

## AGENDA

A meeting of the Council of Governors Annual Members' Meeting  
to be held on Thursday, 12 September 2024 at 14:00 to 16:00 hours  
virtually via MS Teams Live

[MS Teams Live Link](#)

For the purpose of transacting the business set out below:

No.	Agenda item	Format	Purpose	Time
<b>1. CORE BUSINESS ITEMS</b>				
1.1	<b>Welcome and Apologies for Absence</b> Sean Lyons, Group Chair	Verbal	Information	<b>14:00</b>
1.2	<b>Declarations of Interest</b> Sean Lyons, Group Chair	Verbal	Information	
1.3	<b>To receive the approved minutes from the previous meeting held 1 February 2024</b> Sean Lyons, Group Chair	CoG(24)045 Attached	Information	
1.4	<b>Urgent Matters Arising</b> Sean Lyons, Group Chair	Verbal	Information	
<b>2. ANNUAL REPORTS AND ACCOUNTS</b>				
2.1	<b>Overview of Last Year including Annual Report &amp; Accounts for 2023/24 and Trust Priorities for the Future</b> Jonathan Lofthouse, Group Chief Executive	CoG(24)046 To follow	Information	<b>14:05</b>
2.1.1	<b>Annual Audit Report for 2023/24</b> Brian Clerkin, Director - Sumer AuditCo NI Limited, Trust's External Auditors	CoG(24)047 Attached	Information	<b>14:35</b>
<b>3. COG UPDATES</b>				
3.1	<b>Public Health in Northern Lincolnshire</b> Diane Lee, Director of Public Health for Northern Lincolnshire	CoG(24)048 To follow	Information	<b>14:50</b>
3.2	<b>Governor Elections</b> Alison Hurley, Deputy Director of Assurance	CoG(24)049 Attached	Information	<b>15:20</b>
<b>4. OTHER</b>				
4.1	<b>Questions from the Public</b> Sean Lyons, Group Chair	Verbal	Information	<b>15:30</b>
4.2	<b>Reflection of Format for Future Annual Members' Meetings</b> Sean Lyons, Group Chair	Verbal	Information	<b>15:45</b>
4.3	<b>Items for Information / To Note (as per Appendix A)</b> Sean Lyons, Group Chair	Attached	Information	<b>15:50</b>
4.4	<b>Any Other Urgent Business</b> Sean Lyons, Group Chair	Verbal	Information	<b>15:55</b>

## 5. DATE OF THE NEXT MEETING

5.1	The next Council of Governors Business Meeting will be held on Thursday, 31 October 2024, at 14:00 – 17:00 hours in the Main Boardroom, Diana, Princess of Wales Hospital, Grimsby
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**Please notify the Foundation Trust Office of any apologies for these events**

**KEY:**

HUTH – Hull University Teaching Hospitals NHS Trust

NLaG - Northern Lincolnshire & Goole NHS Foundation Trust

## 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.

<b>4.3.</b>	<b>Items for Information</b>		
<b>4.3.1</b>	Acronyms & Glossary of Terms	Alison Hurley, Deputy Director of Assurance	CoG(24)050 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.

## 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.

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<b>4.3.1</b>	Acronyms & Glossary of Terms	Alison Hurley, Deputy Director of Assurance	CoG(24)050 Attached

### PROTOCOL FOR CONDUCT OF COUNCIL OF GOVERNOR BUSINESS

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## COUNCIL OF GOVERNORS ANNUAL MEMBERS' MEETING

Minutes of the meeting held on Thursday, 1 February 2024

at 09:00 to 11:30 hours via MS Teams Live

For the purpose of transacting the business set out below:

### Present:

#### **Core Members:**

Sean Lyons	Group Chair	David James	Public Governor
Kevin Allen	Public Governor	Emma Munday	Stakeholder Governor
Diana Barnes	Public Governor	Shiv Nand	Public Governor
David Cuckson	Public Governor	Rob Pickersgill	Deputy Lead Governor
Cllr David Howard	Stakeholder Governor	Ian Reekie	Lead Governor
Linda Jackson	Vice Chair	Caroline Ridgway	Public Governor
Raquel Jakins	Staff Governor		

#### **In Attendance:**

Rebecca Atkinson	Lottery and Membership Co-ordinator
Adrian Beddow	Associate Director of Communications & Engagement
Lee Bond	Group Chief Financial Officer
Brian Clerkin	Director, ASM Chartered Accountants
Dr Linsay Cunningham	Associate Director of Communication & Engagement - HAS
Jenny Hinchliffe	Deputy Chief Nurse
Alison Hurley	Assistant Trust Secretary
Simon Leonard	Communications Assistant (Teams Live Producer)
Jonathan Lofthouse	Group Chief Executive
Sue Liburd	Non-Executive Director
Ivan McConnell	Group Chief Strategy & Partnerships Officer
Simon Nearney	Group Chief People Officer
Gill Ponder	Non-Executive Director
Carla Ramsey	Chief of Staff
Shaun Stacey	Group Chief Delivery Officer
Cherene Travers	PA at ASM Chartered Accountants
Kate Truscott	Non-Executive Director
Katrina Vorley	Business Support Officer
Dr Kate Wood	Group Chief Medical Officer

#### **Public Members:**

Various – not captured individually due to virtual attendance

Suzanne Maclennan      Corporate Governance Officer (minutes)

### **1. CORE BUSINESS ITEMS**

#### **1.1 Welcome and Apologies for Absence**

The Group Chair, Sean Lyons, welcomed those present to the Council of Governors (CoG) Annual Members' Meeting (AMM) which was held virtually via Microsoft Teams Live. Attendees were asked to note the meeting would be

recorded and published on the Trust website. Sean Lyons outlined the overview of the agenda for the AMM and advised that questions could be submitted via the question and answer (Q&A) facility. The following apologies for absence were noted:

Paula Ashcroft	Public Governor
Jeremy Baskett	Public Governor
Mike Bateson	Public Governor
Wendy Booth	Interim Governance Advisor
Karen Green	Public Governor
Corrin Manaley	Staff Governor

Sean Lyons provided an update on the unusual timing of the AMM which is usually held in September each year and had been delayed due to the late appointment of the external auditors. It was noted the Trust had made significant progression in the quality and operational performance since September 2022 having exited the Recovery Support Programme (formally known as the Care Quality Commission special measures) during this period. Sean Lyons expressed sincere gratitude to all the staff for their contribution to this significant progress.

