NHS
Northern Lincolnshire
and Goole
NHS Foundation Trust

AGENDA
A meeting of the Council of Governors
to be held on Thursday, 31 October 2024 at 14:00 to 17:00 hours
at the Main Boardroom, Diana, Princess of Wales Hospital, Grimsby

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	**14:00**
1.2	**Declarations of Interest** Sean Lyons, Group Chair	Verbal	Information	
1.3 1.3.1 1.3.2 1.3.3	**Minutes of the Previous Meetings:** Sean Lyons, Group Chair **Business Meeting 18 June 2024** **Annual Review Meeting 22 August 2024** **Annual Members' Meeting 12 September 2024**	Attached CoG(24)051 CoG(24)052 CoG(24)053	Approval	
1.4	**Urgent Matters Arising** Sean Lyons, Group Chair	Verbal	Information	
1.5	**Action Tracker – Public** Sean Lyons, Group Chair	CoG(24)054 Attached	Approval	
2.	**REPORTS AND UPDATES**			
2.1	**Group Chair's Update** Sean Lyons, Group Chair	CoG(24)055 Attached	Information	**14:10**
2.2	**Group Chief Executive's Update** Jonathan Lofthouse, Group Chief Executive	CoG(24)056 Attached	Information	
2.3 2.3.1 2.3.2 2.3.3	**Lead Governor's Update** Ian Reekie, Lead Governor **To include:** • **Appointments and Remuneration Committee Highlight Report** • **Membership and Public Engagement & Assurance Group Highlight Report (MPEAG)** • **Membership and Public Engagement & Assurance Group (MPEAG) Activity Report**	CoG(24)057 Attached	Information / Assurance	
	BREAK - 15:00 – 15:10			
3.	**BOARD COMMITTEES-IN-COMMON HIGHLIGHT / ESCALATION REPORTS**			
3.1	**Audit, Risk & Governance Committees-in-Common (CiC) Highlight / Escalation Report** Simon Parkes, Non-Executive Director CiC Chair	CoG(24)058 Attached	Assurance	**15:10**
3.2	**Capital & Major Projects CiC Highlight / Escalation Report** Gill Ponder, Non-Executive Director CiC Chair	CoG(24)059 Attached	Assurance	**15:20**
3.3	**Performance, Estates and Finance CiC Highlight / Escalation Report** Gill Ponder, Non-Executive Director CiC Chair	CoG(24)060 Attached	Assurance	**15:30**
3.4	**Quality & Safety CiC Highlight Report / Escalation Report** Sue Liburd, Non-Executive Director CiC Chair	CoG(24)061 Attached	Assurance	**15:40**

3.5	**Workforce, Education & Culture CiC Highlight / Escalation Report** Sue Liburd, Non-Executive Director CiC Chair	CoG(24)062 Attached	Assurance	**15:50**
4. COG BUSINESS ITEMS				
4.1	**Integrated Care System (ICS) Working – including Place, the Collaborative of Acute Providers and Integrated Care Board (ICB)** Jonathan Lofthouse, Group Chief Executive	CoG(24)063 Attached	Information	**16:00**
4.2	**Culture and Leadership Transformation** Simon Nearney, Group Chief People Officer	CoG(24)064 Attached	Information	**16:20**
4.3	**Governor Elections and Extension to Governor Term of Office** Alison Hurley, Deputy Director of Assurance	CoG(24)065 Attached	Approval / Information	**16:35**
4.4	**Proposed Governor Induction and Mandatory Training Plans** Alison Hurley, Deputy Director of Assurance	CoG(24)066 Attached	Approval / Information	**16:40**
4.5	**Lead/Deputy Lead Governor Plans** Alison Hurley, Deputy Director of Assurance	CoG(24)067 Attached	Information	**16:45**
5. OTHER				
5.1	**Questions from Governors** Sean Lyons, Group Chair	Verbal	Information	**16:50**
5.2	**Questions from the Public** Sean Lyons, Group Chair	Verbal	Information	
5.3	**Items for Information / To Note (as per Appendix A)** Sean Lyons, Group Chair	Verbal	Information	
5.4	**Any Other Urgent Business** Sean Lyons, Group Chair	Verbal	Information	
5.5	**Matters to be escalated to the Trust Board** Sean Lyons, Group Chair	Verbal	Information	
5.6	**Council Performance, Meeting Reflection & Timings Review** Sean Lyons, Group Chair	CoG(24)072 Attached	Information	
6. DATE OF THE NEXT MEETING				
6.1	The next meeting of the Council of Governors will be held on: Council of Governors Business Meeting Thursday 9 January 2025 from 14:00 - 17:00 hours (TBC) Venue or via MS Teams (TBC)			

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.

5.3.	Items for Information		
5.3.1	Finance Report	Mark Brearley, Interim Group Chief Financial Officer	CoG(24)068 Attached
5.3.2	Board Assurance Framework (BAF)	David Sharif, Group Director of Assurance	CoG(24)069 Attached
5.3.3	Integrated Performance Report (IPR)	Adam Creeggan, Group Director of Planning & Performance	CoG(24)070 Attached
5.3.4	Acronyms & Glossary of Terms	Alison Hurley, Deputy Director of Assurance	CoG(24)071 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.

COUNCIL OF GOVERNORS BUSINESS MEETING
Minutes of the meeting held on Tuesday, 18 June 2024
at 09:00 to 12:30 hours at the Main Boardroom, Diana, Princess of Wales Hospital and via MS Teams

For the purpose of transacting the business set out below:

Present:

Core Members:

Sean Lyons	Group Chair
Ahmed Aftab	Staff Governor
Kevin Allen	Public Governor (partial virtual attendance)
Paula Ashcroft	Public Governor (partial virtual attendance)
Diana Barnes	Public Governor (virtual)
Mike Bateson	Public Governor (virtual)
David Cuckson	Public Governor
Karen Green	Public Governor (virtual)
Paul Henderson	Stakeholder Governor
David James	Public Governor
Emma Mundey	Stakeholder Governor (virtual)
Rob Pickersgill	Deputy Lead Governor (virtual)
Caroline Ridgway	Public Governor
Dr Gorajala Vijay	Public Governor

In Attendance:

Julie Beilby	Associate Non-Executive Director
Paul Bytheway	Interim Group Chief Delivery Officer
Adam Creeggan	Group Director of Performance (virtual)
Andy Haywood	Group Chief Digital Officer
Alison Hurley	Deputy Director of Assurance
Sue Liburd	Non-Executive Director
Jonathan Lofthouse	Group Chief Executive
Ivan McConnell	Group Chief Strategy and Partnerships Officer
Simon Parkes	Non-Executive Director
Gill Ponder	Non-Executive Director
Carla Ramsay	Chief of Staff
David Sharif	Group Director of Assurance
Amanda Stanford	Group Chief Nurse
Dr Kate Wood	Group Chief Medical Officer
Suzanne Maclennan	Corporate Governance Officer (minutes)

KEY
HUTH - Hull University Teaching Hospitals NHS Trust
NLaG – Northern Lincolnshire & Goole NHS Foundation Trust

1. CORE BUSINESS ITEMS

1.1 Welcome and Apologies for Absence

The Group Chair welcomed those present to the Council of Governors (CoG) business meeting in public. A particular welcome to Councillor Paul Henderson (new stakeholder governor), Amanda Stanford (new Group Chief Nurse) and Paul Bytheway (new Interim Group Chief Delivery Officer) at the first meeting since either being nominated to the CoG or appointed in post.

1.2 Declarations of Interest

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

1.3 To approve the minutes of the previous Council of Governors Business Meeting held on 18 April 2024

The minutes of the Business meeting held on the 18 April 2024 were accepted as a true and accurate record.

1.4 Urgent Matters Arising

Sean Lyons invited members to raise any matters requiring discussion not captured on the agenda. None were raised.

1.5 CoG Action Tracker - Public

The Council agreed to archive the three actions noted as complete and move them to the closed section. The remaining item would be covered later on the agenda with the Digital update from Andy Haywood, Group Chief Digital Officer.

2. BOARD COMMITTEES-IN-COMMON HIGHLIGHT / ESCALATION REPORTS

2.1 Audit, Risk and Governance Committees-in-Common Highlight Report

Simon Parkes provided an overview of the report, noted the committee's busy agenda and highlighted there were no significant areas to draw the Council's attention to. Simon Parkes welcomed any questions and none were received.

<u>The agenda returned to item 1.1 to address apologies for absence</u>

Alison Hurley provided details of apologies for absence for Public Governors Jeremy Baskett and Ian Reekie and Staff Governors Raquel Jakins and Corrin Manaley

Apologies were also received for Lee Bond, Group Chief Financial Officer, Stuart Hall, Associate Non-Executive Director, Linda Jackson, Vice Chair, Simon Nearney, Group Chief People Officer and Kate Truscott, Non-Executive Director (who was represented by Sue Liburd).

Sean Lyons reported that sadly Tony Burndred had resigned as a public Governor and informed members that a letter of appreciation on behalf of the CoG had been written and sent to him.

The agenda resumed with item 2.2

2.2   **Capital and Major Projects Committees-in-Common Highlight Report**

Gill Ponder provided a summary of the report and highlighted the draft Capital Programme. It was reported that assurance was received for the technical success of the Digital Plan Delivery although additional assurance had been sought regarding mitigations and identified timescales. Sean Lyons requested questions on the report. None were received.

2.3   **Performance, Estates and Finance Committees-in-Common Highlight Report**

Gill Ponder confirmed the Trust had achieved the 2023-24 Financial Plan and provided an overview of the report. It was noted that the 2024-25 Financial Plan may be re-set again in year especially with a new potential Government in place.

David Cuckson requested a further update on cancelled operations, theatre utilisation and late starts and whether an improvement had been noticeable yet. Gill Ponder hoped improvement would be seen, and informed members that steps were being taken such as an extra case added to theatre lists in areas where there was the opportunity to do so. It was too soon to report whether the steps had been effective.
Sean Lyons reported the Trust was under significant pressure to perform financially and requested Governors highlight any inefficiencies or suggest any cost saving ideas.

Mike Bateson queried whether the Cost Improvement Plan (CIP) was being viewed from system level or by the Trust. In response Jonathan Lofthouse confirmed that most organisations across our Integrated Care Board (ICB) were in a similar position. It was reported that Harrogate and District NHS Foundation Trust and York and Scarborough Teaching Hospital NHS Foundation Trust along with NLaG had all been subject to a 6.5-7% CIP. The ICB had taken a diagnostic of opportunity at system level and utilised the accountancy company Grant Thornton UK LLP. Jonathan Lofthouse highlighted the system level budget was approximately £3.9 billion and the assessment by Grant Thornton UK LLP had drawn out efficiencies of £174 million. Through a range of work schemes either home grown or sentiments suggested by the ICB plans the Trust were confident with the plans in place although they were not without risk. Jonathan Lofthouse confirmed there was shared learning within the Group.

Kevin Allen requested an update on £20 million for the geothermal heating system project at Scunthorpe General Hospital (SGH). Jonathan Lofthouse reported that the Trust had the opportunity to apply for additional national capital specifically to improve heating sustainability resilience at SGH. It was confirmed the Trust had received approximately £26 million over two years to enable improvements to be made in the physical engineering of heating and water. Additionally, the Trust were providing £5.5 - 7 million to support the work resulting in a modernised boiler, heating and air flow infrastructure. An engineering update was required regarding

the boreholes which had laid fallow and whether the intention was to utilise them in the project.

In response to a query from Ahmed Aftab about the challenging CIP Jonathan Lofthouse confirmed that should any organisation fall behind plan a reset of the timeline for delivery would be anticipated. It was reported that a treasury conversion of pre-allocated capital to revenue took place last year and for the 2025-26 period £3.5 billion had been allocated to technological developments within the health care sector which could be brokered into this financial year should the need arise.

Sean Lyons hoped for more stable industrial relations in the near future.

David Cuckson queried the reason behind the loss of income from catering and retail outlets. In response Gill Ponder confirmed this was an issue which solely related to HUTH and not NLaG. Jonathan Lofthouse provided some clarity by confirming the catering provisions on the south bank were commercially provided and on the north bank were provided by NHS staff. It was reported there had been a loss on the north bank of approximately £490,000 and prices across all sites would be equalised. Mr Ahmed Aftab advised that the difference in pricing at the catering outlets at HUTH compared to NLaG had been noted by staff and alignment with pricing would we welcomed.

2.4 **Quality and Safety Committees-in-Common Highlight Report**

Sue Liburd provided a summary of the report and advised that since writing the report formal notification had been received that the Trust had exited the Maternity Special Measures Programme, which was confirmed by Jonathan Lofthouse. It was reported that the first meeting of the Group Maternity Assurance Committee-in-Common was scheduled for 21 June 2024 and Yvonne McGrath had been newly appointed as the Director of Maternity Services.

Sue Liburd reported that reasonable assurance was received with regards to Patient Experience and the committees noted the change in the complexity of complaints. The top themes within complaints were reported as clinical and nursing care, communication and a small number related to staff behaviour.

The Trust were noted as a potential national outlier in clinical effectiveness in relation to delirium with an improving position. It was highlighted the Trust's poor previous performance of 26% in 2020 had improved to 75% in 2023, and there was an action plan in place and monitoring continued.

In response to a query from Mr Ahmed Aftab, Dr Kate Wood confirmed the National Institute for Health Care Excellence (NICE) guidance was measured by the number of NICE approvals the Trust was working towards the number of patients Jonathan Lofthouse outlined the delay between NICE guidance issued and the application was due to commissioner decision making about whether to adopt the guidance. Dr Kate Wood reported that if it was determined to not follow a section of NICE guidance due to limitations then a formal request of derogation would be submitted.

Karen Green queried the level of assurance regarding the quality of the replies to complaints received. Jonathan Lofthouse confirmed personally reading all

complaint responses for the Group and corrected them accordingly where necessary. It was reported that the quality of complaint responses from NLaG were the best Jonathan Lofthouse had seen in 30 years of NHS service and the number of complainants who sought further information was very low. Paul Bytheway advised that the NLaG process would be mirrored on the north bank in due course. Amanda Stanford confirmed the need to ensure that any change of practice was also addressed following a complaint.

2.5 **Workforce, Education and Culture Committees-in-Common Highlight Report**

The report was taken as read and Sue Liburd highlighted four key areas which were NHS England (NHSE) removal of funding for resilience hubs in all NHS trusts from September 2024, financial implications of the Band 2 and 3 uplift, reduction in agency spend and consultant medical vacancies.

Sue Liburd reported a substantial reduction in agency spend from 4,000 hours/week in the week commencing 25th March to 1,400 hours/week a month later by implementing the agreed actions.

David Cuckson commended the tremendous result in the reduction of agency spend and requested more information on the steps taken to achieve this. Jonathan Lofthouse confirmed a combination of factors such as the application of real grip and control which had been applied and embraced. The amendment to how units such as same day emergency care (SDEC) were utilised, moving commercial agency staff to substantive posts and being critical in the scrutiny of 'staffing to need' and not 'to bed base available' were highlighted. It was reported the Trust would be in a strong position with substantive staffing around autumn time.

Rob Pickersgill requested further information on the leadership and management training programme. Sue Liburd confirmed that leadership remained a priority including the nature of leadership development and advised the committees would be conducting a deep dive at the next meeting. Jonathan Lofthouse confirmed there was executive ring-fenced monies included in the launch plans of the 14 Care Groups within year one of the Group structure. The Group Strategy would be released in July alongside the cultural engagement work.

Karen Green requested further assurance regarding the reduction in agency spend and safe staffing levels. Jonathan Lofthouse reported the Trust had dramatically improved recruitment to substantive posts within all disciplines, particularly nursing. It was anticipated that by November 2024 there would be no vacancies. Amanda Stanford highlighted the Trust used the National Quality Board approach to safe staffing which was reviewed daily by matrons and the processes in place were strong.

Mr Ahmed Aftab queried whether staff capacity was satisfactory on weekends. Jonathan Lofthouse outlined the need to unlock the Group capacity to work as single teams for several currently split services, as this would ensure the best outcome for the investment made and help to modernise the service provision. Sean Lyons echoed that all staff needed the best conditions to enable them to provide the best daily service.

Following a brief discussion, Sean Lyons reiterated the need for staff to positively interact with each other with respect and compassion as per the new Group Values.

3. REPORTS AND UPDATES

3.1 Group Chair's Update

The report was taken as read and Sean Lyons provided a brief summary. The Council were asked to note the tribute to Shaun Stacey and to welcome Paul Bytheway as the Interim Group Chief Delivery Officer, to note the resignation of Mike Robson, Non-Executive Director (NED), who had been replaced by Helen Wright with Tony Curry fulfilling the role of Senior Independent Director (SID). It was reported that Professor Laura Threadgold was the Hull University nominee as a HUTH NED and would commence in this position in July 2024.

Sean Lyons welcomed any questions. None were received.

3.2 Group Chief Executive's Update

An overview of the report was provided by Jonathan Lofthouse, who confirmed this was an appropriately tailored report due to the pre-election period.

Dr Kate Wood reported that the national Infected Blood inquiry had very little impact for NLaG and more of an issue for HUTH. Appropriate communication with patients had been provided along with a point of contact. This had impacted less than ten patients on the south bank. Dr Kate Wood expressed sadness that the Group had been involved.

David Sharif provided an overview of the Trust's non-statutory involvement with the Fuller Inquiry with a fulsome approach to the improvement in mortuary services which would involve providing documents to support security protocol and audits. David Sharif reported that the perpetrator from the mortuary incident on 17 March 2024 at Diana, Princess of Wales Hospital (DPoW) had pleaded guilty and would be sentenced on 21 June 2024.

Amanda Stanford provided an update on the positive inspection visit from the Care Quality Commission (CQC) on 24 May 2024 when a patient pathway was walked through. It was reported that a productive and professional relationship was built with the regulators based on transparency.

Jonathan Lofthouse reported that executive teams from the Group had met with the executive teams from Harrogate and District NHS Foundation Trust and York and Scarborough Teaching Hospital NHS Foundation Trust to further develop shared learning and maximise system capacity.

Kevin Allen left the meeting at 10:30 hours

Jonathan Lofthouse celebrated the success of endoscopy services on the south bank having recently passed the national Joint Advisory Group (JAG) accreditation.

Ivan McConnell highlighted the multiple engagement events which had taken place in the development of the Group Strategy Framework. It was reported there had

been 242 responses to the survey for staff and stakeholders. The Group Strategy was on schedule to be published in July.

The financial performance was noted at month two as a break-even position.

Jonathan Lofthouse reported that the pride flags had been raised across the hospital sites on 5 June 2024 which officially opened pride season. On the 12 July 2024 there would be an inclusion celebration event for the Group with workshops and presentations taking place.

David Cuckson requested clarification on the tiering system in relation to the NHSE Elective Recovery Programme. Jonathan Lofthouse confirmed that Tier 1 was the highest state of oversight and escalation which meant more money would be provided to improve performance and also provided the opportunity to bid against £1.6 million investment.

Mike Bateson sought assurance on the level of security following the mortuary incident at DPoW. Jonathan Lofthouse reported that Humberside Police had been requested to assess the security of all five mortuary environments and made recommendations on how it could be enhanced. The recommendations were checked against national guidance and an investment of £150,000 had been identified to introduce additional security measures. The work was nearing completion and Jonathan Lofthouse felt assured that the actions would significantly enhance security once completed.

Mike Bateson queried how the decision was made to spend the legacy donation of £326,000 from Mrs Elizabeth Fairchild on dementia facilities. Gill Ponder confirmed that the money was stipulated to be spent at SGH with staff and members of the Health Tree Foundation Trustees' Committee requested to submit ideas. Following discussions, it was agreed that the biggest impact would be to improve the dementia facilities which would provide a physical lasting legacy.

3.3 **Lead Governor's Update**

Sean Lyons and Simon Parkes recused themselves from the meeting at 10:40 hours for agenda item 3.3.1

Rob Pickersgill highlighted the excellent cohort of NEDs following appointments over recent years and recommended the following to the Council from the Appointments and Remuneration Committee (ARC):

- that, subject to the Joint Chair indicating that he is willing to continue in the role and the concurrence of NHS England, Sean Lyons be reappointed as Joint Chair for a further three-year term
- that Linda Jackson be re-appointed as Vice Chair for a further period of one year
- that Simon Parkes be re-appointed as a NED and Audit Committee Chair for a further period of three years.

