The Council of Governors shall be constituted in accordance with the requirements of the constitution.

1.2 Provisions concerning the nomination and election to the Council of Governors are set out in the Constitution and the election rules. A member may not be nominated as a candidate for election to the Council of Governors unless he or she conforms to the requirements set out in the Constitution.

1.3 Governors shall comply with the code of conduct set out in Standing Order 4.

1.4 A member of the Council of Governors shall be disqualified from taking up office, or if in office shall vacate the office, in the circumstances set out in the Constitution. A governor shall cease to hold office when required to do so by the Council of Governors.

1.5 In accordance with the Constitution the Chair will chair the Council of Governors.

1.6 Standing Orders, including those concerning agenda, quorum, voting and the taking of minutes at Council of Governors meetings are set out in Standing Order 2 and in the Constitution.

1.7 Members of the Council of Governors shall not be remunerated but may receive expenses e.g. travel expenses in accordance with the relevant Trust polices and guidance.

1.8 Functions and Responsibilities of the Council of Governors

1.8.1 The function of the Council of Governors is to exercise the rights set out in the Constitution and the powers (if any) delegated from time to time by the Trust Board and to act in accordance with these procedures. The Council's roles and responsibilities are set out in Standing Order 3 and the trust shall provide sufficient resources to enable the Council of Governors to discharge its responsibilities.

1.9 Lead Governor

1.9.1 The Council of Governors shall select a public governor to undertake the role of Lead Governor of the Northern Lincolnshire and Goole NHS Foundation Trust. The Lead Governor shall be chosen by the Council of Governors, which will also approve the process for the appointment.

1.9.2 The process for the selection and appointment of the Lead Governor shall be as follows:

- The Lead Governor shall be elected by their peers at the last general meeting of the Council of Governors prior to expiry of the incumbent Lead Governor's term of office. Where there is to be a change of incumbent, the newly elected Lead Governor shall hold office as shadow Lead Governor whilst the incumbent Lead Governor completed their term in office. Where a ballot is required, all Governors present shall be entitled to vote. The Chair (or Vice Chair if presiding as Chair of the Council of Governors meeting in question) shall not participate in the ballot but shall have a casting vote in the event of a tie.

- At least one calendar month before the date of the meeting of the Council of Governors, the Trust Secretary shall contact all Governors by e-mail inviting nominations together with a short election statement in support of their nomination.

- Where more than one nomination is received, ballot papers showing the names of all the nominated candidates shall be distributed with the papers for the meeting and a secret ballot shall be conducted at the meeting. The Trust Secretary, or their nominee, shall act as returning officer and shall announce the results of the election before the close of the meeting when completed ballot papers will be made available for scrutiny by Governors as required. Where there is only one nomination, the Council of Governors shall be asked to ratify the appointment.

- Once elected, the shadow Lead Governor's terms as Lead Governor shall commence upon the expiry of the incumbent Lead Governor's term of office.

1.9.3 The appointment as Lead Governor shall be for a period of three years or until:

- the end of that Governor's current term of office whichever is the sooner; or

- they resign the position of Lead Governor by giving notice to the Chair in writing; or

- they are removed from the position of Lead Governor by a resolution passed by a two thirds majority of the remaining governors at a general meeting of the Council of Governors;

- with the option of re-election after that period if that governor is re-elected on to the Council of Governors. Continuation in the role will not be automatic on re-election to the Council.

1.9.4 The Trust Secretary shall be responsible for notifying NHSE of a change of Lead Governor.

1.9.5 The responsibilities of the Lead Governor shall be:

- To lead the Council of Governors in circumstances where it may not be considered appropriate for the Chair or another one of the Non-Executive Directors to lead (e.g. chairing a meeting to discuss the appointment of a new chair) and to act as the point of contact with the independent panel referred to in the Trust Constitution Section 18, where a question is referred to that panel in accordance with that paragraph;

- To chair the Governor Assurance Group and Appointments and Remuneration Committee;

- On behalf of the Council of Governors, to attend monthly meetings with the Chair and the Trust Secretary;

- On behalf of the Council of Governors, to raise issues for discussion at the Trust Board;

- To assist the Chair in facilitating the flow of information between the Trust Board and the Council of Governors.

- To work with the Trust Chair to draft the Council of Governors commentary for inclusion in the Quality Report.

1.9.6 Further details on the role of the Lead Governor including the role criteria and desirable personal qualities can be found in the Trust document 'Criteria & Process for the Appointment of a Lead Governor".

1.10 Appointment of Deputy Lead Governor

1.10.1 The process for the appointment of the Deputy Lead Governor shall follow the rules outlined in Section 1.9.2.

1.10.2 The responsibilities of the Deputy Lead Governor are in line with the Lead Governor role.

1.11 Trust Secretary

1.11.1 The functions of Trust Secretary; most particularly monitoring of the trust's compliance with the law, Standing Orders and the regulatory framework, are a corporate responsibility shared by the directors but with the lead role being assumed by the Trust Secretary. The Trust Secretary has a significant role to play in the administration of corporate governance. In accordance with the Trust Board Standing Orders at Annex 7 the Chief Executive and the Chief

Financial Officer have responsibility for advising the Chair on the interpretation of Standing Orders and the Standing Financial Instructions. The specific duties and responsibilities of the Trust Secretary are outlined below.

1.11.2 Acts as 'Company Secretary' to the Council of Governors and Trust Board of Directors:

- ensuring good information flows within the Trust Board and its committees and between senior management, Non-Executive Directors and the governors;
- ensuring that meetings of the Trust Board, Council of Governors and committees thereof run efficiently and effectively, that they are properly recorded and that Directors and Governors receive appropriate support and timely information;
- ensure that board procedures of both the Trust Board and the Council of Governors are complied with;
- advise the Trust Board and the Council of Governors (through the chairperson) on all corporate governance matters;
- in conjunction with Executive and Non-Executive Directors, ensure that the Trust complies with all relevant legislation and the Terms of its Provider Licence';
- be available to give advice and support to individual directors, particularly in relation to the induction of new directors and assistance with professional development;
- in conjunction with the Chair and Lead Governor ensuring the ongoing development of the Council of Governors;
- responsible for the management of the membership office;
- as / if required, provide a source of advice and support independent of the Executive on any matters of concern relating to the governance of the organisation.

1.11.3 All directors and governors have access to the advice and services of the Trust Secretary. Both the appointment and removal of the Trust Secretary is a matter for the Chief Executive and Chair jointly.

1.12 Disputes

1.12.1 The Chair shall, in the first instance, arbitrate in any dispute concerning the interpretation of or arising out of these procedures. The Chair shall enforce

any code of conduct approved by the Trust Board. Any unresolved dispute shall be determined in accordance with the Constitution as if references to any dispute in relation to the Constitution include any dispute in relation to these procedures.

1.13 Validity of Procedures

1.13.1 The procedures set out in this document are made in accordance with the Constitution. They shall only be altered on a recommendation of the Council of Governors and with the approval of the Trust Board. Changes to these procedures shall not be recommended that would make them inconsistent with the Constitution or the 2006 Act. Where there is any inconsistency between these procedures and the Constitution, the Constitution shall prevail.

2. Standing Orders for Council of Governors Meetings

2.1. Calling Meetings

2.1.1. The Council of Governors is to meet at least three times in each financial year (excluding the annual members meeting) at such times and places as the Council of Governors may determine.

2.1.2. Meetings of the Council of Governors may be called by the Chair, or by six governors including not less than three public governors who give written notice to the Chair specifying the business to be carried out.

2.2. Admission of the Public

All meetings of the Council of Governors are to be general meetings open to members of the public unless the Council of Governors decides otherwise in relation to all or part of a meeting for reasons of commercial confidentiality or on other proper grounds. The Chair may exclude any member of the public from a meeting of the Council of Governors if they are interfering with or preventing the proper conduct of the meeting.

2.3. Notice of Meetings

2.3.1. Save in the case of emergencies or the need to conduct urgent business, the Chair's office will give at least 14 days written notice of the date and place of every meeting of the Council of Governors to all governors. Notice will also be published on the trust's website.

2.3.2. After the receipt of a request to call a meeting the Chair's office shall send written notice to all governors, specifying the business to be carried out, as soon as possible after the receipt of such a request. The Chair shall call a

meeting on at least fourteen but not more than twenty-eight days' notice to discuss the specified business. If the Chair fails to call such a meeting then four governors may call such a meeting.

2.3.3. The notice of the meeting shall be delivered to every governor by email so as to be available to the governor at least five clear days before the meeting.

2.3.4. In the case of a meeting called by the governors in default of the Chair, those governors shall sign the notice and no business shall be transacted at the meeting other than that specified in the notice.

2.3.5. Failure to serve such a notice on more than 25 governors will invalidate the meeting.

2.4. Setting the Agenda

2.4.1. The trust may determine that certain matters shall appear on every agenda for a meeting of the Council of Governors and shall be addressed prior to any other business being conducted.

2.4.2. In accordance with the Constitution every agenda for meetings of the Council of Governors will draw to the attention of the elected governors the declaration governors are required to make in Standing Order 5 stating that they are qualified to vote as a member of the trust and that they are not prevented from being a member of the Council of Governors An elected governor shall be deemed to have confirmed the declaration upon attending any subsequent meeting of the meeting of the Council of Governors.

2.4.3. Any governor wishing to submit an agenda item must notify the Trust Secretary in writing at least ten clear working days prior to the meeting at which it is to be considered. Requests made less than ten clear days before a meeting may be included on the agenda at the discretion of the Chair.

2.5. Chair of the Meeting

2.5.1. The Chair or, in the absence of the Chair, the Vice Chair or, in the absence of the Vice Chair, one of the other Non-Executive Directors is to preside at meetings of the Council of Governors.

2.5.2. If the person presiding at any such meeting has a conflict of interest in relation to the business being discussed then the governors present will choose one of their number to chair that part of the meeting.

2.5.3. If a vote concerns matters relating to the Chair and / or Non-Executive Directors, neither the Chair nor any other Non-Executive Director should preside over the meeting. In this instance, the governors present will choose one of their number to chair the meeting and to have the casting vote.

2.6. Annual Members Meeting

2.6.1. The trust will publicise and hold an annual members meeting in accordance with the Constitution.

2.6.2. The following documents shall be presented to the members of the trust at the annual members' meeting by at least one member of the Trust Board:

(a) the annual accounts;

(b) any report of the auditor on the annual accounts; and

(c) the annual report.

2.6.3. The trust may combine a meeting of the Council of Governors convened for the purposes of being presented with the documents in sub-paragraph 2.6.2 with the annual members' meeting.

2.6.4. Members (Executive or suitable Deputy, Non-Executive Directors and Associate Non-Executive Directors) of the Trust Board shall attend the Annual Members' Meeting unless agreed in advance with the Trust Chair.

2.7. Motions

2.7.1. Motions may only be submitted by a governor and must be received by the Chair's office in writing at least one week prior to the meeting at which they are to be considered.

2.7.2. Emergency motions may only be submitted by a governor and must be received by the Chair before the commencement of the meeting. Acceptance of such motions for inclusion on the agenda will be at the discretion of the Chair.

2.7.3. Any other business should be notified to the Chair at the commencement of the meeting. Acceptance of such items of business for inclusion on the agenda will be at the discretion of the Chair.

2.7.4. Notice of a motion to rescind a previous minute must be received by the Chair's office at least 21 days before the meeting and must be signed by a majority of members. Such a motion should not be taken until at least 30 minutes after the start of the meeting.

2.7.5. An amendment that does not directly negate a resolution may be moved by any member. No further amendments may be moved until the first amendment is disposed of. If an amendment is passed it shall become part of the substantive motion and subject to further amendment.

2.7.6. The mover of a motion under Standing Order 2.7.1 or 2.7.2 above shall have a maximum of five minutes to move and three minutes to reply. Once a motion has been moved no member shall speak more than once or for more than three minutes.

2.8. Chair's Ruling

2.8.1. Statements of governors made at meetings of the trust shall be relevant to the matter under discussion at the material time and the decision of the Chair of the meeting on questions of order, relevancy, regularity and any other matters shall be observed at the meeting**.**

2.9. Voting

2.9.1. An elected governor may not vote at a meeting of the Council of Governors unless, before attending the meeting, a declaration has been made in the form specified by the Council of Governors of particulars of their qualification to vote as a member of the trust, and that they are not prevented from being a member of the Council of Governors. An elected governor shall be deemed to have confirmed the declaration upon attending any subsequent meeting of the Council of Governors, and every agenda for meetings of the Council of Governors will draw this to the attention of elected governors.

2.9.2. Subject to the Constitution, questions arising at a meeting shall be determined by a majority of the votes of the governors present and voting on the question and, in the case of any equality of votes, the person presiding shall have a second or casting vote.

2.9.3. All questions put to the vote shall, at the discretion of the Chair of the meeting, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the governors present so request.

2.9.4. In no circumstances may an absent governor vote by proxy. Absence is defined as being absent at the time of the vote.

2.9.5. No resolution of the Council of Governors shall be passed if the public governors present unanimously oppose it.

2.10. Attendance

2.10.1. Governors who are unable to attend the Council of Governors meeting should advise the Chair's office in advance of the meeting so that their apologies may be submitted.

2.10.2. The Council of Governors may agree that its members can participate in its meetings by telephone, video or computer link. Participation in a meeting in

this manner shall be deemed to constitute presence in person at the meeting.

2.10.3. The Council of Governors may invite the Chief Executive or any other member or members of the Trust Board, or a representative of the trust's auditors or other advisors to attend a meeting of the Council of Governors.

2.10.4. The Council of Governors may require one or more directors to attend a meeting of the Council of Governors for the purpose of obtaining information about the trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the trust's or directors' performance).

2.11. Minutes

2.11.1. The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting. The person presiding at it will sign them.

2.11.2. No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.

2.11.3. Minutes shall be circulated in accordance with the governors' wishes. Where providing a record of a public meeting the minutes shall be made available to the public.

2.12. Record of Attendance

2.12.1. The names of the governors present at the meeting shall be recorded in the minutes.

2.13. Suspension of Standing Orders

2.13.1. Except where this would contravene any statutory provision, any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the Council of Governors members are present, and that a majority of those present vote in favour of suspension.

2.13.2. A decision to suspend Standing Orders shall be recorded in the minutes of the meeting.

2.13.3. A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the governors.

2.13.4. No formal business may be transacted while Standing Orders are suspended.

2.14. Variation and Amendment of Standing Orders

2.14.1. These Standing Orders shall be amended only if the requirements provided for in the Constitution for variation of the Constitution have been met and if:

(a) a majority of the governors voting at a quorate meeting of the Council of Governors agrees to the amendment;

(b) the amendment has been authorised by a majority of directors voting at a quorate meeting of the Trust Board;

(c) the variation proposed does not contravene a statutory provision.

Any amendments to these Standing Orders shall be reported to NHSE.

2.14.2. Where an amendment is made in relation to the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the trust) at least one member of the Council of Governors must attend the next annual members' meeting and present the amendment and the trust must give the members an opportunity to vote on whether they approve the amendment.

2.14.3. If more than half of the members voting approve the amendment, the amendment continues to have effect; otherwise, it ceases to have effect and the trust must take such steps as are necessary as a result.

2.15. Quorum

2.15.1. Nine governors including not less than five public governors shall form a quorum.

2.15.2. Any governor who has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest shall no longer count towards the quorum. If a quorum is then not available for the discussion and / or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

2.15.3. In accordance with the Constitution, if at any meeting there is no quorum within an appropriate period of time (to be determined by the Chair of the meeting) from the start of the meeting it shall stand adjourned for six clear days and written notice of the date, place and time of the adjourned meeting shall be given to all governors. Upon reconvening, those present shall constitute a quorum.

2.16. Appointment of Committees

2.16.1. The Council of Governors may establish such committees as it requires to conduct its business. Membership of these committees shall be open to all governors.

2.16.2. Each committee shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the council) as the Council of Governors shall decide. Such terms of reference shall be read in conjunction with these Standing Orders.

2.16.3. As and when vacancies arise on each committee, governors shall be invited to express an interest in standing for appointment. Where elections are required, they shall be held at the first meeting of the Council of Governors after the vacancy has arisen. Governor members will be elected by the Council of Governors until the end of their term of office as a governor although will be entitled to express an interest in standing for re-appointment if they are re-elected as a governor.

3. Governors – Roles and Responsibilities

3.1. In addition to those duties specified in the constitution, it is the role of the Council of Governors and of each governor:

3.1.1. To act at all times in the best interests of the trust.

3.1.2. To represent the interests of the membership and partner organisations.

3.1.3. To feedback information about the trust to the membership and partner organisations.

3.1.4. To use their best endeavours to ensure Northern Lincolnshire and Goole NHS Foundation Trust remains a leading acute trust.

3.1.5. To ensure the Council of Governor meetings are held in accordance with policy and Standing Orders.

3.1.6. To comply with and implement the code of conduct for the Council of Governors as set out in Standing Order 4.

3.2. To be consulted on and make recommendations to the Trust Board on the development of the membership strategy.

3.3. To respond as appropriate when consulted by the Trust Board in accordance with the Constitution.

3.4. To undertake such functions as the Trust Board shall from time to time request.

3.5. To consider the annual accounts, any report of the auditor on them and the annual report.

3.6. To set up committees and working groups; for example, membership strategy, assurance, quality.

3.7. To attend regular Council of Governor meetings.

3.8. To attend the annual members meeting.

3.9. The specific duties of governors are:

3.9.1. amending the constitution;

3.9.2. approving the appointment of the chief executive;

3.9.3. appointing and removing the Chair and other Non-Executive Directors;

3.9.4. appointing and removing the NHS foundation trust's external auditor;

3.9.5. receiving the NHS foundation trust's annual accounts and annual report;

3.9.6. receiving the Trust's forward (operational) plan;

3.9.7. taking decisions on 'significant transactions';

3.9.8. taking decisions on non-NHS income.

4. Code of Conduct for the Council of Governors and the Nolan Principles

4.1. Introduction

4.1.1. This code seeks to outline appropriate conduct for governors, and addresses both the requirements of office and their personal behaviour. Ideally any penalties for non-compliance would never need to be applied. However, a code is considered an essential guide for governors, particularly those who are newly elected.

4.1.2. The code seeks to expand on or complement the Constitution. Copies will be made available for the information of all governors and for those considering seeking election to the trust's Council of Governors.

4.1.3. Members seeking election to the Council of Governors should sign a declaration to confirm that they will comply with the code in all respects and that, in particular, they support the trust's objectives.

4.2. Qualifications for Office

4.2.1. Members of the Council of Governors must continue to comply with the qualifications required to hold elected office throughout their period of tenure as defined in the Constitution. The Chair should be advised of any changes in circumstances, which disqualify the governor from continuing in office. An example of this would be a public governor becoming an employee of the trust.

4.3. Code of Conduct Role and Functions

4.3.1. In addition to their duties set out in the Constitution, and specifically in relation to matters of conduct, governors should:

4.3.1.1. adhere to the trust's rules and policies and support its objectives, in particular those of retaining foundation status and developing a successful organisation;

4.3.1.2. act in the best interests of the trust at all times;

4.3.1.3. contribute to the workings of the Council of Governors in order for it to fulfil its role and functions as defined in the Constitution;

4.3.1.4. recognise that their role is a collective one. They exercise collective decision making in the meeting room, which is recorded in the minutes. Outside the meeting room a governor has no more rights and privileges than any other member;

4.3.1.5. note that the functions allotted to the Council of Governors are not of a managerial nature.

4.4. Confidentiality

4.4.1. All governors are required to respect the confidentiality of the information they are made privy to as a result of their membership of the Council of Governors.

4.5. Conflict of Interests

4.5.1. Governors should act with the utmost integrity and objectivity and in the best interests of the trust in performing their duties. They should not use their position for personal advantage or seek to gain preferential treatment. Any governor who has a material interest in a matter as defined by the Constitution, shall declare such interest to the Council of Governors and:

- shall not vote on any such matters;
- shall not be present except with the permission of the Council of Governors in any discussion of the matter.

4.5.2. If in any doubt the governor should seek advice from the Chair and / or Trust Secretary. It is important that conflicts of interest are addressed and are seen to be actioned in the interests of the trust and all individuals concerned.

4.5.3. Any governor who fails to disclose any interest required to be disclosed under the preceding paragraph must permanently vacate their office if required to do so by a majority of the remaining governors.

4.5.4. The Register of Governors Interests will feature as a standing item on the agenda of each meeting of the Council of Governors.

4.6. Council of Governors Meetings

4.6.1. Governors have a responsibility to attend meetings of the Council of Governors. When this is not possible they should submit an apology to the Chair's office in advance of the meeting stating the reason for non-attendance. The reason for non-attendance will be recorded in the minutes of the meeting.

4.6.2. In accordance with the Constitution, absence from the Council of Governor meetings without good reason established to the satisfaction of the Council of Governors is grounds for disqualification. If a governor fails to attend half of the meetings of the Council of Governors in any financial year his or her tenure of office is to be immediately terminated unless the other governors are satisfied that the absence was due to a reasonable cause and he or she will be able to start attending meetings of the trust again within such a period as they consider reasonable.

4.6.3. Governors are expected to attend for the duration of the meeting.

4.7. Personal Conduct

4.7.1. Governors are required to adhere to the highest standards of conduct in the performance of their duties. In respect of their interaction with others, they are required to:

4.7.1.1. adhere to good practice in respect of the conduct of meetings and respect the views of their fellow elected members;

4.7.1.2. be mindful of conduct which could be deemed to be unfair or discriminatory;

4.7.1.3. treat the trust's executives and other employees with respect and in accordance with the trust's policy in this respect;

4.7.1.4. recognise that the Council of Governors and management have a common purpose, i.e. the success of the trust and adopt a team approach;

4.7.1.5. conduct themselves in such a manner as to reflect positively on the trust. When attending external meetings or any other events at which they are present, it is important for governors to be ambassadors for the trust.

4.8. Accountability

4.8.1. Governors are accountable to the membership and should demonstrate this by attending members' meetings and other key events, which provide opportunities to interface with their electorate in order to understand their views.

4.9. Induction and Development

4.9.1. Training is essential for governors, in respect of the effective performance of their current role. Governors are required to adhere to the trust's policy in all respects.

4.10. Visits to Trust Premises

4.10.1. Where governors wish to visit the premises of the trust in a formal capacity as opposed to individuals in a personal capacity, the Council of Governors should liaise with the Membership Office to make the necessary arrangements.

4.11. Non-Compliance with the Code of Conduct

4.11.1. Non-compliance with the code may result in action being taken as follows:

- Where misconduct takes place, the Chair shall be authorised to take such action as may be immediately required, including the exclusion of the person concerned from a meeting.

- Where such misconduct is alleged, it shall be open to the Council of Governors to decide, by simple majority of those in attendance, to lay a formal charge of misconduct:

- notifying the governor in writing of the charge/s, detailing the specific behaviour, which is considered to be detrimental to the trust, and inviting and considering their response within a defined timescale.

- inviting the governor to address the Council of Governors in person if the matter cannot be resolved satisfactorily through correspondence;

- deciding, by simple majority of those present and voting, whether to uphold the charge of conduct detrimental to the trust;

- imposing such sanctions as shall be deemed appropriate. Such sanctions will range from the issuing of a written warning as to the member's future conduct and consequences, non-payment of expenses to the removal of the governor from office.

4.11.2. A governor may be removed from the Council of Governors by a resolution approved by not less than two-thirds of the remaining governors present and voting at a general meeting of the Council of Governors.

4.11.3. This code of conduct does not limit or invalidate the right of the governor or the trust to act under the Constitution.

4.12. Nolan Principles – the seven principles of public life

4.12.1. Governors should act in accordance with the Nolan Principles, namely:

Selflessness: Holders of public office should take decisions solely in terms of the public interest. They should not do so to gain financial or other material benefit for themselves, their family or their friends.

Integrity: Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity: In carrying out public business, including making public appointments, awarding contracts or recommending individuals for rewards and benefits, holders of public office should make choice on merit.

Accountability: Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness: Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty: Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership: Holders of public office should promote and support these principles by leadership and example.

5. Declarations of Interests and Register of Interests

5.1. Declarations

5.1.1. In accordance with the Constitution and the 2006 Act and in recognition of the codes of conduct and accountability issued by the Department of Health and Social Care the trust is required to maintain a register of interests of governors. The governors must declare any relevant and material interest, whether direct or indirect, in any contract, proposed contract or other matter which is under consideration by the Council of Governors.

5.1.2. Interests, which should be regarded as 'relevant and material' are:

- Directorships, including non-executive Directorships held in private companies or PLCs (with the exception of those of dormant companies) likely or possibly seeking to do business with the NHS.
- Ownership, part-ownership or directorship of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.
- Majority or controlling share-holdings in organisations likely or possibly seeking to do business with the NHS.
- A position of authority in a charity or voluntary organisation in the field of health or social care.
- Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services.
- Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the trust, including but not limited to, lenders or banks.

5.1.3. The trust will interpret the phrase 'relevant and material' in accordance with guidance issued from time to time by the Independent Regulator.

5.1.4. If governors have any doubt about the relevance of an interest, this should be discussed with the Chair.

5.1.5. The exceptions, which shall not be treated as material interests are as follows:

- shares not exceeding 2% of the total shares in issue held in any company whose shares are listed on any public exchange.

- an employment contract held by staff governors.
- an employment contract with the Humber and North Yorkshire Integrated Care Board or an organisation in membership of a Place Health and Care Partnership held by a Place Partnership governor.
- an employment contract with a local authority held by a local authority governor.
- an employment contract with a partnership organisation held by a partnership governor.

5.2. Register of Interests

5.2.1. The Trust Secretary will ensure that a register of interests is established to record formally declarations of interests of governors. In particular the register will include details of all directorships and other relevant and material interests, which governors have declared.

5.2.2. These details will be kept up to date and governors must disclose any relevant and material interest as soon as they are aware of it.

5.2.3. The register will be available for inspection by members of the public free of charge.

5.3. Disclosure

5.3.1. Any governor who has a material interest as defined above shall declare such interest to the Council of Governors and:

- shall not be present except with the permission of the Council of Governors in any discussion with relevance to the interest;
- shall not vote on the issue (and if by inadvertence they do remain and vote, their vote shall not be counted).

ANNEX 7 – STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE TRUST BOARD

1. Introduction

1.1. The Northern Lincolnshire and Goole NHS Foundation Trust (the Trust) is a public benefit corporation authorised by the Independent Regulator of NHS foundation Trusts under the National Health Service Act 2006.

1.2. The principal purpose of the Trust is set out in the 2012 and 2022 Act, and the Trust Constitution.

1.3. The Trust is required to adopt Standing Orders for the regulation of its proceedings and business.

1.4. The powers of the Trust are set out in section 3 of the Trust Constitution.

1.5. The Trust has specific powers to contract in its own name and to act as a corporate Trustee. In the latter role it is accountable to the Charity Commission for those funds deemed to be charitable as well as to NHSE. The Trust also has a common law duty as a bailee for patients' property held by the Trust on behalf of patients.

2. Delegation of Powers

2.1. The Trust has resolved that certain powers and decisions may only be exercised or made by the Trust Board in formal session. These powers and decisions are set out in the Scheme of Delegation.

2.2. Under the Standing Orders 7.2 relating to the Arrangements for the Exercise of Functions the Trust Board may exercise its powers to make arrangements for the exercise, on behalf of the Trust, of any of its functions by a committee or sub-committee appointed by virtue of Standing Order 8 or by an executive director, in each case subject to such restrictions and conditions as the Trust Board thinks fit or as NHSE may direct.

2.3. Delegated powers are covered in the Scheme of Delegation, which has effect as if incorporated into the Standing Orders.

3. Interpretation and Scope

3.1. Interpretation

3.1.1. Save as permitted by law, and subject to the Constitution, at any meeting the Chair of the Trust shall be the final authority on the interpretation of Standing Orders on which they shall be advised by the Chief Executive and in the case of Standing Financial Instructions by the Chief Financial Officer.

3.1.2. Any expression to which a meaning is given in the Health Service Acts or in the Regulations or Orders made under the Acts shall have the same meaning in this interpretation and in addition:

"Accounting Officer" shall be the officer responsible and accountable for funds entrusted to the Trust. They shall be responsible for ensuring the proper stewardship of public funds and assets. For this Trust it shall be the Chief Executive.

"Trust" means the Northern Lincolnshire and Goole NHS Foundation Trust.

"Board" shall mean the Chair, Non-Executive Directors, and the Executive Directors.

"Budget" shall mean a resource, expressed in financial terms, proposed by the board for the purpose of carrying out, for a specific period, any or all of the functions of the Trust;

"Chair" is the person appointed by the Council of Governors to lead the board and to ensure that it successfully discharges its overall responsibility for the Trust as a whole. The expression "the Chair of the Trust" shall be deemed to include the Vice Chair of the Trust if the Chair is absent from the meeting or is otherwise unavailable.

"Chief Executive" shall mean the chief executive officer of the Trust.

"Chief Financial Officer" shall mean the chief financial officer of the Trust.

"Committee" shall mean a committee appointed by the Trust.

"Committee Members" shall be persons formally appointed by the Trust to sit on or to chair specific committees.

"Director" shall mean a person appointed as a director in accordance with the Constitution and includes the Chair.

"Funds Held On Trust" shall mean those funds which the Trust holds at its date of incorporation, receives on distribution by statutory instrument, or chooses subsequently to accept. Such funds may or may not be charitable.