An updated was provided on the capital investment at both Diana, Princess of Wales Hospital (DPoW) and Scunthorpe General Hospital (SGH) which had seen new emergency departments (ED) open and provide excellent facilities for patients.

Sean Lyons explained that in November 2022 it was agreed that Northern Lincolnshire and Goole (NLaG) NHS Foundation Trust and Hull University Teaching Hospitals (HUTH) NHS Trust would work together as a group, with a single executive structure and would operate as the twelfth largest group in the country with a £1.3 billion turnover.

It was reported the Annual Report and Accounts 2022/23 would be published on the Trust website following the meeting along with the Q&A's.

## 1.2 **Declarations of Interest**

No declarations of interests were received in respect of any of the agenda items.

## 1.3 **To receive the approved minutes of the previous meeting held on 29th September 2022**

The minutes of the Annual Members' Meeting held on the 29<sup>th</sup> September 2022 were received and noted as a true and accurate record. It was noted the minutes had been approved at the CoG Business meeting held on 11<sup>th</sup> January 2023.

## 1.4 **Matters Arising**

Sean Lyons invited members to raise any matters arising which required a discussion not captured on the agenda. None were raised.

## 2. **ANNUAL REPORTS AND ACCOUNTS**

## **2.1 Overview of Last Year including Annual Report and Accounts for 2022/23 and Trust Priorities for the Future**

Jonathan Lofthouse reflected on the data within the Annual Report 2022/23 on behalf of the Trust since the data referred to a period before commencing in post during August 2023. The Trust Priorities for the remainder of 2023/24 were then presented.

Lee Bond delivered the Annual Accounts for 2022/23. It was reported the public sector payment policy compliance had been very strong and positive by paying 93.4% non-NHS suppliers within thirty days.

Shiv Nand queried the combined NLaG and HUTH £100million deficit post amalgamation to the Group model and whether there would be a risk of returning to special measures, and what was in place to mitigate this. Lee Bond confirmed within the monthly reports to the Trust Board that circa £100 million underlying recurrent deficit was declared across the Group with approximately a 50/50 split. It was reported the non-recurrent sources could be made recurrent as part of the planning round for 2024/25. Although there was an assumption that any benefit from carrying vacancies was non-recurrent in nature due to the aspiration to fill the vacancies. In terms of mitigation, once the planning guidance was released the final figure would need to be quantified, with a continuous approach to identify areas to reduce the cost base and service reconfiguration and resilience. Lee Bond advised a key challenge of the executive team was focussing on maximising productivity. The context of NLaG within the Integrated Care Board (ICB), regional and national position was referred to and members were informed that several Trusts were in a similar position and special measures would not be the appropriate channel for the required outcome.

Ian Reekie questioned the steps being taken to protect the elective bed base in the face of the continuously increasing pressure to facilitate acute unplanned admissions, particularly with an increasing elective waiting list. Shaun Stacey confirmed the Trust had maintained elective beds without exception for approximately four years and confirmed that productivity was key. It was reported elective beds were planned at six weeks, confirmed at four and two weeks to ensure elective beds were not lost to urgent care demand. Shaun Stacey highlighted the new same day emergency care (SDEC) units would assist with urgent care and demand levels allowing greater flow of patients with support of the urgent treatment centres. Additionally, the improvement monies for the discharge lounges should also assist with patient flow as the opening times would be extended.

In response to a member query Lee Bond confirmed the public sector payment policy stipulated 90% of trade payments within 30 days and NLaG had consistently achieved this.

A member query was raised about site maintenance spend and Lee Bond confirmed detailed site surveys were conducted for all hospitals which assisted with plans for the limited capital funding available each year for maintenance and refurbishment. A risk-based approach was undertaken by analysing the totality of the risks against the money available which resulted in a prioritised investment plan. It was understood this could appear to favour one site over another although

it was solely based on risk with a forecast for 2023/24 to 2025/26 for 53% of the total capital fund allocated to Scunthorpe General Hospital (SGH), 31% to Diana, Princess of Wales (DPoW) Hospital in Grimsby and 11% to Goole District Hospital (GDH).

Raquel Jakins queried the Trust's spend on agency staff and Lee Bond confirmed at 31 December 2023 the total agency spend had been £22 million. Additionally, Simon Nearney confirmed the spend for bank and agency staff was circa £60 million. Sean Lyons outlined a key driver for moving to the new Group model for both NLaG and HUTH Trusts was the increased ability to attract and retain staff it would bring. Lee Bond provided an explanation to a query stating the Trust had benefitted from vacancies to a degree as they had not all been covered by agency staff.

A personal member's account of using the discharge lounge was detailed within the Q&A section outlining it had not been used as effectively as it could have been. In response Shaun Stacey advised that prior to November the discharge lounge had been under-utilised. Post November the lounges at both DPoW and SGH had been refurbished and a very useful hospital and community event had taken place in North Lincolnshire focussing on patient flow through the discharge lounges. There were still challenges faced with regards to staffing resources until the recruitment phase was concluded. Shaun Stacey welcomed a discussion with the person who had raised their personal concerns.

### **2.1.1 Annual Audit Report for 2022/23**

Sean Lyons welcomed Brian Clerkin, Director for ASM Chartered Accountants to the meeting who provided a summary of the external Audit Report 2022/23.

Brian Clerkin expressed thanks to the teams for working hard to establish good working relationships with ASM Chartered Accountants and highlighted four key points from the report as follows:

- Clean audit opinion – financial statements reflect a true and fair view of the results and its expenditure and income for the year.
- No significant control deficiencies
- No value for money (VFM) issues – Note the Trust left the Recovery Support Programme in May 2023
- No circumstances arising - did not consider it necessary to use our auditor powers to report on other matters.

The audit report was completed and signed off on 5 December 2023 in line with agreed timelines and the 2023/24 report was in progress.