The Council approved the above recommendations.

Sean Lyons and Simon Parkes re-joined the meeting at 10:42 hours

Rob Pickersgill provided an overview of the Membership and Public Engagement & Assurance Group (MPEAG) report including the Individual Governor Engagement Activity Report and recommended the following to the Council:

- that a new governor membership and public engagement strategy be developed in conjunction with an overarching NHS Humber Health Partnership communications and engagement strategy
- that the new strategy should concentrate on communication and engagement with FT public members to avoid giving FT staff members preferential engagement opportunities compared to other Group employees
- that the new strategy should prioritise developing broader public engagement opportunities rather than focusing on new member recruitment
- that, notwithstanding the different statutory basis of the two trusts, the Boards-in-Common be urged to consider developing some form of HUTH representative patient/public involvement forum equivalent to NLaG membership
- that a governor editorial board be established to work with the Communications Team to oversee FT member communication and develop governor-initiated content
- that a pilot programme of member/public events be reintroduced on a trial basis
- that an engagement techniques training programme be developed for governors to include interactional observation

The Council approved the above recommendations.

Sean Lyons queried whether any of these areas could be weaved into the Strategic Development. Ivan McConnell suggested there should be consideration for the Trusts role at Place level and how relationships could be enhanced through collaboration. Sean Lyons suggested consideration of public interest on the north bank equivalent to the Governors on the south bank with further discussions required.

A break took place at 10:47 hours and the meeting resumed at 11:05 hours. Dr Kate Wood left the meeting during the break and Andy Haywood joined.

4. **COG BUSINESS ITEMS**

4.1 **Operational and Financial Plan 2024-25**

Ivan McConnell and Adam Creeggan delivered the presentation and welcomed any questions.

Paula Ashcroft left the meeting at 11:25 hours

Rob Pickersgill queried what methodologies would be applied to productivity improvement. In response Adam Creeggan noted that productivity covered a number of guises, such as a reduction in no criteria to reside (NCTR) beds which would drive a reduction in length of stay (LoS) and stretching activity through the same cost base. All of these would be tracked along with the activity plans. Ivan McConnell confirmed that national baselines and college standards were used to create baseline expectations. The monitoring would take place monthly along with

monitoring of weekly trajectories and additionally daily trajectories for theatre productivity.

Mike Bateson requested further information on the decreased follow-up activity whilst ensuring quality of care for patients. Ivan McConnell highlighted that currently all patients received a follow-up appointment which may not be necessary, but created increased demand and increased waiting times. The plan was to review pathways alongside colleagues in primary care and utilise the patient-initiated follow-up (PIFU) process.

Rob Pickersgill queried whether the support to GP services would include access to SDEC. Adam Creeggan suggested there were further opportunities to improve direct admissions to SDEC. It was reported that the more substantial opportunities were in elective care, to work with GPs to reshape pathways and mitigate inappropriate referrals.

Sean Lyons suggested the Integrated Performance Report (IPR) should be included in the CoG papers as an item for information.

Action: IPR to be added to the CoG business meeting agenda as an item for information

Adam Creeggan left the meeting at 11:51 hours

4.2   **Group Digital Developments to include Electronic Patients Records (EPR)**

Andy Haywood initially apologised for the problems incurred with the technology during the meeting and then delivered the presentation. Governors were asked to consider how they would want to be involved and whether the report content was appropriate.

David Cuckson queried whether contact had been made with EPR providers. In response Andy Haywood confirmed that several rounds of pre-tender market engagement had taken place abiding by the stringent national procurement processes. This had resulted in outlined pricing with only informal dialogue allowed at present. There had been eight responses to the last round of pre-tender engagement and a further round was anticipated shortly.

Karen Green reported electronic feedback/interference on Microsoft Teams during the presentation and therefore felt unable to ask any questions. Having been the nurse lead on the development and implementation of the WebV system Karen Green was keen to offer support to digital developments. Andy Haywood was very appreciative and agreed to meet to discuss further.

Sean Lyons suggested Governors views were important in this area and with Karen Green as the first point of contact a follow up session would prove valuable. Caroline Ridgway was also keen to be involved in discussions having previously taught this subject. Andy Haywood agreed to arrange a separate session for Governors.

Action: Andy Haywood to arrange a Governor session for further discussion on digital developments

5. **ITEMS FOR APPROVAL**

5.1 **Appointments and Remuneration Committee (ARC) Terms of Reference**

David Sharif presented the ARC Terms of Reference and highlighted there had been a number of minor amendments and suggestions included in the update.

A discussion took place regarding the content for Chair and NED appraisals and whether it reflected the latest NHSE guidance. It was agreed that the document would be further updated and virtually returned to the ARC and subsequently the CoG for approval.

Actions:
- David Sharif to further amend the ARC Terms of Reference
- Seek ARC members' virtual approval of revised ARC Terms of Reference
- Following ARC approval, seek CoG approval of revised ARC Terms of Reference

6. **OTHER**

6.1 **Questions from Governors**

Sean Lyons welcomed any questions.

In response to a query from David Cuckson it was confirmed by Jonathan Lofthouse that there was energy and excitement amongst the 860 consultants regarding the formation of the Group. It was reported that all consultants were now within cross organisation teams and broadly comfortable with shared learning and insight. There were further areas to align with mirrored behaviours and actions across the entire Group.

6.2 **Questions from the Public**

There were no members of the public present.

6.3 **Items for Information / To Note**

Sean Lyons drew the Council's attention to the items for information in Appendix A which were the Quality Account 2023/24, Finance Report, the Board Assurance Framework (BAF) and the Acronyms and Glossary of Terms.

6.4 **Any other Urgent Business**

Sean Lyons requested any other urgent business items and none were raised.

6.5 **Matters to be escalated to the Trust Board**

Sean Lyons welcomed matters to be escalated to the Trust Board and none were raised.

6.6 **Council Performance and Reflection**

With the exception of technology issues experienced during the meeting there were no further items raised.

7.   DATE AND TIME OF THE NEXT MEETING

7.1   **Date and Time of the next Council of Governors meeting:**

Thursday, 22 August 2024 at 14:00 – 17:00 hours to be held in the Grays Room or via MS Teams

The Group Chair closed the meeting at 12:05 hours.

Cumulative Record of Governor's / Executive's and NED Attendance 2024/2025 - Public

Name	Possible	Actual	Name	Possible	Actual
Ahmed Aftab	2	2	Raquel Jakins	2	1
Kevin Allen	2	2	David James	2	2
Paula Ashcroft	2	1	Corrin Manaley	2	1
Diana Barnes	2	2	Emma Mundey	2	1
Jeremy Baskett	2	1	Shiv Nand	2	1
Mike Bateson	2	2	Anthonia Nwafor	0	0
Tony Burndred	1	0	Rob Pickersgill	2	2
David Cuckson	2	2	Ian Reekie	2	1
Karen Green	2	1	Caroline Ridgway	2	2
Paul Henderson	1	1	Dr Gorajala Vijay	2	1
David Howard	2	1			

Name	Possible	Actual	Name	Possible	Actual
Lee Bond	2	0	David Sharif	2	2
Paul Bytheway	1	1	Shaun Stacey	1	1
Jonathan Lofthouse	2	2	Amanda Stanford	1	1
Ivan McConnell	2	2	Dr Kate Wood	2	1
Simon Nearney	2	1			

Name	Possible	Actual	Name	Possible	Actual
Julie Beilby	2	2	Sean Lyons	2	2
Stuart Hall	2	1	Simon Parkes	2	2
Linda Jackson	2	1	Gillian Ponder	2	2
Sue Liburd	2	2	Kate Truscott	2	1

COUNCIL OF GOVERNORS ANNUAL REVIEW MEETING
**Minutes of the meeting held on Thursday, 22 August 2024
at 14:00 to 16:00 hours at the Nightingale Room, Scunthorpe General Hospital and via
MS Teams**

For the purpose of transacting the business set out below:

Present:

Core Members:

Linda Jackson	Trust Vice Chair
Ahmed Aftab	Staff Governor
Kevin Allen	Public Governor
Paula Ashcroft	Public Governor (virtual)
Diana Barnes	Public Governor (virtual)
Jeremy Baskett	Public Governor
David Cuckson	Public Governor
Paul Henderson	Stakeholder Governor
Ian Reekie	Lead Governor
Caroline Ridgway	Public Governor

In Attendance:

Julie Beilby	Associate Non-Executive Director (virtual)
Alison Hurley	Deputy Director of Assurance
Sue Liburd	Non-Executive Director
Simon Parkes	Non-Executive Director (virtual)
Gill Ponder	Non-Executive Director
David Sharif	Group Director of Assurance
Suzanne Maclennan	Corporate Governance Officer (minutes)

KEY
HUTH - Hull University Teaching Hospitals NHS Trust
NLaG – Northern Lincolnshire & Goole NHS Foundation Trust

1. CORE BUSINESS ITEMS

1.1 Welcome and Apologies for Absence

Linda Jackson, Trust Vice Chair, welcomed those present to the Council of Governors (CoG) Annual Review Meeting (ARM).

Alison Hurley provided details of apologies for absence for:
> Public Governors - Mike Bateson, Karen Green, David James, Shiv Nand and Dr Vijay
> Staff Governor - Corrin Manaley
> Stakeholder Governors – Cllr David Howard and Emma Mundey

Apologies were also received for Sean Lyons, Group Chair (represented by Linda Jackson).and Kate Truscott, Non-Executive Director (represented by Sue Liburd).

Linda Jackson asked the Council to note that Raquel Jakins had unfortunately resigned as a Staff Governor with immediate effect due to personal circumstances.

1.2 Declarations of Interest

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

1.3 To receive the approved minutes of the previous Council of Governors Annual Review Meeting held on 22 June 2023

Jeremy Baskett requested apologies to be noted at the previous Annual Review Meeting (ARM) as it had been omitted from the minutes.

The approved minutes of the previous Annual Review Meeting held on the 22 June 2023 were received.

Action: Include apologies for Jeremy Baskett in 2023 CoG ARM minutes

1.4 Urgent Matters Arising

Linda Jackson invited members to raise any matters requiring discussion not captured on the agenda. None were raised.

1.5 CoG Action Tracker - Public

The Council reviewed the three actions noted as in progress which were all ongoing with plans in place to be completed.

2. REVIEW OF OPERATION AND PERFORMANCE

2.1 Role of the Governors

Linda Jackson thanked the Governors who had completed the Framework document as participation numbers had significantly improved since last year. Gratitude was also expressed to the Corporate Assurance team for collating the feedback in a concise format.

Alison Hurley highlighted some overarching themes which would be discussed in more detail later in the meeting, these were:

- The timings of Council of Governors (CoG) meetings to be reviewed
- The new accreditation scheme replacing the 15 Steps Ward Reviews
- Appropriateness of the current Trust induction for Governors
- Engagement opportunities for Governors
- The Role of the NLaG Governor in relation to the Integrated Care System (ICS)

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

A mixed overall response was given to this question, with the majority of Governors choosing a rating of R3 and R4 and three Governors provided a rating of R2. Alison Hurley highlighted the key points to consider from the Collated Framework document.

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

Alison Hurley reported that 92% of Governors were satisfied with the level of attendance and engagement with the Trust Board.

Ian Reekie was interested to hear from the NEDs regarding how easy they had felt it was to engage with the Governors. The NEDs present all highlighted a positive relationship with Governors which was described as constructive, accessible and helpful.

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

Alison Hurley reported a positive response by 100% of Governors to this question.

2.1 (d) Do the Lead/Deputy Lead Governors keep you informed of developments of interest to Governors between meetings and effectively represent the interests of Governors in discussions with the Group Chair/Vice Chair and Group Director of Corporate Assurance/ Deputy Director of Corporate Assurance?

Alison Hurley reported the majority of Governors had provided a positive response to this question although one rating of R1 was received with no further comment.

Ian Reekie thanked the Governors for the positive feedback. The need for succession planning was highlighted as vital due to the upcoming retirement of Rob Pickersgill and no guarantee that Ian Reekie would be re-elected as a Governor in November 2024. Ian Reekie appealed to Governor colleagues to seek further information on the roles of Lead/Deputy Lead Governor with himself or the Corporate Assurance team.

Alison Hurley confirmed expressions of interest had been sought for the two roles which had resulted in only one potential candidate for the Deputy Lead Governor role. Linda Jackson re-iterated the importance of these roles which required a good line of communication to ensure any actions are completed, particularly with the formation of the Group.

2.2   **Engagement with Members and Stakeholders**

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

A mixed response to this question was highlighted by Alison Hurley, with some Governors actively engaged regularly compared to others who felt a more structured approach was required.

Alison Hurley reported the Engagement Protocol had been created to support Governors and provide a model approach to use along with the information sheet for signposting. The issues raised had been recognised and any resultant actions were being managed by the Membership and Public Engagement & Assurance Group (MPEAG). Linda Jackson confirmed that engagement was not a new issue and the MPEAG had been constituted to address these areas of work.

Ian Reekie reported how pleasantly surprised he had been by the recent Governor Drop-in sessions and added that the use of the IT tablets for recording feedback had been a welcome addition. Alison Hurley thanked Katrina Vorley for sourcing the tablets from another department and creating the MS electronic feedback form. The Patient Experience team had been consulted on any current topics of interest to them which formed the questions in the form.

Kevin Allen reported that one of the questions related to patients leaving the hospital but patients were sometimes asked on the way into their appointment before they had experienced the services. It was suggested that waiting rooms or hospital exit areas would be more suitable locations for this question. Alison Hurley reported that following advice from the Patient Experience team outpatient waiting rooms were not considered appropriate locations to conduct the drop-in sessions but alternatives would be investigated. It was also confirmed that the questions on the feedback form would be adapted for each drop-in session to ensure relevant information was captured in liaison with the Patient Experience team.

David Cuckson suggested that a monthly bulletin could be sent to members following the recent cleanse of the database. Alison Hurley confirmed that the Communications team sent a quarterly newsletter to members. David Cuckson and Caroline Ridgway highlighted they had not received it. Alison Hurley ensured this would be investigated.

Cllr Paul Henderson suggested creating an electronic exit survey having regularly used surveys through an engaged Facebook group on behalf of the council. Alison Hurley and Cllr Paul Henderson agreed to arrange a meeting to discuss this further.

Action:
- Review Governor entries on the Castle Membership database and liaise with the Communications team regarding circulation of Members' newsletters
- Alison Hurley and Cllr Paul Henderson to discuss the use of electronic surveys for capturing feedback

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

A mixed overall response was given to this question with one key comment highlighted which stated 'I do at every opportunity, but could always do more if time permitted'. It was noted that several Governors could probably agree with this statement. Linda Jackson was not surprised at the scoring for this question due to the similar collection of issues to the previous question.

2.3   **Accountability**

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

Alison Hurley reported the majority of Governors had provided a positive response to this question and highlighted the key comments.

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

Alison Hurley drew the Council's attention to one response in particular which provided a rating of R1 although the accompanying comment noted the principle as sound. It was noted that although there had been a shortage in companies prepared to tender for the audit work the criteria had been found to be effective.

Cllr Paul Henderson queried whether the principles remained correct if there had been difficulties in recruiting an external auditor. In response, Simon Parkes confirmed the audit market was currently very difficult with audit companies under increased pressure from their regulators. Careful consideration would be needed when going out for tender in the future due to significant difficulties within the public sector as a whole. Ian Reekie concurred and referred to the abolishment of the Audit Commission by the previous government which had been a sound basis for public sector audit. Simon Parkes suggested an update regarding the state of the market and consultation with Governors at the beginning of the next recruitment cycle.

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

Alison Hurley confirmed that 92% of Governor responses were positive and highlighted the comments in relations to the overuse of jargon and acronyms in reports and presentations. This point had been raised in the previous CoG ARM and should be addressed particularly as the CoG papers were available to the public. It was noted that the Acronyms and Glossary of Terms document provided as an item for information would be also be reviewed and updated accordingly.

Actions:

- Review and update the Acronyms and Glossary of Terms document
- David Sharif to highlight the overuse of jargon and acronyms to the Executive Team

2.3 (d) Do you feel appropriately briefed on values and all policies and procedures adopted by the Trust?

92% of Governor responses were positive and Alison Hurley highlighted the key points from the Collated Framework document.

2.4   **Conduct of Meetings**

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

Alison Hurley reported that 77% of Governors felt the size of the CoG remained fit for purpose. One comment suggested only having two public Governors from each constituency. It was explained that each constituency had a representative number of Governors to sufficiently cover the geographical area of the constituency as per the previous review of the composition of the CoG.

David Cuckson suggested that less Governors could also cause quoracy issues at meetings.

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

There were 12 Governors who thought the workload and balance was correct. Alison Hurley highlighted the standout comment was the current schedule of CoG and MPEAG meetings supplemented by ad-hoc briefings appears to be working effectively.

Cllr Paul Henderson highlighted the number of meetings and corresponding papers and queried what the expectation was from Governors. Alison Hurley provided an overview which could also be found in the Governor Handbook. A general guide was for Governors to make every effort to attend the CoG business meetings and attend briefings where possible. A standard practice was for meetings and briefings to be recorded should anyone wish to view them at their leisure. Alison Hurley agreed to provide Governors with an e-mail outlining the attendance requirements at essential meetings.

Linda Jackson reported that David Sharif was currently working on a project to streamline meeting papers due to the large volume being received currently. It was noted that it would be difficult to find a balance due to a personal preference of what was an appropriate level of information.

Action: Alison Hurley to clarify essential meeting attendance requirements for Governors

2.4 (c) Are the agenda, minutes and supporting documents circulated in good time for meetings. Are Governors satisfied that you are

provided with the key information on the performance of the Trust to be able to discharge your duties as a Governor?

The majority of Governors rated this R3 or R4. One Governor rated it R2 which related to the volume of Quality and Safety Committees-in-Common papers which were not administered by the Foundation Trust Office.

2.4 (d) Does the Group Chair ensure the Trust Board and CoG work together effectively?

Alison Hurley reported that 12 out of the 13 Governors who responded felt the Group Chair and CoG worked effectively together and positive comments were noted in relation to this.

2.4 (e) Are you provided with information on ICS plans, decisions and delivery that directly affect the organisation and its patients?

The majority of Governors felt this had been appropriate. Alison Hurley highlighted that both Sean Lyons and Ivan McConnell were passionate about this area of work. It was reported that Sean Lyons would be working with the Place Directors to clarify some points.

Cllr Paul Henderson advised of membership on the Health and Social Care Scrutiny Committee at North East Lincolnshire Council and confirmed the Place based approach was not under way at the moment. Linda Jackson advised this was a priority for the year ahead across all Place partnerships.

Ian Reekie informed members that the Integrated Care Board (ICB) had been transparent in their decision making with monthly meetings available to attend or recordings to view afterwards. Ian Reekie queried why Place Partnership meetings were not held in public. Linda Jackson reported that Sean Lyons and the NEDs were currently considering ways to integrate with the Place Partnerships. Jeremy Baskett requested this included the Lincolnshire area too.

2.5   **Personal Development**

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

It was reported that 69% of Governors rated this requirement with a positive response of either R3 or R4 and three Governors provided a response of R2. Alison Hurley advised that the NHS Providers Governor Focus Conference was offered to Governors annually along with all with the workshops offered free of charge. If any Governors would like to take part in the NHS Providers GovernWell courses this could be arranged on the understanding that a presentation was provided to all Governors to maximise the training and learning.

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

A mixed response was given to this question, with 69% of Governors rating this R3 and R4 and 31% of Governors who rated their response R1 and R2. Alison Hurley explained that a review of the Governor Induction requirements was currently underway.

2.6   **Shaping the Future**

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

Alison Hurley reported that the majority of Governors, 8 out of 13, positively rated this requirement either R3 or R4. It was understood that Governors also appreciated the opportunity of informal discussions, especially at briefing sessions, providing the chance to ask questions in detail where needed.

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

A mixed response was received in relation to this question which had been a surprise following the Finance Briefing held on 27th November 2023 and the delivery of the Operational and Financial Plan 2024-2025 at the June 2024 CoG Business meeting. Linda Jackson also highlighted the Governor session for the Group Strategy development earlier in the year. Alison Hurley welcomed any suggestions of how this could be improved and noted the terminology could be causing confusion.

2.7   **Standards of Conduct**

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

Alison Hurley reported that 85% of Governors had rated this R3 and R4 with the remaining two responses rated R1 or R2. It was reported that any attendance issues had been dealt with on a one-to-one basis which had resulted in improved attendance and there were no outstanding issues.

