

AGENDA

A meeting of the Council of Governors Annual Members' Meeting
to be held on Thursday, 1 February 2024 at 09:00 to 11:30 hours

Virtually via [MS Teams Live Link](#)

For the purpose of transacting the business set out below:

No.	Agenda item	Format	Purpose	Time
1. CORE BUSINESS ITEMS				
1.1	Welcome and Apologies for Absence Sean Lyons, Group Chair	Verbal	Information	09:00
1.2	Declarations of Interest Sean Lyons, Group Chair	Verbal	Information	
1.3	To receive the approved minutes from the previous meeting held 29 September 2022 Sean Lyons, Group Chair	Attached	Approval	
1.4	Urgent Matters Arising Sean Lyons, Group Chair	Verbal	Information	
2. ANNUAL REPORTS AND ACCOUNTS				
2.1	Overview of Last Year including Annual Report & Accounts for 2022/23 and Trust Priorities for the Future Jonathan Lofthouse, Group Chief Executive and Lee Bond, Group Chief Financial Officer	To follow	Information	09:15
2.1.1	Annual Audit Report for 2022/23 Brian Clerkin, Director - ASM Chartered Accountants, Trust's External Auditors	Attached	Information	09:45
3. COG UPDATES				
3.1	Overview of the Development of the NLaG and HUTH Group Model Jonathan Lofthouse, Group Chief Executive	To follow	Information	10:00
3.2	Humber Acute Services Consultation Update Ivan McConnell, Group Chief of Strategy and Partnerships Officer	Attached	Information	
4. OTHER				
4.1	Questions from the Public Sean Lyons, Group Chair	Verbal	Information	10:40
4.2	Reflection of Format for Future Annual Members' Meetings Sean Lyons, Group Chair	Verbal	Information	10:55
4.3	Items for Information / To Note (as per Appendix A) Sean Lyons, Group Chair	Attached	Information	11:05
4.4	Any Other Urgent Business Sean Lyons, Group Chair	Verbal	Information	11:10

5. DATE OF THE NEXT MEETING

5.1	The next Council of Governors Business Meeting will be held on Thursday, 18 April 2024, at 09:30 – 12:30 hours in the Harvey Room, Butterwick House, Scunthorpe General Hospital
-----	--

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.

4.3.	Items for Information		
4.3.1	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.

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

- | |
|---|
| <ul style="list-style-type: none">• In accordance with Standing Order 2.4.3 (at Annex 6 of the Trust Constitution), any Governor wishing to submit an agenda item must notify the Trust Chair's Office in writing at least 10 clear days prior to the meeting at which it was to be considered. Requests made less than 10 clear days before a meeting may be included on the agenda at the discretion of the Trust Chair. |
| <ul style="list-style-type: none">• Governors were asked to raise any questions on which they require information or clarification in advance of meetings. This would allow time for the information to be gathered and an appropriate response provided. |

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

Council of Governors Front Sheet

Agenda Item No: 2.1.1

Name of the Meeting	Council of Governors Annual Members' Meeting
Date of the Meeting	1 February 2024
Director Lead	
Contact Officer/Author	Brian Clerkin, Director (ASM Chartered Accountants) Jason McCallion, Senior Manager (ASM Chartered Accountants)
Title of the Report	Annual Auditor's Report 2022/2023
Executive Summary	<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 2023.</p> <p>Financial statements We issued an unqualified opinion on the Trust's financial statements on 5 December 2023. 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>Value for money We have not identified any new 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. We do note that attention has been drawn to a specific issue in relation to the Recovery Support Programme (previously known as Special Measures). Further detail is included at Section 8.</p> <p>Other reporting We did not consider it necessary to use our auditor powers to report on other matters.</p>
Background Information and/or Supporting Document(s) (if applicable)	
Prior Approval Process	Audit, Risk and Governance Committee (5 December 2023)
Financial implication(s) (if applicable)	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	
Recommended action(s) required	<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 2023

Draft report to the Audit, Risk and Governance Committee issued on 27 November 2023

Presented to the Audit, Risk and Governance Committee on 5 December 2023

Final report issued on 6 December 2023

Contents

1. Executive summary	3
2. Purpose and summary.....	4
3. Audit of the financial statements.....	5
4. Value for Money (VfM).....	6
5. Financial Sustainability	7
6. Governance	9
7. Improving economy, efficiency and effectiveness	11
8. Prior year recommendation	12
9. Conclusion and recommendations	14

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 2023.