Sean Lyons thanked Brian Clerkin for the update, commended Lee Bond and the Finance Team for their work and welcomed and questions. None were received.

## **3. COG UPDATES**

### **3.1 Overview of the Development of the NLaG and HUTH Group Model**

Jonathan Lofthouse delivered a presentation on the overview of the NLaG and HUTH Group leadership model explaining this Group approach was becoming



common place within the English health system. The development of such Groups provided greater opportunity for recruitment and retention, greater opportunity for a positive patient experience and also research and industry investment. The presentation included key planned milestones, the Group Executive structure and the Care Group structure. Questions were invited and none were raised.

### **3.2 Humber Acute Services Consultation Update**

Ivan McConnell and Dr Linsay Cunningham provided an overview of the Humber Acute Services Consultation which included a programme update, services which would remain the same and those which would change, the public consultation activities undertaken, a summary of key findings, responses to key themes and the anticipated timeline for decision making.

Sean Lyons expressed thanks for the presentation and equally the work involved in the public consultation to date.

Shiv Nand raised a query regarding the closure of Orthopaedics and Gynaecology during the night and requested a walk-through example for an elderly patient who had broken a hip at 6pm and similarly if a pregnant woman went into labour at 6pm. Ivan McConnell responded and explained it was important to note that no decisions had yet been made on the proposals in the public consultation from September 2023, and the current status was at the stage of analysing and considering the feedback provided. Based on this feedback, a decision would be taken by the NHS Humber and North Yorkshire Integrated Care Board (ICB) regarding the best way forward. It was expected this would take place in May 2024 at the earliest. Detailed patient pathways for specific specialties were still being reviewed with clinical teams to take account of the feedback gathered through the consultation, similarly, transport solutions were also being developed and reviewed in light of the feedback provided. It was possible that changes may be suggested to the proposal that went out to consultation and it would be wrong to pre-judge what those might be at this stage whilst feedback was still being analysed and considered.

In terms of the specific services/scenarios highlighted, under the proposal that went out for consultation, these patients would continue to access their care in Scunthorpe – with the proposed changes only impacting on a very small proportion of patients. For the elderly patient who breaks their hip at 6pm, national guidance states these patients should be operated on within 36 hours but it was extremely rare that someone with a fractured hip would be operated on during the night. Under the proposed changes, these patients would continue to access care via the Emergency Department in Scunthorpe and be looked after by a skilled team overnight before their operation the following day. The current service does not always meet the standard with some patients waiting longer than 36 hours for their operation. The proposal was designed to improve this and ensure more patients were treated more quickly. In relation to the example of a pregnant woman who goes into labour at 6pm, they would continue to be cared for in the same way by the Obstetric-led team. There were no changes proposed in the consultation to Obstetric care and therefore care would be available 24/7.

A member query raised in the Q&A section regarding North Lincolnshire Council consideration for a judicial review regarding the proposed changes at DPoW and SGH was responded to by Ivan McConnell, who confirmed that any significant

reconfiguration programme of NHS services was required to comply with a number of pieces of statutory guidance. As part of that legal process Local Authorities could exercise their rights under that legislation to challenge any change programme. That challenge must focus on either the engagement/consultation process or the outcome of a decision. North Lincolnshire Council had highlighted their concerns regarding the impact on local people. Under the current legislation this would require a formal submission from the Council to the Secretary of State in the first instance.

Sean Lyons concluded the intention was to provide safe, consistent and improved care and the concerns and queries relating to transport would be processed.

#### **4. OTHER**

##### **4.1 Questions from the Public**

Sean Lyons welcomed any further questions. None were received.

##### **4.2 Reflection of Format for Future Annual Members' Meetings**

Sean Lyons welcomed feedback on the format of the AMM using Microsoft Teams Live which had been utilised to allow easier access for members and the public to join the meeting.

##### **4.3 Items for Information / To Note**

Sean Lyons drew attention to the items for information within the meeting papers.

##### **4.4 Any Other Urgent Business**

No items of urgent business were raised.

#### **5. DATE AND TIME OF THE NEXT MEETING**

##### **5.1 Date and Time of the next Council of Governors Business meeting:**

Thursday, 18 April 2024 at 09:30 – 12:30 hours – Harvey Room, Butterwick House, Scunthorpe General Hospital

The Group Chair closed the meeting at 10:49 hours.

**Cumulative Record of Governor's / NED Attendance 2023/2024 - Public**

<b>Name</b>	<b>Possible</b>	<b>Actual</b>	<b>Name</b>	<b>Possible</b>	<b>Actual</b>
Ahmed Aftab	6	2	David James	2	2
Kevin Allen	6	5	Corrin Manaley	2	1
Paula Ashcroft	2	0	Tim Mawson	4	3
Diana Barnes	6	6	Emma Munday	6	3
Jeremy Baskett	6	4	Shiv Nand	6	3
Mike Bateson	6	4	Anthonia Nwafor	6	0
Tony Burndred	6	2	Rob Pickersgill	6	5
David Cuckson	6	6	Ian Reekie	6	6
Karen Green	6	4	Caroline Ridgway	2	1
David Howard	3	3	Liz Stones	4	1
Raquel Jakins	2	2	Dr Gorajala Vijay	2	0

<b>Name</b>	<b>Possible</b>	<b>Actual</b>	<b>Name</b>	<b>Possible</b>	<b>Actual</b>
Sean Lyons	6	5	Fiona Osborne	4	2
Linda Jackson	6	5	Simon Parkes	6	2
Stuart Hall	6	1	Gill Ponder	6	4
Sue Liburd	6	2	Kate Truscott	6	2