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

A positive response was given by 100% of Governors who provided a rating and one Governor not providing a rating which highlighted the Governors were very happy with the NEDs.

Alison Hurley then provided feedback on the overarching themes mentioned at the beginning of the meeting.

In relation to CoG timings, whether meetings should be in person or virtually and whether during the day or evening meetings, feedback had been received. Following a discussion it was agreed that the Executive Directors, NEDs and Governors would be canvassed on the preferred format and timing of the 2025 CoG meetings. Linda Jackson suggested providing the 2025 meeting schedule, which was primarily face-to-face and during the working day, and then request any changes for further discussion. Ian Reekie advised that Jonathan Lofthouse was not opposed to evening CoG meetings when asked at a recent CoG agenda set meeting.

Alison Hurley reported that all feedback received regarding the 15 Step Reviews had been received and considered by the Chief Nurse team as part of establishing the new accreditation scheme which would be launched very soon. It was confirmed that Governors would be involved and as they continued to provide a valuable input for the programme. A discussion had taken place regarding the possibility of Governor ad-hoc ward reviews where issues had been identified in particular areas. The outcome of these discussions was yet to be determined and agreed.

Issues raised with regards to the Trust induction were then noted by Alison Hurley, in particular the amount of time required to attend and the relevance of some of the topics. A meeting with the Human Resources team was to be scheduled to evaluate the current induction with a view to creating a Governor specific induction.

It was noted that all Governors had the opportunity to meet with Sean Lyons, David Sharif or Alison Hurley and any follow up one-to-one meetings could be requested through the Foundation Trust Office.

Alison Hurley advised that engagement opportunities were being widely considered by the MPEAG which included the Drop-in sessions and Engagement Events and a planning meeting was scheduled on 3 September 2024 to evaluate this further. It was noted that representatives from local Healthwatch organisations and Patient Experience teams were due to attend the next MPEAG meeting and outlined all the engagement opportunities available to Governors at present.

Clarification was provided by Alison Hurley on the key aspects of the role of the NLaG Governor which included representing the interests of the local community, partners and staff, conveying information from the Trust Board and the CoG and ensuring effective decision making was considered ICS-wide.

Linda Jackson asked the Governors to note the five key areas and highlighted the Governor observer roles at the Committees-in-Common had also been working well.

Jeremy Baskett reported there had been approximately 120 Governors at the NHS Providers Governor Focus Conference earlier in the year and highlighted the amount of good practice across the country. It was reported that NLaG scored quite highly on current methods of working and Governor interactions.

Action: Request preferences from EDs, NEDs and Governors on timings and format of the CoG 2025 meeting schedule and provide an overview of responses at the next CoG meeting

3. BOARD COMMITTEES-IN-COMMON HIGHLIGHT / ESCALATION REPORTS

3.1 Audit, Risk and Governance Committees-in-Common Highlight Report

Simon Parkes reported that an NLaG only ARG Committee had taken place since the highlight report was written which had signed off the audited financial statements and the Annual Governance Statement. It was confirmed that the NLaG accounts had been signed off without any modifications and the value for money (VFM) observation had been removed. The report was taken as read and Simon Parkes welcomed any questions.

Jeremy Baskett requested further information regarding the Position Statement on Expired Contracts. Simon Parkes reported that a number of contracts had been received late or expired and rolled-on. Despite retendered contracts usually incurring a price increase, allowing contracts to roll forward was not good practice and the committee would continue to monitor this. Linda Jackson reported that it was not an uncommon backlog within the NHS as a whole post covid and some contracts could be batched together going forward. It was highlighted there had been an issue with the Scheme of Delegation and David Sharif confirmed the document in question had been approved at the recent ARG Committee and Trust Board meetings.

Cllr Paul Henderson continued the procurement discussion and queried whether there was appropriate governance with regards to the payment of invoices if contracts had been allowed to roll-over. Simon Parkes was unable to provide 100% assurance although was very confident that the invoicing process was effective. Exceptions to the financial controls were monitored and anomalies would stand out. The internal audit work for the year ahead did not include the purchase order process.

Ian Reekie welcomed the collaborative approach to internal audit for the Group and queried whether consideration could be given to a Governor observer for the process of internal audit. Simon Parkes did not oppose the suggestion and felt it would help the Governors to hold the NEDs to account. David Sharif agreed providing it was an observer basis only.

3.2 Capital and Major Projects Committees-in-Common Highlight Report

Gill Ponder highlighted the Electronic Patient Record (EPR) outline business case and the de-carbonisation programme at Scunthorpe General Hospital (SGH) within the report and the remainder was taken as read.

David Cuckson queried whether the de-carbonisation programme included the borehole. In response Gill Ponder confirmed the borehole could not be used for this programme as it was purely for roofing, glazing and heating systems which were all areas of high risk on the risk register. The estates risks would significantly be reduced at the SGH site due to this programme of works which would in turn reduce the backlog maintenance shortfall of funds.

Jeremy Baskett requested an update on the Community Diagnostic Centres (CDC) in Grimsby and Scunthorpe. Gill Ponder confirmed they were both progressing well, and although the Grimsby site had seen some slippage it was hoped this could be recovered by completing some weekend work. The recruitment of staff for the CDCs was ongoing including overseas recruitment. Linda Jackson highlighted a planned rotation of staff between the acute hospitals and CDCs. Mr Aftab echoed these thoughts, emphasising that hospital services should not be destabilised. Sue Liburd provided assurance that any concerns and anxiety had been recognised and noted the CDCs provided an extension of the Trusts services.

Mr Aftab raised a concern regarding the anxiety felt by staff on the south bank as the clinical leadership for ophthalmology was based on the north bank. Linda Jackson requested Gill Ponder and Sue Liburd raised this issue at the respective Performance, Estates and Finance and Workforce, Education and Culture Committees-in-Common and additionally David Sharif to raise it with the Interim Chief Delivery Officer, Paul Bytheway. It was reported that an update was expected from Ivan McConnell regarding the CDCs at an upcoming Capital and Major Projects Committees-in-Common meeting.

Cllr Paul Henderson queried whether the commercial arrangement for the CDC at Freshney Place, Grimsby was satisfactory and whether it could be influenced in the future. It was reported the unit had been notoriously difficult to let previously and the CDC would generate increased footfall and financial gain for the shopping centre. Gill Ponder confirmed this had been challenged at the time and assurance was provided the deal was the best available.

In addition, Cllr Paul Henderson questioned whether any delays would impact the financial model for the year. Gill Ponder advised it was believed the money would be recovered although any significant slippage would impact revenue and patients would be required to wait longer.

3.3 **Performance, Estates and Finance Committees-in-Common Highlight Report**

Gill Ponder provided an overview of the report and drew out the highlights.

Jeremy Baskett queried whether the oversight framework score of 3+ given to the Humber and North Yorkshire Integrated Care Board by NHS England (NHSE) was a poor rating. Gill Ponder confirmed that 4 was the worst possible score and 3+ had been recently introduced.

A query was raised by Cllr Paul Henderson regarding the referral to treatment (RTT) waiting lists. In response Gill Ponder confirmed that all waiting lists had increased over recent years, and due to ongoing work which had prevented the waiting lists increasing further it had created a plateau effect. Linda Jackson reported that a Care Quality Commission (CQC) inspection approximately 4-5 years ago had focussed on waiting lists and the Trust had improved to a good position until the Covid-19 pandemic affected the ability to carry out elective procedures.

In response to a query Gill Ponder reported there was a very good plan to drive productivity which in turn would increase the elective recovery fund (ERF). The

improvements in productivity had been evident with figures in excess of 100% although a timeline could not yet be set. It was highlighted that summer months were less productive due to staff annual leave and patients availability to attend hospital.

Mr Aftab reported the initiative of adding one more patient to theatre lists had not been well received.

3.4 Quality and Safety Committees-in-Common Highlight Report

Sue Liburd highlighted two key areas from the report which were the CQC action plans and audiology. Linda Jackson welcomed any questions. None were received.

3.5 Workforce, Education and Culture Committees-in-Common Highlight Report

The report was taken as read and Sue Liburd reported the key concern of the committees were the Trust staff, Group culture and transformation work. The staff had reported they felt that work had moved away from core values, the Group had become very hierarchical and the change had focussed on cost reduction rather than the quality of the services provided. Additionally bullying had been reported in the drive to move to the new structure. Sue Liburd confirmed the Executive team would be conducting a time-out to review this work and intervention was required.

Mr Aftab reminded the Council of a letter that was sent to the Trust Board from the doctors and consultants on the south bank highlighting the concerns felt with regards to working with the north bank since working arrangements had improved on the south bank. Mr Aftab reported a further letter was due to be drafted as concerns raised previously had now materialised again. Linda Jackson assured Mr Aftab that the concerns raised would be disseminated to Sean Lyons and Jonathan Lofthouse and encouraged formal escalation and open communication channels from the relevant departments involved to resolve their concerns.

Cllr Paul Henderson was concerned that only half of the staff would recommend the Trust to a friend or relative and noted the difficulty in creating a key performance indicator (KPI) for culture. An update on how this could be measured was requested. Linda Jackson agreed an update on the Group culture should be included at the October CoG business meeting

Jeremy Baskett was concerned that the loss of the Wellbeing Support Manager was not providing the correct message to staff. Sue Liburd confirmed this was also a concern of the committees and addressed the importance of empowering and supporting managers at all levels. It was noted that signposting to services that already exist using a living directory was another area of focus.

Mr Aftab provided an anonymous example of a senior colleague who had been absent due to a transient ischaemic attack (TIA) and suffering subsequent stress and had received unsatisfactory treatment from their manager. It was being reported formally and was raised in the meeting for awareness. Sue Liburd reported that Simon Nearney, Group Chief People Officer, had specific focus on senior leadership and the immediate support required within the Care Groups.

Action: Group culture update to be included on October CoG business meeting agenda

4.   **OTHER**

4.1   **Reflection of Format for Future Meetings**

Linda Jackson felt the completion of the document beforehand and discussing the outcomes had been a positive and constructive approach. Jeremy Basket agreed.

4.2   **Any Other Urgent Business**

Following a discussion it was agreed the next CoG ARM would take place in February 2026.

Action: Confirm with Sarah Meggitt for the 2026 meeting schedule

4.3   **Items for Information / To Note (as per Appendix A)**

The Acronyms and Glossary of Terms at Appendix A was noted.

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

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

Annual Members' Meeting on Thursday, 12 September 2024 at 14:00 – 16:00 hours to be held via MS Teams Live

The Trust Vice Chair closed the meeting at 15:56 hours.

Cumulative Record of Governor's / Executive's and NED Attendance 2024/2025 - Public

Name	Possible	Actual	Name	Possible	Actual
Ahmed Aftab	3	3	Raquel Jakins	2	1
Kevin Allen	3	3	David James	3	2
Paula Ashcroft	3	2	Corrin Manaley	3	1
Diana Barnes	3	3	Emma Mundey	3	1
Jeremy Baskett	3	2	Shiv Nand	3	1
Mike Bateson	3	2	Anthonia Nwafor	3	0
Tony Burndred	1	0	Rob Pickersgill	3	2
David Cuckson	3	3	Ian Reekie	3	2
Karen Green	3	1	Caroline Ridgway	3	3
Paul Henderson	2	2	Dr Gorajala Vijay	3	1
David Howard	3	1			

Name	Possible	Actual	Name	Possible	Actual
Lee Bond	2	0	David Sharif	3	3
Paul Bytheway	1	1	Shaun Stacey	1	1
Jonathan Lofthouse	2	2	Amanda Stanford	1	1
Ivan McConnell	2	2	Dr Kate Wood	2	1
Simon Nearney	2	1			

Name	Possible	Actual	Name	Possible	Actual
Julie Beilby	3	3	Sean Lyons	3	2
Stuart Hall	3	1	Simon Parkes	3	3
Linda Jackson	3	2	Gillian Ponder	3	3
Sue Liburd	3	3	Kate Truscott	3	1

COUNCIL OF GOVERNORS ANNUAL MEMBERS' MEETING
Minutes of the meeting held on Thursday, 12 September 2024
at 14:00 to 16:00 hours via MS Teams Live

For the purpose of transacting the business set out below:

Present:

Core Members:

Sean Lyons	Group Chair
Kevin Allen	Public Governor
Diana Barnes	Public Governor
Jeremy Baskett	Public Governor
Mike Bateson	Public Governor
David Cuckson	Public Governor
David Howard	Stakeholder Governor
Corrin Manaley	Staff Governor
Emma Mundey	Stakeholder Governor
Rob Pickersgill	Deputy Lead Governor
Ian Reekie	Lead Governor

In Attendance:

Rebecca Atkinson	Lottery & Membership Coordinator
Adrian Beddow	Associate Director of Communications & Engagement
Julie Beilby	Associate Non-Executive Director
Brian Clerkin	Director, Sumer AuditCo NI Ltd
Stuart Hall	Associate Non-Executive Director
Alison Hurley	Deputy Director of Assurance
Diane Lee	Director of Public Health for Northern Lincolnshire
Jonathan Lofthouse	Group Chief Executive
Simon Parkes	Non-Executive Director
Philippa Russell	Deputy Group Chief Financial Officer
David Sharif	Group Director of Assurance
Amanda Stanford	Group Chief Nurse
Rebecca Thompson	Deputy Director of Assurance
Dr Kate Wood	Group Chief Medical Officer
Simon Leonard	Communications Assistant (Teams Live Producer)
Suzanne Maclennan	Corporate Governance Officer (minutes)

Public Members:

Mark Branton
Jennifer Clark

KEY

HUTH - Hull University Teaching Hospitals NHS Trust
NLaG – Northern Lincolnshire & Goole NHS Foundation Trust

Working in partnership:
Hull University Teaching Hospitals NHS Trust
Northern Lincolnshire and Goole NHS Foundation Trust

United by Compassion:
Driving for Excellence

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1. CORE BUSINESS ITEMS

1.1 Welcome and Apologies for Absence

The Group Chair, Sean Lyons, welcomed those present to the Council of Governors (CoG) Annual Members' Meeting (AMM) which was held virtually via Microsoft Teams Live. Those present were advised the meeting would be recorded and available to view on the Trust website. Sean Lyons provided an overview of the agenda and highlighted that questions could only be submitted via the question and answer (Q&A) facility.

2. ANNUAL REPORTS AND ACCOUNTS

2.1 Overview of Last Year including Annual Report & Accounts for 2023/24 and Trust Priorities for the Future

Jonathan Lofthouse provided an overview of 2023/2024 and the plans for 2024/2025. The presentation covered the development of the Group known as NHS Humber Health Partnership (which covers our Northern Lincolnshire & Goole NHS Foundation Trust (NLaG) and Hull University Teaching Hospitals NHS Trust (HUTH), the significant milestones in 2023/24, the Strategic Framework, Staff Charter and activity levels. The Trust Priorities for 2024/25 were then presented.

Mark Branton queried whether pension rights would be changed under the Humber Health Partnership. Jonathan Lofthouse confirmed there would be no change to staff pension rights under the new partnership.

Philippa Russell provided a financial performance review for 2023/24 which included the financial regime, where the money had come from and how it was spent, the Trust's asset base and investment in infrastructure and borrowing. The final part of the presentation included looking ahead to 2024/2025 and the key financial risks.

Mike Bateson requested further details on how the Trust intended to improve the four hour emergency care and cancer treatment plans, taking into account the challenges faced through finance and staffing. Jonathan Lofthouse reported that for the 2022/23 operating year the emergency care performance had been 63-64% which improved to 71-72% currently. This had been attributed to the changed model of care which included urgent treatment facilities, standard Emergency Departments (ED) and the new Same Day Emergency Care (SDEC) centres. It was highlighted that high performing EDs required high quality GP services, pharmacy services and the general publics appropriate use of the 111 service. The Trust's clinical model had continued to evolve and collaboration was essential with both internal and external health partners. Jonathan Lofthouse provided an outline of the diagnostic element of cancer treatment pathways and stated these would be greatly enhanced once the Community Diagnostic Centres (CDC) opened in both Grimsby and Scunthorpe, scheduled for October 2024. It was reported that significant in-roads had been made with regards to stabilising staffing and by November 2024 the Trust would be fully established with registered nurses.

In response to a question from Mark Branton, it was confirmed by Jonathan Lofthouse that the Trust's charity, the Health Tree Foundation (HTF), would

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continue to provide cost saving and charitable donations to all three NLaG hospitals.

2.1.1 Annual Audit Report for 2023/24

Jonathan Lofthouse introduced Brian Clerkin, Director of Sumer AuditCo NI Limited to the meeting. To avoid any confusion, Brain Clerkin explained that the company had recently rebranded from ASM Chartered Accountants to Sumer AuditCo NI Limited. A summary of the audit report was provided and five key points were highlighted:

- Audit opinion issued on 9 August 2024, in line with agreed timelines
- Audit process went well
- Unqualified audit opinion on the financial statements
- Value for Money (VFM) report had not identified any significant weaknesses
- No other matters arose which required reporting to the Trust Board, Funders or Stakeholders

Questions were invited. None were raised.

3. COG UPDATES

3.1 Public Health in Northern Lincolnshire

Jonathan Lofthouse introduced Diane Lee, Director of Public Health for Northern Lincolnshire to the meeting.

Diane Lee thanked the Council of Governors for the invitation to present at the meeting having been in post for eleven months. It was noted the presentation would be shared after the meeting. Diane Lee provided an overview of the presentation and highlighted the key points of public health. Attention was drawn to the recognition that our choices are constrained by where we live, the resources we have access to (eg. money, transport etc), the education we receive, the skills we learn, our friends, family, community and more.

The remainder of the presentation included:
- The Marmot Principles
- The public health story in North East Lincolnshire and North Lincolnshire, life and healthy life expectancy
- Mortality rates
- The Northern Lincolnshire Director of Public Health Annual Report 2023 and recommendations
- Existing collaborative public health initiatives with NLaG
- Learning from other collaboratives in place
- The suggested way forward

Diane Lee welcomed any questions and was happy to be contacted outside of the meeting for further discussion. Sean Lyons commended the Northern Lincolnshire Director of Public Health Annual Report 2023 to those present.

Sean Lyons queried what could be done differently in terms of behaviours or promotion of healthy lifestyles. Diane Lee suggested linking the Trust with the

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Health and Wellbeing Boards, and taking up the healthy weight declaration by targeting the workforce of the Trust initially and sharing the data captured. Diane Lee welcomed the opportunity to present again in twelve months time to discuss the work which had taken place. Sean Lyons agreed that influencing from within our large organisations was a great starting point.

The agenda returned to item 1.1 to address items 1.1 to 1.3

1.1 Alison Hurley provided details of apologies for absence for Public Governors' Paula Ashcroft, David James and Shiv Nand.

Apologies were also received for Paul Bytheway (Interim Group Chief Delivery Officer), Linda Jackson (Non-Executive Director (NED) and Vice Chair), Sue Liburd (NED), Ivan McConnell (Group Director of Strategy and Partnerships), Simon Nearney (Group Chief People Officer) and Gill Ponder (NED).

1.2 **Declarations of Interest**

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

1.3 **To receive the approved minutes of the previous Council of Governors Annual Members' Meeting held on 1 February 2024**

The minutes of the Annual Members' Meeting held on the 1 February 2024 were received and accepted as a true and accurate record (previously approved on 18 April 2024).

The agenda resumed with item 3.2

3.2 **Governor Elections**

Alison Hurley provided an update regarding the current Governor elections and provided details of the nine seats available covering the four public and the staff constituencies and noted that nominations were currently open. Details were provided for the Governor Election Roadshows, should anyone wish to find out more information about the Governor role. It was noted that places must be booked for these sessions and joining instructions could be found on the Trust website.

4. **OTHER**

4.1 **Questions from the Public**

In response to questioned raised, Diane Lee agreed to contact counterparts in both East Riding of Yorkshire Council and East & West Lindsey Council to request the public health data.

Cllr David Howard requested an update on the future of Goole & District Hospital (GDH). Jonathan Lofthouse reported that GDH was utilised in a very different manner to that for which it was initially created, with very few inpatients and strong access for outpatients within ophthalmology, day case services and a partnered u Urgent Treatment Centre (UTC). It was reported that within the next six to eighteen months engagement with Governors, members, and the public would take place regarding the state of physical environments and service accessibility

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across all hospital sites. Jonathan Lofthouse welcomed a further discussion outside of the meeting.