Financial statements

We issued an unqualified opinion on the Trust's financial statements on 5 December 2023.

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 new 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. We do note that attention has been drawn to a specific issue in relation to the Recovery Support Programme (previously known as Special Measures). Further detail is included at Section 8.

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 2023.

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 audit opinion on the financial statements on 5 December 2023.

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 new 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. We do note that attention has been drawn to a specific issue in relation to the Recovery Support Programme (previously known as Special Measures). Further detail is included at Section 8.

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 during our audit work and up to the date of this report that we need to draw to your attention.

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 have been 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, however two prior year findings were identified which we considered as part of the 2022/23 VfM audit.

Audit conclusion

We have not identified any new 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 2023/24 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 Northern Lincolnshire and Goole. 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 Finance and Investment Committee papers (the Finance and Performance 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 Finance and Performance Committee Summary presented at each Board meeting.

Board Assurance Framework

The Trust's Board Assurance Framework (BAF) includes 'To live within our means' as a top organisational risk that could have a large impact on the delivery of the Trust's strategic objectives.

The risk recognises that either the Trust or the Humber and North Yorkshire ICS 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.

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 £12.551 million in its Statement of Comprehensive Income for 2022/23 and its adjusted financial performance on a control total basis was a surplus of £0.046 million for the year. This compares to a surplus of £14.838 million million and an adjusted performance surplus of £0.086 million in 2021/22.

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

The 2022/23 savings target of £22.4 million was achieved with savings of £29.97 million. However, only £12.3 million were delivered recurrently with the remainder representing non-recurrent savings.

Forward planning

Looking forward, The Trust has agreed a financial planned deficit of £13.4 million for 2023/24 with the Humber and North Yorkshire (HNY) ICS. The plan is reliant on delivering £35.7 million in cost improvements. This will pose a challenge to the Trust during 2023/24. 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 Finance and Performance 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 Committee 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 Committee 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 Committee following approval by the Chief Financial Officer.. Updates on progress against the work programme are discussed at Audit, Risk and Governance Committee 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 2022/23, the Trust's internal audit function undertook 18 internal audits. In terms of assurance levels, one report has a high assurance level with no recommendations, nine have significant assurance with minor

improvement opportunities, five have limited assurance with a number of further opportunities for improvement and three where no assurance was provided as the reports were commissioned for advisory purposes only.

As reported in the Trust's Annual Governance Statement, the Head of Internal Audit's overall opinion for 2022/23 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 for both 2022/23 and 2023/24.

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.

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 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 2022/23, 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 new arrangements for Integrated Care Boards and the transformational programmes to improve acute hospital services across the Humber area.

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

Mazars carried out the audit of NLAG in the prior year. As part of their VFM work, two significant weaknesses were identified:

Area	Significant weakness	Recommendation	Overall conclusion for 2022/23
<p>Financial sustainability 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>The Trust were still within the Recovery Support Programme (previously known as Special Measures) as at the end of the 2022/23 financial year which would suggest that the significant weakness in the Trust's arrangements regarding financial sustainability remains.</p> <p>However, in light of the significant improvements made in both quality and finances, NHS England removed the Trust from the Recovery Support Programme on 17 May 2023.</p>

Area	Significant weakness	Recommendation	Overall conclusion for 2022/23
<p>Trusts arrangements for quality 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>The Trust were still within the Recovery Support Programme (previously known as Special Measures) as at the end of the 2022/23 financial year which would suggest that the significant weakness in the Trust's arrangements regarding financial sustainability remains.</p> <p>However, in light of the significant improvements made in both quality and finances, 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. We will formally close out the two bought forward issues in relation to the Recovery Support Programme which the Trust exited in May 2023 during our 2023/24 audit.