"Motion" means a formal proposition to be discussed and voted on during the course of a meeting.

"Non-Executive Director" means a director, including the Chair, who does not hold an executive office of the Trust.

"Nominated Officer" means an officer charged with the responsibility for discharging specific tasks within Standing Orders and Standing Financial Instructions.

"Officer" means an employee of the Trust.

"Senior Independent Director" means the Non-Executive Director appointed as an alternative point of contact for governors and directors when they have concerns that have not been resolved through the normal channels of Chair, Chief Executive, Chief Financial Officer or Trust Secretary or for which such contact is inappropriate.

"Vice Chair" means the Non-Executive Director appointed by the Trust to take on the Chair's duties if the Chair is absent for any reason

3.2. Scope

3.2.1. All business shall be conducted using these Standing Orders in the name of the Trust.

3.2.2. All funds received in Trust shall be in the name of the Trust as corporate Trustee. In relation to funds held on Trust, powers exercised by the Trust as corporate Trustee shall be exercised separately and distinctly from those powers exercised as a Trust.

3.2.3. The Trust has resolved that certain powers and decisions may only be exercised by the board in formal session. These powers and decisions are set out in the "Reservation of Powers to the Board" and have effect as if incorporated into the standing orders.

4. Appointment to the Board

4.1. Composition of the Trust Board

4.1.1. In accordance with the NHS 2006 Act and the Trust Constitution the composition of the board of the Trust shall comprise a Chair, five Non-

Executive Directors, and five Executive Directors including the Chief Executive, Chief Financial Officer, a registered medical practitioner and a registered nurse or midwife.

4.1.2. The Trust Board, on occasion, may seek to appoint Associate Non-Executive Directors to address specific identified skills gaps or allow succession planning. Associate Non-Executive Directors are non-voting members of the Trust Board.

4.2. Appointment of the Chair and Non-Executive Directors

4.2.1. The Trust has resolved that certain powers and decisions may only be exercised by the board in formal session. These powers and decisions are set out in the "Reservation of Powers to the Board" and have effect as if incorporated into the Standing Orders.

4.2.2. In accordance with the Trust Constitution, the appointment and removal of the Chair and the other Non-Executive Directors is the prerogative of the Council of Governors. Where a Non-Executive Director vacancy arises, the Appointment & Remuneration Committee, on behalf of the Council of Governors, with the Joint Chair and / or Vice Chair, will assess and seek opinion from the Trust Board on the skills and experience required.

4.2.3. For the appointment of a Chair the Trust shall appoint a nominations panel (of the Appointments & Remuneration Committee for Non-Executive Directors) which will include the Senior Independent Director (or another Non-Executive Director in the case of a conflict of interests) and at least three governors to interview applicants and make a recommendation to the Council of Governors.

4.2.4. In the case of other Non-Executive Directors, the Trust shall appoint a nominations panel which will include the Chair, and at least three governors to interview applicants and to make a recommendation to the Council of Governors.

4.3. Appointment of an Associate Non-Executive Director

4.3.1. In accordance with the Trust Constitution, the appointment and removal of an Associate Non-Executive Director is the prerogative of the Council of Governors. Where an Associate Non-Executive Director vacancy arises, the Appointment & Remuneration Committee, on behalf of the Council of Governors, with the Joint Chair and / or Vice Chair, will assess and seek opinion from the Trust Board on the skills and experience required.

4.3.2. For the appointment of an Associate Non-Executive Director the Trust shall appoint a nominations panel (of the Appointments & Remuneration

Committee for Non-Executive Directors) which will include the Senior Independent Director (or another Non-Executive Director in the case of a conflict of interests) and at least three governors to interview applicants and make a recommendation to the Council of Governors.

4.4. Appointment of an Associate Non-Executive Director (with partner organisations)

4.4.1. For the appointment of a partner organisation Associate Non-Executive Director, the partner organisation shall nominate a Non-Executive Director of that organisation for approval by the Council of Governors.

4.5. Terms of Office of the Chair and Non-Executive Directors

4.5.1. Unless the Council of Governors decides otherwise from time to time the Chair and the Non-Executive Directors are to be appointed for a term of three years and will be eligible for reappointment for two further terms of three years. Any term beyond nine years (e.g. three three-year terms) for a Non-Executive Director shall be subject to particularly rigorous review, and shall take into account the need for progressive refreshing of the board.

4.5.2. Non-Executive Directors may in exceptional circumstances serve longer than beyond nine years (e.g. three three-year terms following authorisation of the NHS Foundation Trust) but be subject to annual re-appointment.

4.6. Terms of Office of an Associate Non-Executive Director

4.6.1. Unless the Council of Governors decides otherwise from time to time Associate Non-Executive Directors are to be appointed for a term of one year and may be eligible for reappointment for an additional two, one-year terms.

4.6.2. Associate Non-Executive Directors are a non-voting members of the Trust Board.

4.7. Terms of Office of an Associate Non-Executive Director (with partner organisations)

4.7.1. For stakeholder Associate Non-Executive Directors their terms of office will reflect their role as a Non-Executive Director in their organisation.

4.8. Performance Appraisal of the Chair

4.8.1. The Non-Executive Directors shall meet without the Chair at least annually to evaluate the Chair's performance as part of a process of appraisal which has been agreed with the Council of Governors.

4.9. Appointment of Vice Chair

4.9.1. For the purpose of enabling the proceedings of the Trust to be conducted in the absence of the Chair, the Council of Governors will appoint a Non-Executive Director to be Vice Chair for such a period, not exceeding the remainder of the term as Non-Executive Director of the Trust, as it may specify on making the appointment. If the Chair is unable to discharge the office of Chair of the Trust, the Vice Chair shall be Acting Chair of the Trust.

4.9.2. Any Non-Executive Director so elected may at any time resign from the office of Vice Chair by giving notice in writing to the Chair and the Council of Governors may thereupon appoint another Non-Executive Director as Vice Chair.

4.10. Powers of Vice Chair

4.10.1. Where the Chair of the Trust has died or has otherwise ceased to hold office or where they have been unable to perform their duties as Chair owing to illness, absence from England and Wales or any other cause, references to the Chair in these Standing Orders shall, so long as there is no Chair able to perform their duties, be taken to include references to the Vice Chair.

4.11. Appointment of Senior Independent Director

4.11.1. The NHS Foundation Trust Code of Governance recommends that the Board of Directors should appoint a Non-Executive Director as the Senior Independent Director as an alternative point of contact for governors and directors when they have concerns that have not been resolved through the normal channels of Chair, Chief Executive, Chief Financial Officer or Trust Secretary or for which such contact is inappropriate.

4.11.2. The criteria and process for the appointment of a Senior Independent Director is set out in Appendix A of the Terms of Reference and Membership of the Appointments & Remuneration Committee for Non-Executive Directors.

4.12. Executive Directors – Additional Appointments

4.12.1. With the approval of the Trust Board, an executive director may accept not more than one appointment as a Non-Executive Director of another NHS foundation Trust or an organisation of comparable size and complexity.

4.12.2. An executive director may not accept an appointment as Chair of another NHS foundation Trust or an organisation of comparable size and complexity.

5. Executive Directors – Joint Appointments

5.1. The Trust recognises that as partnership and collaborative working is further developed with partners, opportunities may arise to introduce joint executive roles. Such opportunities are managed in accordance with section 7 ('Joint Roles with Other Trusts') of the 'Principles Framework for Determining the Remuneration & Terms of Service for the Chief Executive and Executive Directors' document (managed by the Remuneration and Terms of Service Committee).

6.0 Practice and Procedure of Meetings

6.1 All business meetings of the Trust Board shall be conducted in the name of the Trust.

6.1 Annual Members' Meeting

6.1.1 In accordance with the Trust Constitution the Trust will hold a members meeting (the "annual members' meeting") within nine months of the end of the financial year.

6.2 Calling Meetings / Extraordinary Meetings

6.2.1 The Chair may call a meeting of the Trust Board at any time. The Chair shall send a written notice to all directors as soon as possible after the receipt of such a request. The Chief Executive or four directors may request the Chair to call a meeting giving written notice of the business to be carried out. If the Chair fails to call such a meeting then the Chief Executive, or four directors, whichever is the case, may forthwith call a meeting.

6.2.2 The ordinary meetings of the Trust Board shall, unless otherwise be determined, be held on a nominated day each month or at such other times as the board may determine and at such places as the board may determine.

6.2.3 Meetings of the Trust Board shall be open to the public, unless and to the extent that the Trust Board has resolved that members of the public should be excluded from a meeting due to special reasons.

6.2.4 The Chair (Vice Chair in the absence of the Chair) shall give such directions as the Chair thinks fit in regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Trust Board's business shall be conducted without interruption and disruption.

6.2.5 Nothing in these Standing Orders shall require the Trust Board to allow members of the public or representative of the press to record proceedings in any manner whatsoever, other than writing, or to make an oral report of proceedings as they take place without the prior agreement of the Trust Board.

6.3 Notice of Meetings

6.3.1 Save in the case of emergencies or the need to conduct urgent business, the Chairman's office shall give to all directors at least fourteen days written notice of the date and place of every meeting of the Trust Board.

6.3.2 Before each meeting of the Trust Board, a notice of the meeting, specifying the business proposed to be transacted at it shall be delivered to every director, or sent by post to the usual place of residence of such director, so as to be available to every director at least three clear days before the meeting.

6.3.3 Lack of service of the notice on any director shall not affect the validity of a meeting.

6.3.4 In the case of a meeting called by directors or the Chair, in default of the Chief Executive, the notice shall be signed by those directors or the Chair and no business shall be transacted at the meeting other than that specified in the notice.

6.3.5 Failure to serve such a notice on more than two directors will invalidate the meeting. A notice shall be presumed to have been served at the time at which the notice would be delivered in the ordinary course of the post.

6.4 Notice of Agenda Items

6.4.1 The Trust may determine that certain matters shall appear on every agenda for a meeting of the Trust Board and shall be addressed prior to any other business being conducted, which will have effect as though incorporated into the Standing Orders.

6.4.2 A director wishing to propose an agenda item or motion should send written notice eight clear days before the meeting to the Chair who shall insert the item or motion in the agenda for the meeting. Requests made less than eight days before a meeting may be included on the agenda at the discretion of the Chair.

6.4.3 Notwithstanding the intent of the previous paragraph urgent business may be raised at a meeting of the board provided the director wishing to raise such business has given notice to the Chair not later than the day preceding the meeting or in exceptional circumstances not later than one hour before the meeting. In either case, the Chair (or in their absence the Vice Chair) shall determine in consultation with the Chief Executive, the urgency of the proposed business and whether it should be discussed, deferred to the next meeting, or dealt with by the Chief Executive.

6.4.4 Before holding a meeting, the Trust Board shall send a copy of the agenda to the Council of Governors.

6.5 Chair of Meeting

6.5.1 At any meeting of the Trust Board, the Chair, if present, shall preside.

6.5.2 If the Chair is absent from the meeting the Vice Chair, if present, shall preside. If the Chair and Vice Chair are absent such Non-Executive Directors as the directors' present shall choose shall preside.

6.5.3 If the Chair is absent from the meeting temporarily on the grounds of a declared conflict of interest the Vice Chair, if present, shall preside. If Chair and Vice Chair are absent, or are disqualified from participating, such Non-Executive Directors as the directors' present shall choose shall preside.

6.6 Motions

6.6.1 A director of the Trust wishing to propose an agenda item, or move or amend a motion shall send a written notice thereof at least eight clear days before the meeting to the Chair, who shall insert in the agenda for the meeting all notices so received subject to the notice being permissible under the appropriate regulations. This paragraph shall not prevent any motion being moved during the meeting, without notice, on any business mentioned on the agenda subject to Standing Order 6.5.

6.6.2 A motion or amendment once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair.

6.6.3 Notice of motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six calendar months shall bear the signature of the director(s) who gives it and also the signature of four other directors. When any such motion has been disposed of by the Trust, it shall not be competent for any director other than the Chair to propose a motion to the same effect within six months.

6.6.4 When a motion is under discussion or immediately prior to discussion it shall be open to a director to move:

6.6.4.1 An amendment to the motion.

6.6.4.2 The adjournment of the discussion or the meeting.

6.6.4.3 That the meeting proceed to the next business. (*)

6.6.4.4 The appointment of an ad hoc committee to deal with a specific item of business.

6.6.4.5 That the motion be now put to a vote. (*)

In the case of sub-paragraphs denoted by (*) above to ensure objectivity motions may only be put by a director who has not previously taken part in the debate and who is eligible to vote.

6.6.5 No amendment to the motion shall be admitted if, in the opinion of the chairman of the meeting, the amendment negates the substance of the motion.

6.6.6 The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment thereto.

6.7 Chair's Ruling

6.7.1 Statements of directors made at meetings of the board shall be relevant to the matter under discussion at the material time. The decision of the Chair of the meeting on questions of order, relevancy and regularity (including procedure on handling motions) and their interpretation of the Standing Orders, shall be final. In this interpretation they shall be advised by the Chief Executive and in the case of Standing Financial Instructions by the Chief Financial Officer.

6.8 Voting

6.8.1 Every question at a meeting can be determined by a majority of the votes of the directors present and voting on the question and, in the case of any equality of votes, the person presiding shall have a second or casting vote.

6.8.2 All questions put to the vote shall, at the discretion of the Chair of the meeting, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the directors present so request.

6.8.3 If at least one-third of the directors' present so request, the voting (other than by paper ballot) on any question may be recorded to show how each director present voted or abstained.

6.8.4 If a director so requests, their vote shall be recorded by name upon any vote (other than by paper ballot).

6.8.5 In no circumstances may an absent director vote by proxy. Absence is defined as being absent at the time of the vote.

6.8.6 Any director or member of a committee of the directors may participate in a meeting of the Trust Board or such committee by means of a conference telephone or similar communications equipment whereby all persons participating in the meeting can hear each other and participation in the meeting in this manner shall be deemed to constitute presence in person at such meeting.

6.8.7 A resolution in writing signed by all of the directors entitled to receive notice of a meeting of the Trust Board shall be as valid and effectual as if it had been passed at a meeting of the board of directors duly convened and held and may consist of several documents in the like form each signed by one or more directors.

6.8.8 A resolution in electronic form sent to all of the directors entitled to receive notice of a meeting of the board of directors by electronic communication (for the purposes of this provision "electronic communication" means a communication transmitted (whether from one person to another, from one device to another or from a person to a device or vice versa) (a) by means of an electronic communications network; or (b) by other means but while in an electronic form) to the electronic addresses notified to the Trust by each of the directors, shall be as valid and effectual as if it had been passed at a meeting of the Trust Board duly convened and held provided that each and every director entitled to receive a notice of a meeting of the Trust Board responds by electronic communication to the electronic address from which the resolution in electronic form was transmitted from, confirming their acceptance of the resolution.

6.8.9 An acting director who has been appointed formally by the appropriate appointments committee in accordance with the Constitution to carry out a vacant director's duties during a period of temporary incapacity, shall be entitled to exercise the voting rights of the director.

6.8.10 An officer attending the board to represent an executive director during a period of incapacity or temporary absence without being formally appointed to the board may not exercise the voting rights of the executive director. An officer's status when attending a meeting shall be recorded in the minutes.

6.9 Minutes

6.9.1 The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they will be signed by the person presiding at it.

6.9.2 The names of the directors' present at the meeting shall be recorded in the minutes. No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.

6.9.3 It is the responsibility of each individual director to ensure that, where they have concerns which cannot be resolved about the running of the foundation Trust or a proposed action, those concerns are recorded in the board minutes.

6.9.4 Minutes shall be circulated in accordance with directors' wishes.

6.9.5 A copy of the minutes shall be provided by the Trust Board to the Council of Governors as soon as practicable after the meeting to which they relate.

6.10 Quorum

6.10.1 No business shall be transacted at a meeting of the Trust Board unless at least six of the directors are present including not less than three executive directors (one of whom must be the Chief Executive or Chief Financial Officer) and three Non-Executive Directors.

6.10.2 An officer in attendance for an executive director but without formal acting up status may not count towards the quorum.

6.10.3 If a director has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest (see Standing Orders 10 and 11) they shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business. The above requirement for at least three executive directors to form part of the quorum shall not apply where the executive directors are excluded from a meeting (for example when the board considers the recommendations of the Remuneration and Terms of Service Committee).

6.10.4 Directors can participate in meetings by telephone or through the use of video conferencing facilities, where such facilities are available. Participation in a meeting through any of these methods shall be deemed to constitute presence in person at the meeting.

6.11 Personal Conduct (part of Standards of Business Conduct Policy section)

6.11.1 Directors are required to adhere to the highest standards of conduct in the performance of their duties. In respect of their interaction with others, they are required to:

- adhere to good practice in respect of the conduct of meetings and respect the views of their colleagues;
- be mindful of conduct which could be deemed to be unfair or discriminatory;
- treat the Trust's Council of Governors and Trust employees with respect and in accordance with the Trust's policy;
- recognise that the Trust Board and the Council of Governors have a common purpose, i.e. the success of the Trust, and adopt a team approach;

- conduct themselves in such a manner as to reflect positively on the Trust. When attending external meetings or any other events at which they are present, it is important for directors to be ambassadors for the Trust.

7 Suspension of Standing Orders

7.1 Except where this would contravene any statutory provision, Standing Orders may be suspended at any meeting, provided that:

7.1.1 at least two thirds of the board are present including one executive director and one Non-Executive Director,

7.1.2 a majority of those present vote in favour of a suspension;

7.1.3 the variation proposed does not contravene any statutory provision or direction made by NHSE.

7.2 A decision to suspend Standing Orders shall be recorded in the minutes of the meeting.

7.3 A separate record of matters discussed during the suspension of Standing Orders shall be made and should be available to the directors.

7.4 No formal business shall be transacted while Standing Orders are suspended.

7.5 The Audit, Risk and Governance Committee shall review every decision to suspend Standing Orders.

8 Reservation of Powers and Delegation of Functions

8.1 Reservation of Powers

8.1.1 The Trust has resolved that certain powers and decisions may only be exercised by the Board in formal session, held in accordance with Standing Order 6. These powers and decisions are set out in the "Reservation of Powers to the Board and Delegation of Powers" and have effect as if incorporated into the Standing Orders.

8.2 Arrangements for the Exercise of Functions by Delegation

8.2.1 The Trust Board may make arrangements for the exercise, on behalf of the Trust, of any of its functions by a committee or sub-committee, appointed by virtue of Standing Order 9.5 below or by a director or an officer of the Trust in each case subject to such restrictions and conditions as the board thinks fit.

8.3 Emergency Powers

8.3.1 The powers which the Trust Board has retained to itself within these Standing Order 8.1 may in emergency be exercised by the Chief Executive and the Chair after having consulted at least two Non-Executive Directors.

8.3.2 The exercise of such powers by the Chief Executive and the Chair shall be reported to the next formal meeting of the board for ratification.

8.4 Delegation to Committees

8.4.1 The Trust Board shall agree from time to time to the delegation of executive powers to be exercised by executive committees or assurance sub-committees of the Trust Board, which it has formally constituted.

8.4.2 The Constitution and terms of reference of these committees, or sub-committees, and their specific executive powers shall be approved by the Trust Board.

8.5 Delegation to Officers

8.5.1 Those functions of the Trust which have not been retained as reserved by the Trust Board or delegated to a committee or committee of the Trust Board shall be exercised on behalf of the Trust Board by the Chief Executive. The Chief Executive shall determine which functions they will perform personally and shall nominate officers to undertake the remaining functions for which they will still retain accountability to the Trust Board.

8.5.2 The Chief Executive shall prepare a Scheme of Delegation identifying their proposals which shall be considered for approval by the Trust Board, subject to any amendment agreed during the discussion. The Chief Executive may periodically propose amendment to the Scheme of Delegation which shall be considered for approval by the Trust Board as indicated above.

8.5.3 Nothing in the Scheme of Delegation shall impair the discharge of the direct accountability to the board of the Chief Financial Officer or other executive director to provide information and advise the Trust Board in accordance with any statutory requirements or the requirements of the Independent Regulator.

8.5.4 The arrangements made by the Trust Board as set out in the Scheme of Delegation shall have effect as if incorporated in these Standing Orders.

9 Committees

9.1 Appointment of Committees and Sub-Committees

9.1.1 Subject to Standing Order 8.4 and such directions as may be given by the Constitution, the Trust may appoint committees of the Trust, consisting wholly or partly of directors of the Trust or wholly of persons who are not directors of the Trust.

9.1.2 A committee appointed under Standing Order 8.4 may, subject to such directions as may be given by the Trust, appoint sub-committees consisting wholly or partly of members of the committee (whether or not they include directors of the Trust) or wholly of persons who are not members of the Trust committee (whether or not they include directors of the Trust).

9.1.3 The Standing Orders of the Trust, as far as they are applicable, shall apply with appropriate alteration agreed by the Trust Board to meetings of any committees or sub-committee established by the Trust.

9.1.4 Each such committee or sub-committee shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the board), as the board shall decide.

9.1.5 Committees may not delegate their executive powers to a sub-committee unless expressly authorised by the board.

9.1.6 The Board Committees will be made up of Non-Executive Directors and Executive Directors as core members and other staff as deemed appropriate being 'in attendance'. Except the Audit, Risk and Governance Committee and Remuneration and Terms of Service Committee must only have Non-Executive Directors as core members.

9.1.7 Where the Trust is required to appoint persons to a committee and/or to undertake statutory functions as required by the independent regulator, and where such appointments are to operate independently of the Trust such appointment shall be made in accordance with applicable statute and regulations and with guidance issued by the independent regulator.

9.1.8 The following committees shall be established:

(a) Audit Committee
The Trust Board shall establish an Audit Committee to be known as the Audit, Risk and Governance Committee which shall meet at least quarterly and be answerable to, and report to, the Trust Board. The terms of reference of the Committee have effect as if incorporated into these Standing Orders.

(b) Remuneration Committee
The board shall establish a Remuneration Committee, to be known as the Remuneration and Terms of Service Committee which shall meet at least quarterly and be answerable to, and report to, the Trust Board. The terms of reference of the Committee have effect as if incorporated into the Standing Orders.

(c) Charitable Funds Committee
The Trust Board shall establish a Charitable Funds Committee which shall meet at least quarterly and be answerable to, and report to, the Trust Board. The terms of reference of the Committee have effect as if incorporated into the Standing Orders.

(d) Finance & Performance Committee
The Trust Board shall establish a Finance Committee to be known as the Finance & Performance Committee which shall meet at least quarterly and be answerable to, and report to, the Trust Board. The terms of reference of the Committee have effect as if incorporated into these Standing Orders.

(e) Committees In Common
The Trust Board shall establish any other joint permanent or ad hoc committee in common as may be required. It is not necessarily a requirement that these other committees report directly to the Trust Board, but in all cases the reporting arrangements will be defined in their terms of reference.

(f) Quality & Safety Committee
The Trust Board shall establish a Quality & Safety Committee which shall meet at least quarterly and be answerable to, and report to, the Trust Board. The terms of reference of the Committee have effect as if incorporated into the Standing Orders.

(g) Strategic Development Committee
The Trust Board shall establish a Strategic Development Committee which shall meet at least quarterly and be answerable to, and report to, the Trust Board. The terms of reference of the Committee have effect as if incorporated into the Standing Orders.

(h) Workforce Committee
The Trust Board shall establish a Workforce Committee which shall meet at least quarterly and be answerable to, and report to, the Trust Board. The terms of reference of the Committee have effect as if incorporated into the Standing Orders.

(i) Other Committees
The Trust Board shall establish any other permanent or ad hoc committees as may be required. It is not necessarily a requirement that these other committees report directly to the Trust Board, but in all cases the reporting arrangements will be defined in their terms of reference.

9.2 Confidentiality

9.2.1 A member of a committee shall not disclose a matter dealt with by, or brought before, the committee without its permission until the committee shall have reported to the board or shall otherwise have concluded on that matter.

9.2.2 A director of the Trust or a member of a committee shall not disclose any matter reported to the board or otherwise dealt with by the committee, notwithstanding that the matter has been reported or action has been concluded, if the board or committee shall resolve that it is confidential.

10 Declaration of Interests and Register of Interests

10.1 Pursuant to Section 20 of Schedule 7 of the 2006 Act, a register of Directors' interests must be kept by the Trust.

10.2 Pursuant to Section 152 of the 2012 Act, Directors have a duty:

10.2.1 to avoid a situation in which the director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust.

10.2.2 not to accept a benefit from a third party by reason of being a director or doing (or not doing) anything in that capacity.

10.3 Declarations of Interests

10.3.1 rust Board directors are required to declare relevant and material nterests. Any directors appointed subsequently should do so on appointment.

10.3.2 Interests which should be regarded as "relevant and material" are:

10.3.2.1 Directorships, including Non-Executive Directorships held in private companies or PLCs (with the exception of those of dormant companies) likely or possibly seeking to do business with the NHS.

10.3.2.2 Ownership, part-ownership or directorates of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS;

10.3.2.3 Majority or controlling share-holdings in organisations likely or possibly seeking to do business with the NHS;

10.3.2.4 A position of authority in a charity or voluntary organisation in the field of health and social care;

10.3.2.5 Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services;

10.3.2.6 Any connection with an organisation, entity or company considering entering into a financial arrangement with the Trust, including, but not limited to, lenders or banks.

10.3.3 If Trust Board directors have any doubt about the relevance of an interest, this should be discussed with the Chair.

10.3.4 At the time board directors' interests are declared, they should be recorded in the board minutes. Any changes in interests should be declared at the next Trust Board meeting following the change occurring.

10.3.5 Trust Board directors' directorships of companies likely or possibly seeking to do business with the NHS should be published in the board's annual report. The information should be kept up to date for inclusion in succeeding annual reports.

10.3.6 During the course of a Trust Board meeting, if a conflict of interest is established, the board director concerned should withdraw from the meeting and play no part in the relevant discussion or decision.

10.3.7 There is no requirement for the interests of board directors' spouses or partners to be declared. (Note, however, that Standing Order 11 requires that the interest of directors' spouses, if living together, in contracts should be declared).

10.3.8 It is the obligation of the director to inform the Trust Secretary in writing within seven days of becoming aware of the existence of a relevant or material interest. The secretary will amend the register upon receipt within three working days.

10.4 Authorisation of Conflict of Interest

10.4.1 Where a director has a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust (in contravention of the duty outlined at Standing Order 10), this may be authorised if a majority of directors vote in favour of authorisation.

10.4.2 If there is a dispute as to whether a conflict or potential conflict of interest exists, majority will resolve the issue with the Chair having the casting vote.

10.4.3 If a director has a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust that is not authorised by the Trust Board, the director in question will be deemed to be in breach of the statutory duty.

10.5 Register of Interests

10.5.1 In accordance with the Constitution the Trust Secretary will ensure that a Register of Interests is established to record formally declarations of interests of directors. In particular the register will include details of all directorships and other relevant and material interests which have been declared by both executive and non-executive board directors.

10.5.2 These details will be kept up to date by means of an annual review of the register in which any changes to interests declared during the preceding twelve months will be incorporated and reviewed by the Trust Board.

10.5.3 The register will be available to the public and the Chair will take reasonable steps to bring the existence of the register to the attention of the local population and to publicise arrangements for viewing it.

11 Exclusion of Directors from Proceedings on Account of Pecuniary Interest

11.1 Subject to the following provisions of this Standing Order, if a director of the Trust has any pecuniary interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Trust at which the contract or other matter is the subject of consideration, they shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not take part in the consideration or discussion of the contract or other matter or vote on any question with respect to it.

11.2 The Trust shall exclude a director from a meeting of the Trust while any contract, proposed contract or other matter in which they have a pecuniary interest, is under consideration.

11.3 For the purpose of this Standing Order, any remuneration, compensation or allowances payable to a director by virtue of paragraph 9 of Schedule 2 to the NHS & Community Care Act 1990, relating to payments of travelling expenses and other allowances as determined by the Secretary of State with the approval of the Treasury, shall not be treated as a pecuniary interest.

11.4 For the purpose of this Standing Order the Chair or a director shall be treated, subject to Standing Order 11.2, as having indirectly a pecuniary interest in a contract, proposed contract or other matter, if:

11.4.1 they, or their nominee, is a director of a company or other body, not being a public body, with which the contract was made or is proposed to be made or which has a direct pecuniary interest in the other matter under consideration;

or

11.4.2 they are a partner of, or in the employment of, a person with whom the contract was made or is proposed to be made or who has a direct pecuniary interest in the other matter under consideration;

and in the case of persons living together as partners the interest of one or other shall, if known to the other, be deemed for the purposes of this Standing Order to be also an interest of the other.

11.5 A director shall not be treated as having a pecuniary interest in any contract, proposed contract or other matter by reason only:

11.5.1 of their membership of a company or other body, if the director has no beneficial interest in any securities of that company or other body;

11.5.2 of an interest in any company, body or person with which the director is connected as mentioned in Standing Order 11.2 above which is so remote or insignificant that it cannot reasonably be regarded as likely to influence a director in the consideration or discussion of or in voting on, any question with respect to that contract or matter.

11.6 Where a director:

11.6.1 has an indirect pecuniary interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or other body, and

11.6.2 the total nominal value of those securities does not exceed £5,000 or one-hundredth of the total nominal value of the issued share capital of the company or body, whichever is the less, and

11.6.3 if the share capital is of more than one class, the total nominal value of shares of any one class in which the director has a beneficial interest does not exceed one-hundredth of the total issued share capital of that class.