Council of Governors Annual Members' Meeting

Agenda Item No: CoG(24)047

<b>Name of the Meeting</b>	<b>Council of Governors Annual Members' Meeting</b>
<b>Date of the Meeting</b>	12 September 2024
<b>Director Lead</b>	
<b>Contact Officer/Author</b>	Brian Clerkin, Director (Sumer Northern Ireland) Jason McCallion, Associate Director (Sumer Northern Ireland)
<b>Title of the Report</b>	<b>Annual Auditor's Report 2023/2024</b>
<b>Executive Summary</b>	<p>This Auditor's Annual Report provides a summary of the key issues arising from our audit of Northern Lincolnshire and Goole NHS Foundation Trust (the 'Trust') for the year ended 31 March 2024.</p> <p><b>Financial statements</b> We issued an unqualified opinion on the Trust's financial statements on 09 August 2024. This means that we consider that the financial statements give a true and fair view of the financial position and its expenditure and income for the year.</p> <p><b>Value for money</b> We have not identified any significant weaknesses in respect of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources having regard to the specified criteria in the Code.</p> <p><b>Other reporting</b> We did not consider it necessary to use our auditor powers to report on other matters.</p>
<b>Background Information and/or Supporting Document(s) (if applicable)</b>	
<b>Prior Approval Process</b>	Audit Risk and Governance Committee (6 August 2024)
<b>Financial implication(s) (if applicable)</b>	
<b>Implications for equality, diversity and inclusion, including health inequalities (if applicable)</b>	
<b>Recommended action(s) required</b>	<input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below:



# Northern Lincolnshire and Goole NHS Foundation Trust

## Auditors Annual Report: Year ended 31 March 2024

Final report to the Audit, Risk and Governance Committees in Common

Issued in draft to management on 19 July 2024

Issued in draft to Audit, Risk and Governance Committees in Common on 23 July 2024

Presented to Audit, Risk and Governance Committees in Common on 06 August 2024

Final issued to management on 09 August 2024

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## 1. Executive summary

This Auditor's Annual Report provides a summary of the key issues arising from our audit of Northern Lincolnshire and Goole NHS Foundation Trust (the 'Trust') for the year ended 31 March 2024.

### **Financial statements**

We issued an unqualified opinion on the Trust's financial statements on 09 August 2024.

This means that we consider that the financial statements give a true and fair view of the financial position and its expenditure and income for the year.

### **Value for money**

We have not identified any significant weaknesses in respect of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources having regard to the specified criteria in the Code.

### **Other reporting**

We did not consider it necessary to use our auditor powers to report on other matters.

## 2. Purpose and summary

### **Purpose of the Auditor's Annual Report**

This Auditor's Annual Report summarises the key issues arising from the work that we have carried out in respect of the year ended 31 March 2024.

It is addressed to the Trust but is also intended to communicate the key findings we have identified to key external stakeholders and members of the public.

### **Responsibilities of the Trust**

It is the responsibility of the Trust to ensure that proper arrangements are in place for the conduct of its business and that public money is safeguarded and properly accounted for.

The Trust is also responsible for preparing and publishing its financial statements, annual report and governance statement.

### **Responsibilities of auditors**

Our responsibility is to plan and carry out an audit that meets the requirements of the National Audit Office's (NAO's) Code of Audit Practice – April 2020 (the 'Code').

Under the Code, we are required to review and report on:

- Whether the financial statements give a true and fair view of the financial position of the Trust and of its income and expenditure for the year and have been properly prepared in accordance with the relevant legislation;
- Whether the other information published together with the financial statements is consistent with the financial statements;
- Whether the auditable parts of the remuneration and staff report are properly prepared;
- Whether the governance statement complies with the guidance issued;
- Whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; and
- Where appropriate, make statutory recommendations, referral matters to the Secretary of State or issue a Public Interest Report.

### **Disclaimer**

The contents of this report relate only to those matters which we are required to report under the NAO Code of Audit Practice (April 2020). We do not accept any responsibility if this report is used for any other purpose or by any other party other than the Trust.



## 3. Audit of the financial statements

### **Audit conclusion**

We issued an unqualified opinion on the Trust's financial statements on 09 August 2024.

This means that we consider that the financial statements give a true and fair view of the financial position and its expenditure and income for the year.

### **Identification of control weaknesses**

We did not identify any significant control deficiencies during the audit of the financial statements which have a significant impact on the Trust, including on its value for money requirements.

### **Unadjusted misstatements**

International Standards on Auditing (UK) require that we report to you all misstatements which we identified as a result of the audit process but which were not adjusted by management, unless those matters are clearly trivial in size or nature.

We have not identified any unadjusted misstatements.

### **Adjusted misstatements**

We have not identified any adjusted misstatements during our audit work and up to the date of this report. We have agreed with management a small number of additional or amended disclosures which will be reflected in the final signed financial statements.

## 4. Value for Money (VfM)

### Scope

We are required to review and report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. Where we identify significant weaknesses in these arrangements, we are required to report this in the auditor's report included in the financial statements and to make recommendations for improvement in the Auditor's Annual Report.

### Specified criteria

The NAO has issued guidance for auditors to report against three specified reporting criteria:

- Financial sustainability - planning and managing resources to ensure the Trust can continue to deliver its services;
- Governance - informed decisions and properly managing risks; and
- Improving economy, efficiency and effectiveness – using information about costs and performance to improve the way the Trust manages and delivers its services.

The NAO guidance also includes a number of further areas for review within each criteria to allow the auditor to assess those arrangements.

### Risk assessment

Our risk assessment has not identified any areas of potential significant weakness.

### Audit conclusion

We have not identified any significant weaknesses in the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

We had no matters to report by exception in the audit report on the financial statements. We also have no matters to report in our closing audit certificate, on completion of our work on the Trust's value for money arrangements.

## 5. Financial Sustainability

### Auditor's commentary on arrangements

#### The following areas have been considered:

- How significant financial pressures relevant to short and medium-term plans are identified and built into plans;
- Plans to bridge funding gaps and to identify achievable savings;
- Whether financial plans support the sustainable delivery of services in accordance with strategic priorities;
- The consistency of financial plans with other plans such as workforce, capital, investment, and other operational planning which may include working with other local public bodies as part of a wider system; and
- Identification and management of risks to financial resilience e.g. unplanned changes in demand, including the challenge of assumptions underlying its plans.

### Findings

#### **Payroll and income**

The payroll element of the Trust's annual budget is subject to a zero-based budgeting exercise each year. Budgets for non-payroll costs and income are rolled forward from the previous year and the baseline amounts are appropriately adjusted for expected changes throughout the year.