Action: Diane Lee to liaise with neighbouring Councils requesting their public health data

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

Sean Lyons welcomed feedback on the format of the AMM using Microsoft Teams Live which had been utilised to allow easier access for members and the public to join the meeting. Any comments should be directed to Alison Hurley following the meeting.

Sean Lyons reflected on the content of the meeting and highlighted the momentous and significant challenges faced by staff, Trust finances and health inequalities. It was noted that partnering was required to deal with the multifaceted issues faced by the NHS.

4.3 **Items for Information / To Note**

The Acronyms and Glossary of Terms were noted at Appendix A.

4.4 **Any other Urgent Business**

No items were raised within any other urgent business.

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

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

The next Council of Governors Business Meeting will be held on Thursday, 31 October 2024, at 14:00 – 17:00 hours in the Main Boardroom, Diana, Princess of Wales Hospital, Grimsby

Due to a technical issue the Group Chief Executive thanked everyone for attending on behalf of the Group Chair and closed the meeting at 15:38 hours.

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Cumulative Record of Governor's / Executive's and NED Attendance 2024/2025 - Public

Name	Possible	Actual	Name	Possible	Actual
Ahmed Aftab	4	3	Raquel Jakins	2	1
Kevin Allen	4	4	David James	4	2
Paula Ashcroft	4	2	Corrin Manaley	4	2
Diana Barnes	4	4	Emma Mundey	4	2
Jeremy Baskett	4	3	Shiv Nand	4	1
Mike Bateson	4	3	Anthonia Nwafor	4	0
Tony Burndred	1	0	Rob Pickersgill	4	3
David Cuckson	4	4	Ian Reekie	4	3
Karen Green	4	1	Caroline Ridgway	4	3
Paul Henderson	3	2	Dr Gorajala Vijay	4	1
David Howard	4	2			

Name	Possible	Actual	Name	Possible	Actual
Lee Bond	2	0	Simon Nearney	3	1
Mark Brearley	1	0	David Sharif	4	4
Paul Bytheway	2	1	Shaun Stacey	1	1
Jonathan Lofthouse	3	3	Amanda Stanford	2	2
Ivan McConnell	3	2	Dr Kate Wood	3	2

Name	Possible	Actual	Name	Possible	Actual
Julie Beilby	4	4	Sean Lyons	4	3
Stuart Hall	4	2	Simon Parkes	4	4
Linda Jackson	4	2	Gillian Ponder	4	3
Sue Liburd	4	3	Kate Truscott	3	1

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NHS
Hull University Teaching Hospitals
NHS Trust

NHS
Northern Lincolnshire and Goole
NHS Foundation Trust

COUNCIL OF GOVERNORS
ACTION TRACKER

2024/25

COUNCIL OF GOVERNORS

Minute Ref	Date / Month of Meeting	Subject	Action Ref (if different)	Action Point	Lead Officer	Target Date	Progress	Status	Evidence
COG(24)022	12/09/24	CoG AMM - Questions from the Public	4.1	Request for Public Health data for Goole & Howdenshire and East & West Lindsey	Diane Lee		Diane Lee emailed on 30.09.24 requesting the data		
COG(24)021	22/08/24	CoG ARM - Any Other Urgent Business	4.2	Confirmed date of next CoG ARM for 2026 meeting schedule	Corporate Governance Officer	Aug-24	Advised Sarah Meggitt the next CoG ARM will be February 2026 for inclusion on meeting schedule	Complete	Email
COG(24)020	22/08/24	CoG ARM - Workforce, Education and Culture Committees-in-Common Highlight Report	3.5	Group culture update at the October CoG meeting		Oct-24	Added to the October agenda	Complete	Agenda
COG(24)019	22/08/24	CoG ARM - Overarching themes from the CoG ARM Framework		Request preferences from EDs, NEDs and Governors on timings and format of 2025 CoG meetings	Corporate Governance Officer	Sep-24	Provide an overview of responses at the October CoG meeting		Email & MS Forms
COG(24)018	22/08/24	CoG ARM - Conduct of Meetings		Clarify essential meeting attendance and requirements for Governors via email	Corporate Governance Officer	Sep-24	Governors emailed on 23.09.24 with an overview of Governor meetings and required attendance	Complete	Email
COG(24)017	22/08/24	CoG ARM - Accountability	2.3	Highlight the overuse of acronyms and jargon to the Executive team	David Sharif	Aug-24	David Sharif to provide update at October 2024 CoG meeting		
COG(24)016	22/08/24	CoG ARM - Accountability	2.3	Review and update the Aconyms and Glossary of Terms	Corporate Governance Officer	Sep-24	Reviewed and updated August 2024 v.8.8	Complete	Acronyms and Glossary of Terms
COG(24)015	22/08/24	CoG ARM - Engagement with Members and Stakeholders	2.1	Electronic surveys for feedback	Corporate Governance Officer	Sep-24	Arrange meeting between Alison Hurley and Paul Henderson - Meeting scheduled on 29 October 2024		Emails
COG(24)014	22/08/24	CoG ARM - Engagement with Members and Stakeholders	2.1	Review Governor entries on the Castle database - Liaise with Comms regarding distribution of Members Newsletter	Corporate Governance Officer	Aug-24	All Governors remain members on the Castle database. Comms confirmed the distribution list was exported from the Castle database.	Complete	Castle database
COG(24)013	22/08/24	CoG ARM - Minutes of the Previous Meeting	1.3	Add Apologies for Jeremy Baskett to within the CoG ARM 2023 minutes	Corporate Governance Officer	Aug-24	Jeremy Baskett was already noted within the Apologies for the CoG ARM 2023 meeting.	Complete	Minutes
COG(24)012	18/06/24	Appointments and Remuneration Committee (ARC) Terms of Reference (ToR)	5.1	Further updates required followiong June CoG meeting	David Sharif	Jul-24	ARC ToR circulated virtually to ARC and CoG members for approval - Approved incoporating minor changes from comments received. Added to October ARC agenda for information.	Complete	Emails
COG(24)011	18/06/24	Group Digital Developments	4.2	Andy Haywood to arrange Governor session following initial meeting with Karen Green	Andy Haywood	Oct-24	Digital Strategy Development session for Governors scheduled 9 October 2024	Complete	Emails & Diary invite
COG(24)010	18/06/24	Operational and Financial Plan 2024-25	4.1	Include Integrated Performance Report (IPR) as an item for information at CoG business meetings	Corporate Governance Officer	Oct-24	Added to the October agenda	Complete	Agenda

Key:

Red	Overdue
Amber	On track
Green	Completed - can be closed following meeting

ACTION TRACKER - CLOSED ACTIONS

Council of Governors

Minute Ref	Date / Month of Meeting	Subject	Action Ref (if different)	Action Point	Lead Officer	Target Date	Progress	Status	Evidence
COG(23)18	13/07/23	Chief Executive Update	2.2	Arrange a Electronic Patient Records briefing session for Governors	Corporate Governance Office	TBC	* Report requested for distribution at 27th November 2023 briefing session. * Update deferred due to Integrated Care Board (ICB) investigation into awarded investment and outstanding decision on purchase and implementation. * Andy Haywood to present a Digital update at the June CoG to include EPR	Complete	Jan, April & June 2024 CoG minutes and June agenda
COG(24)09	18/04/24	Annual Governors Register of Interest	5.2	Forward Annual Governors Register of Interest to Communications for publication on the Trust website	Corporate Governance Office	May-24	Emailed to Communications on 22nd April and published on the Trust website	Complete	Email and website
COG(24)08	18/04/24	Performance, Estates and Finance Highlight Report	3.3	Provide Governors an update on signage within 7 days	Jonathan Lofthouse	May-24	Email update sent to all Governors on 5th June 2024	Complete	Emails
COG(24)07	11/01/24	Any Other Urgent Business	5.4	Provide an update on the Safekeeping of Patient's Cash, Valuables and Property Policy and associated staff training	Shaun Stacey	Apr-24	Emailed Shaun Stacey on 20.03.24 for a response. Shaun Stacey provided an update during the April CoG meeting and post meeting note in the minutes	Complete	Email and April Minutes
COG(24)06	11/01/24	Annual Governors' Register of Interest	4.3	Add updated Annual Governors' Register of Interest to April CoG agenda	Corporate Governance Office	Apr-24	Governor declarations approved by Corporate Governance within ROI system	Closed	ROI System & Emails
COG(24)05	11/01/24	Future Role of the Council of Governors and Governor Assurance Group	4.1	Add Membership and Public Engagement & Assurance Group (MPEAG) terms of reference to the first agenda of the group for approval and return to CoG for ratification	Corporate Governance Office	May-24	Added to the MPEAG draft agenda for the first meeting on 21st May 2024	Closed	MPEAG draft agenda
COG(24)04	11/01/24	Future Role of the Council of Governors and Governor Assurance Group	4.1	Seek expressions of interest for the Membership and Public Engagement & Assurance Group (MPEAG)	Corporate Governance Office	Feb-24	Invitations for expressions of interest requested from Governors on 23rd January 2024. Governors informed of the group members via email on 7th March 2024	Closed	Emails
COG(24)03	11/01/24	Chief Executive Update	2.2	Circulate Executive structure and Operational structure	Corporate Governance Office	Jan-24	Operational structure emailed to Governors on 16th January 2024 and Executive Structure emailed to Governors on 17th January 2024	Closed	Email
COG(24)02	11/01/24	Chief Executive Update	2.2	Humber Acute Services (HAS) proposal concerns and outcome of HAS consultation work	Linda Jackson	Jan-24	Response requested from Ivan McConnell and circulated to Governors following the meeting on 11th January 2024	Closed	Emails
COG(24)01	11/01/24	Chief Executive Update	2.2	Confirmation on the qualification required for the Group Chief Nurse vacancy	Shaun Stacey	Jan-24	Update provided by Shaun Stacey and emailed to Governors on 22.02.24	Closed	Emails

Key:

Grey	Completed - can be closed/archived following meeting

Council of Governors Business Meeting

Agenda Item No: CoG(24)055

Name of the Meeting	Council of Governors
Date of the Meeting	31 October 2024
Director Lead	Sean Lyons, Group Chair
Contact Officer/Author	Sean Lyons, Group Chair
Title of the Report	**Chair's Update**
Executive Summary	Briefing for the Council of Governors on the key highlights from the recent Trust Board and current issues
Background Information and/or Supporting Document(s) (if applicable)	N/A
Prior Approval Process	N/A
Financial implication(s) (if applicable)	N/A
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ☐ Assurance ☐ Other – please detail below:

Chair's Update

Chair's Report for Northern Lincolnshire & Goole (NLaG) NHS Foundation Trust Council of Governors meeting 31 October 2024

I am pleased to present my report to Governors which provides an update on matters since my last report on 18 June 2024.

Operational pressures still prevail and present a challenging environment for the Trust, and as usual, our staff are responding with great resilience whilst providing the best care they can under the circumstances. I encourage Governors to show appreciation whenever the opportunity presents itself.

Winter planning is underway and yet again we will be asking staff to dig deep in what will be a challenging time.

The Industrial relations climate in NLaG has been difficult with a dispute involving Maternity Support Workers (MSWs) being unresolved at the time of writing. The Group Chief Executive (CEO) will provide an update on the latest position during the meeting.

Organisation and Governance

Unfortunately, due to personal reasons, our Non-Executive Director (NED) colleague Kate Truscott has stepped down from her role. I am pleased that Governors have agreed to Julie Beilby being appointed into Kate Truscott's role from her position as Associate NED.

Governor elections conclude in mid-November, although in some constituencies Governors have been elected unopposed, and the details of these are within Alison Hurley's report. I was glad to be able to support some Governor recruitment sessions alongside David Sharif and Alison Hurley, and my thanks go to them for organising these.

It is good to note that our current Lead Governor, Ian Reekie has been re-elected.

Alison Hurley's paper also refers to proposals to extend terms of office for some existing Governors this is in respect of continuity reasons, I hope Governors will be supportive of them.

Governors will also be aware that Stuart Hall who is Vice Chair at Hull University Teaching Hospital (HUTH) NHS Trust and an Associate NED at NLaG will be stepping down at the end of December 2024 after 10 years of distinguished service to the NHS.

The intention is for this role to be recruited to by the end of November 2024 and I am grateful to the Council of Governors (CoG) for being supportive of this.

As this will be Stuart Hall's last CoG meeting, I am sure you will join me in thanking Stuart for his excellent service and we wish him well for the future.

Governors will be aware that Group Chief Financial Officer (CFO), Lee Bond has left the organisations to join University Hospitals of Leicester NHS Trust as CFO. We wish him well and we welcome Emma Sayner as his replacement who will join us in December 2024.

The CEO will provide us with the latest news on the executives in his section during the meeting.

On a personal note, thank you to Governors for supporting my reappointment as Group Chair by NHS England, for a second three-year term effective from the 1 February 2025.

CoG Annual Review Meeting (ARM)

The CoG ARM was held on the 22 August 2024 in Scunthorpe – unfortunately I was unable to attend due to illness, but I am grateful to Linda Jackson for Chairing what I understand to be an engaging and productive meeting.

CoG Annual Members Meeting (AMM)

The CoG AMM was held virtually on the 12 September 2024, and I think was a successful event. Our Guest Speaker was Diane Lee, who is the Director of Public Health for Northern Lincolnshire who gave a very informative talk about our challenges in improving health and wellbeing in our area.

Other Items

In July 2024 I spoke at the NHS Providers event for newly appointed Chairs and NEDs.

In the same month it was a privilege to give a short address to the first Group Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual (LGBTQIA+) Conference at the University of Hull, celebrating diversity and intersectionality.

In September 2024 I was invited by the Chair and CEO of Newcastle Hospitals NHS FT to speak to a panel of governors from that Trust and two neighboring Trusts who are considering closer working relationships. It was good to see the engagement and challenge that we see here in Humberside being replicated there.

In October 2024 I was really pleased to be able to attend our first Group Disability Network conference, to listen and understsnd more about the challenges our colleagues face every day.

Sean Lyons
Group Chair

Council of Governors Business Meeting

Agenda Item No: CoG(24)056

Name of the Meeting	**Council of Governors Business Meeting**
Date of the Meeting	31 October 2024
Director Lead	Jonathan Lofthouse, Group Chief Executive
Contact Officer/Author	Jonathan Lofthouse, Group Chief Executive
Title of the Report	Group Chief Executive's Update
Executive Summary	This report includes a summary of current performance, finance patient safety headlines as well as staff development and good news stories for Northern Lincolnshire and Goole NHS Foundation Trust for the last two months.
Background Information and/or Supporting Document(s) (if applicable)	N/A
Prior Approval Process	N/A
Financial implication(s) (if applicable)	N/A
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	This report provides the headlines for the ways in which we are performing against our NHS Constitutional requirements, which includes access and responsiveness of services.
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ☐ Assurance ☐ Other – please detail below:

Group Chief Executive Officer

Briefing to the Council of Governors
October 2024

1.   Introduction

1.1   I am delighted to brief the Governors on our excellent inaugural Golden Stars staff awards night, held on Friday 13 September 2024 at the DoubleTree Hilton in Hull. This was our first Group staff awards evening and was an excellent celebration of the talents and dedication of our hard-working staff. I provide more detail of the award winners later on in this report, so on behalf of the Board, thank you to our staff for all of the nominations we received, to our panel of judges including Governors for their time to review and shortlist them, and to our staff, who celebrated each other's outstanding achievements for our patients.

1.2   I am also pleased to inform Governors that the Rt Hon Wes Streeting MP announced at the Labour Party Conference on 25 September 2024 that our Group and its two sovereign Trusts have been recognised along with 18 others nationally for Accredited Interventional support in relation to elective waiting times. Specifically the national initiative recognises high demographic and social economic impacts on working age adults who are currently unable to work because of elective clinical need. By accelerating treatment, community economic contributions should increase. I will provide further updates as the proposal takes flight over the coming months. The opportunity we have as a Group organisation to adopt best-in-class national practice at scale with this level of investment and intensive support is an opportunity that we cannot afford to waste for our patients.

1.3   This month has been Black History Month and we have had a series of events and staff stories to share in celebration of our diverse workforce. I am proud to share our Group's anti-racism statement and the work we are undertaking to support staff to report racist incidents through our Group Zero Tolerance reporting tool. We also have a set of guidance to support staff to manage patients who make racist remarks towards our staff, in line with the Secretary of State's clear statement last week. We are also equipping our staff to be upstanding and proud of our diverse workforce, asking staff to make pledges to be anti-racist and to be good allies.

1.4   I am very pleased to report that Mark Brearley joined us as Interim Group Chief Finance Officer. on Monday 9 September 2024, coming from his interim role at University of Leicester Hospitals NHS Trust. Mark is a seasoned Chief Finance Officer and was previously Director of Finance at Hull and East Yorkshire Hospitals until 2007. We have made an appointment to the substantive Group Chief Finance Officer, and I am very pleased to report that Emma Sayner, currently Interim Director of Finance and Innovation at the ICB, joins us on 2 December 2024 following a national search process and competitive interview. I know that Emma will bring an excellent level of finance and estates acumen to our Group organisation, as well as her energy and extensive local network.

1.5   We were proud to host Professor Stephen Eames, Teresa Fenech, Nigel Wells, Erica Daley, Alex Seale and Helen Kenyon from our ICB to walk-around our emergency and acute care provision at Diana, Princess of Wales Hospital, Scunthorpe General Hospital and Hull Royal Infirmary on 20 and 30 September 2024. The ICB senior leadership team is visiting all Emergency Departments within the ICB to have greater 'ward to board' understanding of the current pressures in our urgent and emergency services (UEC), as well as to see the positive benefits of local investment in UEC estate and patient pathways.

1.7 The feedback from our ICB colleagues was positive. Professor Eames and his team have fed back their sincere thanks for the open and honest discussions the ICB team had with our staff, who were proud to showcase the more integrated UEC model on the south bank, but also outline the pressures that all three sites are under, even before winter pressures start.

2. Patient Safety, Quality Governance and Patient Experience

2.1 I have previously briefed the Council of Governors that Northern Lincolnshire and Goole NHS Foundation Trust is in Tier 1 in NHS England's Elective Recovery Programme National Tiering Process, and also in Tier 1 for cancer recovery.

2.2 We remain fully compliant with meeting the requirements of this tiering programme and the level of scrutiny this brings to our organisation, whilst this status position continues. There is no change to our tiering status, but there is acknowledgement of the progress we are making, particularly on patients with long waiting times for elective treatment. As an ICB within the North East region, Humber & North Yorkshire currently has the highest elective recovery performance in relation to reducing the number of patients waiting 65 weeks for elective treatment.

2.3 The latest reported position to the public Trust Board is the July 2024 position against the 62-day cancer target, which was 54.8%, an improvement since May 2024, which was 47.1%.

2.4 Our focus remains on improving outcomes; the Cabinet Executive team meets monthly with the Site Triumvirate teams to discuss key lines of enquiry relating patient safety and patient experience, linking performance improvement to the outcomes we are achieving for our patients where we are an outlier (such as on GIRFT standards for productivity).

3. Urgent and Emergency Care and Planned Care

3.1 The four-hour standard for Emergency Departments is measured on a 'footprint' basis against the 78% standard set nationally, accounting for all Type 1 and Type 3 activity.

3.2 The south bank 'footprint' performance in August 2024 for all Type 1 and Type 3 activity, including the UTC in Goole, was 73.5% against a plan position of 74.3%. The Place level plans include North and North East Lincolnshire, to provide further opportunities for improvement, particularly linked with ambulance handover and flow.

3.3 The ambulance handover position for the south bank in August 2024 worsened but remains below the peak in ambulance handover delays seen in February 2024. Improvement actions on flow continue, particularly ensuring assessment space is available in a timely manner to enable ambulance handovers.

3.4 In respect of elective care, the 65-week position remains under heavy scrutiny. This is an improving position for both sovereign Trusts. The requirement was to have zero 65-week waiting patients for the end of September 2024. There were circa 15 breaches for the Trust in September 2024, predominantly due to patient choice. We are aiming to clear these waiting times this month and report a zero patient position from November 2024 onwards.