11.6.4 This Standing Order shall not prohibit the director from taking part in the consideration or discussion of the contract or other matter or from voting on any question with respect to it without prejudice however to their duty to disclose their interest.

11.7 Standing Order 11 applies to a committee or sub-committee of the Trust as it applies to the Trust and applies to any member of any such committee or sub-

committee (whether or not they is also a director of the Trust) as it applies to a director of the Trust.

12 Standards of Business Conduct

12.1 Policy

12.1.1 Directors shall act in accordance with the Nolan Principles Governing Conduct of Public Office Holders at all times.

12.1.2 Staff must comply with the Trust's guidance contained in Standards of Business Conduct Policy. The following provisions should be read in conjunction with that document.

12.2 Interest of Officers in Contracts

12.2.1 If it comes to the knowledge of a director or an officer of the Trust that a contract in which they have any pecuniary interest, not being a contract to which they are a party, has been, or is proposed to be, entered into by the Trust they shall, at once, give notice in writing to the Chief Executive of the fact that they are interested therein. In the case of married persons, or persons living together as partners, the interest of one partner shall, if known to the other, be deemed to be also the interest of that partner.

12.2.2 An officer or employee must also declare to the Chief Executive any other employment or business or other relationship of theirs, or of a cohabiting spouse, that conflicts, or might reasonably be predicted could conflict with the interests of the Trust. A register of declared interests shall be kept and maintained by means of an annual review.

12.3 Canvassing of, and Recommendations by Directors in Relation to Appointments

12.3.1 Canvassing of directors of the Trust or members of any committee of the Trust directly or indirectly for any appointment under the Trust shall disqualify the candidate for such appointment. The contents of this paragraph of the Standing Order shall be included in application forms or otherwise brought to the attention of candidates.

12.3.2 A director of the Trust shall not solicit for any person any appointment under the Trust or recommend any person for such appointment. This does not preclude a director from giving written testimonial of a candidate's ability, experience or character for submission to the Trust for reference purposes.

12.3.3 Informal discussions which take place with potential candidates outside appointments panels or committees, whether solicited or unsolicited, should be declared to the panel or committee.

12.4 Relatives of Directors of Officers

12.4.1 Candidates for any staff appointment shall, when making application, be required to disclose in writing whether they have a close relationship or are related to any director or the holder of any office under the Trust. Failure to disclose such a relationship shall disqualify a candidate and, if appointed, render them liable to instant dismissal.

12.4.2 The directors and every officer of the Trust shall disclose to the Chief Executive any relationship with a candidate of whose candidature that director or officer is aware. It shall be the duty of the Chief Executive to report to the Trust any such disclosure made.

12.4.3 On appointment, directors (and prior to acceptance of an appointment in the case of executive directors) should disclose to the Trust whether they are related to any other director or holder of any office under the Trust.

12.4.4 Where the relationship of an officer or another director to a director of the Trust is disclosed, Standing Order 11.2 shall apply.

12.4.5 All managers must comply with the Trust's Standards of Business Conduct Policy.

13 Tendering and Contracting Procedures

Details relating to Tendering and Contracting Procedures can be found in the **Standing Financial Instructions document reference DCM076.**

14 Miscellaneous

14.1 Standing Orders to be Given to Directors and Officers

14.1.1 It is the duty of the Chief Executive to ensure that existing directors and officers and all new appointees are notified of and understand their responsibilities within Standing Orders and Standing Financial Instructions.

14.1.2 Updated copies shall be available to all staff via the Trust intranet.

14.1.3 New officers designated by the Chief Executive shall be informed in writing of the location and means of accessing Standing Orders.

14.2 Trust Policies

14.2.1 All Trust policies will be prepared, consulted upon and assessed for equality impact in accordance with the Trust document control policy and supporting procedures.

14.2.2 Draft policies presented to the board or the Trust Executive Team for approval must be accompanied by evidence of compliance with the proper procedures for consultation and equality impact assessment.

14.3 Documents Having the Standing of Standing Orders

14.3.1 Standing Financial Instructions, Reservation of Powers to the Trust Board and Delegation of Powers including the Trust's Devolution Policy, shall have the effect as if incorporated into Standing Orders.

14.4 Signature of Documents

14.4.1 Where the signature of any document will be a necessary step in legal proceedings involving the Trust, it shall be signed by the Chief Executive, unless any enactment otherwise requires or authorises, or the board shall have given the necessary authority to some other person for the purpose of such proceedings.

14.4.2 The Chief Executive or nominated officers shall be authorised, by resolution of the board, to sign on behalf of the Trust any agreement or other document (not required to be executed as a deed) the subject matter of which has been approved by the board or committee or sub-committee to which the board has delegated appropriate authority.

14.5 Seal and Sealing of Documents

14.5.1 Custody of Seal

14.5.2 The Common Seal of the Trust shall be kept securely by the Trust Secretary as delegated by the Chief Executive. The seal will only be affixed to a document in accordance with these Standing Orders.

14.5.3 Sealing of Documents

14.5.3.1 The Seal of the Trust shall not be fixed to any documents unless the sealing has been authorised by a resolution of the board in accordance with these Standing Orders. The seal of the Trust must be used in order to execute a deed, when required to do so by law, normally the conveyancing of land.

14.5.3.2 Before any building, engineering, property or capital document is sealed it must be approved and signed by the Chief Financial Officer and authorised

and countersigned by the Chief Executive (or an officer nominated by the Chief Executive who shall not be within the originating directorate).

14.5.4 Register of Sealing

14.5.4.1 An entry of every sealing shall be made and numbered consecutively in a book provided for that purpose and shall be signed by the persons who shall have approved and authorised the document and those who attested the Seal.

14.5.4.2 A report of all sealing shall be made to the Trust at least quarterly. (The report shall contain details of the seal number, the description of the document and date of sealing).

14.6 Review of Standing Orders

14.6.1 Standing Orders shall be reviewed annually by the Trust. The requirement for review extends to all documents having the effect as if incorporated in Standing Orders.

14.7 Variation of Standing Orders

14.7.1 These Standing Orders shall be amended only if: the requirements provided for in the Constitution for variation of the Constitution have been met and if:

14.7.2 a notice of motion under Standing Order 6.7 has been given; and

14.7.3 no fewer than half the total of the Trust's Non-Executive Directors vote in favour of amendment; and

14.7.4 at least two-thirds of the directors are present; and

14.7.5 the variation proposed does not contravene a statutory provision; and

14.7.6 the proposed amendment has been reported to NHSE.

ANNEX 8 – FURTHER PROVISIONS

1. Application for Membership

1.1 An individual may become a member by application to the Trust in accordance with this Constitution or, where so provided for in this Constitution, by being invited by the Trust to become a member of a staff class of the staff constituency in accordance with paragraph 7.5 of the Trust Constitution.

1.2 Where an individual wishes to apply to become a member of the Trust, the following procedure shall apply:

1.2.1 the Trust shall upon request supply the individual with a form of application for membership in a form determined by the Trust;

1.2.2 upon receipt of the said form of application duly completed or upon application in person or via the telephone, the Trust will complete the actions described in paragraph 1.2.3;

1.2.3 unless the applicant is ineligible for membership or is disqualified from membership, the Trust shall cause their name to be entered forthwith on the Trust's Register of Members and shall give notice in writing to the applicant of that fact;

1.2.4 upon the applicant's name being entered on the Trust's Register of Members the individual shall thereupon become a member;

1.2.5 the information to be included in the Trust's Register of Members shall include the following details relating to that member:

- full name and title;
- the constituency of which they are a member.

1.3 Where an individual is to be invited by the Trust to become a member, the following procedure shall apply:

1.3.1 the Trust shall take all reasonable steps to satisfy itself that the individual is eligible to become a member of the staff constituency before issuing an invitation to become a member of the Trust and that it has all the information needed to administer that person's membership, as may be defined by the Trust from time to time;

1.3.2 the Trust having so satisfied itself, it shall thereupon invite that individual to become a member pursuant to paragraph 7.5 of the Constitution and if

necessary shall request the individual to provide such further information, if any, as it may need to administer his or her membership;

1.3.3 unless the individual has within 14 days of the date upon which the Trust dispatches its invitation to him or her to become a member advised the Trust that they do not wish to become a member, the Trust shall thereupon enter that individual's name on the Register of Members and they shall thereupon become a member provided that the Trust has been provided with the information, if any, requested pursuant to paragraph 1.3.2 above to enable it to administer the membership;

1.3.4 if the individual has failed to provide the information requested by the Trust within 14 days of being invited by the Trust to provide it in accordance with paragraph 1.3.2 above, the Trust shall give notice in writing to the applicant that the information has not been provided and that unless and until the information is provided that individual's name shall not be entered on the Register of Members.

1.4 No individual who is ineligible or disqualified from membership shall be entered or remain on the Register of Members.

1.5 For the avoidance of doubt, an individual shall become a member on the date upon which their name is entered on the Trust's Register of Members and shall cease to be a member upon the date on which their name is removed from the Register of Members as provided for in this Constitution.

2. Additional Grounds for Eligibility or Disqualification of Members

2.1 In addition to satisfying those grounds of eligibility otherwise provided for in the Constitution, the Trust reserves the right to exclude persons from membership of the Trust if they are:

- Persons under 16 years of age.
- Vexatious complainants, as defined by the Trust Policy and Procedure for the Management of Feedback from Complaints, Concerns, Comments and Compliments (DCP071) from time to time.
- Former members of the staff of the Trust who were dismissed due to misconduct in the course of their employment.
- Patients of the Trust who have been excluded from treatment by the Trust in accordance with the Trust's policy from time to time for the management of violent and aggressive behaviour towards Trust staff.

- Persons who, within the preceding five years, have committed an act of violence against any of the Trust's employees or registered volunteers in association with their employment, as defined in the Trust's policy from time to time for the management of violent and aggressive behaviour, or who have wilfully damaged Trust property or facilities.

The electronic master copy of this document is held by Document Control, Directorate of Corporate Governance, NL&G NHS Foundation Trust.

Agenda Number: CoG (01/23) Item: 4.2

Name of the Meeting	**Council of Governors**	
Date of the Meeting	11 January 2023	
Director Lead	Helen Harris, Director of Corporate Governance	
Contact Officer/Author	Alison Hurley, Assistant Trust Secretary	
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 January 2023	
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	✓ Our People ☐ Quality and Safety ☐ Restoring Services ☐ Reducing Health Inequalities ☐ Collaborative and System Working	☐ Strategic Service Development and Improvement ☐ Finance ☐ Capital Investment ☐ 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.

*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

REGISTER OF GOVERNORS' INTERESTS
JAN 2023 (v1.0)

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 and Leader for Louth Town Council ➢ Louth Town Councillor	14.07.2022
Vacancy		
PUBLIC GOVERNORS – GOOLE & HOWDENSHIRE		
Tony Burndred	➢ Chair of Men in Sheds (Goole)	03.01.2022
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)	20.12.2022
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	14.12.2022
David Cuckson	➢ None	28.11.2022
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	➢	
Vacancy	➢	

PUBLIC GOVERNORS – NORTH EAST LINCOLNSHIRE		
Diana Barnes	➢ None	25.11.2021
Michael Bateson	➢ Board member/Trustee of local charity Friendship at Home	28.10.2022
Karen Green	➢ TBC	
Ian Reekie	➢ None	19.01.2022
Liz Stones	➢ Chairman of Cleethorpes Golf Club (1894) Ltd	19.12.2022

STAKEHOLDER GOVERNORS		
Nick Coultish – East Riding of Yorkshire Council	➢ TBC	TBC
Eddie McCabe – North East Lincolnshire Place	➢ Employed full time by NHS Humber & North Yorkshire ICB at NEL Place as Assistant Director of Contracts & Performance	12.12.2022
Emma Mundey – North Lincolnshire Place	➢ Head of Contracting & Intelligence within North Lincolnshire for Humber & North Yorkshire Integrated Care Board	04.01.2023
Vacancy – North East Lincolnshire Council		
Vacancy – North Lincolnshire Council		
Vacancy – Lincolnshire Council		

STAFF GOVERNORS		
Ahmed Aftab	➢ Director of Sazin Eyecare Limited	05.01.2023
Tim Mawson	➢ United Kingdom Accreditation Service ➢ Voluntary ISAS Technical Assessor since October 2014	06.12.2021
Anthonia Nwafor	➢ Staff Governor	06.12.2022
Vacancy	➢	

Agenda Number: CoG (01/23) Item: 4.3

Name of the Meeting	**Council of Governors**
Date of the Meeting	11 January 2023
Director Lead	Helen Harris, Director of Corporate Governance
Contact Officer/Author	Alison Hurley, Assistant Trust Secretary
Title of the Report	**Governor Assurance Group (GAG) – Terms of Reference (TOR)**
Purpose of the Report and Executive Summary (to include recommendations)	The GAG reviewed its TOR at its meeting on 10 October 2022. Amendments are as follows: • Trust Secretary amended to Director of Corporate Governance • Membership Manager amended to Assistant Trust Secretary • Section 4.1.6: research will be led by the Communications Team with regards to Trust Membership • Section 4.5.5: Induction, development and training to be in line with Health and Care Act 2022 • Section 4.6.3: to be removed as there are no other sub-groups • Section 5.2: addition of NED from the Strategic Development Committee to attend meetings • Section 5.2: Clinical Commissioning Groups replaced with Integrated Care Board • Section 6.3: Membership Office replaced with Corporate Governance Team • Section 6.7.1: Strategic Development Committee to present a highlight report to GAG • Section 6.7.5: Removed NHS Improvement. The Council of Governors are recommended to approve the revised TOR.
Background Information and/or Supporting Document(s) (if applicable)	
Prior Approval Process	☐ TMB ☐ PRIMs ☐ Divisional SMT ☐ Other: Governor Assurance Group
Which Trust Priority does this link to	☐ Our People ☐ Quality and Safety ☐ Restoring Services ☐ Reducing Health Inequalities ☐ Collaborative and System Working ☐ Strategic Service Development and Improvement ☐ Finance ☐ Capital Investment ☐ 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 **To live within our means:** ☐ 3 - 3.1 ☐ 3 - 3.2 **To work more collaboratively:** ☐ 4 **To provide good leadership:**

	☐ 1 - 1.6 **To be a good employer:** ✓ 2	✓ 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

Directorate of Corporate Governance

GOVERNOR ASSURANCE GROUP

Membership and Terms of Reference

Reference:	DCT092
Version:	3.2
This version issued:	Date?
Result of last review:	Minor changes
Date approved by owner (if applicable):	29/12/21
Date approved:	TBC
Approving body:	Council of Governors
Date for review:	January, 2026
Owner:	Helen Harris, Director of Corporate Governance
Document type:	Terms of Reference
Number of pages:	9 (including front sheet)
Author / Contact:	Alison Hurley, Assistant Trust Secretary

Northern Lincolnshire and Goole NHS Foundation Trust actively seeks to promote equality of opportunity. The Trust seeks to ensure that no employee, service user, or member of the public is unlawfully discriminated against for any reason, including the "protected characteristics" as defined in the Equality Act 2010. These principles will be expected to be upheld by all who act on behalf of the Trust, with respect to all aspects of Equality.

1.0 Introduction & Purpose

1.1 The role of the Governor Assurance Group (GAG) is to have 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 (CoG).

1.2 The Group will work closely with the Trust Board's Assurance Committees, sharing findings, concerns and requests for additional information with the committee chair and vice-chair, monitoring the progress of resolution and provision of assurance by the Trust Board relating to these areas, and reporting progress to the CoG.

1.3 As a Foundation Trust, the CoG is responsible for regularly feeding back information about the Trust, its vision and performance to the constituencies/classes and stakeholder organisations. The GAG provides a mechanism through which the CoG can seek assurance on this key matter for staff and public members.

1.4 The group will monitor the effectiveness of the Membership Strategy which incorporates oversight and scrutiny of the Trust's engagement with patients and carers. It will undertake this role on behalf of the CoG, whilst being mindful of the national, regional and local service transformation agenda.

1.5 One of the Trust's key goals is to create a supportive, developmental and listening environment for its staff so they are able to excel and contribute to the success of the organisation. The GAG will monitor and assist as appropriate in staff engagement, recruitment and retention and staff morale.

2.0 Authority

2.1 The GAG will have delegated authority on behalf of the CoG to consider and progress specific agenda items, as directed, and report back to the full Council as required.

2.2 The Group will share information and work closely with the Chair/Vice-chair of the Trust Board assurance committees but will have the authority to request information from Non-Executive and Executive Directors, in seeking assurance around areas of concern or areas where further clarification is required by Governors. This may include issues around quality, finance, performance, strategic development or staffing.

2.3 The Group will have the authority to ask relevant members of the Trust's staff, specifically, Executive Directors and / or their Deputies; to attend meetings of the Group and provide such information or assurance as may be required to enable the Group to fulfil its role.

2.4 The Group will meet six times per year and have the authority to hold extraordinary meetings as the Group deems appropriate.

3.0 Accountability & Reporting Arrangements

3.1 The group is directly accountable to the full CoG and the Chair of the GAG will submit a brief Highlight Report to each quarterly CoG Business meeting.

3.2 All meetings of the Group will be minuted by the Assistant Trust Secretary's staff.

3.3 The Group will maintain close working relationships with the Trust Board Assurance Committees so that any concerns and/or assurance can be addressed.

4.0 Responsibilities

4.1 General

4.1.1 The Group will nominate a public or staff Governor from the Group to attend each of the Trust Board Assurance Committee meetings in an observer capacity, together with a deputy for the nominated attendee.

4.1.2 The Group will provide input to the process of determination of the Trust's quality priorities and contribute to the identification and development of quality and safety measures to be included within the Trust's Integrated Performance Report and annual Quality Account.

4.1.3 On behalf of the CoG each year, the Group will select a local quality indicator for scrutiny by the Trust's appointed external auditors as part of the annual Quality Account audit process.

4.1.4 Provide support to the CoG with regards to the Trust's performance against the NHS Constitution

4.1.5 The group will seek to undertake periodic patient and/or public consultations in line with Trust strategy and any proposed service changes in line with our Constituted Foundation Trust status.

4.1.6 The group will commission such research on the composition of the trust membership as it requires, to understand whether that membership is representative of the population served. The group will utilise these results to devise and implement recruitment strategies to ensure a representative membership is maintained. Normally such research will be led by the Communications Team supported by the Assistant Trust Secretary.

4.1.7 Act as a forum for sharing ideas, best practice and investigate alternative methods of delivery of identified staff and public engagement as required.

4.2 Oversight of the Trust Audit Processes

4.2.1 On behalf of the CoG, the group will monitor Northern Lincolnshire and Goole NHS Foundation Trust's performance against the Terms of Authorisation and Strategic Direction. This specifically relates to seeking assurance from the Trust Board Finance & Performance Committee and the Audit, Risk & Governance Committee.

4.3 External Audit

4.3.1 The CoG is responsible for the appointment of the Trust's external auditors and the task of assessing prospective candidate firms is delegated to a panel of Governors drawn from the GAG, supported by a member of the Audit, Risk & Governance Committee (normally the Chair thereof). The GAG will therefore oversee and approve recommendations to the CoG on the appointment of external auditors.

4.4 Internal Audit

4.4.1 To receive highlight reports from the Chair of Audit, Risk and Governance Committee, relating to progress against the internal audit programme.

4.5 Responsibility for ensuring appropriate and effective Governor Development Processes

4.5.1 Identify and develop training and development plans for Governors.

4.5.2 Receive feedback on the Annual Governor Developmental Reviews from the Trust Chair and identify areas for action to be incorporated into the development plans.

4.5.3 Monitor performance against the thematic Governor Development Plan requirements and ensure effective delivery methods are identified.

4.5.4 Act as a forum for sharing ideas, best practice through benchmarking and investigate alternative methods of delivery of identified training and development.

4.5.5 Assist in the induction, development and training of Governors to facilitate the discharge of their responsibilities in line with the requirements of the Health and Care Act 2022.

4.6 Providing support to the CoG with regard to amendments for Policies and Procedures as they apply to the full Council or its' sub-groups

4.6.1 Review and make recommendations to the full CoG for amendments to other relevant policies and procedures.

4.6.2 Ensure sufficient communication amongst Governors and between the CoG and the Trust Board and, in this regard ensure the three year review of the 'Council of Governors Engagement Policy' and make recommendations to the full CoG in respect of any required changes.

4.7 Providing support to the CoG in order to ensure the effective application of the required democratic processes for Governor Elections (as per the Trust Constitution)

4.7.1 To oversee the search process for suitable prospective Governors and encourage their nominations in the Governor Elections Process, recommending changes to process as required.

4.7.2 To identify and engage with potential prospective governors, encouraging a commitment to the Trust and roles and responsibilities of Trust Governor through their nomination into the Governor elections.

5.0 Membership

5.1 Core Membership

5.1.1 The Trust Vice Chair (ex officio)

5.1.2 The Lead Governor (ex officio)

5.1.3 The Deputy Lead Governor, and six other Governors elected following the process described in paragraph 5.3 below, a minimum of one to be a staff Governor.

5.2 Other Persons Attending Meetings

5.2.1 Non-Executive Director (NED) Chair or Deputy Chair of the Trust Board Committees as follows:

- Audit, Risk & Governance Committee
- Finance & Performance Committee
- Quality & Safety Committee
- Strategic Development Committee
- Workforce Committee

5.2.2 The Chief Executive, directors and senior managers shall attend meetings by invitation.

5.2.3 The Trust Chair will attend meetings on an intermittent basis.

5.2.4 Other Governors who are not GAG members can attend as observers.

5.2.5 The Director of Corporate Governance and/or the Assistant Trust Secretary shall attend meetings in an advisory and non-voting capacity, as required/the agenda dictates.

5.2.6 Attendees either from within or outside the Trust (e.g. from Integrated Care Board, Healthwatch, regulators or Integrated Care Partnership representatives) may be invited if deemed appropriate by the Group Chair or Vice-Chair, Trust Board Assurance Committee Chairs or specifically requested by Group members or the CoG.

5.3 Governor Assurance Group Elections

5.3.1 Members of the GAG shall be elected for the remainder of their term of office (although will be entitled to express an interest in standing for re-appointment if they are re-elected as a governor). When elections are required, they shall be held at the first meeting of the CoG in the calendar year. All Governors shall be entitled to vote, and all Governors except the Lead Governor (who is an ex officio member of the group) shall be entitled to stand.

5.3.2 At least one calendar month before the date of the meeting of the CoG the Director of Corporate Governance or their Deputy shall contact all Governors to invite expressions of interest. Ballot papers showing the names of all the nominated candidates shall be distributed with the papers and a secret ballot shall be conducted at the meeting (or electronically). The Director of Corporate Governance, or their nominee, shall act as returning officer and shall announce the results of the election before the close of the meeting when completed ballot papers will be made available for scrutiny by Governors as required.

5.3.3 Alternatively, expressions of interest will be sought by the Assistant Trust Secretary via e-mail and all Governors will be invited to vote with a set timescale. The results of the election will be announced via e-mail and an update will be provided at the next GAG Meeting. This will be included in the GAG Highlights Report to the next CoG meeting.

5.3.4 To ensure equitable representation, an electoral constraint shall be applied which requires that at least one staff governor and at least two public governors are elected to the group. Where there are no nominations from either of these groups, however, it is clear that it will not be possible to apply the constraint.

5.4 Other Provisions

5.4.1 Should the core membership of the GAG fall below the number specified in paragraph 5.1 then the remaining members shall have the authority to co-opt additional governors to serve on the committee provided that the total core membership is not exceeded. It is expected that the selection of co-opted members will be by consensus: where a vote is required this shall be determined by a simple majority of a show of hands. Such co-opted members shall serve until the next scheduled election to the GAG.

6.0 Procedural Issues

6.1 Frequency of Meetings

6.1.1 The frequency of meetings shall be as determined by the group, but there shall be at least six meetings of the GAG in any calendar year.

6.2 Chairperson

6.2.1 The Chair of the GAG shall be the Lead Governor. In the absence of the Chair the Deputy Lead Governor will Chair the meeting.

6.3 Secretary

6.3.1 Secretarial support will be provided by the Corporate Governance Team.

6.4 Attendance

6.4.1 Governors are required to attend in person and no deputies are permitted. The Director of Corporate Governance or Assistant Trust Secretary may nominate a deputy to attend in his/her absence as required.

6.4.2 It is expected that members will attend all meetings of the group. The minimum acceptable attendance is 50%; the Chair of the group will report attendance levels below this to the Trust Chair.

6.4.3 Where a member's attendance is below the acceptable attendance, the Chair may discuss the reasons for this with the individual Governor in order to ensure that their continued membership of the Group is in the best interests of the Group, the CoG and the member.

6.4.4 Where concerns about acceptable attendance levels cannot be resolved within the Group, then this matter will be referred to the next CoG business meeting for discussion and resolution.

6.5 Quorum

6.5.1 Four Governors shall form a quorum for the group. This provision shall not apply to any meeting immediately following a reduction in the number of core members, for whatever reason, when those present shall constitute a quorum. The co-opting of additional Governors to make up the full complement of members, as described in paragraph 5.4 above, shall be an item on the agenda at any such meeting.

6.6 Administration and Minutes of Meetings

6.6.1 Draft minutes will be submitted to the Chair for approval within ten working days of the meeting. On approval they will be distributed to all members of the group and forwarded to the Trust Chair's office for inclusion for information with the papers for the next CoG meetings.

6.7 Reports to be Provided to Meeting Members

6.7.1 Trust Board Committee Highlight Reports from the following committees:

- Audit, Risk & Governance Committee
- Finance & Performance Committee
- Quality & Safety Committee
- Strategic Development Committee
- Workforce Committee

6.7.2 Board Assurance Framework as an item for information.

6.7.3 Take receipt of the Trust Board approved Annual Financial Plan.

6.7.4 Annual National Staff Survey Results.

6.7.5 Inspection reports and updates from regulators ((Care Quality Commissioner (CQC), NHS England (NHSE)).

6.7.6 This list is not exhaustive but provides a basis for the regular flow of information for consideration by the Group.

6.8 Review

6.8.1 These terms of reference will be reviewed every three years or sooner should the need arise.

7.0 Equality Act (2010)

7.1 Northern Lincolnshire and Goole NHS Foundation Trust is committed to promoting a pro-active and inclusive approach to equality which supports and encourages an inclusive culture which values diversity.

7.2 The Trust is committed to building a workforce which is valued and whose diversity reflects the community it serves, allowing the Trust to deliver the best possible healthcare service to the community. In doing so, the Trust will enable all staff to achieve their full potential in an environment characterised by dignity and mutual respect.

7.3 The Trust aims to design and provide services, implement policies and make decisions that meet the diverse needs of our patients and their carers the general population we serve and our workforce, ensuring that none are placed at a disadvantage.

7.4 We therefore strive to ensure that in both employment and service provision no individual is discriminated against or treated less favourably by reason of age, disability, gender, pregnancy or maternity, marital status or civil partnership, race, religion or belief, sexual orientation or transgender (Equality Act 2010).

8.0 Freedom to Speak Up

Where a member of staff has a safety or other concern about any arrangements or practices undertaken in accordance with these terms of reference, please speak in the first instance to your line manager. Guidance on raising concerns is also available by referring to the Freedom to Speak Up Policy for the NHS (DCP126) which has been adopted by the Trust in line with national guidance. Staff can raise concerns verbally, by letter, email or by completing an incident form. Staff can also contact the Trust's Freedom to Speak Up Guardian in confidence by email to nlg-tr.ftsuguardian@nhs.net or telephone 07892764607. More details about how to raise concerns with the Trust's Freedom to Speak Up Guardian can be found on the Trust's intranet site.

The electronic master copy of this document is held by Document Control, Directorate of Corporate Governance, NL&G NHS Foundation Trust.

Agenda Number: CoG (01/23) Item: 7.1

Name of the Meeting	**Council of Governors**	
Date of the Meeting	11 January 2023	
Director Lead	Lee Bond, Chief Financial Officer	
Contact Officer/Author	Brian Shipley, Operational Director of Finance	
Title of the Report	**Finance Report – M08**	
Purpose of the Report and Executive Summary (to include recommendations)	This report highlights the reported financial position of Month 08 of the 2022/23 reporting period.	
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	☐ Our People ☐ Quality and Safety ☐ Restoring Services ☐ Reducing Health Inequalities ☐ Collaborative and System Working	☐ Strategic Service Development and Improvement ✓ Finance ☐ Capital Investment ☐ 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)	Contained within the report.	
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.

Finance Update Report 2022/23: Month 8

1. Report Outline:

This report covers the Trust's financial performance for the 2022/23 financial year against the Trust's financial plan. It covers the following areas:

- Financial Position Overview;
- Forecast;
- Temporary Staffing
- Savings Programme;
- Capital;
- Balance Sheet, Cash and Working Capital;
- Underlying Financial Position;
- Conclusion

2. Financial Position Overview:

	M8 £m
Current month Actual I&E Surplus/(Deficit)	**0.33**
Current month Planned I&E Surplus/(Deficit)	**(0.32)**
Current month Variance I&E Surplus/(Deficit)	**0.65**
YTD Actual I&E Surplus/(Deficit)	**(3.22)**
YTD Planned I&E Account Surplus/(Deficit)	**0.76**
YTD Variance from Plan – I&E Surplus/(Deficit)	**(3.99)**

The Trust had a £0.33m surplus in November, £0.65m better than plan. However, the in-month position was supported through further release of £1.09m of non-recurrent technical reserves. The Trust is also behind its improvement trajectory in month by £0.52m.