#### **Financial planning**

The Trust has prepared a 2024/25 financial plan in accordance with the National Health Service Act 2006 (as amended by the Health and Care Act 2022) which requires NLAG and the other bodies within the Integrated Care System (ICS) to prepare a financial plan before the start of the financial year.

The purpose of the plan is to demonstrate how the ICS intends to arrange and provide NHS services to meet the needs of everyone within the local

population. We have reviewed the plan and can see the allocation of resources across different trusts within the ICS.

#### **Finance reporting**

The Trust prepares a finance report, which we have observed is included within the Performance, Estates and Finance Committee papers (the Performance, Estates and Finance Committee is a sub-committee of the Board). The report includes overall monthly income and expenditure, a balance sheet summary, a monthly cash flow summary, and a detailed analysis of agency expenditure analysed by directorate. A summary finance report is presented to the Board as part of Performance, Estates and Finance Committee Summary presented at each Board meeting. We note that Sumer NI met with the Performance, Estates and Finance Committee Chair to confirm sufficient coverage in relation to documentation obtained as part of our VFM work.

#### **Board Assurance Framework**

The Trust's Board Assurance Framework (BAF) includes a number of high rated risks including: timely access to care; estates, infrastructure and equipment; workforce; and finance targets.

Risks are regularly monitored by the Board via the BAF, which is a standing item on the agendas of these meetings. The BAF clearly links each risk to the strategic objectives of the Trust and includes appropriate details (including mitigating controls, further controls needed and gaps in assurance).

#### **Surplus / deficit calculation**

From our audit of the NLAG Annual Report and Accounts, we have reviewed the calculations in support of the surplus / deficit calculation based upon the Trusts operating activities (including both income and expenditure).

The Trust reported a deficit of £18.614 million in its Statement of Comprehensive Income for 2023/24 and its adjusted financial performance on a control total basis was a surplus of £0.125 million for the year. This compares to a deficit of £14.631 million and an adjusted performance surplus of £0.046 million in 2022/23.

The Trust were aiming for a breakeven position for their continuing operations position, in line with their Operating Plan. As the final position was better than a breakeven position (in that NLAG had a surplus), the financial management and planning appears to be operating effectively.

***Saving requirements***

In 2023/24 a savings requirement of £35.7 million was identified. An actual saving was achieved of £25.6million, however only £11.7 million of this was delivered recurrently.

***Forward planning***

The Trust's 2024/25 Financial Plan includes the need to address a non-recurrent savings requirement of £17.3m. In addition, a recurrent £20.2 million of savings are included in the plan to meet the 2024/25 efficiency requirement giving a total savings requirement of £37.5 million for 2024/25. This will pose a challenge to the Trust during 2024/25. Multi-year financial planning is not yet a fully developed component of the financial sustainability environment within the Trust, with the focus being primarily on annual planning.

***Monitoring saving requirements***

Saving requirements are monitored monthly through the Performance, Estates and Finance Committee. Updates are provided by the Chief Financial Officer and planned and actual savings are reported to the Performance and Finance Committee each month with the wider financial position, with any actions or further assurances requested taken forward as necessary.

## 6. Governance

### Auditor's commentary on arrangements

#### The following areas have been considered:

- Risks are assessed and monitored to gain assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud.
- The annual budget setting process is appropriate.
- Effective systems and processes are in place to ensure budgetary control, support statutory financial reporting requirements and ensure corrective action is taken where needed.
- The Trust makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency.
- The Trust monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of officer or member behaviour.

### Findings

#### **Corporate risk register**

As part of our audit of the Annual Report and Accounts, we reviewed the Corporate Risk Register. Periodic updates were provided throughout the year at the Audit, Risk and Governance Committees in Common meetings.

The risks identified by the Trust were effectively communicated at Board level and were monitored throughout the year via the processes highlighted during our discussions with management throughout the audit.

From our review of the minutes of the Audit, Risk and Governance Committees in Common meetings, we are satisfied that the Committee has sufficient oversight of the risks, and the processes for managing risks through their review of the BAF.

#### **BAF**

Risks are regularly monitored by the Board via the BAF, which is a standing item on the agendas of these meetings. The BAF clearly links each risk to the strategic objectives of the Trust and includes appropriate details (including mitigating controls, further controls needed and gaps in assurance).

#### **Counter fraud function**

The Trust's Local Counter Fraud Specialist prepares a programme of proactive work annually. This is reviewed by the Audit, Risk and Governance Committees in Common following approval by the Chief Financial Officer. Updates on progress against the work programme are discussed at Audit, Risk and Governance Committees in Common meetings, as witnessed during our attendance at those meetings.

#### **Budget setting and monitoring**

We documented the budget setting and monitoring process as part of the audit work on the Annual Report and Accounts. The process appeared to be robust with no significant control weaknesses identified.

#### **Monthly Management Accounts (MMAs)**

MMAs are prepared by the finance department and are discussed in several committees, most importantly the Board of Director meetings. Actual figures are compared to the budgets and significant variances are discussed.

#### **Budget and MMA discussions**

We have confirmed that effective processes and systems are in place to monitor financial performance against budget, and to communicate relevant, accurate and timely management information (including nonfinancial information) to support the Trust's statutory financial reporting requirements, and we are satisfied that action is taken where deficits or issues are highlighted by this process.

### ***Board minute review***

We have reviewed papers and minutes of both the Board and its sub committees and confirmed that they cover all the key areas which we consider necessary to ensure that informed decisions regarding the future of the Trust are made.

### ***Internal audit***

During 2023/24, the Trust's internal audit function undertook 23 internal audits. In terms of assurance levels, one report has a high assurance level, seventeen have significant assurance with minor improvement opportunities and five have limited assurance with a number of further opportunities for improvement.

As reported in the Trust's Annual Governance Statement, the Head of Internal Audit's overall opinion for 2023/24 was that a significant assurance could be provided.

There are no significant VfM issues identified as a result of the review of the internal audit reports. Limited assurance was provided by internal audit however on Data Quality, Performance Management, IT Disaster Recovery Plan, Change Control Management and Integrated Acute Assessment Unit.