3.5 The waiting list position (RTT) received a deep dive at the Performance, Accountability and Finance meeting of the Trust Boards in Common in September 2024. This has mapped waiting list volume growth as well as referral increases on both banks of the river this calendar year. On the south bank, the waiting list volume is 43,280 patients, and an increase has been seen in waiting list volume throughout this financial year. The overall performance against the 18-week standard fell by 2% last month. Tackling the overall waiting list volume will improve our compliance against the 18-week and 52-week standards for elective care, so making more efficient use of our resources from the national targeted intervention as reported earlier in my report, as well as our own in-house improvement programme, is what we are aiming for in order to improve patient waiting times and patient experience.

4. Strategy and partnership developments

4.1 In September 2024, it was announced that the Government supported the Greater Lincolnshire Devolution deal, submitted by North Lincolnshire Council, North East Lincolnshire Council and Lincolnshire County Council.

4.2 The specifics included in the Greater Lincolnshire deal include local decision-making powers on capital investment, skills and education provision, housing, transport and investment in specific net zero and economic priorities for the population of Greater Lincolnshire.

4.5 The devolution deal is subject to legislation being laid before Parliament. This will be in the form of Statutory Instruments. These will enable the first Mayoral Election to take place in our locality, which is anticipated to be held in May 2025. The Statutory Instrument will also codify the specific decision-making powers that are being devolved to our local geographies.

5. Financial Performance and Estates and Facilities updates

5.1 In respect of the Group's financial position, the Month 5 position was reported to the Performance, Estates and Finance Committee in September 2024.

5.2 The Month 5 position reflected at the Performance, Estates and Finance Committee on 24 July 2024 is that: the Group's in-month deficit was £6.6m, circa £1m adverse to plan. Group Capital spend was £7.6m, which was £16.2m behind plan, largely due to some slippage on the Community Diagnostic Centres. The Group reported delivery of £26.0m in cost improvements against a year-to-date target of £22.5m, which was £3.5m better than plan. The cash balance was rated green at £39.5m and will be monitored closely. The Group spent £4.9m less on agency, bank and overtime costs than the same period in 2023/24. This is now in line with the NHS England 3.2% target of total pay expenditure.

5.3 I am meeting fortnightly with my Cabinet and the site triumvirate teams to provide challenge and robust decision-making on the £84m savings requirement we have for 2024/25 as a Group organisation. We have approved a cross-Group transformation plan on four key areas: theatre productivity, No Criteria to Reside, outpatients and diagnostics. This focusses on using the staffing resources and physical assets we have, as well as reducing inefficiency in our pathways. We also need to work more closely with our partners to improve discharge practices and hold fewer patients in our bed base needing support to go home.

5.3 Work continues at pace on our capital developments, particularly our Community Diagnostic Centres. As noted above, there has been some slippage on these capital schemes that will impact on some patient activity starts and I will provide a little more detail to Governors on this.

6. Workforce Update

6.1 I am very pleased to report that we remain on track to be fully recruited for registered nursing staff across the Group in November 2024. My thanks to our colleagues in nursing leadership positions for recruiting and keeping in touch with our new recruits, particularly those who are newly qualified or newly in-country. Thank you also to our recruitment teams and our Practice Nurse Development teams and Clinical Nurse Educators for their significant support now and when our colleagues arrive with us.

6.2 As the Council of Governors will be aware, the Group Chief Delivery Officer role has been filled on an interim basis by Paul Bytheway, following the retirement of Shaun Stacey. With the approval of the Trust Board, I am progressing with a consultation process to implement two Site Chief Executive roles. This will replace the Group Chief Delivery Officer role and the two Site Managing Director roles. This will strengthen the operational delivery and accountability for

service delivery directly to the Trust Boards in Common following the implementation of our Care Group operational model and performance management framework in April this year.

7. Equality, Diversity and Inclusion (EDI)

7.1 During this month as Black History Month, we have run a series of events and initiatives to promote this year's theme of 'reclaiming narratives'.

7.2 Our EDI staff and allies have been on all five of our Group hospital sites during the month to meet colleagues and answer any queries they have regarding Diversity and Inclusion. We have promoted details of how staff can contact the Freedom to Speak Up Guardians and raise concerns, use our zero tolerance framework and reporting tool, signpost to services and how to get involved with staff networks across the group.

7.3 We have also invited staff from a Black, Asian or Minority Ethnic background to share with us their stories so that we can create our own narrative on the achievements of our colleagues and their personal experiences of working in the NHS. These will be featured across our staff intranet, Bridget, and our social media accounts.

8. Good News Stories and Communications Updates

8.1 I am pleased to update Governors on these Good News stories and communication updates.

8.2 There is a new pain management and musculoskeletal health (MSK) contract for Northern Lincolnshire and Goole NHS Foundation Trust. Around 21,000 people impacted each year by musculoskeletal problems such as back, knee and elbow pain will benefit from a new service delivered by specialist physiotherapy and pain management teams in Northern Lincolnshire. We have been awarded a £10.2m contract in partnership with Connect Health to deliver pain management and musculoskeletal (MSK) services for the next four years. Our hospital-based and community therapy teams will work with Connect Health, the UK's largest independent community healthcare provider of MSK, pain management and mental health services, to care for people with MSK problems.

8.3 I am also pleased to brief Governors on our women's health physiotherapy service. Our specialist women's health physiotherapy services are providing a vital lifeline for women's health. Our dedicated and highly skilled team of specialist pelvic health physiotherapy team provide the very best care for women with pelvic health problems. The team are working with hundreds of women suffering with pelvic floor dysfunction which can leave them with urinary and faecal incontinence, pelvic organ prolapse, pelvic pain and more. The service, which is provided at Grimsby, Scunthorpe, and Hull currently sees on average 130 women per week. I am pleased to bring best-in-class care to our patients and thank the team for their multi-disciplinary approach to common health problems.

8.4 Falls Awareness Week and initiatives: around one in three adults over the of 65 in the UK will have at least one fall in a year – and for those over the age of 80, the risk increases to one in two. During Falls Awareness week in September we launched two new initiatives designed to tackle this issue. Run by our Physiotherapy team, the Falls Prevention Group is designed to reduce the risk of falls in some of our frailer patients, by working with them on everything from diet to exercise, as well as identifying potential risks around the home. The pilot was launched in the Community Hub at Sir John Mason House in Winterton and the aim is to run further sessions from there.

8.5   Flow initiatives
Flow is a whole system approach to improve care in our region and make us more efficient in everything we do. Since July we've been promoting this campaign to our staff cross our Group and asking them to tell us about their Flow initiatives. Each month the best project wins £5,000 to spend on their services and patient care. The first winners of our £5,000 award for best Flow initiative were Neurosciences and Endocrinology teams on the north bank, who have been undertaking work to validate their waiting lists. Under the leadership of Mr Anuj Bahl and Dr Mo Aye, their work has discharged patients to Patient Initiated Follow Up pathways, released outpatient capacity for patients needing a face-to-face appointment and also escalated patients who needed to be seen more urgently. The work has not only empowered patients to articulate their needs, but it has also reduced unnecessary appointments and speeded up treatment times for those who do need to be seen.

8.6   Flow – further examples
Two other examples of great Flow that our teams have shared with us are:

8.7   Flow – outpatient biopsies and diagnostics
Patients requiring biopsies and some invasive diagnostics for lung conditions were being admitted to a hospital ward for their procedure. This meant that the bed could not be used for patients requiring urgent unplanned care. The Planned Investigation Unit (PIU) at Scunthorpe General Hospital is now providing services on an 'outpatient' basis. The results ae that these patients don't need an inpatient bed and can have their procedure as an 'outpatient'. This is helping flow through the hospital by freeing up inpatient beds.

8.8   Flow – Haematology stem cell transplants
the past 12 months, 32 of the 41 haematology patients receiving stem cell transplants underwent outpatient PowerPICC Solo lines insertion, improving their experience and helping them to avoid the more invasive treatment performed in theatre. As well as a positive response to patient feedback about their care, it has saved the group almost £50,000. Infection rates, once experienced by around a quarter of patients who had catheters inserted, have plummeted to a handful of cases. Staff have also performed the procedure on three patients from hospitals in Leeds who come to the Queen's Centre in Cottingham as part of their shared care.

Jonathan Lofthouse
Group Chief Executive
22 October 2024

Council of Governors Business Meeting

Agenda Item No: CoG(24)057

Name of the Meeting	Council of Governors
Date of the Meeting	31 October 2024
Director Lead	
Contact Officer/Author	Ian Reekie
Title of the Report	**Lead Governor's Update**
Executive Summary	The purpose of this report is to update governors on highlights from the Membership and Public Engagement & Assurance Group (MPEAG) held on 24 September 2024 and the Appointments & Remuneration Committee meeting held on 3 October 2024. It also seeks to identify opportunities that will arise for governors following the current round of elections. It is **recommended** to Council of Governors: • that highlights from the MPEAG meeting held on 24 September and the ARC meeting held on 3 October be noted • that the re-appointment of Sean Lyons as Group Chair for a three year term commencing 1 February 2025 be noted • that the virtual CoG approval of the appointment of Julie Beilby as a NED for a three year term be noted
Background Information and/or Supporting Document(s) (if applicable)	None
Prior Approval Process	None
Financial implication(s) (if applicable)	None
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	None
Recommended action(s) required	✓ Approval ✓ Information ☐ Discussion ☐ Review ☐ Assurance ☐ Other – please detail below:

MEMBERSHIP AND PUBLIC ENGAGEMENT & ASSURANCE GROUP (MPEAG) HIGHLIGHTS

A meeting of MPEAG was held on Tuesday 24 September when the following issues were discussed:

- **Member Engagement Editorial Board** – It was agreed to invite governors to express interest in joining an editorial board to oversee and contribute to member communication.
- **HealthWatch Collaboration** – Representatives from three of the four Humber based local HealthWatch organisations attended the meeting to discuss potential collaboration with governors in fulfilling mutual engagement responsibilities. It was agreed to invite governors to participate in an autumn series of HealthWatch engagement sessions to be held at DPoW and SGH.
- **Patient Experience Update** – A comprehensive update on patient experience included information regarding the positive reaction to the introduction of extended visiting hours, the steps being taken to improve the safeguarding of patient valuables and the planned improvements to hospital signage/wayfinding.
- **PALS/Complaints** – It was reported that in aligning PALS and complaints processes across the Group it is the intention to reduce the current 60 day target for closing complaints to the national standard 40 day response time.
- **National Adults Inpatient Survey** – The generally positive results of the 2023 national survey were reported.
- **Governor Engagement Feedback** – A detailed report was considered on outcomes from the first round of revised governor drop-in engagement sessions in terms of both patient/visitor responses and the experiences of governors involved. The governor activity report relating specifically to the drop-in sessions is attached as Appendix 1. The use of tablets to electronically record and collate patient views proved to be particularly beneficial.
- **Governor Engagement Activity Report** – A disappointing governor response was reported to the request for intelligence gained from individual engagement opportunities. Although the CoG engagement activity report (see Appendix 2) only contains responses from two governors a debate was prompted by concerns that since the opening of the new DPoW entrance nuisance caused by smokers congregating in the vicinity has significantly worsened.

APPOINTMENTS & REMUNERATION COMMITTEE (ARC) HIGHLIGHTS

At an ARC meeting held on Thursday 3 October the following items were considered:

- **Re-appointment of Group Chair** – It was reported that, following the decision taken by CoG on 18 June to re-appoint Sean Lyons as NLaG Chair subject to the concurrence of NHS England, the NHSE regional office has now confirmed Sean's re-appointment as HUTH Chair and consequently Group Chair for a term of three years commencing 1 February 2025 on his current level of remuneration.
- **HUTH Vice Chair/NLaG Associate NED** – In view of the impending retirement of Stuart Hall, ARC agreed to the HUTH Vice Chair post being advertised to include the current NLaG Associate NED role subject to an ARC representative being included on the interview panel.

- **Appointment of NED** – Following the resignation of Kate Truscott ARC agreed to recommend to CoG that current Associate NED Julie Beilby be appointed to the vacant full NED role. CoG members subsequently virtually agreed to this appointment for a three year term.

GOVERNOR OPPORTUNITIES

As a consequence of a number of retirements and resignations various opportunities will arise following the completion of the current election process for governors who wish to take on additional opportunities including:

- **Lead/Deputy Lead Governor** – Nominations will be invited for both these positions which will fall vacant on completion of the terms of office of the current postholders.
- **MPEAG** – Expressions of interest will be invited from governors wishing to serve on this committee in respect of which there is likely to be at least one vacancy.
- **ARC** – Expressions of interest will be invited from governors wishing to serve on this committee in respect of which there are likely to be at least two vacancies.
- **Committee-in-Common Governor Observers/Deputy Observers** – Expressions of interest will be invited from governors wishing to take on these roles. There will be vacancies for Governor Observers and Deputy Observers for the Audit, Risk and Governance CiC and the Workforce, Education and Culture CiC. It should be noted that the Chair has indicated that due to potential conflicts of interest it would not be appropriate for staff governors to act as observers of the Workforce, Education and Culture CiC.

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Membership and Public Engagement and Assurance Group

Governor Engagement Activity Report- <u>Drop-in Sessions Collated Reponses</u>

July & August 2024

Governor name(s)	Eng't activity / opp y / event	Eng t date	Summary of feedback/suggestions/learning for consideration by MPEAG and possible escalation to CoG
Kevin Allen, David Cuckson Ian Reekie	SGH governor drop-in session	31 Jul 24	**Ian Reekie** - positive note - found tablets easy to use & enabled accurate & legible documentation of the views of many more patients/visitors – more than poss using pen & paper. Liked pre-loaded questionnaire which reflected issues where specific feedback required (e.g. visiting hours). I certainly think you should seek views of executives on topical issues upon which feedback would be helpful prior to compiling questions for future sessions. On potential changes/improvements - extremely difficult to engage patients/visitors in 1 static location & suggest not erecting banners etc., just allow governors to roam non-clinical areas to find productive locations, usually where waiting is involved or in cafes/restaurants.
Diana Barnes David James Ian Reekie	DPoW governor drop-in session	2 Aug 24	**David James** – informative session, chatted with patients & staff (attending as patients or accompanying patients). Two B2 staff provided details of working conditions & banding they are employed at versus the roles they actually undertake (at a higher banding with no chance of additional pay or even the possibility of their jobs being re-banded). Staff parking costs were high for a B2 salary (with difficulties now for pay deduction and SO needed at bank). Interested to know what useful staff feedback is gathered, especially those on lower wages.

			Diana Barnes - interesting experience. Most people ready to speak out about their experience - mainly positive. Only one said that they would be there for longer than they felt would be necessary. Saw them when they left which was a short visit for them which they were pleased. Passed on 2 problems to experienced people who were known to me. Since - informed by friend of very positive time in hospital recently Nurse friend said that part of small team that might be overtaken by one from Hull, as have a bigger research team than NLaG. It would be helpful to just be able to roam the general areas to get peoples information about the trust. That is if this could be organised.

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Membership and Public Engagement and Assurance Group

Individual Governor Engagement Activity Report – _COLLATED RESPONSES_

July & August 2024

Governor name	Title of engagement activity/opportunity/event	Engagement date	Summary of feedback/suggestions/learning for consideration by MPEAG and possible escalation to CoG
Corrin Manaley	Speaking with colleagues	July/ August	Staff still feel uneasy and unsettled as we have transitioned into the new care groups/ structuring of the organisation. There is a feeling that NLaG may lose some of their identity as we move to do more of the same as HUTH. Staff can see that it is wise to do the same as HUTH if it's a step in the right direction & benefiting patients. However, what they are struggling to see is when a system/ process works well at NLaG, why would it change? (These changes have not occurred, it is purely here say but it reflects conversations occurring on the shop floor).
	15 Steps	July	Patients on ward 5 reported a positive experience during their stay. Overall a good visit with the ward achieving a rating of GOOD. (Revisit)
	Q&S CiC	31 July	Feedback to governors on WhatsApp group chat areas of key information
Ian Reekie	Visit to Grimsby Health & Wellbeing Centre	1 August	Positive engagement with NLaG patients participating in the Lincs Inspire Active Forever exercise referral programme. This is designed to improve physical and mental wellbeing particularly for patients preparing for surgery and to aid rehabilitation post surgery. Referrals are normally made via primary care but consideration could be given to direct referral of suitable DPoW patients in appropriate specialties.
	Grimsby Bus Forum	13 August	Members of the Grimsby Bus Forum stressed the need for Real Time Information to be displayed at the DPoW bus stop. This is the busiest bus stop in Grimsby catering for 14 buses per hour

| | | | going in both directions on four routes. This can be confusing for patients visiting the hospital. North East Lincolnshire Council has an electronic display unit available for installation if NLaG can provide the necessary power supply. |
| | Grimsby Bus Forum | 13 August | Significant concern was expressed by Grimsby Bus Forum members who are regular visitors to DPoW regarding smokers congregating in the vicinity of the bus shelter, a problem that is perceived to have significantly worsened since the opening of the new main hospital entrance. |

EXAMPLES OF ENGAGEMENT OPPORTUNITIES AVAILABLE TO INDIVIDUAL GOVERNORS:
Staff Governors – colleagues, teams, services, departments, care groups, directorates

Public Governors – HealthWatch, family, friends, neighbours and community groups, neighbourhood groups, Patient Participation Groups (PPGs), school governors, volunteering activities, social groups (e.g., golf, walking, Men In Sheds, Knit and Natter, craft, religious, cultural, Age UK, political, reading, gardening, bowls, running and specific health groups etc)

Thank you for your support with this work.

Council of Governors Business Meeting

Agenda Item No: CoG(24)058

Name of the Meeting	**Council of Governors Business Meeting**
Date of the Meeting	31 October 2024
Director Lead	Simon Parkes, Non-Executive Director / Chair of Audit, Risk and Governance Committee-in-Common
Contact Officer/Author	Simon Parkes
Title of the Report	**Audit, Risk and Governance Committee-in-Common Highlight / Escalation Report – October 2024 - Public**
Executive Summary	This attached highlight / escalation report summarises the key matters presented to and discussed by the meeting of the Audit, Risk and Governance Committee-in-Common meeting on 1 October 2024. The Trust Board were asked to: Note the public highlight report from the October 2024 Audit, Risk and Governance Committee-in-Common meeting.
Background Information and/or Supporting Document(s) (if applicable)	Audit, Risk and Governance Committee-in-Common Agenda papers – 1 October 2024
Prior Approval Process	N/A
Financial implication(s) (if applicable)	N/A
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ☐ Assurance ☐ Other – please detail below:

Committees-in-Common Highlight / Escalation Report to the Trust Boards

	10 October 2024 – Public
	Audit, Risk and Governance Committees-in-Common
	1 October 2024
	Yes

1.0 Purpose of the report

1.1 This report sets out the items of business considered by the Audit, Risk and Governance Committees-in-Common (ARG CiC) at their meeting held on 1 October 2024 including those matters which the Committees specifically wish to escalate to either or both Trust Boards.