The Trust now has a £3.22m year-to-date deficit, £3.99m worse than plan.

The Trust is formally forecasting a balanced financial position but is highlighting a deficit risk of **£7.6m**. This is predominantly driven through increased usage of temporary staffing, escalation beds and pay award pressures.

The current month and year-to-date Income and Expenditure Summary is included in Appendix 1

3. Full Year Forecast:

The Trust is currently £3.99m behind plan at the end of month 8. If no mitigating actions are taken, forecast assessments project a potential £7.59m end of year deficit risk.

The main drivers of the forecast deficit consist of:

	M7 £m	M8 £m	Change £m
Clinical Income (Lincs CCG)	(1.6)	(1.6)	0.0
Other Income	1.3	2.2	0.9
Pay Award Funding Shortfall	(2.3)	(2.0)	0.3
Medical Staffing	(10.6)	(10.3)	0.3
Nursing – Escalation Beds	(1.3)	(1.3)	0.0
Other Nursing	1.5	1.2	(0.3)
Other Pay	0.0	0.2	0.2
Drugs & Clinical Supplies & Other Non-Pay	(2.5)	(3.9)	(1.4)
IS Capacity Slippage	4.1	4.3	0.2
Post EBITDA Slippage	1.1	0.9	(0.3)
Technical Reserve Release	1.6	2.7	1.1
CIP Non-Delivery (excl Technical)	(0.1)	0.0	0.1
Forecast Deficit	**(8.5)**	**(7.6)**	**0.9**

The forecast deficit risk position has been further refined in month to £7.59m. An in-month improvement of £0.9m predominantly driven through release of technical reserves in month of £1.1m as planned.

The Trust outlined a recovery trajectory at month 7, and whilst the month 8 position is a surplus, it is £0.52m adrift of the recovery trajectory in month.

4. Temporary Staffing Analysis:

As at Month 8, the Trust has spent £44.5m on agency, bank and locum variable pay, £3.60m more than the corresponding year-to-date period in 2021-22. Whilst covid-19 specific expenditure has reduced as planned, non-covid expenditure has increased.

	2021/22			2022/23			Variance		
Subjective Sub catergory	Non-COVID £000	COVID £000	Total £000	Non-COVID £000	COVID £000	Total £000	Non-COVID £000	COVID £000	Total £000
Admin & Clerical Staff	1,025	229	1,254	1,745	6	1,751	(720)	223	(497)
Medical Staff	17,676	2,237	19,913	21,483	293	21,776	(3,807)	1,944	(1,863)
Nursing Staff	13,481	3,379	16,860	17,485	269	17,754	(4,004)	3,110	(894)
Other Staff	2		2	2		2	(0)	0	(0)
Scientific, Therapeutic & Technical Staff	1,259	37	1,295	1,756	0	1,756	(498)	37	(461)
Support Staff	1,303	309	1,612	1,474	24	1,497	(171)	286	115
Grand Total	**34,745**	**6,191**	**40,937**	**43,946**	**592**	**44,537**	**(9,200)**	**5,600**	**(3,601)**

5. Savings Programme:

2022/23 CIP DELIVERY AT 30TH NOVEMBER 2022

At the end of month 8, the Trust had delivered £6.83m of savings against its core year to date plan of £7.39m, an under delivery of £562k. This under delivery has been mitigated by reductions to COVID expenditure and non-recurrent in-year support through technical adjustments. As a result of these changes the year to date position for the full programme was £17.03m delivered against the plan of £14.33m.

CIP DELIVERY BY WORKSTREAM & DIVISION/DIRECTORATE

Table 1 Trust Summary CIP Delivery

Workstream	Annual Plan £000s	Current Month - November 22				Year to Date at November 22				Forecast Year-end		
		Plan £000s	Actual £000s	Variance £000s	Risk RAG	Plan £000s	Actual £000s	Variance £000s	Risk RAG	Actual £000s	Variance £000s	Risk RAG
Clinical Workforce - Medical Staff	2,577	215	100	-115		1,718	577	-1,141		1,492	-1,084	
Clinical Workforce - Nursing and Midwifery	3,632	302	222	-80		1,795	1,295	-500		2,416	-1,216	
Clinical Workforce - AHP Staff	519	43	109	65		346	669	324		1,025	507	
QI & Efficiency	448	38	30	-7		298	303	5		485	37	
Capital Programme	395	33	33	0		263	263	0		395	0	
Corporate and Non-Clinical Workforce	861	53	169	116		652	1,547	895		1,927	1,067	
Digital Transformation	91	8	6	-2		58	50	-8		82	-9	
Estates & Facilities	679	50	71	21		478	592	114		743	65	
Non-Pay and Procurement	2,219	205	125	-80		1,398	1,266	-132		1,926	-293	
Income	557	47	38	-9		370	268	-102		410	-147	
Grip & Control	10	1	0	-1		6	0	-6		0	-10	
Unidentified	14	1	0	-1		9	0	-9		0	-14	
TOTAL CORE PROGRAMME	**12,000**	**995**	**902**	**-93**		**7,391**	**6,830**	**-562**		**10,903**	**-1,097**	
COVID Expenditure Reduction	3,600	300	715	415		2,400	2,979	579		4,705	1,105	
System Stretch Efficiency Target NR	6,800	567	1,643	1,076		4,533	7,218	2,684		9,484	2,684	
TRUST TOTAL EFFICIENCY PLAN	**22,400**	**1,862**	**3,260**	**1,398**		**14,325**	**17,026**	**2,701**		**25,092**	**2,692**	

Workstream	Current Month - November 22				Year to Date at November 22				Forecast Year-end			
	Plan £000s	Recurrent £000s	Non-rec £000s	Variance £000s	Plan £000s	Recurrent £000s	Non-rec £000s	Variance £000s	Plan £000s	Recurrent £000s	Non-rec £000s	Variance £000s
Medicine	371	189	1	-181	2,454	1,110	6	-1,338	4,439	2,480	12	-1,948
Surgery & Critical Care	274	220	0	-54	1,820	1,491	45	-284	3,045	2,812	45	-187
Family Services	49	40	0	-9	417	351	0	-65	611	532	0	-79
Community & Therapy Services	60	34	45	19	481	288	207	13	720	474	347	101
COO'S Directorate	91	21	74	5	705	144	579	18	1,065	246	820	0
Total Operations	**844**	**504**	**120**	**-221**	**5,876**	**3,384**	**837**	**-1,655**	**9,880**	**6,544**	**1,223**	**-2,112**
Chief Executive's Office	18	0	0	-18	144	90	50	-4	216	162	60	6
Chief Nurse Directorate	4	3	12	11	74	25	199	150	89	37	221	170
Digital Services	7	2	14	10	232	17	256	41	258	25	274	41
Finance	10	10	32	32	81	81	264	264	122	122	329	329
Medical Director's Office	9	8	27	26	78	64	247	233	113	96	283	266
People & OE	11	9	22	20	87	73	172	158	130	109	218	197
Strategic Development	2	1	17	16	12	5	79	72	18	8	98	88
Total Corporate Directorates	**60**	**33**	**125**	**98**	**707**	**355**	**1,266**	**914**	**946**	**559**	**1,483**	**1,096**
Estates & Facilities	55	23	53	21	518	218	414	114	739	310	494	65
Trust	36	11	34	8	290	86	269	65	435	-113	403	-145
Total Core Programme	**995**	**571**	**331**	**-93**	**7,391**	**4,044**	**2,786**	**-562**	**12,000**	**7,300**	**3,603**	**-1,097**
COVID Expenditure Reduction	300	715	0	415	2,400	2,979	0	579	3,600	4,705	0	1,105
System Stretch Efficiency Target NR	567	0	1,643	1,076	4,533	0	7,218	2,684	6,800	0	9,484	2,684
Grand Total	**1,862**	**1,286**	**1,974**	**1,398**	**14,325**	**7,023**	**10,003**	**2,701**	**22,400**	**12,004**	**13,087**	**2,692**

6. Capital Plan:

	NHSI Plan £mll	YTD Plan £mll	YTD Actual £mll	YTD Variance £mll
Major Schemes				
DPoW Reconfiguration Programme	1.74	0.34	0.06	(0.28)
SGH & GDH Reconfiguration Programme	0.95	0.95	0.73	(0.21)
Emergency departments/AAU	18.13	15.52	10.99	(4.52)
SGH CT & Fit out	0.86	0.00	0.00	0.00
Elior Fit out	0.00	0.00	0.00	0.00
Feasibility Fees	0.10	0.05	0.00	(0.05)
Disabled access	0.05	0.05	0.00	(0.05)
Fire doors	0.35	0.35	0.00	(0.35)
Mortuary	0.40	0.20	0.01	(0.19)
SGH Max Fax	0.30	0.20	0.00	(0.20)
SGH fire Alarm	2.16	0.54	0.02	(0.52)
DPOW & SGH Theatres TIF	6.30	0.21	0.08	(0.13)
MRI software upgrade	0.06	0.00	0.00	0.00
Endoscopy simulator	0.07	0.00	0.00	0.00
Pathology LIMS	0.06	0.00	0.00	0.00
Transfer to HUTH	1.40	0.00	0.00	0.00
ICS contribution	0.16	0.00	0.00	0.00
Unallocated	0.00	0.00	0.00	0.00
Facilities Maintenance Programme	3.09	1.74	0.95	(0.79)
IM&T Programme	2.43	1.84	1.65	(0.18)
Equipment Renewal Programme	3.62	2.45	0.13	(2.32)
Right of Use Assets	0.53	0.35	0.58	0.24
Donated/Grant funded	0.25	0.15	0.18	0.04
Capital Programme Total	**43.00**	**24.92**	**15.40**	**(9.52)**

The Trust capital funding for 2022/23 is now £43.0m. The details of EPR funding of £1.2m is still to be confirmed, this is not included in the above together with additional funding for diagnostics IREFER pilot, home reporting and imaging sharing £0.72m.

The actual spend at 30th November was £15.4m, £15.2m relating to Trust funded schemes and £0.18m for donated and grant funded. The key variances are as follows:

- Ward 25 has now been completed and handed over to the clinical team.

- DPOW Gamma Camera scheme is progressing well, with no issues coming to light. The scheme is still expected to be completed in March 2023.

- The Emergency Department at DPOW was certified as complete on 25/11/22, with 24 minor defects remaining. Kier are anticipated to start demolition works for the AAU on 5/12/22. The Trust has now received confirmation of the delay to SGH ED, the completion date is now 28th February, this remains challenging. The Trust continues to review and manage in year slippage from this scheme by bringing forward schemes from 2023/24. We are also working with Hull to broker funding from 22/23 into 23/24.

- DPOW & SGH Theatres scheme has started, designs were ready for distribution on 5/12/22. The scheme is planned to be completed early April 2023.

- Facilities maintenance spent £0.95m to date, further orders have been placed totally £0.4m. Works relating to critical infrastructure water improvements and fire doors is progressing. The final phase of the oxygen works at DPOW has started; this should be completed before Christmas.

- IM&T spend is slightly behind plan, further orders of £.28m have been placed.

- Equipment replacement is behind plan by £2.3m, orders have now been placed for £2.8m, delivery of the equipment is expected before the end of the financial year. The orders for anaesthetic machines at DPOW & SGH are expected to be placed before Christmas.

7. Balance Sheet, Cash and Working Capital:

	Last Month	This Month
	£mil	£mil
Total Fixed Assets	264.73	266.51
Stocks & WIP	3.86	3.91
Debtors	9.71	10.06
Prepayments	6.86	7.14
Cash	32.47	36.71
Total Current Assets	52.89	57.82
Creditors : Revenue	35.76	34.70
Creditors : Capital	5.35	5.40
Accruals	20.89	20.39
Deferred Income	6.61	4.77
Finance Lease Obligations	1.06	0.98
Loans < 1 year	0.76	0.01
Provisions	0.68	1.29
Total Current Liabilities	71.12	67.53
Net Current Assets/(Liabilities)	(18.23)	(9.71)
Debtors Due > 1 Year	1.25	1.25
Creditors Due > 1 Year	0.00	0.00
Loans > 1 Year	8.21	8.21
Finance Lease Obligations > 1 Year	14.87	14.86
Provisions - Non Current	5.50	5.50
TOTAL ASSETS/(LIABILITIES)	219.19	229.49
TOTAL CAPITAL & RESERVES	218.78	219.19

- Debtors have increased in month. November block contract invoice for United Lincs remains outstanding.

- Stock has increased in month, relating to Theatres. Full stocktakes will be undertaken at the end of December.

- The Trust cash balance has increased in month, the Trust received £10m of PDC funding for the ED/AAU scheme in November.

- Deferred income has reduced, the Trust has released the November income received in advance relating to the Health Education contract.

- Revenue creditors and accruals have all reduced in month.

- The total BPPC figures for the Non-NHS invoices continues to be above 90%, total number of invoices paid within 30 days is 91.5% and total value is 92.8%. NHS has dropped in month reducing the year to date figures to, total number 82.9% and value 88.5%. We are continuing to monitor the BPPC and are communicating to staff the importance of authorising invoices.

The cash balance at 30th November was £36.71m, an in-month increase of £4.24m.

8. Underlying Financial Position:

The Trust continues to assess the recurrent impacts on its underlying financial position bridging from its 2022/23 break-even plan. The following provides an update at this point for the known in year developments to the Trust's planning assumptions resulting in a revised underlying deficit of £39.2m.

	Last Month	Current Month
	£m	£m
Planned Surplus / Deficit 2022/23	**0.00**	**0.00**
Non Recurrent Adjustments		
Elective Recovery Funding	(9.2)	(9.2)
Elective Recovery Capacity	7.3	7.3
NR System Funding Smoothing	3.2	3.2
Technical Savings	(6.8)	(6.8)
NR Savings Delivery	(3.3)	(3.6)
COVID Funding	(11.4)	(11.4)
FYE 2022/23 Investment Programme	(8.0)	(8.0)
Cost of Capital – Depreciation & CDC	(3.8)	(3.8)
22/23 Pay Award Funding Shortfall	(2.3)	(2.3)
22/23 Recurrent in Year Cost Pressures	(4.6)	(4.6)
Revised Underlying Deficit 2022/23	**(38.9)**	**(39.2)**

Work is ongoing as part of 2023/24 planning to stress test the assumptions underpinning the recurrent nature of these cost pressures.

9. Conclusion:

The Trust had a £0.33m surplus in month with a year-to-date deficit of £3.22m and is forecasting a potential £7.59m deficit risk to the balanced financial plan.

The material issues for the Trust over the coming months are:

- Maximising its planned care activity delivery, with a requirement to return to 19-20 productivity and activity levels within its core capacity and budget, reducing reliance on IS and WLI premium costs.
- Delivering a challenging stretch CIP programme, mitigating risks to delivery and conversion of non-recurrent savings into recurrent delivery schemes and identifying new schemes.
- Reducing its additional Covid-19 expenditure as soon as possible.
- Reducing its material cost pressures, including additional beds, and additional duties in both Nursing and Medical Staffing.

Brian Shipley
Operational Director of Finance
December 2022

Appendix 1 – Income & Expenditure Month 8

Income & Expenditure	Annual Plan to 31st March 2023 £'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	374,338	31,195	32,700	1,505	249,555	253,922	4,367
Block Top Up	58,394	4,866	4,923	56	38,930	39,551	621
Covid Inside Envelope Block	11,387	949	960	11	7,591	7,712	121
Covid Outside the Envelope	1,700	142	53	(88)	1,133	528	(605)
Other Income	39,338	3,307	3,869	562	26,136	28,541	2,405
Donated Income	0	0	37	37	0	184	184
Total Operating Income	**485,157**	**40,459**	**42,542**	**2,083**	**323,346**	**330,438**	**7,092**
Clinical Pay	(256,495)	(21,218)	(23,354)	(2,136)	(170,953)	(183,078)	(12,125)
Other Pay	(65,707)	(5,458)	(5,402)	56	(43,808)	(43,812)	(5)
Total Pay	**(322,203)**	**(26,675)**	**(28,756)**	**(2,081)**	**(214,761)**	**(226,891)**	**(12,130)**
Clinical Non Pay	(70,187)	(6,127)	(6,591)	(464)	(46,794)	(48,957)	(2,163)
Other Non Pay	(71,403)	(6,042)	(5,122)	920	(47,382)	(44,623)	2,758
Total Non Pay	**(141,590)**	**(12,169)**	**(11,713)**	**456**	**(94,176)**	**(93,580)**	**596**
Operating Expenditure	**(463,793)**	**(38,844)**	**(40,469)**	**(1,624)**	**(308,937)**	**(320,471)**	**(11,534)**
EBITDA	**21,364**	**1,614**	**2,073**	**459**	**14,408**	**9,967**	**(4,442)**
Depreciation	(16,169)	(1,381)	(1,288)	93	(10,187)	(10,167)	20
Interest Expenses & Other Costs	(233)	(19)	89	109	(155)	427	582
Dividend	(6,251)	(642)	(578)	64	(4,162)	(3,689)	473
Total Post EBITDA Items	**(22,653)**	**(2,042)**	**(1,776)**	**266**	**(14,504)**	**(13,430)**	**1,075**
Remove Capital Donated I&E Impact	1,289	107	30	(78)	859	359	(500)
Remove variance on gains on disposals	0	0	0	0	0	(120)	(120)
I&E Surplus / (Deficit)	**0**	**(321)**	**326**	**647**	**763**	**(3,224)**	**(3,987)**

NHS
Northern Lincolnshire and Goole
NHS Foundation Trust

Board Assurance Framework - 2022 / 23

Strategic Objective	Strategic Objective Description
1. To give great care	● To provide care which is as safe, effective, accessible and timely as possible ● To focus always on what matters to our patients ● To engage actively with patients and patient groups in shaping services and service strategies ● To learn and change practice so we are continuously improving in line with best practice and local health population needs ● To ensure the services and care we provide are sustainable for the future and meet the needs of our local community ● To offer care in estate and with equipment which meets the highest modern standards ● To take full advantage of digital opportunities to ensure care is delivered as safely, effectively and efficiently as possible.
2. To be a good employer	● 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.
3. To live within our means	● 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 Health Care Partnership ● To secure adequate capital investment for the needs of the Trust and its patients.
4. To work more collaboratively	● 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 ● To make best use of the combined resources available for health care ● To work with partners to design and implement a high quality clinical strategy for the delivery of more integrated pathways of care both inside and outside of hospitals locally ● To work with partners to secure major capital and other investment in health and care locally ● To have strong relationships with the public and stakeholders ● To work with partners in health and social care, higher education, schools, local authorities, local economic partnerships to develop, train, support and deploy workforce and community talent so as to: - make best use of the human capabilities and capacities locally; - offer excellent local career development opportunities; - contribute to reduction in inequalities; - contribute to local economic and social development.
5. To provide good leadership	● 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 Appetite Statement - 2022 / 23

The Trust's risk appetite is:

• For risks threatening the safety of the quality of care provided – low (4 to 6)

• For risks where there is the potential for positive gains in the standards of service provided – moderate (8 to 12)

• For risks where building collaborative partnerships can create new ways of offering services to patients – moderate (8 to 12)

Context

Healthcare organisations like NLaG are by their very nature risk averse, the intention of this risk appetite statement is to make the Trust more aware of the risks and how they are managed. The purpose of this statement is to give guidance to staff on what the Trust Board considers to be an acceptable level of risk for them to take to ensure the Trust meets its strategic objectives. The risk appetite statement should also be used to drive action in areas where the risk assessment in a particular area is greater than the risk appetite stated below.

NLAG is committed to working to secure the best quality healthcare possible for the population it serves. A fundamental part of this objective is the responsibility to manage risk as effectively as possible in the context of a highly complex and changing operational environment. This environment presents a number of constraints to the scope of NLAG's risk management which the Board, senior management and staff cannot always fully influence or control; these include:

• how many patients need to access our services at any time and the fact our services need to be available 24/7 for them whether we have the capacity available or not
• the number of skilled, qualified and experienced staff we have and can retain, or which we can attract, given the extensive national shortages in many job roles.
• numerous national regulations and statutory requirements we must try to work within and targets we must try to achieve
• the state of our buildings, IT and other equipment
• the amount of money we have and are able to spend
• working in an unpredictable and political environment.

The above constraints can be exacerbated by a number of contingencies that can also limit management action; NLAG operates in a complex national and local system where the decisions and actions of other organisations in the health and care sector can have an impact on the Trust's ability to meet its strategic objectives including its management of risk.

Operating in this context on a daily basis Trust staff make numerous organisational and clinical decisions which impact on the health and care of patients. In fulfilling their functions staff will always seek to balance the risks and benefits of taking any action but the Trust acknowledges some risks can never be eliminated fully and has, therefore, put in place a framework to aide controlled decision taking, which sets clear parameters around the level of risk that staff are empowered to take and risks that must be escalated to senior management, executives and the Board.

Risk Management

The Trust will ensure 'risk management is everyone's business' and that staff are actively identifying risks and reporting adverse incidents, near misses or hazards. The Trust will look to create and sustain an open and supportive risk culture, seeking patients' views, and using the feedback as an opportunity for learning and improving the quality of our services. The Trust recognises it has a responsibility to manage risks effectively in order to:

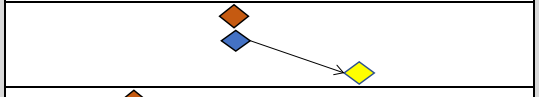
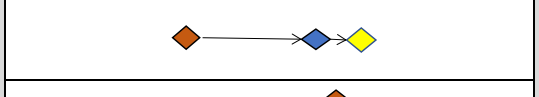
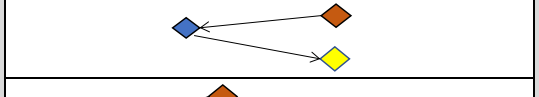
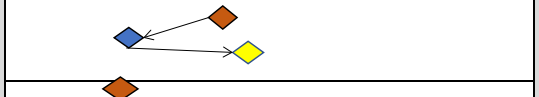
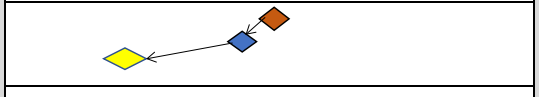
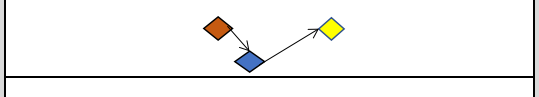
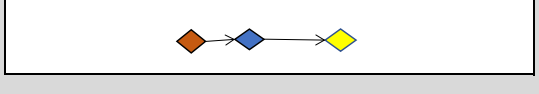
• protect patients, employees and the community against potential losses;
• control its assets and liabilities;
• minimise uncertainty in achieving its goals and objectives;
• maximise the opportunities to achieve its vision and objectives.

Risk Appetite Assessment

Risk Assessment Grading Matrix					
Likelihood of recurrence	Severity / Impact / Consequence				
	None / Near Miss (1)	Low (2)	Moderate (3)	Severe (4)	Catastrophic (5)
Rare (1)	1	2	3	4	5
Unlikely (2)	2	4	6	8	10
Possible (3)	3	6	9	12	15
Likely (4)	4	8	12	16	20
Certain (5)	5	10	15	20	25

RISK	Green Risk Score 1 - 3 (Very Low)	Yellow - Risk Score 4 - 6 (Low)	Orange - Risk Score 8 - 12 (Medium)	Red - Risk Score 15 - 25 (High)

Strategic Risk Ratings

Strategic Risk	High Level Risk Description	Risk Consequence / Likelihood Assessment	Risk Appetite	Risk Rating 2021-22 Q4	Target Risk 31.03.22	Risk Rating 2022-23 Q1	Risk Rating 2022-23 Q2	Risk Rating 2022-23 Q3	Risk Rating 2022-23 Q4	Target Risk 31.03.23	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			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			15	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	8	12	12			6	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			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	9	9	12	9			6	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			8	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	8	20	20			12	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	5	20	20	20			20	Chief Financial Officer	F&PC
SO3 - 3.2	The risk that the Trust fails to secure and deploy adequate major capital		Moderate	12	15	15	15			20	Director of Strategic Development	SDC
SO4	The risk that the Trust is not a good partner and collaborator		Moderate	12	8	15	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	8	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 - ARGC
Workforce Committee - WC
Strategic Development Committee - SDC

Strategic Objective 1 - To give great care

Description of Strategic Objective 1 - 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 nationally.

Risk to Strategic Objective 1 - 1.1: The risk that patients may suffer because the Trust fails to deliver treatment, care and support consistently at the highest standard (by national comparison) of safety, clinical effectiveness and patient experience.

	Inherent Risk	Current Risk	Target Risk by 31 March 2022	Target Risk by 31 March 2023	Target Risk by 31 March 2024
Consequence	5	5	5	5	5
Likelihood	3	3	3	3	2
Risk Rating Score	15	15	15	15	10

Risk Appetite Score: Low (4 to 6)

Initial Date of Assessment: 1 May 2019

Last Reviewed: 10 October 2022, July 2022, 11 April 2022, 11 January 2022

Lead Committee: Quality and Safety Committee

Risk Owners: Medical Director and Chief Nurse

Enabling Strategy / Plan:
Quality Strategy, Patient Safety Strategy, Risk Management Strategy, Nursing, Midwifery & Allied Health Care Professionals Strategy, Clinical Strategy, Medical Engagement Strategy

Risk Appetite Score: Low (4 to 6)

Current Controls

- Quality and Safety Committee (Q&SC)
- Operational Plan (approved Trust Board 1/6/2021)
- Clinical policies, procedures, guidelines, pathways supporting documentation & IT systems
- Risk Management Group
- Trust Management Board
- Quality Board, NHSE
- Quality Review Meetings with CCGs
- SI Collaborative Meeting with CCGs
- Health Scrutiny Committees (Local Authority)
- Chief Medical Information Officer (CMIO)
- Council of Governors
- SafeCare
- Daily staffing meetings
- Serious Incident Panel and Serious Incident Review Group, Patient Safety Specialist and Patient Safety Champions Group

Assurance (internal & external)

Internal:
- Minutes of Committees and Groups
- Integrated Performance Report
- 15 Steps Accreditation Tool
- Non-Executive Director Highlight Report and Executive Director Report (monthly) to Trust Board
- Nursing and Midwifery dashboards
- Ward Assurance Tool
- Nursing Metric Panels
- IPC - Board Assurance Framework and IPCC
- Inpatient surveys
- Friends and Family Test (FFT) platform
- Board Development Sessions - Monitoring CQC Progress
- Risk Stratification Report to Q&SC
- PPE Audits and IPC Dashboard
- Health Scrutiny Committees (Local Authority)
- Insights survey
- Stop and Check Safety Huddle
- Intentional rounding
- Nursing and Midwifery Red Flags
- Falls Huddles
- OPEL Nurse staffing levels and short term staffing SOP
- Nursing assurance safe staffing framework NHSI
- Audit Outlier Report to Quality Governance Group
- Annual nursing audit programme

External (positive):
- Internal Audit - Serious Incident Management, N2019/16, Significant Assurance
- Internal Audit - Register of External Agency Visits, N2020/15, Significant Assurance

Planned Actions

Action	Quarter / Year	Assurance
• Implementation of NLAG Patient Safety Incident Response Plan by Autumn 2023 (later due to national delays)	Q2 2023/24	Green
• Implement supportive observation	Q2 2022/23	Blue
• Continued roll out of stop and check safety huddle	Q2 2022/23	Blue
• Birthrate plus review	Q2 2022/23	Amber
• Continue to develop metrics as data quality allows	Q2 2022/23	
• Delivery of deteriorating patient improvement plan	Q4 2022/23	Green
• Implementation of End of Life Strategy (system-wide strategy)	Q4 2022/23	Amber
• Annual establishment reviews across nursing, midwifery and	Q4 2025/26	Amber
• Update IPC BAF as national changes and requirements	Q4 2022/23	Green
• Continued management of COVID19 outbreaks	Q4 2022/23	Green
• Workforce Committee undertaking Workforce Planning linked to	Q4 2022/23	Green
• Review policy and embed supportive observation		
• Audit of stop and check safety huddle compliance	Q4 2022/23	Amber
• Review of Ward Assurance Tool and Web V pilot	Q3 2022/23	Green
• Pilot of 15 Steps Star Accreditation Programme	Q4 2022/23	Green
• Management of Influenza outbreaks	Q4 2022/23	Green
• Preparation for trust requirements in DoLS and the new LPS by 31	Q4 2022/23	Amber
• Business case completed for Transition post	Q4 2022/23	Amber
	Q3 2022/23	Amber

Future Risks

- COVID-19 and Influenza surges and other infections which impact on patient experience
- National policy changes to access and targets
- Reputation as a consequence of recovery
- Additional patients with longer waiting times and additional 52 week breaches, due to COVID-19
- Generational workforce : analysis shows significant risk of retirement in workforce
- Many services single staff/small teams that lack capacity and agility
- Impact of IPC plans on NLaG clinical and non clinical strategies
- Changes to Liberty Protection Safeguards
- Skill mix of staff
- Student and International placements and capacity to facilitate/supervise/train

Strategic Threats

Increase in patients waiting, affecting the effectiveness of cancer pathways, poor flow and discharge, an increase in patient complaints

Adverse impact of external events (ie. Britain's exit from the European Union; Pandemic) on business continuity and the delivery of core service

Workforce impact on HASR

Gaps in Controls

- Estate and compliance with IPC requirements - see BAF SO1 - 1.4
- Ward equipment and replacement programme see BAF SO1 - 1.4
- Attracting sufficiently qualified staff - see BAF SO2
- Funded full time Transition post across the Trust

Gaps in Assurance

- Mandatory training
- Delays with results acknowledgement (system live, process not yet embedded)
- Progress with the End of Life Strategy
- Ophthalmology Waiting List remains sizeable
- Safety and delays on cancer pathways

Links to High Level Risks Register

Divisional / Departmental Risks Scoring >15:
- No 2421 Nurse Staffing = 25
- No 2145 Quality of Care and Patient Safety - (due to nurse staffing position) = 20
- No 2245 Risk to overall performance, Surgery = 20
- No 2562 Failure to meet constitutional targets in ECC, Medicine = 20
- No 2949 Joint Oncology Risk for HASR, Medicine = 20
- No 2244 Risk to overall cancer performance, Clinical Support Services = 16
- No 2898 Mandatory training compliance for medical staff, Medicine = 16
- No 3036 Risk of Harm in ED due to length of stay in department, Medicine = 16
- No 2992 Lack of Changing Places facility at SGH = 16
- No 2347 Deteriorating patient risk, Surgery = 15
- No 2388 Deteriorating patient risks, Medicine = 15
- No 3018 Delays in Children being seen at DPoWH by Paediatric Endocrine Service, Family Services = 15

Future Opportunities

- Closer Integrated Care System working
- Humber Acute Services Review and programme
- Provider collaboration
- International recruitment
- Shared clinical development opportunities
- Development of Integrated Care Provider with Local Authority

Strategic Objective 1 - To give great care

Description of Strategic Objective 1 - 1.2: To provide treatment, care and support which is as safe, clinically effective, and timely as possible.