Council of Governors

Agenda Item No: 3.2

Name of the Meeting	Council of Governors Annual Members' Meeting
Date of the Meeting	1 February 2024
Director Lead	Ivan McConnell, Group Chief of Strategy & Partnerships
Contact Officer/Author	Linsay Cunningham
Title of the Report	Humber Acute Services Programme Update
Executive Summary	<p>The ICB-led Public Consultation launched on 25th September 2023 on a proposal to change the way some more complex medical, urgent and emergency care and paediatric (children's) services are delivered at our hospitals in Scunthorpe and Grimsby (Scunthorpe General Hospital and Diana Princess of Wales Hospital, Grimsby).</p> <p>The Consultation window closed on Friday 5th January 2024.</p> <p>The consultation was widely promoted across traditional and social media platforms and supported by an extensive programme of engagement, reaching around 2,500 people through:</p> <ul style="list-style-type: none"> • 6 large-scale exhibitions • 16 pop-up engagement roadshows • 10 deliberative events • 2 online events • 11 focus groups • 4 drama-based workshops • 3 staff drop-ins • 7 staff briefing sessions • c.30 meetings with clinical and professional stakeholders <p>Around 3,900 responses were received to the online questionnaire, plus qualitative feedback and written responses from statutory consultees.</p> <p>Consultation evaluation is being undertaken by an independent research organisation.</p> <p>Key issues arising include:</p> <ul style="list-style-type: none"> • Travel and access (i.e., ambulance impacts, visitors/family) • Paediatrics (parents/carers and wider health economy) <p>Feedback will be analysed and considered in detail and final options will be presented to the Integrated Care Board (ICB) for approval.</p>
Background Information and/or Supporting Document(s) (if applicable)	Public Consultation Document: https://betterhospitalshumber.nhs.uk/programme-documents/
Prior Approval Process	N/A
Financial implication(s) (if applicable)	None specifically related to this update. A full financial appraisal of the proposed changes will be included in the Decision-Making Business Case (DMBC) which will be presented to the Integrated Care Board.

Implications for equality, diversity and inclusion, including health inequalities (if applicable)	None specifically related to this update. A comprehensive Integrated Impact Assessment of the proposed changes will be included in the Decision-Making Business Case (DMBC) which will be presented to the Integrated Care Board.	
Recommended action(s) required	<input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance	<input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below:

Humber Acute Services Programme Update

Council of Governors
1st February 2024

Programme Update – summary of current position

The Consultation is now closed

Closed 5th January 2024

- c.3,900 questionnaire responses – plus qualitative engagement feedback
- JHOSC and statutory consultee feedback received
- 2x petition and 1x third party survey received
- review of activities to date undertaken by the Consultation Institute (tCI) – assurance of robustness of process provided

- Consultation evaluation underway – independently undertaken
- Key issues arising:
 - Travel and access (i.e., ambulance impacts, visitors/family)
 - Paediatrics (parents/carers and wider health economy)
- Feedback will all be analysed and considered in detail
- Final options will be presented to the ICB for approval

Public Consultation launched 25th September 2023

What would stay the same?

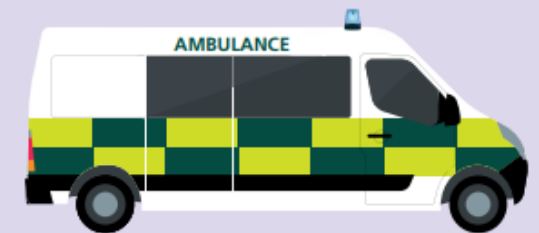
Urgent and emergency care for most patients would continue to be provided at **both** Diana Princess of Wales Hospital, Grimsby **and** Scunthorpe General Hospital:

- 24/7 Emergency Department (A&E) with **co-located urgent care service**
- Acute Assessment Unit, Same Day Emergency Care and Short Stay (up to 3 days)
- Overnight (inpatient) care for Elderly and General Medical patients
- Emergency surgery (day case only, *including fractured hips*)
- Paediatric (children's) Assessment Unit (up to 24 hours)
- Critical Care / Anaesthetics
- Obstetric-Led Unit with neonatal care
- Planned surgery
- Outpatient services

There would be **no change to Stroke services** (Hyper-Acute Stroke Unit would continue at Scunthorpe General Hospital)

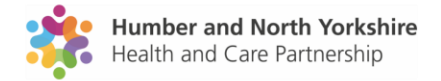


24/7 Emergency Departments (A&E) would continue to be delivered at both Diana Princess of Wales Hospital, Grimsby and Scunthorpe General Hospital.