2.0 Matters considered by the committees

2.1 The ARG CiC considered the following items of business:

- HUTH External Audit Recommendations Action Plan Update
- Annual Review of External Auditor Performance / Additional Fees – HUTH
- Group Internal Audit (IA) Progress Report 2024/25 YTD
- Group Internal Audit Recommendations Status Report
- Group LCFS Progress Report
- EPRR Core Standards Compliance Action Plans Update - Group
- BAF and Risk Register – Group

- Procurement Update (including Waiving of Standing Orders, KPI's and expired contracts recovery action plan)
- Review of Losses and Compensations – Group
- Review of Standards of Business Conduct Declarations – Group
- Document Control Report – Group
- NLAG External Audit Routine Progress Update
- Annual Review of External Auditor Performance / Additional Fees – NLAG

[*Items marked with an asterisk are on the boards' agenda as a standalone item in accordance with the board reporting framework – as applicable]

3.0 Matters for reporting / escalation to the Trust Boards

3.1 The ARG CiC agreed the following matters for reporting / escalation to the Trust Boards:

a) **Emergency Preparedness, Resilience and Response (EPRR) Core Standards Compliance Action Plans Update – Group** – Following a paper received at the July 2024 ARG CiC meeting and limited assurance at that time, the Committees requested an update at its October 2024 meeting to provide an overview of progress made to date on the NHS England Core Standards for EPRR 2023/24 action plans and the governance oversight of these action plans. The interim Group Chief Delivery Officer and the Group Operations Director (EPRR) provided a comprehensive report which showed a much-improved self-assessed compliance rate as at 11 September 2024 (NLAG at 91.9% compliance, up from 40% and HUTH at 85.5% compliance, up from 18%). The 2024/25 annual assurance process has commenced, including ICS peer review and the compliance results will be submitted to the December 2024 Boards-in-Common meeting for approval.
The ARG CiC agreed there had been substantial progress and were therefore ***reasonably assured*** on the 2023/24 standards action plans, noting that the compliance position with the 2024/25 standards was currently not known as the national annual assessment process had only recently commenced.

b) **Board Assurance Framework (BAF) and Risk Register – Group** – The ARG CiC discussed various aspects of the Group BAF report including the significant number of risks (over 600) on the Risk Register and the issue of mixing divisional / care group risks with strategic risks; the number of high risks; the scoring of risks and misalignment between current / strategic risks; the lack of mitigation details; the lack of a residual / mitigated risk score; and the number of high risks overdue for review (although it was noted fewer than previously but still a significant number). The crystallisation of risks was commented on and the extent to which the organisations could effectively manage such significant numbers of risks and whether there was a need to reduce the numbers in order to focus effort on those linked directly to the Group's strategic priorities. A focus on mitigations was recommended which would result in an assessment of residual risk which could be reviewed in terms of risk appetite of the organisation. The Group Director of Assurance provided details of actions being taken to further improve the risk management process, including a forthcoming refreshed Risk Management Strategy; the appointment of a new Head of Risk and Compliance and the implementation of a new risk meeting by the Group Chief Nurse to look at risks specifically across the Care Groups.
Following discussion the ARG CiC agreed that their role was to gain assurance as to the effectiveness of risk management and risk reporting and currently they only had ***limited assurance*** that this was the case.

c) **Procurement Update (including Waiving of Standing Orders, Procurement KPI's and expired contracts recovery action plan) - Group** – the Director of Procurement responded to questions around the use of single suppliers in HUTH advising that this was due in the main to maintenance contracts for existing equipment which should have been purchased at the same time as the equipment to maintain their warranty. The ARG CiC were pleased to see a recovery plan to address the number of overdue contracts, noting that the

number of overdue contracts was already reducing due to the data cleanse exercise and therefore a greater confidence in the data. The ARG CiC look forward to receiving further updates on progress against the recovery plan at future meetings. The Procurement Director also confirmed that there was a lot of work going on around improving inventory management, including cleansing 550,000 lines of catalogue data as the catalogues drive inventory management; getting out and talking to stakeholders about the variety of the same items they were using and reducing those accordingly to drive financial benefits for the Group; reviewing minimum / maximum strategies for store rooms and improving the general state of stock rooms to reduce the amount of stock held on site but with robust systems for ensuring stock arrives on the shelves when needed. It was acknowledged that there is significant potential from rationalising catalogues, etc. for cost improvements.

The ARG CiC welcomed the recovery plan for expired contracts and recognised that there was good progress being made in this area. In addition, work was underway on inventory management improvements and also in relation to single source waiver reduction. It was agreed that the ARG CiC had received *reasonable assurance* from the update on a pathway to substantial assurance.

d) **Review of Losses and Compensations – Group** – A number of questions were raised by ARG CiC members around HUTH overseas visitors debts and write-offs, HUTH salary overpayment write-offs and the potential inconsistent reporting of pharmacy waste across the two organisations. The interim Group Chief Financial Officer took an action to review the questions raised on the report and advise the ARG CiC members accordingly before the next meeting in January 2025.

The ARG CiC agreed that until they knew whether there were process failures or simple reporting issues involved, they were only **reasonably assured** by the report.

e) **Review of Standards of Business Conduct Policy Declarations – Group** – The ARG CiC queried the data in the report around declarations made and it was confirmed that it was not showing the complete picture i.e. the number of declarations made against the potential number of staff required to make annual declarations, including nil declarations. The ARG CiC requested that this data be produced no later than the end of the current financial year. The two organisations have different systems in place for making declarations and the Group Director of Assurance advised that they were working to harmonise the process across the Group.

The ARG CiC agreed that they only had *limited assurance* at this stage due to not knowing the full picture around compliance with making annual declarations.

f) **Document Control Report – Group** – The report identified eleven overdue HUTH documents from 2018 (1) and 2019 (10) and considered the potential impact of the documents being overdue for review. There were also a significant number of documents overdue for review from 2020 to date. It was also considered that these may be extant but had simply not had their review date updated. The accountability for policies was discussed and the Group Director of Assurance advised that all policies had been assigned to the relevant Care Groups and a proposal had been made to take details of overdue documents to Care Group review meetings to maintain a focus on

V.2

such issues. The ARG CiC highlighted a number of clinical areas where it was more important to ensure reviews were completed.

The ARG CiC agreed that only **limited assurance** has been received due to the number of long overdue documents.

g) **Group Internal Audit Reporting and Recommendations** - The ARG CiC received a joint internal audit report on Smart Card Access which included nine recommendations for action across the Group, all to be completed between September 2024 and 31 January 2025.   An additional internal audit review had been requested on stock management which had resulted in a request to move the internal audit on the Integrated Performance Reporting (IPR) to Q4. The requests were agreed by the ARG CiC. The Internal Auditors gave an update regarding two internal audits nearing completion (Group Cost Improvement Programme (CIP) Waste reduction and the NLAG only Lorenzo review).

4.0   Matters on which the committees have requested additional assurance:

4.1   The ARG CiC requested additional assurance in relation to items as detailed above.

5.0   Confirm or challenge of the Board Assurance Frameworks (BAFs):

4.2   The ARG CiC considered the Board Assurance Framework (BAF) at item B in section 3 above.

6.0 Trust Board Action Required

5.1   The Trust Boards are asked to note the highlight report from the Audit, Risk and Governance Committees-in-Common.

Simon Parkes   **Jane Hawkard**
NLAG ARG CiC Chair / NED   **HUTH ARG CiC Chair / NED**

1 October 2024

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Council of Governors Business Meeting

Agenda Item No: CoG(24)059

Name of the Meeting	Council of Governors Business Meeting
Date of the Meeting	31 October 2024
Director Lead	Gill Ponder/Helen Wright, Non-Executive Director Committee Chairs
Contact Officer/Author	Rebecca Thompson, Deputy Director of Assurance
Title of the Report	**Capital & Major Projects Committees-in-Common Highlight Report**
Executive Summary	The attached report covers the CIC held on 27 August 2024 and highlights matters discussed and escalated by the CIC.
Background Information and/or Supporting Document(s) (if applicable)	The attached report has been considered by the Trust Boards-in-Common held on 10 October 2024
Prior Approval Process	The Trust Boards-in-Common
Financial implication(s) (if applicable)	Financial implications are highlighted in the report.
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	☐ Approval　　　　　　☐ Information ☐ Discussion　　　　　☐ Review ✓ Assurance　　　　　　☐ Other – please detail below:

Committees-in-Common Highlight / Escalation Report to the Council of Governors

	31 October 2024
	Capital and Major Projects Committees-in-Common
	27 August 2024
	Yes

1.0 Purpose of the report

1.1 This report sets out the items of business considered by the Capital and Major Projects Committees-in-Common at their meeting(s) held on 27 August 2024 including those matters which the committees specifically wish to escalate to either or both Trust Boards.

2.0 Matters considered by the committees

2.1 The committees considered the following items of business:
- Board Assurance Framework and Risk Register Report
- Group Capital Plan Funding and Delivery
- Review and evaluation of new Business Cases, Investments and Dis-Investments within Delegated Limits and/or endorsement for Trust Board Approval/ Post Project Evaluation Schedule
- Humber Acute Services Review – including Key Risks
- Community Diagnostic Centre Programme – including Key Risks
- Digital Plan Delivery – Including Key Risks
- Group Capital Committee Meeting Minutes

3.0 Matters for reporting / escalation to the Trust Boards

3.1 The committees agreed the following matters for reporting / escalation to the Trust Boards:

a) All risks have now been reviewed by the Care Groups but there was further work to be carried out regarding the risk scores pre and post risk mitigation. A further report would be received at the October 2024 meeting with clearer mitigation proposals.

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b) A risk relating to the cladding of the new Day Surgery Unit at Castle Hill is being managed with the local Council. The existing cladding complies with building regulations but does not comply with the latest Health Technical Memorandum guidelines. There is a £0.3m risk associated with replacement of the cladding.

c) The CIC approved the updated Capital Plan funding proposal and agreed the approach to allocating £6.6m to priorities agreed by Cabinet.

d) A post project evaluation schedule was presented and approved.

e) A referral had been made to the Secretary of State regarding the HASR processes and the impact on local population. There were no concerns raised in the meeting as the process had been reviewed by the Clinical Senate and was deemed to be sound.

f) CDC building delays were forecast due to a variety of reasons outside the Group's control, leading to concerns about the impact on the revenue plan due to reduction in planned activity levels. The Estates teams were working closely to mitigate the risks where possible and alternative sites to carry out some of the potentially delayed activity were being sought.

4.0 Matters on which the committees have requested additional assurance:

4.1 The committees requested additional assurance on the following items of business:

a) EPR Benefits realisation – there remains an action to review as an independent committee including Jane Hawkard & Helen Wright. The Boards in Common and ICB had approved the outline business case and it was progressing through the National Federation Data Platform approval process. The local programme team staffing was being procured.

b) Further work was required regarding risk mitigation and how risk targets would be met as noted above.

c) Up-coming digital and equipment upgrades to be discussed further by the CIC, particularly the Windows 11 mandatory upgrade programme.

5.0 Confirm or challenge of the Board Assurance Frameworks (BAFs):

5.1 The committees considered the areas of the BAFs for which it has oversight and no changes were proposed.

6.0 Trust Board Action Required

6.1 The Trust Boards are asked to:

- Note the matters for escalation in item 3.1 above.

Helen Wright, Non-Executive Director/CIC Chair, HUTH

Gill Ponder, Non-Executive Director/CIC Chair, NLAG

27 August 2024

Council of Governors Business Meeting

Agenda Item No: CoG(24)060

Name of the Meeting	Council of Governors Business Meeting
Date of the Meeting	31 October 2024
Director Lead	Gill Ponder and Helen Wright, Non-Executive Director Committee Chairs
Contact Officer/Author	Rebecca Thompson, Deputy Director of Assurance
Title of the Report	**Performance, Estates and Finance Committees-in-Common Highlight Report**
Executive Summary	The attached report covers the CIC held on 28 August 2024 and 25 September 2024 and highlights matters discussed and escalated by the CIC.
Background Information and/or Supporting Document(s) (if applicable)	The attached report has been considered by the Trust Boards-in-Common held on 10 October 2024
Prior Approval Process	The Trust Boards-in-Common
Financial implication(s) (if applicable)	Financial implications are highlighted in the report.
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	☐ Approval ☐ Information ☐ Discussion ☐ Review ✓ Assurance below: ☐ Other – please detail

Committees-in-Common Highlight / Escalation Report to the Council of Governors

	31 October 2024
	Performance, Estates and Finance Committees in Common
	28 August 2024, 25 September 2024
	Yes

1.0 Purpose of the report

1.1 This report sets out the items of business considered by the Performance Estates and Finance Committees-in-Common at their meeting(s) held on 28 August 2024 and 25 September 2024 including those matters which the committees specifically wish to escalate to either or both Trust Boards.

2.0 Matters considered by the committees

2.1 The committees considered the following items of business:

28 August 2024

- Board Assurance Framework and High Level Risks
- CQC Actions Report
- Financial Report (Month 4) including Cost Improvements
- Forecast Financial Position (ICB Bridge)
- Finance Improvement Board Action Notes
- 22-23 National Cost Collection Publication

- Group Integrated Performance Report
- Deep Dive – Organisational Data Controls
- Estates and Facilities
- Bank and Agency Demand Solutions
- Procurement Report including Scan4Safety
- Annual Fire Report

25 September 2024

- Board Assurance Framework and High Level Risks
- CQC Actions Report
- Annual Planning (Operational and Financial including CIP) Timetable for 2025/25

- Group Integrated Performance Report
- Deep Dive – LOS/Beds Review and Elective Care Review
- Estates and Facilities

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- Finance Report (including year-end forecast and cash position)
- ICB Position – Update from Grant Thornton
- Security/SMS Annual Report and workplan
- Bank and Agency Demand Solutions

3.0   Matters for reporting / escalation to the Trust Boards

3.1   The committees agreed the following matters for reporting / escalation to the Trust Boards:

28 August 2024

a) The Financial Report was discussed and the Committees raised concerns around the significant level of risk inherent within the full year plan, with an £18m gap to forecast, £17m of embedded cost improvement plan (CIP) initiatives deemed high risk and £8m of anticipated income not yet confirmed.

b) The HUTH cash position remains a concern and cash cannot be moved across the Trusts. There is an expectation that deficit cash support will be received in September to negate the need for further external cash support in year. However, the Group cash position is heavily dependent on delivery of planned CIP.

c) The performance report highlighted slight improvements in ED with time to see first clinician in HUTH down from 180 minutes to 129 minutes and the August new rotas placing workforce against demand meaning that 12 hour delays had reduced. GP referral letters meant that patients were being sent straight to assessment areas rather than being held in ED.   Improvements were more static on the South Bank.

d) RTT 65 weeks was raised as an issue and this was primarily due to delays in breast reconstruction surgery, which was a national problem.

e) UTC performance was as expected at HRI, with Beverley and Bransholme UTCs not yet meeting the 95% commissioned target.

f) The CIC received a presentation on Data Quality and issues relating to rules and reporting. A validation exercise had taken place which had resulted in an increase to the PTL for NLAG, but patients had not suffered additional delays to treatment as a result of the identified issues. This would be reported to NHS England. Additional resource and structure is being allocated to data governance. Further data quality issues were being improved by ensuring business rules were applied consistently and correctly across the group.

g) The procurement director, Ed James, shared a progress update; there is some good work taking place giving rise to significant savings. The procurement teams need to work more closely with the care groups to optimise saving opportunities.

h) The committee agreed that the proposal to procure bank and agency demand solutions should proceed to contract.

i) The CIC agreed to recommend approval of the Fire Annual Report to the Boards in Common.

25 September 2024

a) NLAG - EOL data delay (CQC outstanding action) was discussed and Adam Creegan agreed to review the issues and report back to the CIC.

V.2

b) Group CQC actions are now more embedded in the Care Groups and good progress was being made. Limited assurance was given as actions were not yet embedded and sustained.
c) The CIC gave the Group financial full year plan limited assurance, but there were a number of mitigations in place, including external review and there was optimism that the outcomes of these mitigations would give a more positive assurance level in the future.
d) NLAG PTL has been validated and was at pre-Lorenzo issues.
e) HUTH - Urgent care was seeing good improvements but sustainability of these improvements was still a risk. Limited assurance was received.

4.0 Matters on which the committees have requested additional assurance:

4.1 The committees requested additional assurance on the following items of business:

28 August 2024

a) The PEF CIC asked for further assurance around the high level risk mitigations and what was being done to manage the risks. An example of this was highlighted with long standing risks relating to boilers and electrical equipment.
b) Further clarity was requested around timings of the financial strategy. It was agreed that a high level plan should be created based upon estimates and to include known investments such as replacement of equipment. The finance team are awaiting further guidance from the centre.
c) Further assurance was requested regarding the £18m gap to forecast. Elective Recovery Funding and increased productivity are the current focus areas.
d) A procurement update was received and the risks highlighted included current suppliers potentially planning to exit the market. These will be monitored.

25 September 2024

a) The Group Annual Planning cycle 2025/26 was presented which included an internal recovery programme and the CIC reflected on the Government help that was to be offered to assist with waiting list issues. Robust governance, Care Group and health partner engagement was key to managing the planned productivity stretch targets. The CIC welcomed the prompt plan.
b) NLAG CQC actions - new Group Performance Report in place and the Clinical Strategy and Finance Strategy dates were confirmed. End of life data delay was discussed and Adam Creegan agreed to take the action to review the issues.
c) HUTH CQC actions – Care and transfer of patients action to be reviewed again following review by the Group Chief Delivery Officer regarding the actions in place to mitigate. The Maternity triage service action remained as there were still staffing challenges, but was being monitored through the section 31 process.
d) Group Finance – The Group was reporting £34.5m deficit which was behind plan. The key driver was industrial action, but there was funding available which would cover the majority of this. The Group was still forecasting £85m deficit although there were approximately £57m of proposed mitigations currently. The key issue was the heavily weighted second half of the year to achieve the Cost Improvement Programme and increased productivity levels. A half year fundamental review would be taking place. A discussion around ERF took place and a number of schemes had been approved to achieve additional activity and income. Limited assurance was given due to the current financial position and the mitigations required to achieve the break-even position at year-end.

V.2

e) Grant Thornton ICB review was underway and a number of workstreams were being implemented. Targeted elective recovery programmes would be in place for vulnerable services across the system.

f) The new Group Integrated Performance report detailed achievement of the 78 week wait target but also the deterioration of the 65 week wait target. The teams were still driving for zero at the end of October. The current concerns related to plastics (hand surgery) and complex breast reconstruction. Additional capacity had been sourced and there were weekend working arrangements in place. Limited assurance was given by the CIC, whilst recognising the mitgations in place.

g) Deep Dive – waiting list increases were mainly due to significant increase in GP referrals in both urgent care and suspected cancers. Cancer referrals were not converting into cases at the same rate. Limited assurance was agreed.

h) Cancer – both Trusts were short of the trajectory and target. There were issues with the 28 day diagnostic target and performance had dipped over the Summer, particularly in breast and skin. There were workforce issues in these two areas which were being addressed. Lower GI colonoscopy capacity and histopathology capacity were impacting on patients and the 28 day target. Improvement work was ongoing on at tumour site level. There were also capacity issues in urology due to a shortage of cancer surgeons which meant that there were breaches every month. Mutual aid was being sought. The CIC agreed limited assurance for cancer performance.

i) Urgent Care – Work was ongoing to standardise criteria led discharge to make decision making for clinicians more structured. It was reported that the Rossmore facility was now at 90% capacity and was sustaining performance. Work was ongoing with Hull City Council to support care workers in the Community. Limited assurance was agreed due to the performance targets not being met, but the CIC recognised the targeted work by the teams resulting in small improvements. Sustainability was still a risk.

j) Estates – Carparking, catering price increases, the Group cleaning contract review and the CDC contract negotiations were highlighted. Reasonable assurance was agreed.

5.0 Confirm or challenge of the Board Assurance Frameworks (BAFs):

5.1 The committees considered the areas of the BAFs for which they have oversight and it was agreed that a review should take place to ensure all details remain valid and actions are updated.

It was confirmed that the Finance risk would remain at risk rating 25 in light of the risks inherent in the latest forecast. The CIC discussed the target risk rating of 5 and agreed this was ambitious but should still be aimed for. A review of the first half of the year was planned to understand the mitigations of achieving the target and break-even position.

6.0 Trust Board Action Required

6.1 The Trust Boards are asked to:

- Note the items for escalation in section 3.1
- Note the items where the CIC have requested additional assurance in section 4.1

Helen Wright, Non-Executive Director and CIC Chair, HUTH

Gill Ponder, Non-Executive Director and CIC Chair, NLAG

28 August/25 September 2024

Council of Governors Business Meeting

Agenda Item No: CoG(24)061

Name of the Meeting	Council of Governors
Date of the Meeting	31 October 2024
Director Lead	Sue Liburd, Non-Executive Director and Chair of the Quality and Safety Committees in Common (CIC)
Contact Officer/Author	Sue Liburd, Non-Executive Director and Chair of the Quality and Safety Committees in Common (CIC)
Title of the Report	**Quality and Safety Committees in Common Highlight and Escalation reports from: 29 August 2024 and 26 September 2024.**
Executive Summary	The attached report for the Council of Governors, provides an update on the work of the Quality and Safety Committees-in-Common at both its 29 August 2024 and 26 September 2024 meetings. The following matters are highlighted: a) Maternity Support Workers at DPoW are in dispute over their pay and some working conditions. During industrial strike action safety had been maintained. Negotiations between NLaG and the staff remains ongoing. b) NLaG SHIMI data was the lowest it has been on record. c) CDifficile rates were increasing. There was no cross transmission of cases at any of the hospitals within the Group. Antimicrobial stewardships processes are in place. d) In September, the committees suspended its usual activity and convened a time out to review committee business and effectiveness which resulted in changes to terms of reference and the workplan.
Background Information and/or Supporting Document(s) (if applicable)	N/A
Prior Approval Process	N/A
Financial implication(s) (if applicable)	N/A
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ✓ Assurance below: ☐ Other – please detail

Committees-in-Common Highlight Report to the Council of Governors

	31 October 2024
	Quality and Safety Committees in Common
	29 August 2024 26 September 2024
	Yes on both occasions

1.0   Purpose of the report

1.1   This report sets out the items of business considered by the Quality and Safety Committees-in-Common at their meeting(s) held on 29 August 2024 and 26 September 2024.