### ***Group Structure***

In August 2023 the trust joined together with Hull University Teaching Hospitals in a group organisational structure. In Spring 2024 the group formally launched its new name – NHS Humber Health Partnership and also created joint clinical services across both trusts called care groups. Whilst the executive team for the new group has been appointed, the strategy of the group commenced in July 2024.

Among other reasons, the rationale for the implementation of a group structure includes: increasing workforce resource, budgets and facilities; combining expertise and experience; delivering better care and a better experience for patients; and increasing bargaining power for securing funding and procurement of goods at best value.

### ***Board committees and committees-in-common***

Up until the end of December 2023 the board had established seven committees which support the discharging of the board's responsibilities. In addition to meeting the statutory requirements to have an Audit, Risk and Governance Committee and Remuneration and Terms of Service Committee, the trust also had a Finance and Performance Committee, Quality and Safety Committee, Strategic Development Committee (disbanded by the Trust Board at its meeting on 6 June 2023), a Workforce Committee, and a Charitable Funds Committee (known as the Health Tree Foundation Trustees Committee. Following agreement by the trust boards of Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) and Hull University Teaching Hospitals NHS Trust (HUTH) to move to a group model and aligned governance and decision making, a number of committees-in-common have been created for the group and started to meet from January 2024.

## 7. Improving economy, efficiency and effectiveness

### Auditor's commentary on arrangements

#### The following areas have been considered:

- Financial and performance information has been used to assess performance to identify areas for improvement.
- Services provided are evaluated to assess performance and identify areas for improvement.
- The Trust delivers its role within significant partnerships, engages with stakeholders it has identified, monitors performance against expectations, and ensures action is taken where necessary to improve.
- Where the Trust commissions or procures services, this is done in accordance with relevant legislation, professional standards and internal policies, and assesses whether it is realising the expected benefits of officer or member behaviour.

### Findings

#### **Board and Committee paper reviews**

Through reviewing Board and sub-committee papers, we have confirmed that the Board is provided with both financial and non-financial performance information at each meeting, which includes finance, workforce and integrated performance reports, and Board members are able to challenge officers regarding any departures from plans or expectations. Within these reports, the Trust monitors the reasons for movements against planned performance and, where applicable, key performance indicators and uses these to identify areas for improvement, focussing its resources as necessary.

Up until the end of December 2023 the board had established seven committees which support the discharging of the board's responsibilities. In addition to meeting the statutory requirements to have an Audit, Risk and Governance Committee in Common and Remuneration and Terms of Service

Committee, the trust also had a Finance and Performance Committee, Quality and Safety Committee, Strategic Development Committee (disbanded by the Trust Board at its meeting on 6 June 2023), a Workforce Committee, and a Charitable Funds Committee (known as the Health Tree Foundation Trustees Committee. Following agreement by the trust boards of Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) and Hull University Teaching Hospitals NHS Trust (HUTH) to move to a group model and aligned governance and decision making, a number of committees-in-common have been created for the group and started to meet from January 2024.

#### **KPIs for Trust performance**

We are content that the performance monitoring measures via the various KPIs which apply to the Trust takes place on a regular basis. The Board are provided with regular updates on key performance metrics with the KPIs considered in detail as part of these meetings.

#### **SFIs and waivers**

The Trust's Standing Financial Instructions set out the path applicable to different types of procurement. The Audit, Risk and Governance Committee in Common reviews circumstances where SFIs have been waived at each of its meetings. We have also substantively tested expenditure as part of our financial audit procedures, including standard procurement activity in line with the SFI's and waivers. No significant weaknesses were identified.

#### **Procurement activity**

The Trust currently carries out procurement exercises which are specific to the Trust. The Trust has formed a procurement collaboration at the ICS level (covering three Trusts) effective from April 2023.

***KPIs for services provided to the Trust***

Entities that provide services to the Trust are required to report back against KPIs which are included into the contractual agreement with the Trust. We have reviewed the reporting back of performance against KPIs by service providers and are content that it does take place.

***Partnerships***

During 2023/24, the Trust has continued to engage with partners across the Northern Lincolnshire and Goole region. This engagement has covered both strategic and operational matters, such as the arrangements for Integrated Care Boards and the transformational programmes to improve acute hospital services across the Humber area, as well as the new group structure.

Performance is monitored centrally on a monthly basis and the Trust, and partners, are required to submit returns which are then discussed and scrutinised.



## 8. Prior year recommendation

There were no significant weaknesses identified in the prior year. There were two carried forward issues that have now been closed. See below for completeness:

Area	Significant weakness	Recommendation	Overall conclusion for 2023/24
<p><b>Financial sustainability</b> The Trust has been in Financial Special Measures since 2017 and continues to face significant financial challenges. The Trust has engaged with NHS England and Improvement (NHSE/I) regarding the current criteria for exiting from Financial Special Measures in 2021/22. These are focused on the Trust and the Integrated Care System achieving the first 6 months financial plan, restructuring of the Finance team, delivering planned savings and developing a robust long term financial plan with emphasis on reducing Covid expenditure and the underlying run rate.</p> <p>The Trust's long term financial sustainability is dependent, amongst other things, on the resolution of long-standing issues in relation to the local configuration of services and workforce, which is the focus of the ongoing Humber Acute Services Review and also of the work with Hull University Teaching Hospitals NHS Trust to complete the Interim Clinical Plan. It is also dependent on the national funding structures yet to be determined.</p>	<p>Yes</p>	<p>Within the context of revisions to NHS financing and the 2021/22 Planning Guidance, the Trust should ensure that it delivers the action plans that have been developed by management, and that monitoring and reporting, challenge and scrutiny and escalation arrangements are in place to drive the required improvements for patients and sustain the improvements that are made.</p>	<p>NHS England removed the Trust from the Recovery Support Programme on 17 May 2023.</p>