We have recently invested £35 million to build new Emergency Departments and Assessment Units in both hospitals.

Public Consultation launched 25th September 2023



What would change?

To **improve services** for those with the most urgent and complex needs, keeping them **safe** and of **high quality** in the long term, the proposed services would be brought together at one hospital – Diana Princess of Wales Hospital, Grimsby:

- **Trauma Unit** – for people with injuries requiring specialist care (typically brought by ambulance) and might need an operation or observation by a trauma team.
- **Emergency Surgery (overnight)** – for people who need an operation in the middle of the night or who need to stay in hospital overnight and be looked after by teams with surgical expertise.
- **Some medical specialities (inpatient)** – for people who need a longer stay in hospital (more than 3 days) and to be looked after by a specialist team for their heart, lung or stomach condition.
- **Paediatric overnight (inpatient) care** – for children and young people who need to stay in hospital for more than 24 hours.

- ✓ Bringing these services together in one hospital would **provide access to dedicated services 24 hours a day, 7 days a week**, with more specialised skills always being available.
- ✓ This would help us to address critical shortages in workforce by organising our teams more effectively and **help more patients to be seen and treated more quickly** and stay in hospital for less time.

How we have listened

Overview of consultation activities undertaken

Promotional Activity



c.**3000** leaflets and posters

delivered to **120** community locations,
including:

- libraries
- GP practices
- children's centres
- community groups



Consultation document and questionnaire

Shared with **>275** organisations / mailing lists,
for onward cascade, including:

- Local industry
- Community networks
- Voluntary sector organisations
- Patient panels



21,574 visitors
to dedicated **consultation website**



c.**1000** subscribers
to **weekly newsletter**



125,887 people
reached with information about the consultation
through **social media advertising**



more than 30 news articles
Proactive media launch and regular press releases
generating coverage in local radio, TV, print and
specialist media

NOTE: numbers are provisional and subject to validation – not suitable for publication.

How we have listened

Overview of consultation activities undertaken

Engagement For All



c.3,950 responses
to the **online questionnaire**



c.370 people
attended one of **6 exhibition events** in Goole,
Grimsby, Scunthorpe and Gainsborough



c.140 patients
engaged with in **hospital outpatient departments**
at Goole, Grimsby and Scunthorpe



c.1000 people
were involved across **16 pop-up engagement roadshows** in rural, urban and deprived communities



c.48 people
provided their views through one of **10 independently-facilitated deliberative events**



c.10 people
joined **online deliberative meetings**, including
5 voluntary and community sector
representatives.

How we have listened

Overview of consultation activities undertaken

Targeted Engagement



139 people

involved in **11 focus groups** with people and communities more likely to face health inequalities and/or less likely to engage, including:

- people from deprived communities
- carers
- disabled people
- older people
- people with learning disabilities (LD)
- veterans and armed forces communities
- men
- parents of children with SEND
- Black, Asian and Minority Ethnic communities
- people from LGBT+ communities



45 people from seldom heard groups

engaged through **4 drama-based workshops** with children, young people, people with learning disabilities and other vulnerable adults



c.200 Easy Read questionnaires distributed to groups and individuals with **learning disabilities and young people**



c.11,000 multilingual leaflets delivered to neighbourhoods with **low English proficiency**

c.12,000 summary leaflets delivered to neighbourhoods with **highest rates of digital exclusion**



c.450 members of staff involved across **3 drop-in sessions, 2 online Q&As, 5 targeted briefings** for specific staff groups, **3 roadshows, 3 staff-side forums** and **the inclusion assembly**.



c.450 clinical and professional stakeholders engaged with through meetings and briefing sessions with local and regional partner organisations

NOTE: numbers are provisional and subject to validation – not suitable for publication.

How we have listened

additional actions taken to ensure all stakeholder groups were involved

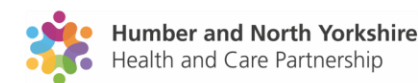


In response to the midpoint review, a number of actions were taken to ensure key groups or population cohorts that were under-represented in the feedback to date were targeted to ensure they were given opportunities to take part.