2.0   NLaG Matters considered by the committees

2.1   29 August 2024

The committees considered the following items of business:

- Operational pressures.
- Board Assurance Framework.
- Integrated Performance Report (IPR).
- Maternity and Neonatal Services.
- Patient Safety Incident Response (PSIRF).
- Mortality including Learning from deaths (Q1 Report).
- Commissioning for Quality and Innovation (CQUIN).

2.2   26 September 2024

The committees suspended its usual activity and convened a time out to review committee business and effectiveness.

- Terms of reference – frequency, membership and scope.
- Current workplan – noting the need to focus on key issues.
- Quality structure - Information flows, relationships to other CICs.
- IPR Data Quality.
- Committees-in-Common Triangulation.
- Review of key Q&S CIC reports – content, length, executive summaries and their action orientation.

3.0 Matters for reporting / escalation to the Council of Governors

3.1 The committees agreed the following matters for reporting to the Council of Governors:

29 August 2024

a) Maternity Support Workers at DPoW are in dispute over their pay and some working conditions. During industrial strike action safety had been maintained. The Director of Midwifery and NED Maternity & Neonatal Safety Champion (Sue Liburd) have met with the support workers to better understand their grievances and took away actions to address some of the issues. Negotiations remain ongoing.

b) NLaG SHIMI data was the lowest it has been on record. This is testament to the work that has been carried out.

c) CDifficile rates were increasing. Antimicrobial stewardships processes are in place and there was no cross transmission of cases at any of the hospitals within the Group. Training, education and infection control and hygiene basics was being carried out.

26 September 2024

a) The Terms of reference (TOR) was discussed. It was agreed the scope set out in the TOR should be aligned to reports being presented to the CIC. The key work of the committees would be based around: Clinical Strategy, Quality Strategy, the BAF and Risk Registers, Quality Priorities, Learning from incidents and any hot topics. A changed membership was discussed, with Delivery officer attendance in the core membership, attendees and other senior managers attending when required, such as patient safety officers.

b) The workplan was reviewed and a lower frequency of meetings discussed and the timing of reports. Once updated this will be presented to the Boards-in-Common for approval.

c) The operational and governance structures underneath the Quality and Safety CIC were discussed and how reports would be changed to incorporate assurance for Q&S CIC.

d) Data quality was flagged as a key risk (and noted across the Group) and a consistent Quality improvement methodology with greater visibility was raised as a gap in assurance.

4.0 Matters on which the committees have requested additional assurance:

4.1 The committees requested additional assurance on the following item of business:

29 August 2024

a) Limited Assurance: Infection Prevention Control (IPC) in particular C.Difficile compliance was raised. The CIC agreed to continuous scrutiny through the IPR and the IPC BAF.

26 September 2024

a) This was a Committee timeout session; therefore, no additional assurance was requested.

5.0 Trust Board Action Required

5.1 The Council of Governors is asked to:
- Note the issues for reporting in item 3.
- Note the items listed for further assurance and their assurance ratings.

Sue Liburd
Non-Executive Director
21 October 2024

Council of Governors Business Meeting

Agenda Item No: CoG(24)062

Name of the Meeting	Council of Governors
Date of the Meeting	31 October 2024
Director Lead	Sue Liburd, Non-Executive Director Member of Workforce, Education and Culture Committees in Common (CIC)
Contact Officer/Author	Sue Liburd, Non-Executive Director Member of Workforce, Education and Culture Committees in Common (CIC)
Title of the Report	**Workforce, Education and Culture Committees in Common Highlight and Escalation reports from 29 August 2024.**
Executive Summary	The attached report for the Council of Governors, provides an update on the work of the Workforce, Education and Culture CIC from 29 August 2024. There was no meeting held in September. The following matters are highlighted: • The Committee has significant concerns about the status of the Group culture and transformation work. • CQC Improvement Action plans have a high number of outstanding actions. Work is being undertaken to progress, close or reset actions. An updated position will be received by the Committee in October. • Despite the significant commitment from the Trust to improve the working lives of ethnic minority staff. The Workforce Race Equality Standard presents an overall trend of a worsening position for the Trust. • The Workforce Disability Equality Standard reporting highlights the overall staff experience of disabled staff has shown improvement, and engagement is now above the national average.
Background Information and/or Supporting Document(s) (if applicable)	N/A
Prior Approval Process	N/A
Financial implication(s) (if applicable)	N/A
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ✓ Assurance ☐ Other – please detail below:

Committees-in-Common Highlight Report to the Council of Governors

	31 October 2024
	Workforce, Education and Culture Committees in Common
	29 August 2024
	Yes

1.0   Purpose of the report

This report sets out the items of business considered by the Workforce, Education and Culture Committees-in-Common at their meeting(s) held on 29 August. 2024. There was no meeting held in September.

2.0 NLaG Matters considered by the committees

2.1   29 August 2024

The committees considered the following items of business:

- Board Assurance Framework.
- Integrated Performance Report.
- CQC Improvement plan.
- Workforce Race Equality Standard (WRES).
- Workforce Disability Equality Standard (WDES).
- Group response to recent race riots
- Guardian of Safe working Q1 Report.
- Learning and Organisational Development (OD)progress report.

2.2 September 2024

There was no meeting held in September.

3.0 Matters for reporting / escalation to the Council of Governors

3.1 The committees agreed the following matters for reporting to the Council of Governors:

29 August 2024
   a) Continued Maternity Support Workers industrial action at Diana Princess of Wales Hospital (DPoW).
   b) Clinical Diagnostic Centre (CDC) staffing mitigations assurance, arising from concerns about the impact on clinicians and the quality of care raised by Governors at the August Annual Review meeting.
   c) There was significant assurance given to the Learning and OD work around recruitment, induction and care group support during recent organisational changes.

September 2024
   a) Following the significant concerns raised at WEC in July about the status of the Group culture and transformation work, Committee members met as a Board in Common in a development session to consider the concerns in detail. The Committee awaits a post event report summary.

4.0 Matters on which the committees have requested additional assurance:

4.1 The committees requested additional assurance on the following items of business:

29 August 2024

a) Not Assured: Progress of the Group culture and transformation work. Further work and assurances are sought.
b) Limited Assurance: CQC Improvement Action plans. Further assurance was required relating to outstanding completion dates. It was agreed date resets, indications of progress and realistic timescales are required. The Committee Chair is to write to the Group Chief Nurse to clarify when the actions were expected to be closed.
c) Limited Assurance: Workforce Race Equality Standard (WRES). Despite the significant commitment from the Trust to improve the working lives of ethnic minority staff which includes, zero tolerance to racism policy work, there is an overall trend of a worsening position for the Trust. There is to be a full comprehensive review and refresh of action plans. The report will be brought back to committee for consideration on completion.
d) Limited Assurance: Workforce Disability Equality Standard (WDES). The overall staff experience of disabled staff has shown improvement, and engagement is above the national average. Ongoing work is being undertaken in respect of flexible working and making reasonable adjustments. It was noted there remains work to be done, and a report would be received in October on progress against actions.

5.0 Confirm or challenge of the Board Assurance Frameworks (BAFs):

5.1 The committees considered the areas of the BAFs for which it has oversight.

29 August 2024
No changes were proposed.

6.0 Trust Board Action Required

6.1 The Council of Governors is asked to:
- Note the matters for reporting in item 3.
- Note the items listed for further assurance and their assurance ratings.

Sue Liburd
Non-Executive Director
21 October 2024

Council of Governors Business Meeting

Agenda Item No: CoG(24)063

Name of the Meeting	Council of Governors Business Meeting
Date of the Meeting	31 October 2024
Director Lead	Jonathan Lofthouse, Group Chief Executive
Contact Officer/Author	Jonathan Lofthouse, Group Chief Executive
Title of the Report	Integrated Care System (ICS) Working – including Place, the Collaborative of Acute Providers and Integrated Care Board (ICB)
Executive Summary	This report includes a summary of current ICB partnership working including at Place level and through the Collaborative of Acute Providers. This report also includes a significant engagement opportunity for our Governors and staff, through the launch of a four-week public engagement from 14 October 2024, called *We Need to Talk*. The details of this ambitious four-week conversation with local people and community groups are outlined in this paper. This report also includes the national conversation, launched on Monday 21 October 2024 by the Prime Minister and the Secretary of State for Health and Social Care.
Background Information and/or Supporting Document(s) (if applicable)	The NHS Humber and North Yorkshire Integrated Care Board has run significant public engagement around the future of NHS services in the last 18 months as part of the acute services review. This conversation through *We Need To Talk* represents the ICB's next steps in shaping NHS services in our area.
Prior Approval Process	N/A
Financial implication(s) (if applicable)	N/A
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	The public engagement exercise seeks to reach a wide range of members of the public and to understand how current health inequalities shape the way in which local patients think about health service needs of the future.
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ☐ Assurance ☐ Other – please detail below:

Integrated Care System (ICS) Working –
including Place, the Collaborative of Acute Providers and Integrated Care Board (ICB)

1.   Introduction

1.1   I am pleased to provide this summary to the Council of Governors. In the next two sections, I outline the ways in which we are part of the governance structure of our Integrated Care Board (our local 'system') as well as detail a specific engagement opportunity currently running.

2.   Humber and North Yorkshire Integrated Care Board

2.1   The Humber and North Yorkshire Integrated Care Board (HNYICB or the ICB) has statutory responsibility for the oversight and provision of NHS services to the populations of North Yorkshire, the East Riding of Yorkshire, the city of Hull, North Lincolnshire and North East Lincolnshire.

2.2   The governance structure for this includes elements determined at local level, defined geographically by Local Authority boundaries and referred to as Places, with an ICB Director for each Place. The Places each have regular Board meetings and members from my Cabinet team attend each one. These are decision-making fora that feed into the ICB Board, to determine how to meet local health needs.

2.3   At ICB Board level, there are a number of commissioned workstreams, where we have particular influence as the flagship provider in the ICB geography (we represent 38% of the NHS resources within the ICB). These include workstreams on digital health, workforce development and Equality, Diversity and Inclusion, and our Cabinet and subject matter experts are key members of each of these workstreams.

2.4   The ICB also facilitates the Collaborative of Acute Providers and other clinical Collaboratives (including mental health and primary care), as well as clinical networks such as cardiology, orthopaedics and others. Our clinicians have taken a number of roles on all of these networks and groups, which seek to implement best practice clinical pathways across our geography (such as GIRFT recommendations), share innovative local practice and also establish new ways of working to improve patients' access to local NHS services as well as improve outcomes.

2.5   The ICB also has an oversight role of system finances, performance and safety. The ICB has a structure of an Elective and Urgent and Emergency Care Boards, finance oversight and Quality Improvement Board to understand local service delivery and report this to the ICB Board.

2.6   I am Chair of the Collaborative of Acute Providers and Senior Responsible Officer for Elective Recovery for our ICB. This represents a significant amount of local NHS provision and an express desire, across the four NHS acute providers within our region, to develop our system around the needs of patients rather than any one individual organisation's perspectives.

2.7   Finally, I am the provider representative member on the ICB Board. I attend each public and private ICB Board meeting and represent the collective view of NHS provider organisations in our region. I work very hard at networking across our ICB and ensuring that our patients' voices and ways in which we can improve service delivery are represented at the ICB board are heard.

3.   ICB *Design for the Future* engagement

3.1   The ICB is undertaking an ambitious four-week engagement process, commencing 14 October 2024, called *We Need to Talk.*

3.2 This is taking the form of engagement through social media and in-person focus groups. From the ICB's perspective, this is part of the wider campaign 'Our NHS. The Next Chapter' which has the stated aim of holding a more honest conversation with the public about the significant challenges facing our NHS and engaging our local population in working with the ICB on setting the future direction.

3.3 The ICB's aim is to discuss the difficulties faced by the NHS, whilst giving people an opportunity to signal how they might want the NHS to change to meet the challenges of today and the demands of the future. The ICB is taking up feedback through this engagement exercise on:
- How the NHS can use technology better
- Improve the way we plan and organise our workforce to boost efficiency, adaptability and job satisfaction
- Focus on preventing illness rather than just treating it
- Listen to your needs and involve everyone in this conversation
- Move more care into the community
- Ensure patient safety and consistent high-quality care everywhere
- Focus on what matters most

3.4 Governors are welcome and encouraged to take part, both in their capacity as local patients as well as elected Governors. The starting point is a set of briefing materials and a questionnaire available at Our NHS - We need to talk - Let's Get Better (letsgetbetter.co.uk). There are also links through social media (Facebook and Instagram) – the more that this can be promoted for as much local participation as possible, the better, so your role to share information and opportunities for local engagement as Governors is much appreciated. There are ways to participate by post as well, for those who are less digitally enabled.

3.5 Following today's Council of Governors meeting, we will circulate these links electronically.

3.6 Our organisation is in receipt of promotion and communications materials, so we will be sharing the opportunity to our staff as local patients and stakeholders to participate in the engagement exercise, as well as sharing this with patients through our digital channels.

3.7 The opportunity to participate in local focus groups will be part of the engagement exercise in due course.

3.8 The ICB recognises up that Lord Ara Darzi's recent review of the NHS will form the basis of a wider programme of national engagement (staff, stakeholder and public), led by the Department of Health and Social Care (DHSC) to inform the 10 Year Strategy for the NHS, which is expected to be published in Spring 2025. The Prime Minister and Health Secretary have already signalled an intention to reform and have set out three big shifts: hospital to community care, better use of digital technology and more done to prevent ill health. This engagement piece from HNYICB will dovetail with this national approach to ensure we are collectively in the best position to improve NHS provision locally across Humber and North Yorkshire.

4. National conversation

4.1 On Monday 21 October 2024, the Prime Minister and the Secretary of State for Health and Social Care launched the national conversation about the future of the NHS.

4.2 Called *Change NHS: help build a health service fit for the future,* this is a national conversation to develop the 10-Year Health Plan.

4.3   There is a national portal website, through which this engagement exercise will be undertaken: Change NHS (www.change.nhs.uk). The headline on the Change portal is: *Our NHS is broken, but not beaten. Together we can fix it.*

4.4   The stated objective of this national conversation is as follows: "A different approach is needed if we are to make these crucial shifts and deliver an NHS fit for the future. So, today we are launching our national engagement exercise to develop the 10-Year Health Plan. We want the public and staff to be at the centre of reimagining the NHS, as well as experts from across the health and care landscape, like you. The changes we make must be felt in all our day-to-day lives."

4.5   There will be a number of ways in which NHS staff, stakeholders and patients will be able to contribute their views, which includes a series of workshops/face-to-face conversations in the new year. These will be facilitated by the NHS England regional teams and we will share any opportunity to be involved when these details are shared.

Jonathan Lofthouse
Group Chief Executive
22 October 2024

Council of Governors Business Meeting

Agenda Item No: CoG(24)064

Name of the Meeting	**Council of Governors Business Meeting**
Date of the Meeting	31 October 2024
Director Lead	Simon Nearney, Group Chief People Officer
Contact Officer/Author	Myles Howell, Group Director of Communications
Title of the Report	**Board Priorities for Action**
Executive Summary	The Group Boards-In-Common approved a joint approach towards creating a 'people first' culture in both Trusts. This presentation went to the Board-In-Common in September and sets out seven core objectives designed to enable us achieve that goal. It also explains the context in which we are currently working and the perceptions and feelings of staff working for the Group.
Background Information and/or Supporting Document(s) (if applicable)	
Prior Approval Process	Group Boards-In-Common
Financial implication(s) (if applicable)	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	The resulting culture programme (including development of a group People Strategy) will promote an ongoing focus on EDI matters.
Recommended action(s) required	☐ Approval ☐ Information ✓ Discussion ☐ Review ✓ Assurance ☐ Other – please detail below:

Darzi Report – Sept 2024

Four heavily inter-related factors have contributed to the current dire state of the NHS. They are:

1. austerity in funding and capital starvation

2. the impact of the Covid-19 pandemic and its aftermath

3. lack of patient voice and staff engagement

4. management structures and systems

"……post-pandemic, too many staff have become disengaged, and there are distressingly high-levels of sickness absence….. The experience of the pandemic was exhausting for many and its aftermath continues to reverberate. NHS staff not only mourned deaths of their colleagues on the frontline but were at the sharp end of the Covid rules…..The result has been a marked reduction in discretionary effort across all staff groups."

Why engage staff and invest in our culture?

NHS
Humber Health
Partnership

1. Engaged staff deliver better performance and quality
2. Greater discretionary effort
3. Staff who have autonomy and accountability will transform services
4. Better retention will cost us less in agency and recruitment
5. A positive reputation for a compassionate culture will help us to attract the highest calibre of clinicians and people

Our culture dashboard

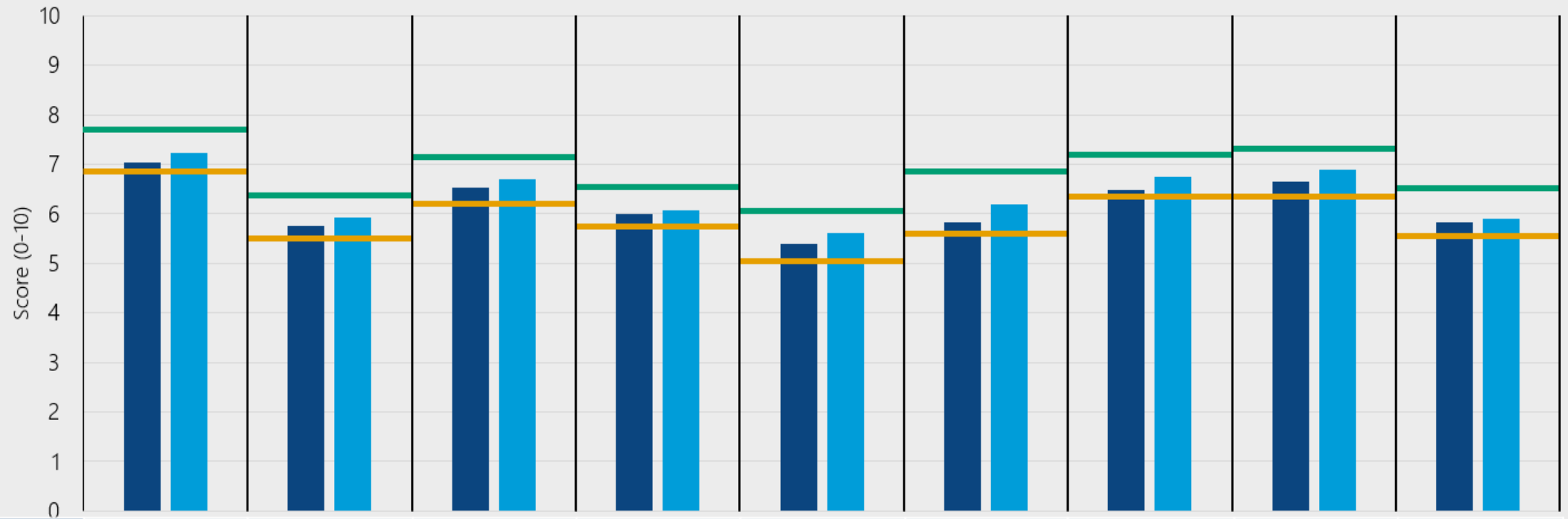|	Current	Target
Turnover	10%	10%
Turnover within 12 months	21.8%	10%
Sickness	4.4%	4.0%
L/T sickness	2.6%	4.0%
Staff engagement	5.89	7.1
Mandatory training	90.1%	85%
Appraisal rates	75.2%	85%

Northern Lincolnshire and Goole
NHS Foundation Trust

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.03	5.76	6.52	5.99	5.39	5.82	6.49	6.65	5.84
Best result	7.71	6.37	7.16	6.55	6.07	6.87	7.19	7.32	6.52
Average result	7.24	5.94	6.70	6.06	5.61	6.20	6.75	6.91	5.91
Worst result	6.85	5.50	6.21	5.75	5.05	5.60	6.35	6.34	5.54
Responses	3486	3489	3454	3452	3242	3467	3479	3496	3495