Area	Significant weakness	Recommendation	Overall conclusion for 2023/24
<p><b>Trusts arrangements for quality</b> The overall outcome from the most recent Care Quality Commission (CQC) inspection in 2019 was a combined rating of 'requires improvement', and the Trust continues to operate under the Quality Special Measures introduced in April 2017. The detailed assessment included a negative change in the rating in the 'Safe' domain (to 'inadequate') and an improvement in the rating in the 'well led' domain (to 'requires improvement'). Ratings will not change until the next formal inspection by the CQC. NHS England and Improvement (NHSE/I) continues to meet with the Trust for performance review meetings. The Trust also continues to be under the Financial Special Measures introduced in 2017.</p>	<p>Yes</p>	<p>In order to ensure systems, processes and training are in place to manage the risks relating to the health, safety, and welfare of service users, the Trust must ensure it embeds and sustains the action plans that it has put in place Trust-wide to address the patient care issues identified by the CQC. In particular, it needs to ensure that robust monitoring and reporting processes are maintained, and that challenge, scrutiny and escalation arrangements drive the required improvements for patients and sustain the progress made to-date in implementing the actions to address the issues raised by the CQC.</p>	<p>NHS England removed the Trust from the Recovery Support Programme on 17 May 2023.</p>

## 9. Conclusion and recommendations

We have concluded throughout the report that the Trust has appropriate arrangements in place and that we have not identified any new significant weaknesses in relation to arrangements in any of the 3 criteria, financial sustainability, governance and improving economy, efficiency and effectiveness.

Sumer Audit is the trading name of Sumer Auditco NI Limited, a limited company registered in Northern Ireland under company number NI712237. Registered to carry on audit work in the UK and Ireland by the Institute of Chartered Accountants in Ireland (ICAI).

Our registered office is: 4th Floor, Glendinning House, 6 Murray Street, Belfast, BT1 6DN. A list of the directors' names is available for inspection on request, with a full list of offices at [www.sumer.co.uk/our-champions](http://www.sumer.co.uk/our-champions).

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# Council of Governors Annual Members' Meeting



**CoG(24)049 – Governor Elections**  
**Alison Hurley – Deputy Director of Assurance**  
**12<sup>th</sup> September 2024**

# Seats for Election

## Constituencies & Number of Seats Available:

- East & West Lindsey 1 seat
- Goole & Howdenshire 3 seats
- North East Lincolnshire 1 seat
- North Lincolnshire 2 seats
- Staff 2 seats

# Elections Timetable

nomination  
form

**NHS**  
Northern Lincolnshire  
and Goole  
NHS Foundation Trust

Election to the Council of Governors

Are you our next Governor?



## WELCOME

The Trust welcomes nominations from persons of any age (16 or over), race, colour, religious belief, ethnic or national origin, sexual orientation, gender, disability or marital status.

### CRITERIA: TO BE ELIGIBLE TO STAND FOR ELECTION

Before you proceed, you must first of all check that you meet the following criteria:

1. Be a member of the Northern Lincolnshire and Goole NHS Foundation Trust
2. Belong to the constituency you wish to represent
3. Be willing to declare your political and financial interests on page 4 of this form
4. For Staff members: line manager approval received prior to your nomination.

### HELP COMPLETING THIS FORM

If you require any further information or assistance to complete this form, or if you require the nomination form in large print, Braille, audio or another language, please contact Abi Walcott-Daniel at Civica Election Services (CES) on 020 8889 9203 or email [abi.walcott-daniel@cesvotes.com](mailto:abi.walcott-daniel@cesvotes.com)

### HOW TO RETURN THIS FORM

**THIS FORM MUST BE RECEIVED BY 5PM on FRIDAY 27 SEPTEMBER 2024**

Once you have completed all sections of your nomination form you may return it in the special reply envelope provided or email it to [fnominations@cesvotes.com](mailto:fnominations@cesvotes.com) or complete a online application form at [www.cesvotes.com/NLG2024](http://www.cesvotes.com/NLG2024)

Please ensure it is **received** by the Returning Officer, Civica Election Services, no later than **5PM on FRIDAY 27 SEPTEMBER 2024**. It won't be possible for you to stand in this election if your nomination form is received after this time.

All nomination forms received will be acknowledged in writing to the contact address you have provided. We strongly **recommend** that you contact Abi Walcott-Daniel on 020 8889 9203 to check that we have received your form. This is very important if you have sent it close to the deadline or if you have not received an acknowledgement.

If you have mislaid your reply envelope, please return your nomination form to the Returning Officer, Civica Election Services, The Election Centre, 33 Clarendon Road, London N8 0NW.

Thank you for taking the time to complete this nomination form.

- Notice of Election 5<sup>th</sup> September 2024
- Close of Nominations 27<sup>th</sup> September 2024
- Last date for Withdrawal 2<sup>nd</sup> October 2024
- Ballot starts 18<sup>th</sup> October 2024
- Close of Ballot 5pm 13<sup>th</sup> November 2024
- Declaration of Result 14<sup>th</sup> November 2024

For further information please contact:

# Corporate Assurance Team

03033 302852

[Nlg-tr.foundationtrustoffice@nhs.net](mailto:Nlg-tr.foundationtrustoffice@nhs.net)

Compassion Honesty Respect Teamwork

**Council of Governors Annual Members' Meeting**

**Agenda Item No: CoG(24)050**

<b>Name of the Meeting</b>	<b>Council of Governors Annual Members' Meeting</b>
<b>Date of the Meeting</b>	12 September 2024
<b>Director Lead</b>	David Sharif, Group Director of Assurance
<b>Contact Officer/Author</b>	Alison Hurley, Deputy Director of Assurance
<b>Title of the Report</b>	<b>Acronyms and Glossary of Terms</b>
<b>Executive Summary</b>	A reference guide for any words, phrases or acronyms used during the meeting – updated August 2024. Document for information only.
<b>Background Information and/or Supporting Document(s) (if applicable)</b>	N/A
<b>Prior Approval Process</b>	N/A
<b>Financial implication(s) (if applicable)</b>	N/A
<b>Implications for equality, diversity and inclusion, including health inequalities (if applicable)</b>	N/A
<b>Recommended action(s) required</b>	<input type="checkbox"/> Approval <input checked="" type="checkbox"/> Information <input type="checkbox"/> Discussion <input type="checkbox"/> Review <input type="checkbox"/> Assurance <input type="checkbox"/> Other – please detail below:



## ACRONYMS & GLOSSARY OF TERMS

Aug 2024 – v8.8

**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

**Accounting Officer** - The NHS Act 2006 designates the chief executive of an NHS foundation trust as the accounting officer.