Stakeholder group/cohort	Mitigating action	When
Deprived communities	additional promotional roadshow added (Asda in Scunthorpe)	28 th Nov
	additional targeted engagement added (Ashby Link Community Hub)	6 th Dec
	virtual workshop with VCSE sector leads	8 th Dec
Men	additional targeted engagement added (Men in Sheds – Epworth)	23 rd Nov
	additional targeted engagement added (Veterans Hub)	13 th Dec
	Paid-for social media advertising added – <i>targeted posts</i>	w/c 11 th Dec
Younger people	additional Playing ON workshop added	15 th Nov
	engagement via North Lincs Youth Council	w/c 20 th Nov
	Paid-for social media advertising added – <i>targeted posts</i>	w/c 11 th Dec
Digitally excluded	Leaflet drop to c.12,000 households rated highest for digital exclusion	w/c 11 th Dec
LGBT+ people	Additional targeted engagement (focus group + 1:1 interview)	19 th /20 th Dec

What we have heard

summary of key findings and themes from consultation feedback



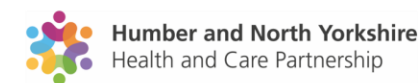
NOTE: Analysis is ongoing. Findings at this stage are provisional and subject to further validation – not for publication or onward circulation.

Interim findings include:

- There is a **recognition of the need to make changes** to address current challenges and improve services.
- The principle of continuing to deliver most urgent and emergency care services for the majority of patients at both Scunthorpe General Hospital (SGH) and Diana, Princess of Wales Hospital (DPoW) in Grimsby was broadly welcomed.
- Stakeholders expressed some concerns about the proposals being laid out, including:
 - Potential impacts on **quality of care**
 - Possible increased pressure on **ambulance services** due to longer journeys and increased numbers of hospital transfers
 - Concern regarding the **capacity at Grimsby** to manage the increased number of patients
 - Concerns relating to **access and transport** – including travel impact on visitors, families and staff
 - Questions regarding the impact on **current and future staffing**
- Suggestions of mitigations tended to focus on alleviating the challenges of longer journeys.
- ‘Alternative approaches’ focused on improving or expanding services everywhere, increasing staffing levels. Many respondents suggested that, if services were to be brought together, Scunthorpe would be a better location.

What we are considering

summary of our responses to key themes from consultation feedback



Conscientious consideration will be given to all feedback received. All issues and challenges that were highlighted through the consultation will be reviewed and taken into account by decision-makers when they consider the decision-making business case later this year. Below is a summary of some of the key issues that are under consideration, based on interim findings – this is not an exhaustive list and is subject to change.

What we've heard...



Key areas of concern include:

- Potential impacts on **quality of care** and patient outcomes
- Possible increased pressure on **ambulance services** and increased numbers of hospital transfers
- **Capacity at Grimsby** to manage the increased number of patients
- **Access and transport** – including travel impact on visitors, families and staff
- Impact on **current and future staffing** recruitment and retention