Risk to Strategic Objective 1 - 1.2: 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.

	Inherent Risk	Current Risk	Target Risk by 31 March 2022	Target Risk by 31 March 2023	Target Risk by 31 March 2024
Consequence	5	5	5	5	5
Likelihood	4	4	4	3	2
Risk Rating Score	20	20	20	15	10

Risk Appetite Score: Low (4 to 6)

Initial Date of Assessment: 1 May 2019

Last Reviewed: 13 October 2022, July 2022, 11 April 2022, 24 January 2022

Lead Committee: Finance and Performance Committee

Risk Owner: Chief Operating Officer

Enabling Strategy / Plan:
Quality Strategy, Patient Safety Strategy,Quality Improvement Strategy, Risk Management Strategy, Learning Strategy, Nursing and Midwifery Strategy, Clinical Strategy

Current Controls

- Operational Plan 2021-22 (Trust Board approved 1/6/2021)
- Operational Management Group (OMG)
- Performance Review Improvement Meetings (PRIMs)
- Trust Management Board (TMB)
- Waiting List Assurance Meetings
- Cancer Board Meeting
- Winter Planning Group
- Strategic Planning Group
- A&E Delivery Board
- Policies, procedures, guidelines, pathways supporting documentation & IT systems
- Cancer Improvement Plan
- MDT Business Meetings
- Risk stratification
- Capacity and Demand Plans
- Emergency Care Quality & Safety Group
- Planned Care Board
- Primary and Secondary Care Collaborative Outpatient Transformation Programme
- Divisional Executive Review Meetings
- System-wide Ambulance Handover Improvement Group
- Patient Flow Improvement Group (PFIG)
- Planned Care Improvement and Productivity (PCIP)

Assurance (internal & external)

Internal:
- Minutes of Finance and Performance Committee, OMG, PRIMS, TMB, Waiting List Assurance Meetings, Cancer Board Meeting, Winter Planning Group, Strategic Planning Group, A&E Delivery Board, MDT Business Meetings, Planned Care Board, System-wide Ambulance Handover Improvement Group, PCIP, PFIG
- Integrated Performance Report to Trust Board and Committees.
- 7 Day Services Assurance Framework, action plan.
- Executive and Non Executive Director Report (bi-monthly) to Trust Board.

Positive:
- Audit Yorkshire internal audit: A&E 4 Hour Wait (Breach to Non-Breach): Significant Assurance, Q2 2019.
- Benchmarked diagnostic recovery report outlining demand on services and position compared to peers presented at PRIM, October 2020. No significant differences identified, Trust compares to benchmarked peers.
- Independant Audit of RTT Business Rules following a number of RTT errors - all high risk areas identified and fully validated - work completed Q1 2022
- Audit Yorkshire internal audit: Waiting List Management (including Clinical Harm): Significant Assurance, Q1 2022

External:
- NHSI Intensive Support Team
- Audit Yorkshire internal audit: A&E 4 Hour Wait (Breach to Non-Breach): Significant Assurance, Q2 2019.
- Humber Cancer Board
- Independant Audit of RTT Business Rules following a number of RTT errors - all high risk areas identified and fully validated - work completed Q1 2022
- Audit Yorkshire internal audit: Waiting List Management (including Clinical Harm): Significant Assurance, Q1 2022

Planned Actions

Action	Quarter / Year Assurance
Workforce and resources to Humber Cancer Board	Q4 2021/22
Public Health England guidance (cancer diagnosis) reviewed and implemented	Q4 2021/22
Further develoement of the ICP with HUTH	Q4 2021/22
Review of clinical pathways linked to HASR programme 1 ICP, 7 specialties	Q4 2021/22
Consultant led ward rounds, further development and implementation (ECIST)	Q4 2021/22
Development of Phase 2 three year HASR Plan by 2022	Q1 2022/23
Revision and Development of QSIS plans	Q1 2022/23
Progress P1 of HASR Plan - Haematology, Oncology, Dermatology	Q2 2022/23
Implementation phase 3 of AAU business case	Q2 2022/23
Validation of all RTT Clock Stops back to 75%	Q2 2022/23
Job plans complete for 22/23	Q2 2022/23
Opening of new ED build at DPoW	Q3 2022/23
Implementation of the UCS Model (funding based on Business Case agreement) On	Q2 2022/23
Outcome of the Urgent Care Services Review for South Bank of ICS agreed	Q2 2022/23
Validation of all RTT Clock Stops back to 75%	Q2 2022/23
Progress P1 of HASR Plan - Haematology, Oncology, Dermatology	Q2 2022/23
Implementation phase 3 of AAU business case	Q2 2022/23
Winter Planning for 2022/23 - ongoing	Q2 2022/23
Review and relaunch of the Daily Operations Meetings - ongoing	Q2 2022/23
Develop divisional dashboards	Q2 2022/23
Establishment of pathway for YAS to access the North Lincolnshire SPA in the same way	Q2 2022/23
Development of ward 25 at SGH to provide addition single rooms	Q3 2022/23
Validation of all RTT Clock Stops back to 100%	Q4 2022/23
Introduction of Pathway to enable referrals into SPA from technology enabled care	Q3 2022/23
Diagnostic and cancer pathways reviewed and implemented	Q4 2022/23
Opening of new ED build at SGH	Q4 2022/23

Future Risks

- Further COVID-19 surges and impact on patient experience and bed planning due to IPC guidance (including norovirus).
- National policy changes to emergency access and waiting time targets.
- Funding and fines changes.
- Reputation as a consequence of recovery.
- Additional patients with longer waiting times over 18 weeks, 52 weeks, 62 days and 104 days breaches, due to COVID-19.
- Additional patients with longer waiting times across the modalities of the 6 week diagnostic target, due to COVID-19.
- Generational workforce analysis shows significant risk of retirement in workforce.
- Many services single staff / small teams that lack capacity and agility.
- Staff taking statutory leave unallocated due to COVID-19 risk.
- Risk of independent sector providers not providing required capacity due to workforce issues (as they use NHS Consultants).
- Risk to Dermatology Service if HASR doesn't progress (retirement of 1 of the 2 wte consultants in March 2022)
- Future requirement of Type 5 SDEC activity to be submitted as part ECDS from April 23
- Inability to staff UCS due to lack of support from Primary Care
- Impact of Mutual Aid work and increase in waiting times
- Risk of no contracting for independent sector work
- Risk to gastroenterology service due to 2 WTE consultant vacancies
- Risk that funding will not be approved for further use of Independent Sector
- Funding will not be approved to uplift weekend working for elective activity and support insourcing of theatre staff to backfill vacancy position.
- Mutual Aid

Strategic Threats

A widespread loss of organisational focus on patient safety and quality of care leading to increased incidence of avoidable harm, exposure to 'Never Events', higher than expected mortality, and significant reduction in patient satisfaction and experience. Increase in patients waiting, affecting the effectiveness of surgical and cancer pathways, poor flow and discharge, and increase in patient complaints.

Adverse impact of external events (ie. Continued Pandemic) on business continuity and the delivery of core service.

Gaps in Controls

- Evidence of compliance with 7 Day Standards.
- Capacity to meet demand for Cancer, RTT/18 weeks, over 52 week waits and Diagnostics Constitutional Standards.
- Capacity to Reduce 52 week, 104 day and over 18 week waits to meet the trusts standard of 0 waits over 40 week in 2022.
- Limited single isolation facilities.
- Review of effective discharge planning.
- Diagnostic capacity and capital funding to be confirmed.
- Data quality - inability to use live data to manage services effectively using data and information - recognising the improvement in quality at weekly and monthly reconciliations.
- Validation of RTT Clock Stops is being undertaken in high risk areas specialties only due to ongoing capacity pressure as a result of COVID
- Reduced bed capacity due to IPC compliance requirements and high levels of norovirus (DPOW) and Covid within the Trust
- High levels of staff sickness
- Ensuring the trust is utilising its current capacity

Gaps in Assurance

- QSIS Standards improvement plans.
- Demand and Capacity planning for Diagnostics.
- Meeting national standards
- Increase in Serious Incidents due to not meeting waiting times.
- Patient safety risks increased due to longer waiting times.

Links to High Level Risks Register

No 1851, Shortfall in capacity with Ophthalmology service = 15
No 2244, Risk to Overall Performance: Cancer Waiting / Performance Target 62 day = 16
No 2245, Risk to Overall Performance : Non compliance with RTT incomplete target = 16
No 2562, Failure to meet constitutional targets in ECC = 20
No 2347, Risk to Overall Performance : Overdue Follow-ups = 15
No 2576, Paediatric Medical Support Pathway for ECC - 'Fastrack' = 16
No 2592, Risk to Overall Performance: Cancer Waiting / Performance Target 62 day = 16
No 2949, Oncology Service = 20
No 2997, SCC Follow Up Outpatient PTL without Risk Stratification = 16

Future Opportunities

- Closer Integrated Care System working
- Humber Acute Services Review and programme
- Provider collaboration
- Collaboration with PCNs in NL / NEL to support full implementation of the UCS model

Strategic Objective 1 - To give great care

Description of Strategic Objective 1 - 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 1 - 1.3: 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.

	Inherent Risk	Current Risk	Target Risk by 31 March 2022	Target Risk by 31 March 2023	Target Risk by 31 March 2024
Consequence	4	4	4	4	4
Likelihood	3	3	2	2	2
Risk Rating	12	12	8	8	8

Risk Appetite Score: Low (4 to 6)

Initial Date of Assessment: 1 May 2019

Last Reviewed: 14/10/22, 23/6/22, 13 April 2022, 12 January 2022

Lead Committee: Strategic Development Committee

Risk Owner: Director of Strategic Development

Enabling Strategy / Plan: NHS Long Term Plan, Trust Strategy and Strategic Plan, Clinical Strategy, Integrated Care System

Current Controls

- NLaG Clinical Strategy 2021/25.
- Trust Priorities 2022/23
- Humber and North Yorkshire Health Care Partnership (HNY HCP).
- Integrated Care System (ICS) Leadership Group.
- Quality and Safety Committee.
- Acute and Community Care Collaboratives (ACC).
- Humber Cancer Board.
- Humber Acute Services - Executive Oversight Group (HAS.
- Health Overview and Scrutiny Committees (OSC).
- Trust Membership
- Council of Governors.
- Primary Care Networks (PCNs).
- Place Boards
- Clinical and Professional Leaders Board.
- Hospital Consultants Committee (HCC) / MAC
- Joint Development Board*(JDB)*
- Committees in Common (CIC)
- Strategic Development Committee (SDC)

Assurance (internal & external)

Positive:
- NHSE/I Assurance and Gateway Reviews.
- OSC Engagement.
- Clinical Senate formal review

Internal:
- Minutes from Committees and Executive Oversight Group for HAS, JDB, CiC, SDC
- Humber and North Yorkshire Health Care Partnership.
- ICS Leadership Group.
- OSC Feedback.
- Outcome of public, patient and staff engagement exercises.
- Executive Director Report to Trust Board.
- Non-Executive Director Committee Chair Highlight Report to Trust Board

External:
- Checkpoint and Assurance meetings in place with NHSE/I (3 weekly).
- Clinical Senate Reviews.
- Independent Peer Reviews re; service change (ie Royal Colleges).
- Citizens Panel (Humber).

Planned Actions

Action	Quarter / Year	Assurance
To formulate a vision narrative (PCBC) for Humber Acute Services review that is understood by partners, staff and patients by (draft complete)	Q3 2022/23	Green
To undertake continuous process of stocktake and assurance reviews NHSE/I and Clinical Senate review	Q1 2023/24	Green
Joint OSC - reviews	Q1 2023/24	Green
CIC / SDC / NED / Governor reviews	Q4 2022/23	Green
Citizens Panel reviews	Q4 2022/23	Green
To undertake continuous engagement process with public and staff	Q1 2023/24	Green
Evaluation of the models and options with stakeholders	Q4 2022/23	Green
Draft report from Clinical Senate review 2 (due end July 22)	Q1 2022/23	Green
Finalise Pre-Consultation Business Case and alignment to Capital Strategic Outline Case	Q4 2022/23	Green
NHSEI Gateway review	Q4 2023/24	Green
ICB Executive Assurance Board / ICBoard Approval	Q4 2023/24	Green
Public Consultation	Q2/Q3 2023/24	Green

Future Risks

- Change in national policy
- Delays in legilsation.
- Operational pressures and demand affecting opportunity to engage.
- Uncertainty / apathy from staff.
- Lack of staff engagement if not the option they are in favour of.
- Out of Hospital enablers and interdependencies
- Ockenden 2 Report
- Combined winter pressures and cost of living impacts

Strategic Threats

- Government legislative and regulatory changes.
- Change in local leadership meaning priority changes.
- Damage to the organisation's reputation, leading to reactive stakeholder management, impacts on the Trust's ability to attract staff and reassure service users.
- Creation of Placed based partnerships
- Strategic Capital allocation

Gaps in Controls

- A shared vision for the HAS programme is not understood across all staff/patients and partners
- Link to SO3 - 3.2 re: Capital Investment

Gaps in Assurance

- Feedback from public, patients and staff to be wide spread and specific in cases, that is benchmarked against other programmes.
- Partners to demonstrate full involvement and commitment, communications to be consistent and at the same time.
- Alignment of strategic capital
- Alignment to a System wide Out Of Hospital Strategy and ICS Strategic workforce planning

Links to High Level Risks Register

Future Opportunities

- Clinical pathways to support patient care, driven by digital solutions.
- Closer ICS working.
- Provider collaboration.
- System wide collaboration to meet control total.
- HAS Programme
- Joint workforce solutions inc. training and development Humber wide

Strategic Objective 1 - To give great care

Description of Strategic Objective 1 - 1.4: To offer care in estate and with engineering equipment which meets the highest modern standards.

Risk to Strategic Objective 1 - 1.4: 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.

	Inherent Risk	Current Risk	Target Risk by 31 March 2022	Target Risk by 31 March 2023	Target Risk by 31 March 2024
Consequence	5	5	5	5	5
Likelihood	4	4	4	4	4
Risk Rating	20	20	20	20	20

Risk Appetite Score: Low (4 to 6)

Initial Date of Assessment: 1 May 2019

Lead Committee: Finance and Performance Committee

Last Reviewed: October 2022, July 2022, 12 April 2022, 11 January 2022

Risk Owner: Director of Estates and Facilities

Enabling Strategy / Plan: Estates and Facilities Strategy, Clinical Strategy, Digital Strategy

Current Controls

- Audit Risk & Governance Committee
- Finance and Performance Committee
- Capital Investment Board
- Six Facet Survey - 5 years
- Annual AE Audits
- Annual Insurance and External Verification Testing
- Estates and Facilities Governance Group
- Trust Management Board (TMB)
- Project Boards for Decarbonisation Funds
- BLM Capital Group Meeting
- PAM (Premises Assurance Model)
- Specialist Technical Groups

Assurance (internal & external)

Positive:

- External Audits on Estates Infrastructure, Water, Pressure Systems, Medical Gas, Heating and Ventilation, Electrical, Fire and Lifts
- Six Facet Survey, AE Audit, Insurance and External Verification Testing (Model Health Benchmark)
- PAM

Internal:

- Minutes of Finance and Performance Committee, Audit Risk & Governance Committee, Capital Investment Board, Estates and Facilities Governance Group, TMB, Project Board - Decarbonisation
- PAM
- Non Executive Director Committee Chair Highlight Report (bi-monthly) to Trust Board
- Executive Director Report (6 monthly) to Trust Board
- Specialist Technical Groups

External:

- External Audits on Water, Pressure Systems, Medical Gas, Heating and Ventilation, Electrical, Fire and Lifts
- Six Facet Survey, AE Audit, Insurance and External Verification Testing (Model Health Benchmark)
- ERIC (Estates Return Information Collection)

Planned Actions

Action	Quarter / Year	Assurance
Continue to explore funding bids to upgrade infrastructure and engineering equipment - Action date; ongoing	Ongoing Actions	Green
Secure sufficient Core Capital Funding to ensure the infrastructure, engineering and equipment needs identified in the 6 facet survey can be managed appropriately.	Ongoing Actions	Red
Start Backlog Maintenance programme	Q1 2022/23	Green
Continue Ward 25 refurbishment	Q1 2022/23	Green
Start Core Capital Programme	Q1 2022/23	Green
Start refurbishment of old DPOW ED	Q1 2022/23	Green
Continue Backlog Maintenance programme	Q2 2022/23	Green
Continue Ward 25 refurbishment	Q2 2022/23	Green
Continue Core Capital Programme	Q2 2022/23	Green
Continue refurbishment of old DPOW ED	Q2 2022/23	Green
Continue Backlog Maintenance programme	Q3 2022/23	Green
Complete Ward 25 refurbishment	Q3 2022/23	Green
Continue Core Capital Programme	Q3 2022/23	Green
Continue refurbishment of old DPOW ED	Q3 2022/23	Green
Continue to produce and revise our 1 year business plans on an annual basis in line with Clinical & Estates & Facilities Strategy. Prioritisation is reviewed and updated as part of the business planning cycle - Action date; December 22	Q3 2022/23	Green
Continue Backlog Maintenance programme	Q4 2022/23	Green
Complete Core Capital Programme	Q4 2022/23	Green
Complete refurbishment of old DPOW ED	Q4 2022/23	Green

Future Risks

- COVID-19 future surge and impact on the infrastructure
- National policy changes (HTM / HBN / BS); Ventilation, Building Regulation & Fire Safety Order
- Regulatory action and adverse effect on reputation
- Long term sustainability of the Trust's sites
- Clinical Plan
- Adverse publicity; local/national
- Workforce - sufficient number & adequately trained staff
- Without significant investment future BLM will increase (BLM figures for 2019/20 = £97M circa, and BLM figures for 2020/21 increased to circa £107M)

Strategic Threats

- Integrated Care System (ICS) Future Funding
- Failure to develop aligned system wide clinical strategies and plans which support long term sustainability and improved patient outcomes. This could prevent changes from being made
- The above prevents changes being made which are aligned to organisational and system priorities
- Government legislative and regulatory changes
- Within the next three years a significant (60%) proportion of the trust wide estate will fall into 'major repair or replacement' 6 facet survey categorisation
- A further breakdown of strategic risk detailed in the 2019/20 6 Facet Survey Report:
  22% of SGH total BLM investment required to bring the estate up to satisfactory condition is classified as 'running at serious risk of breakdown'
- 19% DPoW total BLM investment required to bring the estate up to satisfactory condition is classified as 'running at serious risk of breakdown'
- 29% GDH total BLM investment required to bring the estate up to satisfactory condition is classified as 'running at serious risk of breakdown'

Gaps in Controls

- Lack of ICS Funding aligned for key infrastructure needs/requirements i.e. equipment, BLM, CIR
- Insufficient Capital funding

Gaps in Assurance

- Integrated Performance Report - Estates and Facilities (development in progress)

Links to High Level Risks Register

No 1620, Medical Gas Pipeline System = 20
No 2038, Fire Compliance = 20
No 2623, Failure of windows - Trustwide = 20
No 2088, Building Management Systems (BMS) Controller failure/upgrade = 20
No 2719, Water Safety Compliance: Coronation block = 20
No 2720, Water Safety Compliance: Cold water and hot water storage (GDH) = 20
No 2951, Electrical: Age and resilience of Low Voltage Electrical Infrastructure - Trustwide = 20
No 2655, SGH - Replacement of primary heat source and associated infrastructure and equipment to include the Steam Raising Boilers = 20
No 3015 Insufficient estate resources to manage the workload demand - Trustwide = 20
No 1774, Poor condition of Fuel Oil Storage Tanks - SGH = 16
No 2035, Equality Act 2010 compliance - Trustwide = 16
No 2272, EHO Compliance with Ward Based Kitchen surfaces and storage areas - Trustwide = 16
No 2905, Ageing Diesel Powered Generator Sets - CSSD1 - Secondary Power Source Failure - DPoW = 16
No 2952, Water Safety Compliance: Fire ring main - Trustwide = 16
No 2953, Water Safety Compliance: Sensor taps - Trustwide = 16
No 2959, Replacement/Repairs of flat roof - Trustwide = 16
No 2036, Ventilation and Air Conditioning - HVAC - Trustwide = 15
No 2954, Asbestos; Risk of exposure to asbestos - Trustwide = 15
No 2955, Med Gas; Insufficient Oxygen pressure available due to VIE and pipework configuration and sizing - Trustwide = 15

Future Opportunities

- Closer ICS working.
- Humber Services Review and programme.
- Provider and stakeholder collaboration to explore funding opportunities.
- Expression of Interest submitted for New Hospital Programme (NHP) - possible updated in July 2022

Strategic Objective 1 - To give great care

Description of Strategic Objective 1 - 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 1 - 1.5: The risk that the Trust's failure to deliver the digital strategy may adversely affect the quality, efficacy or efficiency of patient care and/or use and sustainability of resources, and/or make the Trust vulnerable to data losses or data security breaches.

	Inherent Risk	Current Risk	Target Risk by 31 March 2022	Target Risk by 31 March 2023	Target Risk by 31 March 2024
Consequence	4	4	3	3	3
Likelihood	4	3	3	2	2
Risk Rating	16	9	9	6	6

Risk Appetite Score: Low (4 to 6)

Initial Date of Assessment: 1 May 2019

Lead Committee: Audit, Risk and Governance Committee

Last Reviewed: October 2022, July 2022, 11 April 2022, 11 January 2022

Risk Owner: Chief Information Officer

Enabling Strategy / Plan: Digital Strategy

Current Controls

- Strategy and Development Committee
- Finance and Performance Committee
- Upto date Digital / IT policies, procedures and guidelines
- Digital Strategy Board
- Digital Solutions Delivery Group
- Data Security and Protection Toolkit, Data Protection Officer and Information Governance Group to ensure compliance with Data Protection Legislation.
- Audit Risk & Governance Committee (including external Audior reports)
- Annual Penetration Tests
- Cyber Security Monitoring and Control Toolset - Antivirus / Ransomware / Firewalls / Encryption / SIEM Server / Two Factor Authentication
- Trust Management Board (TMB)

Assurance (internal & external)

Internal:
- A Digital Strategy Board reviews progress of the plans to achieve the strategy
- Highlight reports to Trust Board, Audit Risk and Governance Committee, Strategic Development Committee, Finance and Performance Committee and TMB
- Digital / IT Policies all current
- CIO/Executive Director Report (6 monthly) to Trust Board

External:
- Limited Assurance: Internal Audit Yorkshire IT Business Continuity April 2021.
- Limited Assurance: Audit Yorkshire internal audit: Data Security and Protection Toolkit: Limited Assurance, Q3 2019

Positive Assurance:
The Integrated Performance Report (IPR) has been revised and updated. This was done with NHSE/I who have stated it is now among the leading models for reportin

Planned Actions

Action	Quarter / Year	Assurance
• Development of a comprehensive IT BC / DR Programme including monitoring of adherence to the programme. Results of BC / DR tests recorded and formally reported by 31 December 2021. External Project Manager appointed to undertake further work on the IT BC/ DR Programme to be completed by 30,Sept. 2022 (extended from 30 April 2022) DSPT Ref: IA-20724	Q3 2022/23	Green
•Digital Reporting schedule/Work plan for Board Committees completed as of the 4th Qtr 21/22 Report to ARG July 27 / 6 Month updates provided to Board	Q3 2021/22	Blue
• The Data Warehouse options appraisal was approved through governance structures by February 2022	Q4 2021/22	Blue
• Implementation of the Data Warehouse commenced in April 2022	Q4 2021/22	Blue
• Year 2 Digital Aspirant Funds available to support funding Digital Programs (20/21 & 21/22)	Q4 2021/22	Blue
• IPR - further review of current IPR for adding Digital, Finance and Estates KPI. Review in April 2023	Q1 2023/24	Green
• Meet the DSPT toolkit standards for Cyber Security with a goal to meet Cyber Essentials Plus Accreditation (2nd Qtr 22/23 -July 2022)	Q4 2022/23	Amber
• Secure resources to deliver Digital Strategy and annual priorities (PAS; EPR; Data Warehouse; RPA; Document management; Infrastructure upgrades). Digital Aspirant Funds £5 M secured with additional internal Capital to deliver projects 21/22 & 22/23. Depending on when NHSX releases funds for the Unified Tech Fund, we work with the ICS to bid for funds to continue our "levelling strategy" across the ICS	Other	Amber
• £250k NHS/X/D Cyber Security Capital Funding Bid Approved - Improving Cyber Security and Management over Medical Devices and other unmanaged IT devices on the Trust network	Other	Blue
The Data Warehouse with core data sets will be completed and running on the new platform by March 2023.	Q4 2022/23	Green

Future Risks

- COVID-19 surge and impact on adoption of digital transformation
- National policy changes in some cases in short notice, requiring revisions to work plan
- Regulatory action and adverse effect on reputation if there is a perception that NLaG is not meeting Cyber Security standards
- IT infrastructure and implementation of digital solutions that not only support NLaG but also the Integrated Care System (ICS), may delay progress of NLaG specific agenda
- Ongoing financial pressures across the organisation

Strategic Threats

- Capital funding to deliver IT solutions and establish a 3 yr plan
- Government legislative and regulatory changes shifting priorities as the ICS continues to evolve

Gaps in Controls

- Modernize Data Warehouse to address data quality issues associated with Patient Administration System and ability to produce more real time dashboards for business decisions.
- Develop policy and procedure to address the gaps noted in the IT Business Continuity audit in April 2020.
- Achieve DSP Toolkit and mandatory training compliance - in progress

Gaps in Assurance

- Integrated Performance Report - the Digital and Estates
- Data Warehouse solution to support outcomes from BI review

Links to High Level Risks Register

- No 2300, Insufficient processes in place to ensure records management /quality against national guidance = 16

Future Opportunities

- Humber Coast and Vale ICS, system wide collaborative working
- Clinical pathways to support patient care, driven by digital solutions
- Collaborative working with HASR and Acute Care Collaborative

Strategic Objective 1 - To give great care

Description of Strategic Objective 1 - 1.6: To provide treatment, care and support which is as safe, clinically effective, and timely as possible.

Risk to Strategic Objective 1 - 1.6: 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).

	Inherent Risk	Current Risk	Target Risk by 31 March 2022	Target Risk by 31 March 2023	Target Risk by 31 March 2024
Consequence	4	4	4	4	4
Likelihood	2	4	4	2	1
Risk Rating	8	16	16	8	4

Risk Appetite Score: Low (4 to 6)

Initial Date of Assessment: 1 May 2019

Last Reviewed: 13 October 2022, July 2022, 11 April 2022, 24 January 2022

Lead Committee: Finance and Performance Committee

Risk Owner: Chief Operating Officer

Enabling Strategy / Plan: NLAG Winter Planning and Potential COVID-19 Third Wave, Business Continuity Policy

Current Controls

- Winter Planning Group.
- Strategic Planning Group.
- A&E Delivery Board.
- Director of People - Senior Responsible Owner for Vaccinations.
- Ethics Committee.
- Clinical Reference Group
- Influenza vaccination programme.
- Public communications re: norovirus and infectious diseases.
- Chief Operating Officer is the Senior Responsible Officer for Executive Incident Control Group.
- Ward visiting arrangements changed and implemented, Red and Green Zones, expansion of critical care faciliites.
- COVID-19 Executive Incident Control (Gold Command).
- Patient Flow Improvement Group (PFIG)
- Discharge System Improvement Group
- Planned Care Improvement and Productivity (PCIP)

Assurance (internal & external)

Internal:

- Regional EPRR scenarios and planning exercises in preparation for 'Brexit' have been undertaken alongside partners, including scenarios involving transportation, freight and traffic around local docks with resulting action plan.
- Business continuity management system and business continuity plans
- Minutes of Winter Planning Group, Strategic Planning Group, Ethics Committee, Executive Incident Control Group, A&E Delivery Board, Clinical Reference Group, PFIG, Discharge System Improvement Group, PCIP

Positive:

- Half yearly tests of the Major incident response cascades
- Annual review of business continutiy plans.
- Internal audit of emergency planning compliance 2018/19 (due 2021/22).