**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** – Accounting Officer

**AoMRC** – Association of Medical Royal Colleges

**AOP** – Annual Operating Plan

**ARC** – the governor Appointments & Remuneration Committee has delegated authority to consider the appointment and remuneration of the Chair, Vice 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

**BAME** – 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

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

**BLS** – Basic Life Support

**BMA** – British Medical Association

**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 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

**CAP** – Collaborative Acute Providers

**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.

**CDC** – Community Diagnostic Centre

**CDO** – Chief Delivery Officer

**CFC** – Charitable Funds Committee

**CFO** – Chief Financial Officer

**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

**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

**CMO** – Chief Medical Officer

**CMP or C&MP** – Capital & Major Projects Committee-in-Common

**Code of Governance** – NHS England has issued this Code of Governance (the code) to help NHS providers deliver effective corporate governance, contribute to better organisational and system performance and improvement, and ultimately discharge their duties in the best interests of patients, service users and the public.

**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 Chair

**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

**Committees-in-Common (CiC)** - NLaG and HUTH are implementing a governance structure which will ensure that they have single focussed discussions on major areas of service change. These discussions would take place in the Committees in Common

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

**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

**CPIS** - Child Protection Information Sharing

**CPN** – Community Psychiatric Nurse

**CPO** – Chief People Officer

**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

**CSPO** – Chief Strategy and Partnerships Officer

**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 (Replaced by Ulysses in 2023)

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

**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, GRimsby

**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

**EDI** – Equality, Diversity and Inclusion

**EHR** – 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

**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

**ERF** – Elective Recovery Fund

**ERoY** – East Riding of Yorkshire

**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

**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 (Replaced by Member and Public Engagement & Assurance Group (MPEAG) from April 2024)

**GDH** – Goole District Hospital

**GDP** – Gross Domestic Product

**GDPR** – General Data Protection Regulations

**GIRFT** – Getting It Right First Time

**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. Chair, 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

**Group Executive Team** – 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

**Group Model** - Hull University Teaching Hospitals NHS Trust (HUTH) and Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) will still exist as separate legal entities but will operate within a singular Group model and one Group Executive Team

**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

**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

**HCCP** - Humber Clinical Collaboration Programme

**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

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

**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

**Humber and North Yorkshire Health and Care Partnership** - The Humber and North Yorkshire Health and Care Partnership is a collaboration of health, social care, community and charitable organisations

**HW** – Healthwatch

**HWB/HWBB** – Health & Wellbeing Board

**HWNL** - Healthwatch North Lincolnshire

**HWNEL** - Healthwatch North East Lincolnshire

**HWER** - Healthwatch East Riding

**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 ICB has its own Health and Wellbeing Board.

**HUTH** – Hull University Teaching Hospitals NHS Trust

**IAAU** – Integrated Acute Assessment Unit

**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.

**ICB** – Integrated Care Board

**ICP** – Integrated Care Partnership

**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

**JHOSH** - Joint Health Overview and Scrutiny Committee

**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

**KLOE** – Key Line of Enquiry

**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** - The lead governor has a role in facilitating direct communication between NHS England and the NHS foundation trust's council of governors. This will be in a limited number of circumstances and, in particular, where it may not be appropriate to communicate through the normal channels, which in most cases will be via the Chair or the Trust Secretary, if one is appointed.

**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)

**MPEAG** – Membership and Public Engagement & Assurance Group is responsible for overseeing the development, implementation and regular review of the Trust's Member and Public Engagement Strategy. This incorporates oversight of member recruitment and communication, public engagement initiatives and mechanisms to feed back the views of members and the public to the CoG, and Trust Board.

**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

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

**NHS** - National Health Service

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

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

**NHS ICS Body** - ICS NHS bodies will be established as new organisations that bind partner organisations together in a new way with common purpose. They will lead integration within the NHS, bringing together all those involved in planning and providing NHS services to take a collaborative approach to agreeing and delivering ambitions for the health of their population

**NHSE** - NHS England. NHS England provides national leadership for the NHS. Through the NHS Long Term Plan, we promote high quality health and care for all, and support NHS organisations to work in partnership to deliver better outcomes for our patients and communities, at the best possible value for taxpayers and to continuously improve the NHS. We are working to make the NHS an employer of excellence and to enable NHS patients to benefit from worldleading research, innovation and technology

**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.

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

**NHSP** - NHS Professionals

**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

**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

**OPA** – Outpatient Appointment

**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

**PD** – People Directorate

**PDC** – Public Dividend Capital

**PEWS** - Paediatric Early Warning Score

**PEF** – Performance, Estates & Finance Committee-in-Common

**PFI** – Private Finance Initiative

**PIDMAS** – Patient Initiated Digital Mutual Aid System

**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

**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. Patient Participation Group is a group of people who are patients of the surgery and want to help it work as well as it can for patients, doctors and staff

**PPI** – Patient and Public Involvement

**PRIM** - Performance Review Improvement 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

**PST** – Patient Suitability for Transfer

**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 is a system designed to remunerate general practices for providing good quality care to their patients, and to help fund work to further improve the quality of health care delivered. It is a fundamental part of the General Medical Services (GMS) Contract, introduced in 2004.

**QRP** – Quality & Risk Profile

**Q&SC** – Quality & Safety Committee

**QSIR** – Quality & Service Improvement Report

**R&D** – Research & Development

**RAG** – Red, Amber, Green classifications

**RCA** – Root Cause Analysis

**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

**SHCA** – Senior Health Care Assistant

**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

**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

**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

**TCI** – To Come In

**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

**ULHT** – United Lincolnshire Hospital NHS Trust

**ULYSSES** - Risk Management System to report Incidents and Risk (Replaced DATIX in 2023)

**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

**WC** - Workforce Committee

**WEC** – Workforce, Education & Culture Committee-in-Common

**WRES** - Workforce Race Equality Standards

**WDES** - Workforce Disability Equality Standards

**WTE** - Whole time equivalent

**YTD** - Year to date