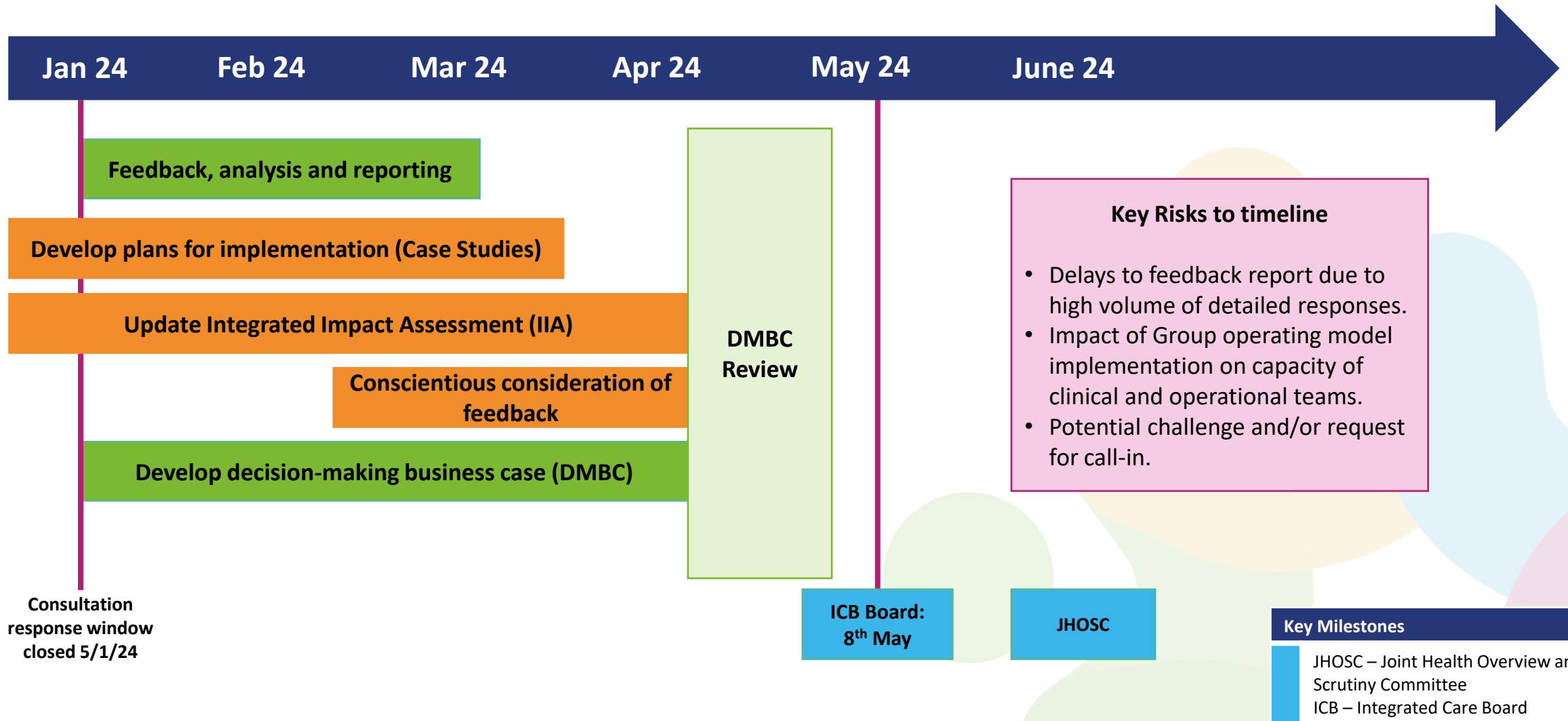
What we are considering...

In developing the Decision-Making Business Case over the coming months, we will:

- Consider all **safety and quality** concerns raised through the consultation and reviewing the proposed changes against issues raised.
- Update the **ambulance impact assessment** and develop outline plans for **inter-hospital transfer service**.
- Undertake **detailed demand and capacity analysis** of both sites to identify the requirement for beds, staff, theatres and equipment on both sites in line with any proposed changes to patient flows.
- **Update the transport action plan**, which is being developed by a multiagency transport working group.
- Undertake further **workforce modelling** to show current and future staffing requirements in line with any proposed changes.

NOTE: Analysis is ongoing. Findings at this stage are provisional and subject to further validation – not for publication or onward circulation.

Anticipated timeline for decision-making



Questions

Council of Governors Front Sheet

Agenda Item No: 4.3.1

Name of the Meeting	Council of Governors Annual Members' Meeting
Date of the Meeting	1 February 2024
Director Lead	
Contact Officer/Author	Alison Hurley, Assistant Trust Secretary
Title of the Report	Acronyms and Glossary of Terms
Executive Summary	A reference guide for any words, phrases or acronyms used during the meeting.
Background Information and/or Supporting Document(s) (if applicable)	
Prior Approval Process	N/A
Financial implication(s) (if applicable)	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	
Recommended action(s) required	<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

Sep 2023 – v8.5

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 – 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

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

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 – 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

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))

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

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

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*

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. 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

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

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

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 ICB 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.

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

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 - 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)

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 world leading 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

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

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

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

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

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

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