External:

- Emergency Planning self-assessment tool and peer review against the NHSE EPRR Core Standards
- NHSE review of emergency planning self-assessment 2019/20.
- Internal audit of emergency planning compliance 2018/19 (due 2021/22).

Planned Actions

Action	Quarter / Year	Assurance
Lateral flow testing staff is ongoing	Ongoing	
Business Intelligence monitoring re: pandemic	Ongoing	
Rolling Schedule of annual business continuity plans	Ongoing	
Review of EPRR work programme and exercise programme	Q2 2022/23	
Implementation of new national EPRR Strategic Health Commander training	Q2 2022/23	Amber
LRF Flood Exercise	Q2 2022/23	
Winter Planning for 2022/23	Q2 2022/23	
CBRN training aligned to New DPOWH ED transition plan	Q3 2022/23	
Relaunch of loggist training and provision	Q4 2022/23	
Major incident table top training	Q4 2022/23	

Future Risks

- COVID-19 third surge.
- Availability of dressing, equipment and some medications post Brexit.
- Costs and timeliness of deliveries due to EU Exit.
- Additional patients with longer waiting times RTT, Cancer and Diagnostics due to COVID-19.
- Risk to Oncology Waiting Times due to HUTH operational pressures.
- Risk to Dermatology Service if HASR doesnt progress (retirement of 1 of the 2 wte consultants in March 2022)
- Longer waiting times for pateints due to HUTH Mutual Aid work
- Risk to gastroenterology service due to 2 WTE consultant vacancies

Strategic Threats

A widespread loss of organisational focus on patient safety and quality of care leading to increased incidence of avoidable harm, exposure to 'Never Events', higher than expected mortality, and significant reduction in patient satisfaction and experience. Increase in patients waiting, affecting the effectiveness of cancer pathways, poor flow and discharge, an increase in patient complaints.

Gaps in Controls

- Capacity to meet demand (workforce).
- Bed Capacity challenges in Northern Lincolnshire, East Riding and Lincolnshire due to ASC workforce challenges being seen and likely to continue into 2022/23

Gaps in Assurance

Links to High Level Risks Register

Future Opportunities

- Closer Integrated Care System working.
- Provider collaboration.

Strategic Objective 2 - To be a good employer

Description of Strategic Objective 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 2: 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.

Risk Rating	Inherent Risk	Current Risk	Target Risk by 31 March 2022	Target Risk by 31 March 2023	Target Risk by 31 March 2024
Consequence	5	5	4	4	4
Likelihood	3	4	2	3	1
Risk Rating	15	20	8	12	4

Risk Appetite Score: Low (4 to 6)

Initial Date of Assessment: 1 May 2019

Last Reviewed: 14 November 2022, September 2022, July 2022, 6 April 2022, March 2022

Lead Committee: Workforce Committee

Risk Owner: Director of People

Enabling Strategy / Plan: People Strategy, NHS People Plan, Leadership Development Strategy

Current Controls

Locally
- Workforce Committee
- Audit Risk & Governance Committee
- Trust Management Board (TMB)
- PRIMS
- Nursing,midwifery & AHP recrutiment and retention group
- Nursing Apprenticeship task and finish group
- International recruitment programme Task & Finish group
- Remuneration and Terms of Service Committee (RATS)
- Culture Transformation Board (CTB) & Culture Transformation Working Group (CTWG)
- Workforce Systems Group (Finance, HR and Operations)
- NLAG People Strategy approved by the Board June 2020
- People Directorate - People Strategy Annual Delivery Implementation Plan 2022-23 (Workforce Committee approved July 2022 and TMB September 2022)
- Annual NHS staff survey and quarterly People Pulse

Regional and ICB
- Humber and North Yorkshire (HNY) – ICB Strategic Workforce Group
- Humber Workforce Group
- ICB People Strategy
- HNY ICB HRD Group
- Yorkshire and North East – HRD Group

National
- National HRD Forum
- NHS People Plan and People Promise
- NHS Employers Forum

Assurance (internal & external)

Internal:
- Minutes of Workforce Committee, Audit Risk & Governance Committee, Trust Management Board, PRIMS, Recruitment and Retention Group, Nursing Apprenticeship Group, Internal Recruitment Programme Group, Culture Transformation Board, Workforce Systems Group, Remuneration and Terms of Service Committee.
- NHS People Plan, NLAG People Strategy and Implementation Plan reported to Workforce Committee.
- Recruitment Plans signed off divisionally
- Workforce Integrated Performance Report
- Annual staff survey and people pulse results
- Medical engagement survey 2019
- Non Executive Director Highlight Report to Trust Board
- Executive Director Report to Trust Board

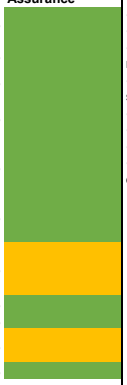
Positive:
- Audit Yorkshire internal audit. Establishment Control: Significant Assurance, April 2020
- Audit Yorkshire internal audit: Sickness Absence Management N2020/13, Significant Assurance

External:
- Audit Yorkshire internal audit. Establishment Control: Significant Assurance, April 2020.
- Audit Yorkshire internal audit: Sickness Absence Management N2020/13, Significant Assurance
- Minutes of Regional and ICB workforce groups
- Minutes of National HRD Forum and NHS Employers Forum

Planned Actions

Action	Quarter / Year
Developing Recruitment plans for 22/23 to recruit to non registered ar	Q1 2022/23
Review of Recruitment Processess to ensure that they are streamlined. inclusive. responsive and timely	Q1 2022/23
Health and Wellbeing plan communicated to staff	Q1 2022/23
Just and Learning Culture Framework to be introduced/piloted as part of the roll out of the new disciplinary policy -- subject to approval of disciplinary policy	Q1 2022/23
Setting up a working group to oversee payment processes to ensure streamlined processes between People/Operations and Finance Directorate	Q1 2022/23
Set up Culture Transformation Board to develop plans to address issues identified through staff survey, FTSU and other data on staff morale and culture	Q2 2022/23
Review of Statutory and Mandatory training is underway to clarify what staff need to undertake in line with national benchmarks	Q2 2022/23
Development of Recrutiment Dashboard to support recrutiment	Q2 2022/23
Culture Transformation Launch event - 4th August	Q2 2022/23
Development and Sign off of Performance Metrics to support roll out of Leadership Strategy and Culture Transformation	Q2 2022/23
Implementation and roll out of Clever Together - Big conversation -	Q2 2022/23
Continued delivery against NHS People Plan	Q3 2022/23
Continue collaboration between NLAG and HUTH and the HCV wider network	Q3 2022/23
Analysis of results from Big Conversation - Be the Change (clever	Q3 2022/23
Continued review of the Health and Wellbeing offer to staff	Q3 2022/23
Review of the Educational /Leadership Development offer and future	Q3 2022/23
Staff Survey 22/23 roll out	Q3 2022/23
Continued implementation of People Strategy by 31 March 2024	Q4 2022/23

Assurance



Future Risks

- Staff morale and turnover
- COVID-19 third surge and impact on staff health and wellbeing.
- National policy changes.
- Generational workforce : analysis shows significant risk of retirement in workforce.
- Impact of HASR plans on NLaG clinical and non clinical strategies.
- Provide safe services to the local population.
- Succession planning and future talent identification.
- Visa changes / EU Exit.
- Staff retention and ability to recruit and retain HR/OD staff to deliver people agenda

Strategic Threats

- ICS Future Workforce
- Integrating Care: Next Steps
- Future staffing needs / talent management

Gaps in Controls

- Slower international recruitment of clinical staff due to visa backlogs

Gaps in Assurance

- Increase in nurse staff vacancies and conversion of the 50 overseas nursing recruits

Other Significant Risks & Links to High Level Risks Register

No 1851, Shortfall in Capacity within the Ophthalmology Service - 15
No 2421, Nurse Staffing, Risk Rating = 25
No 2530, Poor Registered Nursing Skill Mix on Wards = 20
No 2898, Medical Staff - Mandatory Training Compliance = 16
No 2960, Risk of inability to safely staff maternity unit with Midwives = 16
No 2997, SCC follow up out patient PTL without risk stratification = 16
No 3015, Insufficient estate resources to manage the workload demand = 20
No 3045, Medical Workforce Vacancies in Gastroenterology = 16
No 3048, Challenges to recruitment of acute care physician vacancies in Acute = 16
No 3063, Doctors Vacancies within Medicine Division = 16

Future Opportunities

- Closer ICS working
- Provider collaboration
- International recruitment

Strategic Objective 3 - To live within our means

Description of Strategic Objective 3 - 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 3 - 3.1: 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.

Risk Rating	Inherent Risk	Current Risk	Target Risk by 31 March 2022	Target Risk by 31 March 2023	Target Risk by 31 March 2024
Consequence	5	5	5	5	5
Likelihood	4	4	1	4	4
Risk Rating	20	20	5	20	20

Risk Appetite Score: Moderate (8 to 12)

Initial Date of Assessment: 1 May 2019

Last Reviewed: November 2022, 19 July 2022, 18 May 2022, 31 January 2022

Lead Committee: Finance and Performance Committee

Risk Owner: Chief Financial Officer

Enabing Strategy / Plan: Trust Strategy, Clinical Strategy, ICS

Current Controls

- Capital Investment Board, Trust Management Board (TMB), PRIMs, Model Hospital.
- National benchmarking and productivity data constantly reviewed to identify CIP schemes.
- Engagement with Integrated Care System on system wide planning
- Monthly ICS Finance Meetings
- Operational and Finance Plan 2022/23
- Counter Fraud and Internal Audit Plans
- Trustwide Budgetary Control System

Assurance (internal & external)

Internal:
- Minutes of Audit Risk & Governance Committee, Trust Management Board, Finance and Performance Committee, Capital Investment Board, PRIMs, Monthly ICS Finance Meetings
- Non-Executive Director Highlight Report (bi-monthly) to Trust Board

Positive:
- Letter from NHSE related to financial special measures and achievement of action plan. On track to deliver the requirements set out by NHSE
- Internal Audit Reports - Internal Control - significant assurance

External:
- Financial Special Measures Meeting - Letter from NHSE related to financial special measures and achievement of action plan
- Approval received at ICS Level for 2022-23 capital plan
- Internal Audit Reports - Internal Control - significant assurance
- Agreed Financial Plan at ICS Level for 2022/23

Planned Actions

Action	Quarter / Year	Assurance
Undertake financial planning as part of HNY HCP exercise and agree a balanced financial plan for 2022/23 - this is still work in progress with a plan deficit of £6m currently. Included within this are two key actions: productivity improvement plans to return the Trust to 19/20 activity levels as a minimum, and a robust and recurrent cost improvement plan which is capable of being delivered in year	Q4 2022/23	Green
Work with system partners, specifically community and local authorities to ensure that our local systems are working in unison to tackle the issues of system flow	2022/23	Green
Agree financial recovery plan to meet 2022/23 year-end target	Q4 2022/23	Green
Agee finance implications of P2 specialities to inform PCBC	Q4 2022/23	Green
Undertake financial planning for 2023/24	Q4 2022/23	Green

Future Risks

- COVID-19 further surges and impact on finance and CIP achievement
- National policy changes
- Impact of HAS plans on NLaG clinical and non clinical strategies
- Savings Programme not sufficient and deteriorating underlying run rate which is execerbated by the elective recovery programme
- Impact of external factors such as problems with residential and domicilary care, causing hospitals to operate at less than optimum efficiency and cause financial problems

Strategic Threats

- ICS Future Funding
- Integrating Care: Next Steps
- System wide control total

Gaps in Controls

- Systems plans may not address individual organisational sustainability
- Challenges with HASR, CIP Delivery
- Uncertainty on application of long term financial framework.
- Clinical strategy required to inform Finance Strategy
- As we progress, the emerging uncertainty around the financial implications of decisions from the HAS process
- Month on month adverse variants against operational budgets

Gaps in Assurance

- Trustwide Budgetary Control System
- Recurrent delivery of Cost Improvement Programme Plan
- Management of financial risks arising from the lack of flow
- Individual organisational sustainability plans may not deliver system wide control total

Links to High Level Risks Register

- No 3074, Financial Risk - Medicine CIP 2022/23 = 16

Future Opportunities

- Closer ICS working
- Provider collaboration
- System wide collaboration to meet control total

Strategic Objective 3 - To live within our means

Description of Strategic Objective 3 - 3.2: To secure adequate capital investment for the needs of the Trust and its patients.

Risk to Strategic Objective 3 - 3.2: The risk that the Trust fails to secure and deploy adequate capital to redevelop its estate to make it fit for purpose for the coming decades.

Risk Rating	Inherent Risk	Current Risk	Target Risk by 31 March 2022	Target Risk by 31 March 2023	Target Risk by 31 March 2024
Consequence	5	5	5	5	5
Likelihood	3	3	3	3	3
Risk Rating	15	15	15	15	15

Risk Appetite Score: Moderate (8 to 12)

Initial Date of Assessment: 1 May 2019

Last Reviewed: 14/10/22, 23/6/22, 13 April 2022 (DoSD), 14 February 2022

Lead Committee: Strategic Development Committee

Risk Owners: Chief Financial Officer and Director of Strategic Development

Enabling Strategy / Plan: Trust Strategy, Clinical Strategy, Humber Acute Services Programme/ Capital Investment EOI and potential SOC for NHP

Current Controls

- Capital Investment Board (Internal Capital)
- Trust (Internally) Agreed Capital programme and allocated budget - annual/three yearly
- Trust Strategic Development Committee
- Trust Board
- Trust Committee(s) in Common
- ICS Strategic Capital Advisory Group
- NHSE/I - HAS Assurance Reviews
- NHSE/I Financial Speciall Measures Assurance Reviews

Assurance (internal & external)

Internal:
- Minutes of Internal Trust Meetings

External:
- Financial Special Measure Meeting with NHSE/I
- NHSE/I attendance at AAU / ED Programme Board
- NHSE/I Assurance Review Feedback
- CiC Minutes

Planned Actions

Action	Quarter / Year	Assurance
Agree forecast spend for current year as part of wider ICS capital planning exercise	Q4 2022/23	Green
Find a solution to address BEIXS/Salix funding issues with regards to year end cut off	Q2 2022/23	Green
Develop strategic capital plan as part of comprehensive service planning exercise - to be completed by end March 2023	Q4 2022/23	Green
Secure approval for Acute Assessment Unit, Full Business Case	Q4 2021/22	Green
Develop Capital Investment Strategic Outline Case for development of SGH/DPoW	Q3 2022/23	Green
Develop TiF submission through acute collaboratives for additional theatre capacity	Q3 2022/23	Green
Develop integrated bid across N and NE Lincs for implementation of CDH aligned to ICS Core Programme	Q4 2022023	Green

Future Risks

- National policy changes - implications of three year capital planning
- Lack of investment in infrastructure through Targeted Investment Fund (TIF)
- Inability of Trust to fund capital through internal resource - potential lack of external funding sources
- Inability of Trust to gain Capital Departmental Resource Limit (CDEL) cover for strategic capital investment if not on New Hospital Programme (NHP)
- Not gaining a place on the NHP
- Challenges with existing estate continue and significant issues remain with Backlog Maintenance (BLM), Critical Infrastructure Risk (CIR)

Strategic Threats

- ICS Capital Funding Allocations
- Inability to gain national strategic capital through NHP
- Inability to offset CDEL if non NHS funding sources used for capital investment

Gaps in Controls

- Comprehensive programme of Control and Assurance - potential inherent risk on ability of Trust to afford internal capital for major spend
- Control environment whilst comprehensive may not have ability to influence availability of Strategic Capital - investment funding/affordability
- Control environment may not be able to eliminate or reduce risk of estates condition in the short term

Gaps in Assurance

- Assurance review process does not create a direct link to sources of strategic capital investment
- ICS CDEL may not be sufficient to cover infrastructure investment requirement of Trust in short term - when split across other providers

Links to High Level Risks Register

Future Opportunities

- Provider collaboration and use of Place based funding
- Use of TiF, CDH and Towns Centre funds to support capital spend
- System wide collaboration to major capital development needs.
- Announcement of multi year, multi billion pound capital budgets for NHS
- Gaining a place on the NHP

Strategic Objective 4 - To work more collaboratively

Description of Strategic Objective 4: To work innovatively, flexibly and constructively with partners across health and social care in the Humber Coast and Vale (HCV) Health Care Partnership (HCP) (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 (LTP): to make best use of the combined resources available for health care, to work with partners to design and implement a high quality clinical strategy for the delivery of more integrated pathways of care both inside and outside of hospitals locally, to work with partners to secure major capital and other investment in health and care locally, to have strong relationships with the public and stakeholders, to work with partners in health and social care, higher education, schools, local authorities, local economic partnerships to develop, train, support and deploy workforce and community talent so as to: make best use of the human capabilities and capacities locally; offer excellent local career development opportunities; contribute to reduction in inequalities; contribute to local economic and social development.

Risk to Strategic Objective 4: 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.

Risk Rating	Inherent Risk	Current Risk	Target Risk by 31 March 2022	Target Risk by 31 March 2023	Target Risk by 31 March 2024
Consequence	5	4	4	4	4
Likelihood	3	3	2	2	2
Risk Rating	15	12	8	8	8

Risk Appetite Score: Moderate (8 to 12)

Initial Date of Assessment: 1 May 2019

Last Reviewed: October 2022, 23/6/22, 13 April 2022, 12 January 2022

Lead Committee: Strategic Development Committee

Risk Owner: Director of Strategic Development

Enabing Strategy / Plan: NHS Long Term Plan, Trust Strategy, Clinical Strategy, Humber Acute Services Programme, Communications & Engagement Strategy

Current Controls

- Audit Risk & Governance Committee (ARGC).
- Trust Management Board (TMB).
- Finance and Performance Committee (F&PC).
- Strategic Development Committee (SDC).
- Capital Investment Board (CIB).
- HAS Executive Oversight Group.
- HNY HCP.
- ICS Leadership Group.
- Wave 4 ICS Capital Committee.
- Executive Director of HAS and HAS Programme Director appointed.
- NHS LTP.
- ICS LTP.
- NLaG Clinical Strategy.
- NLaG Membership of ICP Board NE Lincs.
- Committees in Common (Trust Board approved 1/6/2021)
- Acute and Comunity Collaborative Boards
- Clinical Leaders & Professional Group
- Council of Governors.
- Joint Overview & Scutiny Committees
- MP cabinet and LA senior team briefings
- Primary/Secondary Interface Group (Northbank&Southbank)

Assurance (internal & external)

Positive:
- HAS Governance Framework.
- HAS Programme Management Office established.
- HAS Programme Plan Established (12 months rolling).
- NHSE/I Rolling Assurance Programme - Regional and National including Gateway Reviews.
- Clinical Senate review approach and process

Internal:
- Minutes of HAS Executive Oversight Group, HNY HCP, ICS Leadership Group, Wave 4 ICS Capital Committee, ARGC, F&PC, TMB, SDC, CIB, CoG
- Non Executive Director Committee chair Highlight Report to Trust Board
- Executive Director Report to Trust Board

External:
- Checkpoint and Assurance meetings in place with NHSE/I (3 weekly).
- Clinical Senate Reviews.
- Independent Peer Reviews re; service change (ie Royal Colleges).
- NHSE/I Rolling Assurance Programme - Regional and National including Gateway Reviews.
- Councillors / MPs / Local Authority CEOs and senior teams

Planned Actions

Action	Quarter / Year	Assurance
Recruit to Strategic Development - Associate Medical Director to support the ICS collaboration - Dec 21 (complete and in post)	Q3 2021/22	Green
HAS two year programme (current to March 2023) - 12 month rolling	Q4 2023/24	Green
Options appraisal for HAS Capital Investment to be approved	Q4 2022/23	Green
To undertake continuous process of stocktake and assurance reviews NHSE/I and Clinical Senate review	Q1 2023/24	Green
Joint OSC - reviews	Q1 2023/24	Green
CIC / SDC / NED / Governor reviews	Q4 2022/23	Green
Citizens Panel reviews	Q4 2022/23	Green
Clinical Senate reviews	Q4 2022/23	Green
To undertake continuous engagement process with public and staff	Q4 2022/23	Green
Evaluation of the models and options with stakeholders	Q4 2022/23	Green
Finalise Pre-Consultation Business Case and alignment to Capital Strategic Outline Case	Q4 2022/23	Green
NHSEI Gateway review	Q1 2023/24	Green
ICS Board approval	Q1 2023/24	Green
Public Consultation	Q2/Q3 2023/24	Green

Future Risks

- National policy changes
- Delays in legislation
- Long term sustainability of the Trust's sites.
- Change to Royal College Clinical Standards.
- Capital Funding.
- ICS / Integrated Care Partnership (ICP) Structural Change.
- Ockenden 2 Report
- Combined winter pressures and cost of living impacts

Strategic Threats

- ICS Future Funding.
- Failure to develop aligned system wide strategies and plans which support long term sustainability and improved patient outcomes.
- Government legislative and regulatory changes.
- Integrated Care: Next Steps and Legislative Changes.
- Strategic capital.

Gaps in Controls

- Clinical staff availability to design and develop plans to support delivery of the ICS Humber and Trust Priorities.
- Local Authority, primary care and community service, NED and Governor engagement / feedback (during transition)
- ICS, Humber and Trust priorities and planning assumptions, dependency map for workforce, ICT, finance and estates to be agreed.

Gaps in Assurance

- Project enabling groups, finance, estate, capital, workforce, IT attendance and engagement.
- Lack of integrated plan and governance structure.
- Alignment with Out of Hospital strategies and programmes

Links to High Level Risks Register

Future Opportunities

- HNY ICS, system wide collaborative working.
- Clinical pathways to support patient care, driven by digital solutions.
- Strategic workforce planning system wide and collaborative training and development with Health Education England / Universities etc.
- Acute and community collaborative.

Strategic Objective 5 - To provide good leadership

Description of Strategic Objective 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 5: 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.

Risk Rating	Inherent Risk	Current Risk	Target Risk by 31 March 2022	Target Risk by 31 March 2023	Target Risk by 31 March 2024
Consequence	4	4	4	4	4
Likelihood	4	3	2	2	2
Risk Rating	16	12	8	8	8

Risk Appetite Score: Moderate (8 to 12)

Initial Date of Assessment: 1 May 2019

Last Reviewed: 14 November 2022, September 2022, July 2022, 6 April 2022, March 2022

Lead Committees: Workforce Committee and Trust Board

Risk Owner: Chief Executive

Enabing Strategy / Plan: Trust Strategy, NHS People Plan, People Strategy, Leadership and Development Strategy

Current Controls

- Trust Board, Trust Management Board, Workforce Committee, PRIMS
- CQC and NHSE Support Teams
- Board development support programme with NHSE support.
- Significant investment in strengthened structures, specifically (a) Organisational structure, (b) Board structure, (c) a number of new senior leadership appointments
- Development programmes for clinical leaders, ward leaders and more programmes in development
- Communication with the Trust's senior leaders via the monthly senior leadership community event
- NHSI Well Led Framework
- PADR compliance levels via PRIM as part of the Trust's focus on Performance improvement
- Joint posts of Trust Chair and Chief Financial Officer, with HUTH
- Collaborative working relationships with MPs, National Leaders within the NHS, CQC, GPs, PCNs, Patient, Voluntary Groups, Humber and North Yorkshire Health and Care Partnership.

Assurance (internal & external)

Internal:
- Leadership Strategy signed off by Trust Board - May 2022
- Minutes of Trust Board, Trust Management Board, Workforce Committee and PRIMS
- Trust Priorities report from Chief Executive (quarterly)
- Integrated Performance Report to Trust Board and Committees.
- Letter from NHSE related to financial special measures and achievement of action plan.
- Chief Executive Briefing (bi-monthly) to Trust Board
- Board and Commiteee meeting structures
- Workforce Implementation Plan report (includes development and leadership programmes) to Workforce Committee
- Senior Leadership Community presentation
- Trust Board - Well-Led assessments at Board Development

Positive:
- Letter from NHSE related to financial special measures and achievement of action plan.

External:
- CQC Report - 2020 (rated Trust as Requires Improvement).
- Financial and Quality Special Measures.
- NHS Staff Survey.
- Minutes of Collaborative Working Relationship groups

Planned Actions

Action	Quarter / Year	Assurance
Introduction of x3 Portfolio Governance Boards including one for leadership and career development with representation from all stakeholder staff groups, leadership development programmes we design in-house, commission, or subscribe to, align with our People Strategy aims of attracting, developing and retaining leaders as a preferred employer. From April 2022.	Q1/2 2022/23	
Continued development of the Leadership Development Model for all leaders and managers towards building a culture of compassion-centred, collective leadership. This programme, modular in approach, will include Leading with Kindness, Courage and Respect, underpinned with processes and skill development in difficult conversations, embodying the Trust values, and improving what it feels like for staff to work at NLaG. From April 2022, subject to funding	Q1/2 2022/23	
Refreshing of the coaching model with the move towards a Coaching and Mentoring Bureau, offering staff at all levels, opportunities for coaching and mentoring. All participants on leadership development programmes will have a coach for the duration of their development course. We aim to introduce mentoring, both peer to peer, role and career, and reverse, during 2022 with some small scale pilot programmes including a pilot EDI-centric reverse mentoring programme to further strengthen inclusion. September 2022, subject to funding	Q2 2022/23	
Refresh of our PADR process referred to in the Training & Development submission, will include process components and skills training to enable identification of talent, development of potential, and proactive planning for succession. Refer to the Leadership and Career development draft schematic in the Appendices for concept. December 2022	Q3 2022/23	
Introducing a managerial core skills programme for newly appointed managers 2022 and beyond. December 2022	Q3 2022/23	
Continued development and implementation of Value based leadership - subject to funding and resources	Q4 2022/23	

Future Risks

- COVID-19 third surge and impact on finance and CIP achievement.
- National policy changes.
- Impact of HASR plans on NLaG clinical and non clinical strategies.
- Current vacancy for the Head of Education which is currently being covered by temporary resource

Strategic Threats

- Non-delivery of the Tr+L21ust's strategic objectives
- Continued quality/financial special measures status
- CQC well-led domain of 'inadequate'
- Inability to work effectively with stakeholders as a system leading to a lack of progress against objectives
- Failure to obtain support for key changes needed to ensure improvement or sustainability
- Damage to the organisation's reputation, leading to reactive stakeholder management, impacts on the Trust's ability to attract staff and reassure service users

Gaps in Controls

- No investment specifically for staff training / courses to support leaders work within a different context and to be effective in their roles as leaders within wider systems

Gaps in Assurance

- Financial Special Measures
- Quality Special Measures

Links to High Level Risks Register

None

Future Opportunities

- Closer Integrated Care System working
- Provider collaboration
- System wide collaboration to meet control total
- HASR

Key to Assurance	
Red	Action rated red means the action is off track, with no mitigation and pose a significant risk to the delivery of the strategic objective
Amber	Action rated amber mean it is in progress, but off track with, no mitigation and could pose a risk to the strategic objective being delivered
Yellow	Action rated amber mean it is in progress, off track, with mitigation, and could pose a risk to the strategic objective being delivered
Green	Actions rated green mean they are on track to deliver.
Blue	Closed action which supports the progress towards the delivery of the strategic objective

Agenda Number: CoG (01/23) Item: 7.2

Name of the Meeting	**Council of Governors**
Date of the Meeting	11 January 2023
Director Lead	Helen Harris, Director of Corporate Governance
Contact Officer/Author	Helen Harris, Director of Corporate Governance
Title of the Report	**Board Assurance Framework (BAF) 2022-23, Quarter Two Report**
Purpose of the Report and Executive Summary (to include recommendations)	To present the BAF to the Council of Governors for assurance. The Council of Governors are asked to: a) receive the BAF executive report detailed below b) receive the BAF and strategic risk register in detail (Appendix 2) c) note the risk scoring, as at 30 November 2022 for each of the strategic risks: SO1-1.1 = 15 SO1-1.2 = 20 SO1-1.3 = 12 SO1-1.4 = 20 SO1-1.5 = 9 SO1-1.6 = 16 SO2 = 20 SO3-3.1 = 20 SO3-3.2 = 20 SO4 = 8 SO5 = 8 d) receive the High-Level Risk Register (Appendix 1) e) seek assurance on the current risk rating and target risk rating of each of the strategic risks, from the Chairs of each of the Trust Board Committees and the Executive Owners f) note work has commenced to action the recommendations from the internal audit on the BAF g) note an assurance mapping exercise has been undertaken to consider the effectiveness of the controls and verify that assurances were being received for all the identified controls.
Background Information and/or Supporting Document(s) (if applicable)	
Prior Approval Process	☐ TMB ☐ PRIMs ☐ Divisional SMT ✓ Other: Trust Board Committees

Which Trust Priority does this link to	✓ Our People ✓ Quality and Safety ✓ Restoring Services ✓ Reducing Health Inequalities ✓ Collaborative and System Working	✓ Strategic Service Development and Improvement ✓ Finance ✓ Capital Investment ✓ 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.

***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 national 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

Board Assurance Framework – Quarter Two 2022-23

1. Purpose of the Report

1.1. To present the BAF to the Trust Board for assurance and for the Board to review current scoring of the strategic risks and to note the referenced high-level risks.

1.2. The Trust Board is to receive the BAF (Appendix 2) and the High-Level Risk Register (Appendix 1), to gain assurance that it is operating as part of the Trust's overarching governance / control systems.

1.3. All strategic risks have been reviewed by the Executive Owners and the Trust Board Committees during quarter two.

The exception to this, is the Strategic Development Committee will review strategic risks SO1.3, SO3-3.2 and SO4 at its meeting on 15 December 2022. The Executive Director has reviewed each of these risks.

2. Strategic Objective Risk Ratings: 2022-23 Quarter Two

2.1. The table below illustrates the current risk rating of each Strategic Objective against the target risk rating by the end of March 2023:

Strategic Objective	2022-23			Risk Appetite Score
	Risk Rating Quarter 1	Risk Rating Quarter 2	Target Risk by 31/03/2023	
SO1-1.1	15	15	15	4-6
SO1-1.2	20	20	15	4-6
SO1-1.3	12	12	8	4-6
SO1-1.4	20	20	20	4-6
SO1-1.5	9	9	6	4-6
SO1-1.6	16	16	8	4-6
SO2	20	20	12	4-6
SO3-3.1	15	20	20	8-12
SO3-3.2	12	20	20	8-12
SO4	12	8	8	8-12
SO5	12	8	8	8-12

2.2 The Board is to note that several strategic risks remain at a high level of 15 and above as detailed in the above table.

2.3 SO3-3.1 and SO3-3.2 risk ratings have increased since the quarter one BAF report and have a number of significant gaps in controls..

SO3-3.1 – Gaps in Controls:
- Systems plans may not address individual organisational sustainability
- Challenges with HASR, CIP Delivery
- Uncertainty on application of long term financial framework.
- Clinical strategy required to inform Finance Strategy

● As we progress, the emerging uncertainty around the financial implications of decisions from the HAS process
● Month on month adverse variants against operational budgets

SO3-3.2 – Gaps in Controls:
● Comprehensive programme of Control and Assurance - potential inherent risk on ability of Trust to afford internal capital for major spend
● Control environment whilst comprehensive may not have ability to influence availability of Strategic Capital - investment funding/affordability
● Control environment may not be able to eliminate or reduce risk of estates condition in the short term

3. High-Level Risk Register (HLRR)

3.1. The HLRR is presented to the Board to provide oversight of the high-level risks linked to each strategic risk, which could have an impact on the achievement of the strategic risks and objectives. The high-level risks are monitored within Divisions and at the Risk Management Group. Trust Board Committees have received the HLRR as part of the quarterly review.

3.2. There are two high level risks scored at 25: No 2421 Nurse Staffing, and No 2976 Registered Nursing Vacancies.

3.3. There are 12 high level risks scored at 20:

- No 1620 Medical Gas Pipeline System,
- No 2038 Fire Compliance,
- No 2088 Building Management Systems Controller,
- No 2145 Quality of Care and Patient Safety (due to nurse staffing position),
- No 2530 Poor Registered Nursing Skill Mix on Wards,
- No 2562 Failure to meet Constitutional Targets in Emergency Care Centre,
- No 2623 Failure of Windows,
- No 2655 SGH Replacement of primary heat source and associated infrastructure and equipment,
- No 2719 Water Safety Compliance,
- No 2949 Oncology Service,
- No 2951 Electrical age and resilience of low voltage electrical infrastructure,
- No 3015 Insufficient estate resources to manage the workload demand.

4. Internal Audit Report - BAF

4.1. Following the internal audit report on the BAF, work continues to action the recommendations in quarter two/three 2022-23. Progress to date includes, assurance against planned actions and an assurance mapping exercise has been completed which considered the effectiveness of the controls and verified that assurances were being received for all the identified controls.

5. Recommendations

The Trust Board is asked to:

a) receive the BAF executive report detailed above

b) receive the BAF and strategic risk register in detail (Appendix 2)

c) note the risk scoring, as at 30 November 2022 for each of the strategic risks

d) receive the High-Level Risk Register (Appendix 1) and note the high-level risks detailed in section 3.2 and 3.3 of the report that could have an impact on the achievement of the strategic risks and objectives

e) seek assurance on the current risk rating and target risk rating of each of the strategic risks, from the Chairs of each of the Trust Board Committees and the Executive Owners

f) note work has commenced to action the recommendations from the internal audit on the BAF

g) note an assurance mapping exercise has been undertaken to consider the effectiveness of the controls and verify that assurances were being received for all the identified controls.

Appendix 1

HIGH LEVEL RISK REGISTER (AS AT 07-11-2022)

No	Risk Opened Date	Risk Target Date	Risk Type	Risk Category	Title of Risk	What is the Risk?	Owner	Site	Directorate	Division	Specialty	Risk Rating	Risk Rate Score	Next Review Date	Control Details	Gaps In Controls	Control Assurance
1620	08/01/2013	31/03/2023	To offer care in estate and with equipment which meets the highest modern standards	Buildings, Land and Plant	Med Gas: Medical Gas Pipeline System outlet and plant - Trustwide	There is a risk of losing bed head medical gases due to medical gas wall point terminals (Oxygen, Vacuum Medical Air, Nitrous Oxide) being obsolete with limited spare parts. The loss of medical gas system could negatively impact the Trust's ability to treat inpatients and also prevents the capability to treat patients that have been transferred to the Trust.	Simon Tighe	Trustwide - All Sites (DPoW, S	Estates and Facilities	Estates and Facilities	Estates - Med Gas	1 High (Red)	20	26/11/2022	Ongoing monitoring of alarms. National supplier support for business continuity. Replacement in line with ward upgrades. Flow rate meters VIE telemetry	Inability to determine flow rates around the systems, other than design flow rates.	Significant/robust contingencies in place which have been tested in the recent critical incident (W87371).
1774	05/06/2014	31/03/2023	To offer care in estate and with equipment which meets the highest modern standards	Buildings, Land and Plant	Poor condition of Fuel Oil Storage Tanks - SGH	If the Trust lost gas supplies to the SGH site the boilers would have to be fuelled by oil. The material state of the oil storage tanks has resulted in the oil being contaminated and if called upon, could damage the boilers. The strategic risk are the boilers failing to provide heat and hot water due to main hospital site.	Simon Tighe	Scunthorpe General Hospital (S	Estates and Facilities	Estates and Facilities	Estates - HVAC & Pressure Syst	1 High (Red)	16	26/11/2022	Emergency generator fitted with own fuel supply.	No replacement plan for SGH.	External condition report.
1851	28/04/2015	30/09/2022	To work with partners across health and social care in the Humber Coast and Vale Health Care Partnership (including at Place), and neighbour	Clinical	Shortfall in Capacity within the Ophthalmology Service	The current risk, is the capacity does not meet the demand and the service is unable to meet this. Therefore, this impacts on ability to see patients within the clinical time scales.	Jennifer Orton	Trustwide - All Sites (DPoW, S	Directorate of Operations	Surgery & Critical Care	Ophthalmology	1 High (Red)	15	23/11/2022	Work with the ICB to secure additional capacity in the independent sector.	Recent investment will not mitigate the shortfall in capacity	
2035	22/08/2016	31/03/2023	To offer care in estate and with equipment which meets the highest modern standards	Buildings, Land and Plant	Equality Act 2010 compliance - Trustwide	The Trust has received numerous claims for slips, trips and falls from the state of the Trust's roads, pathways and corridors. These both damage the Trust's reputation and lead to financial loss. A number of facilities (lifts, toilets) are non-compliant with current regulations which may result in patients and staff being unable to move through the hospital sites safely and with dignity and respect.	Simon Tighe	Trustwide - All Sites (DPoW, S	Estates and Facilities	Estates and Facilities	Health & Safety	1 High (Red)	16	26/11/2022	Estates continually monitor the condition of the roads and pathways, repairing potholes as required. Larger resurfacing scheme are limited to BLM or other capital works funding when available.	Currently none, funding is required to provide adequate assurances. Staff to be made aware of the hazards of parking and moving around this area, as the site is not designated a car park.	The current control measures are not effective, it would need the "car park" to be closed to prevent further incidents.
2036	22/08/2016	31/03/2023	To offer care in estate and with equipment which meets the highest modern standards	Buildings, Land and Plant	Ventilation and Air Conditioning - HVAC - Trustwide	Failure of the heating and ventilation system. This would result in a negative impact on the effective delivery of patient care.	Simon Tighe	Trustwide - All Sites (DPoW, S	Estates and Facilities	Estates and Facilities	Estates - HVAC & Pressure Syst	1 High (Red)	15	26/11/2022	Planned preventative maintenance (PPM) in place for inspection and maintenance of all ventilation plants.	Limited BLM funding resulting in no long term replacement plan. Capital plan 22-25 capture theatre upgrades	Validation and flow checks carried out by 3rd party accredited contractor.
2038	23/08/2016	31/03/2023	To offer care in estate and with equipment which meets the highest modern standards	Health & Safety	Fire Compliance	There is a risk failure of the fire alarm resulting in failure to detect fire/smoke leading to fire taking hold and hence possible serious harm and/or loss of life of patients and staff.	Simon Tighe	Trustwide - All Sites (DPoW, S	Estates and Facilities	Estates and Facilities	Fire Safety	1 High (Red)	20	26/11/2022	Panels are being replaced. DPoW ward replacement programme includes updated detection loops.	Fire detection - Mixture of analogue and digital which increases the risk of failure. Closed protocol system at SGH. Drawings - Establishment and confirmation of existing fire compartments.	Automatic fire detection - current panels to be replaced. A review of existing drawings is near completion.
2088	04/11/2016	31/03/2023	To provide care which is as safe, effective, accessible and timely as possible	Buildings, Land and Plant	Building Management Systems (BMS) Controller failure/upgrade	There is the risk of failure of elements of the Building Management Systems (BMS). The BMS controls the sites heating and hot water services, therefore, temperature control of both the hospital environment and water systems could become significantly compromised.	Simon Tighe	Trustwide - All Sites (DPoW, S	Estates and Facilities	Estates and Facilities	Estates - Building Management	1 High (Red)	20	26/11/2022	Continued monitoring of the system for operation (by Estates Staff).	Reactive to ongoing BMS failures. Current BMS runs on outdated windows support system.	There are limited assurances on controls highlighted by continued BMS failures.
2145	15/02/2017	31/12/2022	To ensure the services and care we provide are sustainable for the future and meet the needs of our local community	Staffing Levels & HR	Quality of Care and Patient Safety - (due to nurse staffing position)	The Registered Nursing vacancy position in Medicine, against current, agreed establishment creates significant issues with producing a robust nursing roster. The Nurse vacancy position within Medicine has a direct impact on quality of care and patient safety. There is also a cost associated with the use of Agency Nurses in order to fill the gaps in the rosters. SNCT establishment review undertaken with Chief Nurse and implemented from 4th November roster period. This increased the Nursing establishment on most wards and both Emergency Departments by increasing the number Nurses within Medicine, which has resulted in an increase in our Nurse vacancies despite mitigation. Medicine are also staffing Escalation areas which adds further risk. In addition, Nursing staff rosters are significantly impacted due to the COVID pandemic due to staff sickness and shielding. Patient harm, increased sickness, staff leaving are possible outcomes as a result.	Sarah Smyth	Trustwide - All Sites (DPoW, S	Directorate of Operations	Medicine	General Medicine	1 High (Red)	20	30/11/2022	1.International recruitment of staff 2.Roster approval checks in line with Rostering Policy and Procedure. 3. Shifts identified to be sent to Bank and Agencies within specified timeframes. 4.Block booking in place. 5.Twice daily staffing meetings. Redeployment of staff between wards on a daily basis. Workforce meetings Safe staff meetings PRIMS KPI meeting Check challenge meeting with deputy nurse meeting Care Navigator Roles Clinical Sister Band 6 now in place	Inability to cover all shifts via Agency / Bank. Financial implication of using premium rate agencies.	6 monthly Establishment reviews capturing information related to SNCT and Safecare. Successful Overseas Nurse resruitment - Oct 2020 - date 46 staff recruited. Update - 21.07.21. 49 Pre-registration nurses appointed to Medicine NQN's due to start in September/Oct 21 On-going recruitment drives with the support of Recruitment Team and Talent Acquisition Long term workforce planning as part of P2 of HASR/AAU

No	Risk Opened Date	Risk Target Date	Risk Type	Risk Category	Title of Risk	What is the Risk?	Owner	Site	Directorate	Division	Specialty	Risk Rating	Risk Rate Score	Next Review Date	Control Details	Gaps In Controls	Control Assurance
2244	20/06/2017	31/03/2023	To provide care which is as safe, effective, accessible and timely as possible	Clinical	Risk to Overall Performance: Cancer Waiting / Performance Target 62 day	Failure to treat patients within tWT (62 days) will result in poor patient experience and may have the potential for clinical harm in some specialties. The Trust consistently achieves the 14 day and 31 day standards. The likelihood of continuing to not achieve the 62 day standards is high due to some elements of the diagnostic or staging pathway being outside of the control of NLAG and sitting with the tertiary provider. Risk register also relates to Risk ID 2008.	Abolfazl Abdi	Trustwide - All Sites (DPoW, S	Chief Operating Officer	Chief Operating Officer	Cancer Services	1 High (Red)	16	06/10/2021	(1) Weekly Cancer RTT waiting time meeting to challenge and review all cancer PTLs (62 day 1st, screening, consultant upgrade, 31 day 1st, subsequent surgery, subsequent drugs). (2) Automated RAG rated PTL (updated twice daily to reflect current position and available to all Divisional Managers). (3) 62 day Cancer Improvement Plan has translated into the Cancer Transformation Programme (2 year programme commencing 2021) (4) Cancer performance/ backlog is reported weekly to Operational Management Group (5) Improved visibility on all aspects of cancer pathways through the Cancer Power BI Performance report (which is updated daily and available to all Divisional Managers/clinicians. (6) Cancer Trackers attend Divisional Huddles in some specialties (Colorectal/Gynae) as a point of escalation. (7) A trust-wide clinical harm review process is in progress	Failure to treat patients within Cancer Waiting / Performance Target 62 day may result in poor patient experience and potential harm	62 day backlog and 104+ days waits monitored weekly at Operational Management Group
2245	20/06/2017	31/03/2023	To provide care which is as safe, effective, accessible and timely as possible	Clinical	Risk to Overall Performance : Non compliance with RTT incomplete target	Given our current operating models, there is a risk that there is insufficient capacity to meet demand in a number of specialities which risks the RTT position and potential for adverse patient impact. Potential for 52 week breaches and potential to not meet current 40 week maximum RTT target This could result in clinical harm	Mathew Thomas	Trustwide - All Sites (DPoW, S	Directorate of Operations	Surgery & Critical Care	Surgery (All)	1 High (Red)	16	27/11/2022	(1) Capacity & demand plans have been developed for all specialties as part of the business planning 22/23 which highlight our risk specialties and gap between capacity and demand, use of the IST tool working with NHSI and strategy and planning.	Data quality and validation of clock stops.	Currently covering all clinics and wards with the use of agency and locums to mitigate the risk of rota gaps. North East Lincs and N Lincs council of members routinely review the data published.
2272	25/09/2017	31/12/2022	To offer care in estate and with equipment which meets the highest modern standards	Environmental	EHO Compliance with Ward Based Kitchen surfaces and storage areas - Trustwide	There is a risk that the EHO could instruct that the ward based kitchen is unfit for food preparation and issue a prohibition notice which would prevent food/drink being prepared on ward areas. This would result in a delay to patients receiving food and drink.	Simon Tighe	Trustwide - All Sites (DPoW, S	Estates and Facilities	Estates and Facilities	Catering	1 High (Red)	16	26/11/2022	1) Food preparation boards, minimal ward based food preparation of low risk food. Hazard Analysis of Critical Control Points HACCP. 2) Ward refurbishment programme 3) Quality Matron Environmental Audits 4) Flo-audits	Funding for major ward refurbishments.	Funding for major ward refurbishments. EHO currently assess each site and awards cleanliness standard up to and including 5*, these outcomes are for public communication and awareness.
2300	07/12/2017	31/12/2022	To learn and change practice so we are continuously improving in line with best practice and local health population needs	Information Governance	Insufficient processes in place to ensure records management /quality against national guidance	The Trust has insufficient processes in place to ensure records management / quality against national guidance. Gaps include: Limited application of a corporate records audit, not fully implemented IGA retention standards.	Christopher Evans	Trustwide - All Sites (DPoW, S	Digital Services	Digital Services	Information Governance	1 High (Red)	16	12/10/2022	Oversight by Trust's IG Steering Group and is managed via the Group's Action Log which is reviewed monthly.	None	The IG Steering Group monitor the progress of this actions
2388	09/07/2018	06/06/2022	To learn and change practice so we are continuously improving in line with best practice and local health population needs	Clinical	There is a risk of deteriorating patients not being escalated appropriately.	There is a risk that patients observations and NEWS scores are not being consistently monitored and overseen which could lead to patient harm through deterioration.	Sarah Smyth	Trustwide - All Sites (DPoW, S	Directorate of Operations	Medicine	General Medicine	1 High (Red)	15	30/11/2022	* Trust Policy and escalation process being updated and approved by Trust Management Board, * Roll-out of hand-held devices to ensure better monitoring of observations and escalation of any deteriorating patients in line with the newly updated Trust Policy, * Increased resource being applied for via business case for increased critical care outreach support and hospital at night teams, * Roll-out of ward based dashboards to support ward areas understand their performance against these quality metrics. * Continued roll-out of sepsis 6 bundle. RISK LINKED TO SEPSIS MANAGEMENT RISK NO 1513 Update - 21.01.20 - Snapshot Audit undertaken which will assist with monitoring compliance and inform actions for wards to take. Performance monitored through ward performance reviews which are later reported to PRM. Target for NEWS (on time) is 90%. * Divisional progress against targets is monitored via the Deteriorating Patient & Sepsis Group. * NEWS monitored as part of Quality updates provided to Medicine Board and Governance Meetings. * Monitored at divisional PRM Meeting. * News compliance discussed at Divisional Ward Review Meetings. * Compliance monitored at Deteriorating Patient & Sepsis Group.	Agency staff may be unaware of systems on commencement.	Maintaining NEWS compliance above 85% individual areas below this have plan and discussed at DP & Sepsis Group NEWS scoring reviewed as part of Ward Performance r/v with HoN/DHoN NEWS compliance reported through PRIM's During January 2020 an audit demonstrated - 83.68 % of NEWS scores completed within 30 minutes grace period. 74.75 % were completed without grace period. Update: NEWS trend (June '21 30 mins) 90.2% (May 89.3%) Maintaining NEWS compliance above 85% individual areas below this have plan and discussed at DP & Sepsis Group

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2421	29/12/2016	31/12/2022	To develop an organisational culture and working environment which attracts and motivates a skilled, diverse and dedicated workforce	Staffing Levels & HR	Nurse Staffing	The risk to the Trust is that we are unable to deliver safe and effective care to our patients and provide the required level of service due to staffing shortages and reliance on temporary staff.	Eleanor Monkhouse	Trustwide - All Sites (DPoW, S	Chief Nurse	Chief Nurse	Nursing (All Specialties)	1 High (Red)	25	29/09/2022	Monthly nurse staffing assurance report that goes to the Quality & Safety Committee and reports to Board which includes nursing fill rates and CHPPD. This is triangulated with nursing sensitive indicators and discussed at a monthly nursing metrics meeting. Daily escalation process in place and Safe Care Live implemented April 2020 with supporting SOP. Head of Nursing challenge and oversight to daily staff deployment and facilitates escalation and authorisation of agency including sign off for all off framework requests. Nursing Workforce Group in place to oversee various strands of work (recruitment, retention, workforce plan and new roles). A number of task and finish groups are in place: Safe Staffing, Effective rostering, Recruitment and Retention and CNS Job Planning. Recruitment and retention strategy in place. New governance structure in place which includes effective rostering and a prospective and retrospective review of roster with Check, Challenge and Coach meetings. KPIs developed and being monitored including sickness, annual leave, training and nursing spend and bank and agency usage.	(1) High number of nurse vacancies leading to shortage of nursing staff available to cover required shifts and reliance on temporary staff. (2) Re-establishment of a Nursing & AHP Workforce Group to inform the Workforce Committee. (3) 100% compliance with Safe Care Live census by all wards to inform deployment of staff both in and out of hours and to identify temporary staffing needs. (4) Visibility and use of data from Eroster to inform decision making and target areas for improvement, use of patient acuity data from Safe Care Live.	(1) Level 1: Nurse staffing dashboard accessible and contains KPIs re. Vacancy position, agency usage etc. [Mixed assurance]. (1) Level 2: Monthly reporting to QSC and Trust Board [Mixed assurance]. (1) Level 1: Reduction in nursing turnover rates [Positive assurance] (2) Level 1: Anecdotal evidence from ward visits is that staff are transferred to different wards to support safe levels of staffing which leads to skill mix and morale challenges [Negative assurance] (2) Level 2: Daily staffing meetings with Matrons to review Safecare Live introduced Sept 2020 (risks and mitigating actions reviewed) [Mixed assurance]
2530	08/07/2019	31/10/2022	To provide care which is as safe, effective, accessible and timely as possible	Staffing Levels & HR	Poor Registered Nursing Skill Mix on Wards	Through the formal establishment reviews undertaken in March and April 2019 it has been identified that the registered nursing skill mix is low in some adult inpatient wards. The SNCT data collection over 20 days has shown some wards with their patient acuity have a need for additional registered nurses. Skill mix at times is less than 50%.	Eleanor Monkhouse	Trustwide - All Sites (DPoW, S	Chief Nurse	Chief Nurse	Nursing (All Specialties)	1 High (Red)	20	29/09/2022	Formalised establishment reviews now in place to occur every 6 months with the Chief Nurse and all ward managers. SNCT licence in place to support the collection of data. Papers went to Trust Board in 2019 to recommend an increase in registered nurses, particularly out of hours as a twilight shift. Funding agreed in 2 phases to support recommendations and recruitment underway. Further CN safe staffing establishment review unertaken in 2021 and additional funding secured for priority recommendations for 2022/23. Staffing red flag incidents are being monitored by the Chief Nurse, Deputy Chief Nurses and Heads of Nursing. The Nursing Metrics Panel is meeting monthly to monitor fill rates, including substantive fill rates, incidents (including red flags) and key nursing quality indicators and outcomes. SafeCare Live implemented April 2020 to support deployment of staff. Participating in the HEE Global Learners Programme to support recruitment of overseas nurses. Direct recruitment of overseas nurses also being pursued by the Recruitment Team. Block booking of agency continues and continue to work to increase availability of bank staff. Recruitment and retention strategy in place and Task & Finish Group meeting monthly. Work includes review of	National shortage of registered nurses. Not yet achieving 100% compliance with completion of Safe Care Live census although improving monthly and being sustained. Covid pandemic impacting on speed at which overseas nurses can commence in post.	Reduced RN turnover rate being sustained. Daily staffing meeting with Deputy Chief Nurse and Head of Nurse Staffing introduced Sept 2020 to review Safe Care Live data. 160 overseas nurses appointed between Oct 2020 and March 2022. A furhter 120 to be appointed by Dec 2022. Monthly reporting to Quality and Safety Committee/ Trust Board. Open days continue (virtually) to attract newly qualified nurses.
2562	01/09/2019	28/02/2022	To provide care which is as safe, effective, accessible and timely as possible	Clinical	Failure to meet constitutional targets in ECC	Due to a high level of demand at the front door and challenges with patient flow through the hospital, ED waits are a challenge which has an adverse effect on patient safety. Risk that the Trust's 4 hour A&E performance target may not be achieved and that 12 hour trolley breaches may occur. Due to a high level of demand at the front door and challenges in patient flow through the hospital, ED waits are an ongoing challenge, which has an adverse effect on patient safety.	Sarah Smyth	Trustwide - All Sites (DPoW, S	Directorate of Operations	Medicine	Emergency Care	1 High (Red)	20	21/10/2022	- Daily Operations Centre Meetings - Establishment for medical staffing in ECC increased to 14 Consultants, 12 Middle Grades, 10 Juniors - Additional consultant coverage up to midnight on shop floor 7 days a week to ensure compliance with RCEM guidance - Additional 3rd middle grade shift overnight 7 days a week to support operational pressures - Daily analysis of challenges and performance Update: 18.06.21 * ECIST support provided and action plan produced * Implemented NHS 111 First Initiative * EMAS direct streaming to SDEC now providing an alternative to going through ED and improving the patient experience * EMAS patient self-handover protocol now in place allowing ambulance crews to leave appropriate patients at ED reception to end the handover and avoid delays * Frailty service at DPOWH went live on 12th May to reduce frail patients within ED and provide an improved pathway for the patients Update: 20.07.2021 * Senior Medicine Management oversight tiers implented to improve support to ED and timely escalation Update: 09.11.2021 * New Urgent Care Service (UCS) model implemented at SGH from 18th October 2021 - phased approach to implementation due to need to build workforce numbers and clinical skills * Newly revised and relaunched IAAU/SDEC SOP to reduce barriers for patient pathway from ED and reduce patient wait times	- Exit block from ED for admission due to lack of patient flow causing long delays for patients in ED - Medical staffing vacancies, sickness, and isolation resulting in over reliance on locum/agency doctors and junior skillmix - Nurse staffing vacancies, sickness and isolation resulting in unfilled nursing shifts and over reliance on agency nurses with less ED experience - Inappropriate attendances to ED due to lack of access to alternative, more appropriate services - Update = 02.03.2021 = COVID 19 has had and is continuing to have a significant impact on the Trust's ability to maintain its constitutional A&E targets, primarily due to maintaining the flow of patients requiring isolation beds, additional PPE and social distancing requirements and delays in diagnostics - Lack of physical capacity within the ED to see patients when exit block occurs resulting in long patient waits in ED and ambulance handover delays	- Emergency Care Quality and Safety Meeting oversight - Medicine Governance Meeting oversight - Agenda item on PRIM - Recruitment plans to recruit to medical staffing vacancies through new ED specific recruitment strategy - Additional medical staff booked by Trust to support covid implications and delayed patient stays within the ED - Additional HCA staff booked by Trust to support covid implications and delayed patient stays within the ED - Implementation of phase 1 of AAU in Nov 2019, followed by phase 2 of integrated AAU in Oct 2020 has improved SDEC provision and patient flow * D2A - audits. Update: 10.01.2022 * 12hr DTA Breach Validation to identify root cause of breach and to check whether patient harm occurred Update: 08.02.2022 * UCS pilots at each site are showing improvements in patient care, exeperience and performance against the 4 hour target

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2576	13/09/2019	30/04/2023	To provide care which is as safe, effective, accessible and timely as possible	Clinical	Paediatric Medical Support Pathway for ECC - 'Fastrack'	There is a risk that children and young people are not triaged and assessed within the 15 minute standard as a result of acuity and activity within the Emergency Depratments which may lead to prolonged wait times for nursing and medical assessment within the Emergency Departments which may lead to a sick child not being recognised thus causing a level of harm	Preeti Gandhi	Trustwide - All Sites (DPoW, S	Directorate of Operations	Family Services	Paediatrics	1 High (Red)	16	16/10/2022	>Fast track pathway in place across both ED's	Limited paediatric medical workforce on duty out of hours and overnight which could limit ability to respond and pose a risk to care delivery across the paediatric and neonatal areas.	Incidents monitored via Ulysses and RCA's conducted where appropriate.
2592	17/09/2019	31/10/2021	To work with partners across health and social care in the Humber Coast and Vale Health Care Partnership (including at Place), and neighbour	Clinical	Risk to Overall Performance: Cancer Waiting / Performance Target 62 day	Failure to treat patients within the cancer waiting times may result in poor patient experience and potential clinical harm. Risk register also relates to Risk ID 2244.	Jennifer Orton	Trustwide - All Sites (DPoW, S	Directorate of Operations	Surgery & Critical Care	Cancer Services	1 High (Red)	16	27/11/2022	Weekly Cancer RTT waiting time meeting to challenge and review the PTL.	Failure to treat patients within Cancer Waiting / Performance Target 62 day may result in poor patient experience and potential harm.	104+ waits are reducing week on week, clinical harm review being undertaken on all 104+ patients.
2623	23/10/2019	31/03/2023	To offer care in estate and with equipment which meets the highest modern standards	Health & Safety	Failure of windows - Trustwide	There is the risk of failure of windows trust wide. Natural ventilation is used in most areas of the hospital, if windows are inoperable then restricted ventilation will occur, this is key to help with COVID guidelines. There is also the risk that a faulty window could fall down uncontrollably and hurt patients or staff.	Simon Tighe	Trustwide - All Sites (DPoW, S	Estates and Facilities	Estates and Facilities	Estates - Buildings	1 High (Red)	20	26/11/2022	Periodic planned maintenance	Due to the windows been in poor state it is difficult in determining when these could fail.	Labour management system Highlight reports Capital Backlog Maintenance Window cleaning contractor reports
2655	12/12/2019	31/03/2023	To offer care in estate and with equipment which meets the highest modern standards	Buildings, Land and Plant	SGH - Replacement of primary heat source and associated infrastructure and equipment to include the Steam Raising Boilers	Risk is loss of heating and hot water on site. The steam raising boilers are 28 years old and could fail. Boiler failure would result in SGH closing down all clinical services until temporary boilers could be connected to site.	Simon Tighe	Scunthorpe General Hospital (S	Estates and Facilities	Estates and Facilities	Estates - HVAC & Pressure Syst	1 High (Red)	20	26/11/2022	The management of the energy centre (steam boilers) is outsourced to Engie.	Engie contract has expired. Renewing annually.	Adhoc repairs are effective. No significant loss of service.
2719	07/05/2020	31/03/2023	To offer care in estate and with equipment which meets the highest modern standards	Buildings, Land and Plant	Water Safety Compliance	There is the risk of Legionella from underutilised water services and insufficiently flushing regimes impacting on the wider water systems (lack of flow). This can spread to other areas of the hospital which could result in a patient/s contracting legionnaires disease whilst in hospital.	Simon Tighe	Scunthorpe General Hospital (S	Estates and Facilities	Estates and Facilities	Estates - Water	1 High (Red)	20	01/12/2022	Risk assessments undertaken at two yearly intervals by external competent specialist contractors.	Lack of funding for infrastructure upgrading. Lack of funding to upgrade BMS system to enable thorough monitoring of water systems throughout the sites.	Hydrop defect portal giving real time data on progress of defects. Risk assessments. Good circulation temperature L8Guard electronic return management system. Authorised Engineer report. Water sampling results. Water Safety Group Minutes. Finance, &Performance Committee Highlight report to Board. Installation of TMVs to be risk assessed and approved at the relevant safety group. Maintenance to TMV are carried out through the SOPs and PPM regime.

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2898	30/03/2021	17/11/2021	To learn and change practice so we are continuously improving in line with best practice and local health population needs	Staffing Levels & HR	Medical Staff - Mandatory Training Compliance	Mandatory Training compliance for medical staff is currently below Trust requirements. February Report - Core: 57% (Target 90%) Role Specific: 49% (Target 85%). There is a risk to patient safety if medical staff do not complete their mandatory training before each element has expired. Due to the volume of doctors demonstrating low compliance across all grades, this has impacted upon the divisional CQC improvement plan.	Asem Ali	Trustwide - All Sites (DPoW, S	Directorate of Operations	Medicine	Medicine (All)	1 High (Red)	16	18/01/2023	* Feb Data - Core: 63% Role Specific: 52%. * Rota Coordinators providing more directed support to all level doctors across Medicine to allocate/support training time for them to complete MT * MT raised at SMT, Board Meetings, Workforce SMT and separately at AGM/Speciality/Clinical Lead/Line Manager Level * Workforce Development plans are being developed for each Speciality within Medicine which is being supported by the Medicine Quad, HRBP and AGM down to Clinical Leads. * Reviewed at Divisional Workforce Meeting Updated - 14.03.22 Identification of 2 least compliant staff members in each area each month and target set for compliance to be met HRBP meeting monthly with the rota co-ordinators to identify 10 least compliant doctors and allocate time on the roster to complete Divisional Clinical Leads to work with divisional SMT to develop recovery plans for their specialities Training incorporated at the Quality & Safety meetings Individuals with low compliance being contacted and targets for completion set on-going at ward review meetings Linking in with course leads to look at prioritisation and alternative ways of completing training e.g. targeted cohorts New rotational doctors commenced training prior to starting in post	Potential failure to meet CQC requirements Staff not adequately trained with potential to impact on patient care and staff H&WB	* Report collated by HR Business Partner. * Improvement plan led by AMD / ACOO. * Compliance monitored at Divisional Board / Divisional Governance Meetings. * Reviewed at Divisional Workforce Meeting * Reported via Performance Review Meetings.
2905	07/04/2021	31/03/2023	To offer care in estate and with equipment which meets the highest modern standards	Buildings, Land and Plant	Ageing Diesel Powered Generator Sets - CSSD1 - Secondary Power Source Failure - DPoW	There is a risk that the following areas may not be able to receive essential supply of electricity in the event of a power failure due the age of generator (1979). This will affect clinical procedures and potential persons within the lifts becoming trapped, therefore directly affecting patient safety. - Ramp Plant Room (Med Gas Compressors +) - Theatre Plant Room (All Theatres) - Lifts - I.T and I.T Server - X-RAY - Theatres - Pathology If this risk materialises, the hospital would need to close	Simon Tighe	Diana, Princess Of Wales Hospi	Estates and Facilities	Estates and Facilities	Estates - Electrical	1 High (Red)	16	26/11/2022	Monthly test to start and run Diesel Generator for a period of 90mins	Non-compliant with HTM 06-01;17.88 Maintenance programmes should include a longer test run to establish the generator Engine's mechanical performance. A test to prove the generator engine's condition up to 110% full load should be carried out annually. The period of the test should be not less than 3 hours and ideally 4 hours. The Trust is currently only able to conduct an 80% max load test. Tests can currently only be ran for a period of 90 minutes. Potential frailty of equipment was highlighted in the 2019 Load Bank Test as it damaged a Cooling Pump & Radiator on a similar set. Non-compliant with BS7671:2018;414.2.1 Live parts shall be inside enclosures or behind barriers providing at least the degree of protection IP2X	Minor and major equipment services logged in compliance folders.
2949	26/07/2021	25/07/2022	To ensure the services and care we provide are sustainable for the future and meet the needs of our local community	Operational	Oncology Service	As part of the ongoing Oncology HASR work, a joint risk register has been created to capture all potential risks and their mitigating actions. The below are jointly reviewed at the weekly NLaG & HuTH Oncology meeting: 1)HUTH's consultant base is currently running at around 75-80% of the established workforce due to absences both related and unrelated to Covid19, and consultants leaving the organisation. There has also been a reduction in middle grades, as 2 Specialty Doctors have left. 2)Increased patient numbers, with a lesser staffed service may result in consultants and CNSs being under additional pressure, resulting in them leaving, or being off on long term sick with stress. There is also pressure due to increased workload on the administrative services. 3)The Trust are currently in the midst of the third spike of Covid19, and have over 200 inpatients, including some in the QCOH wards. We are now under national lockdown, enshrined in law, similar to that in March 2020. 4)NLaG Waiting times for Oncology patients are longer than expected due to absence of Consultant Oncologists at HUTH. Concerns escalated by Surgery Division at NLaG regarding Urology Cancer waiting times and delays to treatment of patients. 5)NLaG Matron has flagged as a serious risk, that inpatient chemotherapy can no longer be delivered on Amethyst due to a	Jill Mill	Trustwide - All Sites (DPoW, S	Directorate of Operations	Medicine	Oncology	1 High (Red)	20	02/12/2022	1)Currently looking for locum consultants to back fill some of the work, and a locum SpD has been secured, starting week commencing 30/11/2020. Interviewing for a further 5 SpDs. 2)Ongoing work around the management of clinics including clinic redesign, telephone clinic management, practitioner support, adequate time slots etc. Support offered to all staff from management. 3)Covid19 steering group in place, with CSS Health Group and SS Division input into command structure. 7no. Covid19 + beds still in place on C30 and position monitored closely to establish requirements into the future. 4)Liaison between HUTH and NLaG Senior Management Leads to ensure oversight of the waiting times and actions to mitigate avoidable delays. Plan is to develop a single joint activity / waiting times report wihc will be produced monthly and reviewed at the joint Oncology meetings. 5)Very small number of patients affected, who could be admitted at HUTH to receive inpatient chemotherapy delivery. 6)Where clinically appropriate, SACT delivery from Lloyds community infusion clinic to reduce demand on SGH dat unit. Consider reducing the number of days SGH day unit opens to consolidate staffing. Continue to access external Level 6 SACT training for RN on Amethyst Unit at DPOW to increase chemo trained workforce.		* Risks reviewed weekly at the joint NLaG & HuTH Oncology meeting and updated accordingly.

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2951	04/08/2021	31/03/2023	To offer care in estate and with equipment which meets the highest modern standards	Buildings, Land and Plant	Electrical: Age and resilience of Low Voltage Electrical Infrastructure - Trustwide	There is the risk of failure of Electrical and/or mechanical LV components which could cause power interruptions to key areas. The impact of such failure is for clinical departments to experience reduced capacity or ability to treat and/or carry out diagnostic investigations on patients, leading to possible harm.	Simon Tighe	Trustwide - All Sites (DPoW, S	Estates and Facilities	Estates and Facilities	Estates - Electrical	1 High (Red)	20	26/11/2022	Monitoring switch gear regularly to ensure the situation is not deteriorating.	Lack of annual switching. Ensure operational areas understand the business continuity plan in the event this risk occurs. Lack of funding to replace LV infra.	Periodic inspections carried out annually. Thermal monitoring to identify hotspots carried out annually. Electrical safety group. LV audits undertaken by AE.
2952	04/08/2021	31/03/2023	To offer care in estate and with equipment which meets the highest modern standards	Buildings, Land and Plant	Water Safety Compliance: Fire ring main - Trustwide	The fire ring main is legally required to serve only water services for fire fighting, the ring main has a number of building fed from it thus making it non-compliant with regulations and could lead to enforcement action by Humberside Fire and Rescue Service.	Simon Tighe	Trustwide - All Sites (DPoW, S	Estates and Facilities	Estates and Facilities	Estates - Water	1 High (Red)	16	26/11/2022	Risk assessments undertaken at three yearly intervals by external competent specialist contractors.		Hydrop defect portal giving real time data on progress of defects. Risk assessments. Good circulation temperature L8Guard electronic return management system. Authorised Engineer report. Water sampling results. Water Safety Group Minutes. Finance, &Performance Committee Highlight report to Board. Maintenance to TMV are carried out through the SOPs and PPM regime.
2953	04/08/2021	31/03/2023	To offer care in estate and with equipment which meets the highest modern standards	Buildings, Land and Plant	Water Safety Compliance: Sensor taps - Trustwide	Due to the installation of sensor taps and the inability to flush for the required time period, there is the risk of legionella which could impact on the health of the building occupants (patients/staff).	Simon Tighe	Trustwide - All Sites (DPoW, S	Estates and Facilities	Estates and Facilities	Estates - Water	1 High (Red)	16	26/11/2022	Risk assessments undertaken at three yearly intervals by external competent specialist contractors.		
2954	04/08/2021	31/12/2022	To offer care in estate and with equipment which meets the highest modern standards	Buildings, Land and Plant	Asbestos; Risk of exposure to asbestos - Trustwide	Control of Asbestos Regulations 2012: Gap Analysis demonstrates large areas of SGH Site are current not surveyed. Therefore there is a significant risk to Patients and Staff that Asbestos containing material could be disturbed, thus Asbestos fibres could be released into a patient or work environment, resulting in an immediate closure of the affected space and a RIDDOR notification to be raised to the HSE.	Simon Tighe	Trustwide - All Sites (DPoW, S	Estates and Facilities	Estates and Facilities	Estates - Asbestos	1 High (Red)	15	26/11/2022	-Currently, there are some Asbestos Management Surveys dated 2005 & 2008 respectively; there is also additional site information available within the Asbestos Management folder located on the H drive in the following location. H:\Estates and Facilities\Estates and Capital\Estates Operational Compliance\Asbestos (SH5)\SGH Log Book	-Gap Analysis carried out in June / July 2020 demonstrates SGH has having 95 areas requiring a suitable & sufficient Asbestos Management Survey to be in place and available. This is a requirement under Regulation 4 of Control of Asbestos Regulation 2012. -The gap analysis identifies SGH has 23 folders covering areas where Asbestos Management Plans have been conducted prior to the change of regulations in 2012. These type 2 surveys do not reference all areas asbestos containing material Information and therefore cannot be considered suitable or sufficient.	-Asbestos Training Records -Control of Asbestos Policy DCP 170 -Control of Contractors Policy DCP 220 -Permit to work Policy DCP 221
2955	04/08/2021	31/03/2023	To offer care in estate and with equipment which meets the highest modern standards	Buildings, Land and Plant	Med Gas; Insufficient Oxygen pressure available due to VIE and pipework configuration and sizing - Trustwide	There is the risk of failure of the oxygen delivery system if the demand exceeds design capacity, which could result in loss of oxygen supply to patients causing the Trust to divert patients to neighbouring hospitals.	Simon Tighe	Trustwide - All Sites (DPoW, S	Estates and Facilities	Estates and Facilities	Estates - Med Gas	1 High (Red)	15	26/11/2022	Daily monitoring of the oxygen consumption.		Medical Gas Policy DCP026 Medical Gas AP Staff Training Medical Gas Committee Health and Safety Committee Enhanced Med Gas AP provision CAS/DINs/NeDERs Med Gas AE support NHSEI support
2959	04/08/2021	31/03/2023	To offer care in estate and with equipment which meets the highest modern standards	Buildings, Land and Plant	Replacement/ Repairs of flat roof - Trustwide	There is the risk of failure of flat roofs across the sites. A number of roofs have failed across the site, one resulting in the immediate evacuation of the ITU department. Another resulted in a section of masonry coming away which had the potential to cause serious harm or even death to a member of staff, the public or a patient.	Simon Tighe	Scunthorpe General Hospital (S	Estates and Facilities	Estates and Facilities	Estates - Buildings	1 High (Red)	16	26/11/2022	Staff report any roof leaks to the facilities department when they occur.	Limited BLM funding prevents full replacement of flat roofs and only enables patch repairs.	
2960	13/08/2021	30/11/2022	To provide care which is as safe, effective, accessible and timely as possible	Clinical	Risk of inability to safely staff maternity unit with Midwives	The risk is the potential inability to safely staff the maternity unit in order to provide care and treatment to a defined establishment due to sickness, Covid isolation and vacancies. If the staffing levels are reduced, this will impact on the ability to provide safe care to women and their babies, resulting in increased incidents and potential poor outcomes.	Preeti Gandhi	Trustwide - All Sites (DPoW, S	Directorate of Operations	Family Services	Obstetrics / Maternity	1 High (Red)	16	25/11/2022	Daily staffing meetings for oversight of issues Thrice daily Operational meetings to escalate staffing issues SafeCare Live Process to escalate short staffing - request for bank staff / agency staff 24/7 theatre access is managed by surgery division Maternity Services Escalation Policy	Challenges in acquiring midwives via agencies due to limited numbers and trust location Acuity of unit changes requires demand for additional staff and difficult to plan	Any incidents relating to staffing compromise are monitored via weekly incident review meeting and any issues relating to safety being compromised are escalated at time of event.
2976	07/10/2021	31/03/2023	To provide care which is as safe, effective, accessible and timely as possible	Staffing Levels & HR	Registered Nursing Vacancies	High Registered Nursing vacancy levels - a lower number in the UK market impacting upon the delivery of patient service, travel and accommodation issues causing some difficulties for international recruits.	Nico Batinica	Trustwide - All Sites (DPoW, S	People and Organisational Effe	People & Organisational Effect	Recruitment	1 High (Red)	25	/ /	Funding accessed through NHSi to facilitate international recruitment providing additional pipelines.		

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2992	09/11/2021	31/03/2022	To ensure the services and care we provide are sustainable for the future and meet the needs of our local community	Equipment	Changing Places facility at Scunthorpe General Hospital	There is a risk of emotional harm and distress to patients and families who visit the trust and unable to use appropriate toilet facilities. This is due to no adapted Changing Places facility at Scunthorpe General Hospital. This could result in reputational damage from complaints, safeguarding section 42 Care Act enquiries and patient harm due to psychological distress and deterioration in skin integrity,; breaches in the Human Rights Act could lead to reputational and cost implications.	Victoria Thersby	Scunthorpe General Hospital (S	Chief Nurse	Chief Nurse	Safeguarding Adults	1 High (Red)	16	07/12/2022	There are disabled toilet facilities within the Trust	Complaints by members of the public and patients attending the outpatient department	
2997	21/12/2021	31/12/2022	To provide care which is as safe, effective, accessible and timely as possible	Clinical	SCC follow up out patient PTL without risk stratification	There is a risk that patients who are overdue and booked but cancel their appointments multiple times with out a risk stratification could be at risk. There is also a risk that those patient who do not have a due date and are not waiting for surgery could potentially be at risk as they do not have a risk stratification. As part of prioritising the out-patient waiting lists in accordance with Royal College guidance and the Trust's risk stratification SOP, all overdue unbooked patient were and continue to be clinically risk stratified. All patients reviewed in the out patient clinic, are risk stratified and is part of the OP outcome form However, overdue, booked patients and those patients without due dates have currently not been commissioned to be risk stratified.	Mathew Thomas	Trustwide - All Sites (DPoW, S	Directorate of Operations	Surgery & Critical Care	Surgery (All)	1 High (Red)	16	27/11/2022	The majority of Out patient clinics are only booked 4 weeks in advance.		
3015	01/02/2022	31/03/2023	To offer care in estate and with equipment which meets the highest modern standards	Staffing Levels & HR	Insufficient estate resources to manage the workload demand	Due to an underestimation of the impact of current major capital projects on the estates team, there is a high risk that the Estates team will fail to deliver service level compliance, statutory requirements, and provide an environment that is fit for purpose. Compounding the risk is the limited (11 personnel) number of staff holding the duties of an Authorised Person (AP) for specialist engineering fields. This is intensified by the inability of the internal project team to recruit to technical roles to support the clinical schemes, Additionally, there has been an increase in claims being lodged in relation to areas where slips, trips and falls and statutory compliance is not being met. The impact to the Trust if not actioned;I Inability to meet statutory compliance, leading to potential prosecution for statutory non-compliance Lack of Engineer resource to complete mandatory work and project works Ineffective management of Pre-Planned Maintenance Ineffective management of water systems due to shortage of water APs (SGH) Inability to complete emergency testing across main estates disciplines (electrical system emergency testing, ventilation multi-disciplinary emergency testing) Ineffective management of the estates leading to reactive maintenance (firefighting) Inability to implement proactive management systems (MICAD helpdesk) Impact to patient safety Loss of workforce due to on-going work pressure and employee market shortage (supply/demand) Reduced staff morale Inability to support wider project delivery Further degradation and serious incidents within the estates Loss of financial resources due to settlement of claims (majority of claims are under the excess levels so Trust would pay full cost) Increase in overall BLM value (6 facet survey) due to limited resourcing levels in FY 2/22 & 22/23	Simon Tighe	Trustwide - All Sites (DPoW, S	Estates and Facilities	Estates and Facilities	Health & Safety	1 High (Red)	20	26/11/2022	Resources prioritized in a reactive manner	Minimal controls in place, competing priorities for both capital and operational compliance work, resulting in poor ability to manage both within either a safe or responsive realm . Patient safety issues are delivered at cost pressure or delayed - dependant on the identified risk Until the volume of capital projects has abated, this risk will remain prevalent. This risk is expected to remain extant until completion of the ED/AAU schemes, at present this is mid 2023.	Internal policies and procedures in place
3031	02/03/2022	31/08/2022	To provide care which is as safe, effective, accessible and timely as possible	Clinical	Children's Diabetic Team DPoW	There is a risk that the diabetes service in DPOW will not be able to operate fully as a result of long term sickness and performance issues which may lead to parents having a lack of confidence of the service, not meeting best practice tariff, not addressing the educational needs of the ward staff (nursing and medical) and developing the service going forward eg transition to adults.	Deborah Bray	Diana, Princess Of Wales Hospi	Directorate of Operations	Family Services	Paediatrics	1 High (Red)	16	01/10/2022	Supporting staff to return to work with HR support	Staff member not currently at work, work related stress due to escalation of performance concerns. Working through LTS reviews, with HR and unions	
3036	17/03/2022	30/06/2022	To provide care which is as safe, effective, accessible and timely as possible	Clinical	Risk to Patient Safety, Quality of Care and Patient Experience within ED due to LLOS	There is a risk to patient safety, quality of care and patient experience due to delayed admission to ward beds due to challenges with patient flow throughout the Trust.	Anwer Qureshi	Trustwide - All Sites (DPoW, S	Directorate of Operations	Medicine	Emergency Care	1 High (Red)	16	30/11/2022	LLoS is monitored on an ongoing basis through the following meetings; Medicine Divisional Board Medicine Governance Daily Operation meetings Deprtmental Board rounds and Huddles ED 95% standard compliance		
3045	11/04/2022	30/08/2022	To ensure the services and care we provide are sustainable for the future and meet the needs of our local community	Operational	Medical Workforce Vacancies in Gastroenterology	Following departure of 2 consultants in Gastroenterology there is insufficient workforce to deliver the range of services. Resulting in: - Failure to meet constitutional targets (RTT &Cancer) - Delays in patients being seen both as inpatient & outpatients - Increased waiting times - Increase LOS - Failure to fulfil emergency GI Bleed Rota - Lack of training and supervision	Simone Woods	Trustwide - All Sites (DPoW, S	Directorate of Operations	Medicine	Gastroenterology	1 High (Red)	16	25/11/2022	Staff on the GI bleed rota will travel to the opposite site where needed to attend a patient with a GI bleed or patient will be transferred to the alternate site for treatment if feasible.		

No	Risk Opened Date	Risk Target Date	Risk Type	Risk Category	Title of Risk	What is the Risk?	Owner	Site	Directorate	Division	Specialty	Risk Rating	Risk Rate Score	Next Review Date	Control Details	Gaps In Controls	Control Assurance
3048	13/04/2022	30/11/2022	To provide care which is as safe, effective, accessible and timely as possible	Operational	Challenges to recruitment of acute care physician vacancies in Acute	This risk is to highlight the difficulties in workforce recruitment and the increased pressures on staff, which has been exacerbated by the Covid-19 We have vacancies for acute care physicians (ACP) Trust-wide and it is proving very challenging to fill these posts. The cause has been due to a national shortage of ACPs and lack of applicants for the posts when we have advertised them. The impact would result in failure to recruit the required ACPs and this will delay the planned expansion of acute medicine service with extended hours with senior clinician presence on the shop floor and could result in failure to launch phase 3 of the IAAU development plan for 2023. There is a risk that due to the pressures created by having less workforce and increased demands placed on services as a result of not having a balanced workforce, this may result in the current ACPs becoming exhausted, leading to gaps in rotas and therefore not sufficient senior medical staff to ensure quality and safety of patients. In addition, this may also result in doctors withdrawing from our hospitals, exacerbating staffing issues.	Anwer Qureshi	Trustwide - All Sites (DPoW, S	Directorate of Operations	Medicine	General Medicine	1 High (Red)	16	09/11/2022	Actively trying to recruit more clinicians through networks		
3063	27/05/2022	31/03/2023	To provide care which is as safe, effective, accessible and timely as possible	Operational	Doctors Vacancies within Medicine Division	1.lack of substantive practitioners as a result of difficulties recruiting may lead to patient safety issues (lack of continuation of care due to the number of locums who may choose the leave at any time). 2. an increased financial burden for the Trust due to higher costs for locums (circa double the cost of Consultants on Trust contract). 3. There are fluctuating but significant number of vacancy posts required in Medicine.	Asem Ali	Trustwide - All Sites (DPoW, S	Directorate of Operations	Medicine	Medicine (All)	1 High (Red)	16	18/01/2023	weekly workforce panel workforce SMT specialty business meetings review and oversight if data	development of specialty workforce plans	workforce panel workforce SMT Div Board workforce improvement plan
3073	07/06/2022	31/03/2023	To ensure the services and care we provide are sustainable for the future and meet the needs of our local community	Clinical	Lack of Speech and Language Therapy provision to Critical Care	There is a risk that patients in ICU/ ITU/ HDU at DPOW and SGH will receive suboptimal care related to the management of their swallowing, tracheostomy and communication needs as a result of the Trust being non- compliant with GPICS 2019 standards for SLT provision by not providing dedicated SLT staffing resource for patients in Critical Care and relying on a limited service provided by the general ward SLT. This may lead to patients requiring Critical Care being unable to access the appropriate level of SLT input and expertise; poorer outcomes and patient experience for patients requiring Critical Care; undiagnosed or mismanaged dysphagia potentially resulting in patient harm; long term dependence on enteral feeding; increased length of stay; inability for the MDT to benefit from the clinical advice of an expert SLT; reduced capacity in the SLT provision to the general wards also resulting in poorer patient outcomes and experience; increased length of stay; reduced flow.	Anthony Rosevear	Trustwide - All Sites (DPoW, S	Directorate of Operations	Community & Therapy Services	Speech & Language - Adults	1 High (Red)	15	02/12/2022	Able to consult with SLT colleagues in HUTH for ICU expertise	Remote consultation only, for specific patients No dedicated support or ability to implement new practice/ policy	

No	Risk Opened Date	Risk Target Date	Risk Type	Risk Category	Title of Risk	What is the Risk?	Owner	Site	Directorate	Division	Specialty	Risk Rating	Risk Rate Score	Next Review Date	Control Details	Gaps In Controls	Control Assurance
3074	07/06/2022	31/12/2022	To secure income which is adequate to deliver the quantity and quality of care which the Trust's patients require while also ensuring value	Financial	Financial Risk - Medicine CIP 2022/23	Non delivery of divisional financial objectives for financial year 2022/2023.	Sarah Smyth	Trustwide - All Sites (DPoW, S	Directorate of Operations	Medicine	Finance	1 High (Red)	16	05/10/2022	General budgetary Financial Management - Includes reporting, variance analysis and actions / recommendations.		
3095	14/07/2022	15/07/2022	To ensure the services and care we provide are sustainable for the future and meet the needs of our local community	Information Technology	Data Safety Risk - Delay to Patient Testing (DartOCM)	There is a risk that DART OCM (sample requesting and reporting software) will fail due to the age of the hardware which is now over 15 years old. Additionally, the Windows Server 2008 operating system is no longer supported and poses a data safety risk as no security updates are available making the system more prone to hacking and cyber-attacks. The server is already showing signs of obsolescence with frequent crashes and system errors increasing reliance on manual processes. These processes are described in the business continuity plans however they have not been tested for prolonged outages as posed by the current set up and have inherent risk such as transcription errors increasing patient safety risks. Should the server fail the electronic requesting of pathology test for GP surgeries across all Lincolnshire and Northern Lincolnshire CCGs would be unavailable. Radiology and Pathology acute result communication back to all GP surgeries using Dart would also fail. Given the equipment service provider has reduced the level of support cover to best endeavours and can no longer guarantee support or repair, any failure poses a risk of significantly delay to patient diagnostics and treatment.	Ian Storr	Trustwide - All Sites (DPoW, S	Directorate of Operations	Path Links	Information Systems	1 High (Red)	16	06/10/2022	A meeting has been convened Chaired by the Path Links' Director to support interim measures and risk management to monitor effectiveness of actions.	Provider has recently been subject to buyout resulting in loss of skills to support the aging system. As such the system is becoming more reliant on in house solutions from NLG and Path Links IT teams, such as SQL database maintenance. Whilst the team follow the trusts change control policy the supplier change control processes may not be applied.	Path Links risks are reviewed monthly at PLMB / OMG and included on the QMS KPI monitoring report for oversight.
3105	05/08/2022	30/11/2022	To ensure the services and care we provide are sustainable for the future and meet the needs of our local community	Operational	Wax Shortage - Significant Delay to Diagnostic Histopathology	Likely significant delays in processing routine surgical samples in Diagnostic Histopathology due to a national shortage in wax supply resulting in a capacity shortfall >50% . There is a global shortage of paraffin wax, which is an essential consumable used for the delivery of diagnostic Histopathology. This has been compounded by a European supply chain failure. In order to preserve valuable stock, the decision has been taken with immediate effect to stop processing non-cancer pathway samples to ensure continuity for high priority pathways. A low percentage of the non urgent samples may have unsuspected malignancy affecting treatment times and possible outcomes. The national pathology team are forecasting acute shortage of wax in the next month and ongoing supply shortage for a further two months	Michael Chomyn	Trustwide - All Sites (DPoW, S	Directorate of Operations	Path Links	Histopathology	1 High (Red)	16	11/11/2022	The decision has been made to reserve current wax supply to prioritise and maintain throughput of Cancer pathway samples.	Uncertainty in Cellular Pathology's ability to control clinical demand and avoiding unnecessary sample prioritisation.	Path Links business continuity plans are in place: Cellular Pathology Service Continuity Plan- INT-SOP-98

Northern Lincolnshire and Goole NHS Foundation Trust

Agenda Number: CoG (01/23) Item: 7.3

Name of the Meeting	**Council of Governors**	
Date of the Meeting	11 January 2023	
Director Lead	Alison Hurley, Assistant Trust Secretary	
Contact Officer/Author	As above	
Title of the Report	**Acronyms and Glossary of Terms**	
Purpose of the Report and Executive Summary (to include recommendations)	A reference guide for any words, phrases or acronyms used during the meeting.	
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	☐ Our People ☐ Quality and Safety ☐ Restoring Services ☐ Reducing Health Inequalities ☐ Collaborative and System Working	☐ Strategic Service Development and Improvement ☐ Finance ☐ Capital Investment ☐ 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.

*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

Oct 2022 – v8.3

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 (CCGs) were NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in each of their local areas in England. On 1 July 2022 they were abolished and replaced by Integrated Care Systems as a result of the Health and Care Act 2022.

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 Psychiatric 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