Hull University Teaching Hospitals
NHS Trust

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score.**

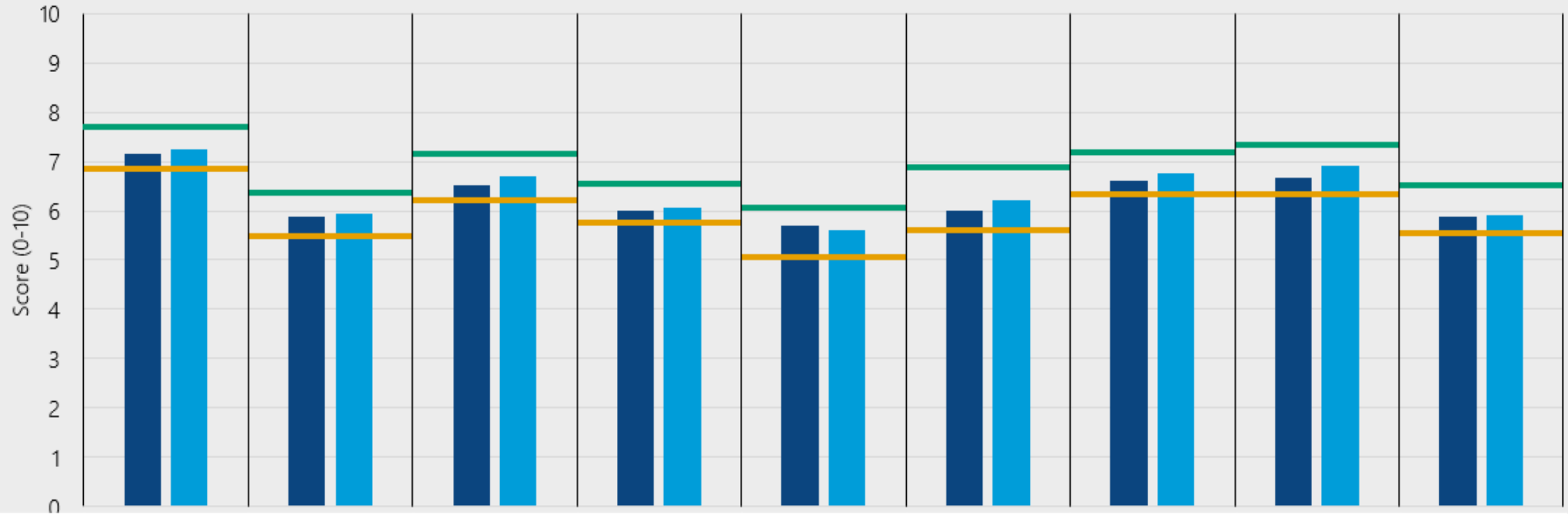|	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.15	5.87	6.51	6.01	5.69	5.99	6.61	6.66	5.88
Best result	7.71	6.37	7.16	6.55	6.07	6.87	7.19	7.32	6.52
Average result	7.24	5.94	6.70	6.06	5.61	6.20	6.75	6.91	5.91
Worst result	6.85	5.50	6.21	5.75	5.05	5.60	6.35	6.34	5.54
Responses	4594	4588	4566	4558	4262	4567	4591	4598	4597

Staff engagement 2019-2024

	2019	2020	2021	2022	2023	2023 Q4
National average	7	7	6.8	6.8	6.9	6.7
HUTH	7	7.1	6.7	6.4	6.65	6.45
NlaG	6.6	6.6	6.4	6.4	—	5.33

National average   HUTH   NlaG
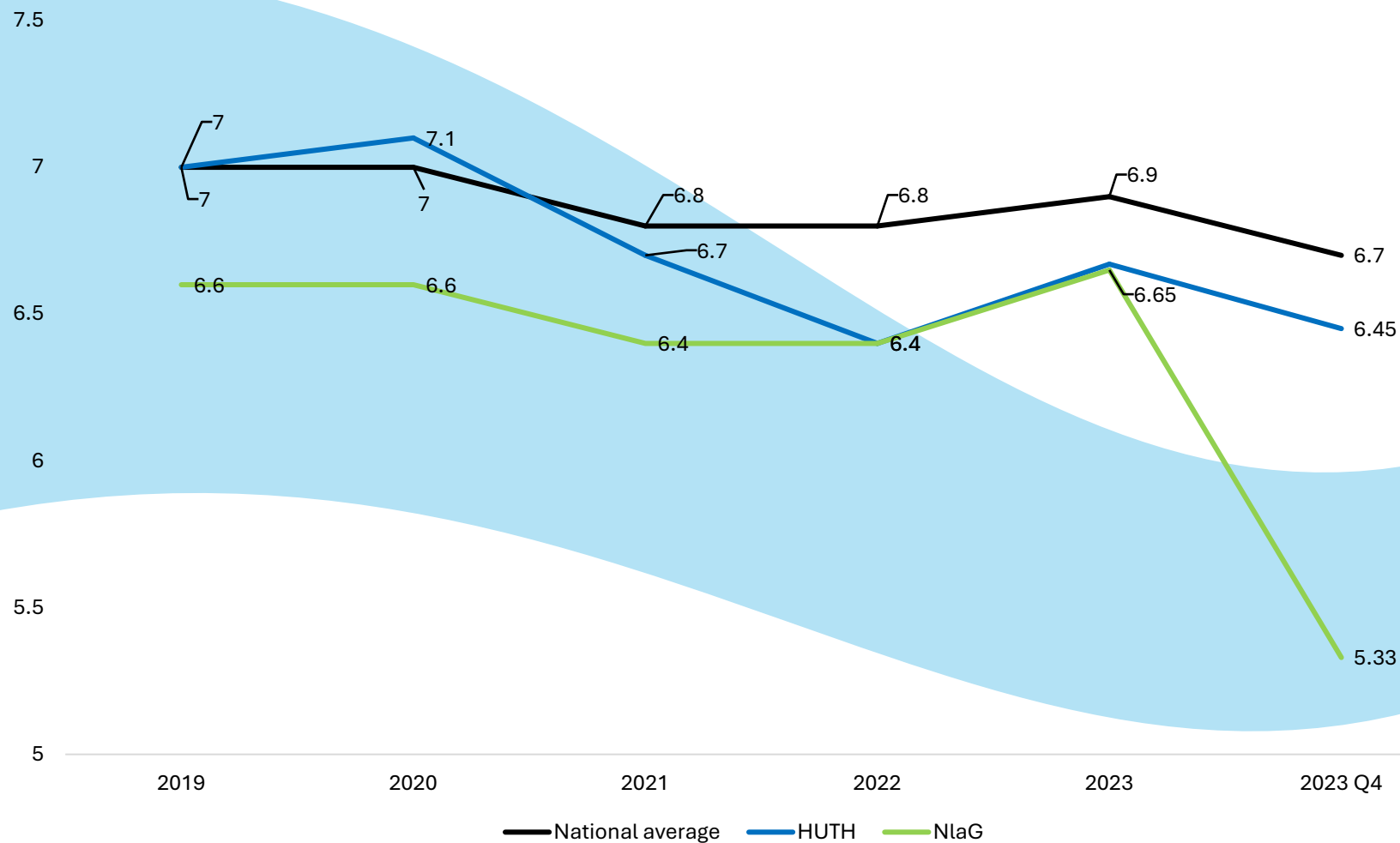
Overall Group Results

Personal Values (PV)

VALUE	VOTES	LEVEL
caring	701	2
compassion	638	7
honesty	621	5
kindness	600	5
accountability	520	4
respect	469	2
family	383	2
balance (home/work)	376	4
fairness	359	5
making a difference	315	6
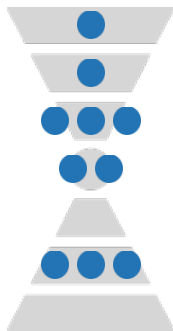
Current Culture Values (CC)

VALUE	VOTES	LEVEL
hierarchy	491	3
cost reduction	432	1
bureaucracy	421	3
confusion	379	3
blame	340	2
bullying	330	2
short-term focus	320	1
long hours	309	3
accountability	304	4
diversity	295	4
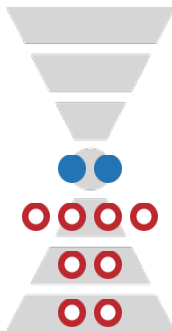
Desired Culture Values (DC)

VALUE	VOTES	LEVEL
accountability	694	4
compassion	496	7
balance (home/work)	442	4
continuous improvement	424	4
caring	415	2
teamwork	362	4
honesty	317	5
employee recognition	311	2
employee engagement	302	5
professionalism	295	3

Legend
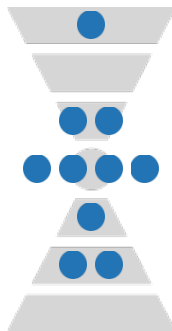
- ● Positive Value
- ○ Potentially Limiting
- PV & CC 0 Matches
- PV & DC 4 Matches
- CC & DC 0 Matches
- PV, CC & DC 1 Match

Levels: 7 6 5 4 3 2 1

The Barrett findings

1. Misalignment between Current and Desired values distribution suggests that people see their organisation is moving in the wrong direction. Respondents want to redirect all the energy currently tied up in navigating issues to employee involvement and business development while paying much more attention to those areas that benefit the greater good

2. There is a desire to improve the way individuals communicate with one another and how groups interact. Where there is currently discord and dysfunction, people are asking for clarity, cohesion and community throughout the organisation

3. The leaders in the organisation need to understand and address both the tangible and intangible aspects of any changes planned

4. Employees want to be acknowledged for the part they play in the organisation's success

5. A shift toward clear roles/responsibilities and more individual empowerment helps combat the 'bureaucracy' and bring about 'employee fulfilment', as people have requested

Employee engagement

Feedback

- Staff want to make improvements happen and be involved in changes

- The voice of the workforce needs to be listened to and acted upon

- The workforce doesn't enjoy coming to work

- Basic needs are not being met – car parking, catering, shifts etc

Response

- We will encourage and support a staff-led improvement programme

- We will implement a programme of manager development for all team leaders across the group

Accountability

Feedback

- Senior leaders want to hold teams to account and be held to account for quality, performance, finance and people measures
- Care Groups want accountability and autonomy
- Wider workforce wants people at all levels to be held to account for behaviours and decisions

Response

- We will provide clarity regarding operational structures, roles and responsibilities
- We will devolve decision making to the lowest level possible
- We will role model the behaviours set out in the group charter, and ensure all staff adhere to these

Compassion

Feedback

- Care is not the group's primary concern
- Staff would not recommend our hospitals as places to work or receive care
- Staff feel undervalued by their teams and the group
- High levels of discrimination from colleagues and managers

Response

- We will listen, empathise, understand and take intelligent action
- We will put people first when making decisions
- We will provide EDI education for leaders at all levels to ensure they run culturally competent teams

Work/life balance

Feedback

- Staff cannot effectively balance their work and home lives

- They do not believe there are good opportunities to work flexibly

Response

- We will promote flexible working opportunities at the group more widely

- We will educate managers to respond better to flexible working requests

- We will assess the e-rostering system and roll-out self-rostering

Continuous improvement

Feedback

- Leaders feel they cannot take risks and transform services for fear of blame
- Staff feel they have little choice in how to do their work
- Little opportunity to discuss ideas for improvement or to make improvements happen

Response

- We will provide clarity over long-term objectives and business planning
- We will adopt a learning not blame approach
- We will embed improvement mentality into leadership development
- We will promote Flow to address excess bureaucracy

Caring

Feedback

- Perception that health and wellbeing isn't a priority

- Extremely high levels of stress

- High perception of bullying from managers and colleagues and low levels of reporting

Response

- We will ensure senior leaders are more visible.

- We will meet teams and talk to them about their challenges and concerns

- We will educate managers on burn-out and stress management

- We will take firm action against poor behaviours, including racism, ableism and homo/transphobia

Teamwork

Feedback

- Teams rarely have shared objectives

- Teams do not meet regularly to discuss issues

- Different teams across the group work in isolation and not together

Response

- We will set standard expectations for team meetings and educate managers

- We will etablish a rolling job swap programme enabling people to understand how interdependent teams work

Honesty

Feedback

- Relationships at work feel strained
- Staff have low levels of trust in leaders
- Perception that the organisation looks to blame rather than learn
- Communication between layers of management is poor

Response

- We will build trust by being more visible
- We will ensure executives and senior leaders to conduct weekly ward/dept visits
- We will be open and transparent about decisions taken and – where possible – those under consideration

Employee recognition

Feedback

- Staff feel undervalued by the group and their own managers
- People want to be acknowledged for their efforts and challenges

Response

- We will ensure there are constant thank yous and check-ins with teams from managers and senior leaders
- We will provide ongoing Care Group OD support
- We will ensure all staff have access to career development including leadership development

Professionalism

Feedback

- Behaviours don't always feel in line with our new values and staff charter both in personal communications and overall approach

Response

- We will align induction-exit with staff charter
- We will ensure senior leaders role model the charter
- We will engender strong allyship behaviours and role modelling by all staff and leaders at every level

NHS Humber Health Partnership
our culture……..

1) Where your values matter, relationships are strong and our shared purpose is clear
2) Where you can thrive and grow and enjoy a long and positive career
3) Where you feel safe and your wellbeing and work life balance is a priority
4) Where we constantly focus on improvement, mistakes are seen as learning opportunities and feedback is positive
5) Where you feel valued and your contribution to excellent patient care is recognised
6) Where you can contribute to decision-making and changes to your service
7) Where we celebrate and value the unique strengths that come from our diverse backgrounds, perspectives, and approaches
8) Where communication is open, honest and transparent
9) Where you will be deeply connected to your work, with a sense that what you do truly matters
10) Where work is more than just a job

Our culture objectives and actions

...cutives and the Board

...agement of executives and board members ...nication and trust.

...s to create a direct channel between exe...

- Introduce **Shining Lights week...** executives in an informal setting to disc...
- Conduct **profile interviews of executives and...** ...se leadership and improve transparency.
- Facilitate **face-to-face performance management of care groups** by ensuring executives and site teams regularly evaluate and guide their performance.

by example in demonstrating the group's core

Prioritise the well-being of
...cesses.

Listen, understand, ...
actively listening to concerns, ...
thoughtful action.

- **Communicate a clear narrative**: Develop and ...ive
message focused on group objectives and a vision for the future, ensuring
alignment across all levels of the organisation.

3. Clarify Roles, Responsibilities, and Accountability at All Levels

Objective: Ensure that all levels within the group operational structure have clearly defined roles, responsibilities, and accountability mechanisms.

Actions:

- Implement **distributed leadership** to ensure leadership responsibilities are shared across different levels.
- Establish **devolved accountability** systems, empowering teams to make decisions and own their outcomes.
- Develop and enforce **clear people management targets** to track performance and accountability across the organisation.

Create Group Strategy with Focused Objectives

...roup strategy that is easy for staff to engage

Implement initiative

...streamline patient dis...
overall hospital flow efficiency.

- **Create a digital hospital**: Prioritise the ...
  technologies to improve operational efficiency, ...
  collaboration.
- **Establish a positive working culture**: Foster an inclusive and supportive work
  environment that promotes employee well-being, collaboration, and professional
  development.

ادership Programme

and knowledge to drive group-wide

ssion for the

leadership programme, months.

- Ensure the half-day session covers ess **objectives, staff charter, management and** the **group improvement approach**.
- Communicate and reinforce the **expected cultural environment**, emphasising the idea that working in the group is "More Than Just a Job."

...er Transformational, Cost-Effective, and High-Quality Services

Objective: Empower care groups to drive innovation and transformation, and create positive working cultures, resulting in better service quality and cost efficiency.

Actions:

- Establish **clear group objectives, service objectives, and supporting strategies** to guide care groups toward ...
- **Hold services accountable** for developing and ... improvement plans and delivering measurable results.
- Provide ongoing **support from central improvement and organisational development (OD) teams** to enable care groups to meet their goals and objectives.

...gy 2025-28

...people strategy that aligns with the group's
...ls.

...e People Promise

...promoting a culture ...

- Design the strategy to **suppor**...
  overarching strategy, reinforcing wor...
  of organisational success.
- Foster a **flexible and agile workforce** capable of meeting the evolving needs of
  a **modern, digital hospital**, ensuring staff can adapt to technological
  advancements and new care models.

Questions

Council of Governors Business Meeting

Agenda Item No: CoG(24)065

Name of the Meeting	Council of Governors
Date of the Meeting	31 October 2024
Director Lead	David Sharif, Group Director of Assurance
Contact Officer/Author	Alison Hurley, Deputy Director of Assurance
Title of the Report	**Governor elections update and term of office extension plans**
Executive Summary	The annual Governor elections are underway and voting commenced on 21 October and will close on 13 November 2024. The elections for the public constituencies have been uncontested and candidates will commence in post as of 14 November 2024. This will follow the close of elections and the declaration of the staff Governor election results. In order to progress to holding one annual election each year, it was previously agreed to extend the term of office of any Governor whose term of office ended prior to the annual November timescale. This extension applies to one Governor for the November 2025 elections and has been approved by the Group Director of Assurance and Group Chair as per the Trust Constitution. **Recommendation** The Council of Governors is asked to: • note the elections update • approve the extension of Jeremy Baskett's term of office from May to November 2025 to coincide with the annual elections • approve the extension of Rob Pickersgill's term of office by 12 months.
Background Information and/or Supporting Document(s) (if applicable)	Trust Constitution
Prior Approval Process	Group Chair and Group Director of Assurance
Financial implication(s) (if applicable)	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	
Recommended action(s) required	✓ Approval ✓ Information ☐ Discussion ☐ Review ☐ Assurance ☐ Other – please detail below:

Governor elections update and term of office extension plans

Introduction

Staff members are being asked to vote for the Governor they wish to represent them in the annual Governor elections which are underway and due to close at 5pm on 13 November 2024. The elections for the public constituencies have been uncontested and candidates will commence in post as of 14 November 2024 when the staff Governor election results will be published.

Elections position to date

The public governor constituency uncontested results are as follows:

East and West Lindsey – Jenny Aspinwall
Goole and Howdenshire – Brent Huntington and Clare Woodard
North East Lincolnshire – Ian Reekie
North Lincolnshire – Wendy Lawtey

These uncontested results mean that one seat will be vacant for three public Governor constituencies. These will be one for Goole and Howdenshire, North East Lincolnshire and North Lincolnshire.

Extensions of Governor terms of office

In order to progress to holding one annual election each year, it was previously agreed to extend the term of office of any Governor whose term ended prior to the annual November timescale. This extension currently applies to one Governor for the November 2025 elections and would result in Jeremy Baskett serving a total of nine years and six months at the end of this period.   This extension can be approved by the Trust Chair and Group Director of Assurance for terms within nine years as per the Trust Constitution, but as this will exceed the maximum term of office this is a recommendation for approval by the majority of the Council of Governors.

Also, interest has been expressed by a public Governor for Goole and Howdenshire to continue their term of office for 12 months and address the current vacancy for this constituency. The Governor in question, Rob Pickersgill, did not stand in the current elections due to being at the maximum term of office of nine years. Consequently, he did not have the opportunity to be added to the Governor co-optee list following an election (any Governors not elected can be added to the co-optee list and be co-opted onto the Council if required). It is therefore recommended that the term of office for Rob Pickersgill be extended by 12 months with approval of a majority vote by the Council of Governors.

The Trust Chair (Chair of the Council of Governors) and the Board of Directors are in support of these recommendations.

Recommendation
The Council of Governors is asked to:
- note the elections update
- approve the extension of Jeremy Baskett's term of office from May to November 2025 to coincide with the annual elections
- approve the extension of Rob Pickersgill's term of office by 12 months.

Compiled By: Alison Hurley, Deputy Director of Assurance   Date: 20 October 2024

Council of Governors Business Meeting

Agenda Item No: CoG(24)066

Name of the Meeting	Council of Governors (CoG)
Date of the Meeting	31 October 2024
Director Lead	David Sharif, Group Director of Assurance
Contact Officer/Author	Alison Hurley, Deputy Director of Assurance
Title of the Report	**Governor Induction and suggested Mandatory Training**
Executive Summary	Following feedback from new Governors undertaking the Trust Induction in 2023, it is proposed to implement a Governor specific Induction session in support of the usual induction programme for Governors. The Membership and Public Engagement & Assurance Group (MPEAG) agreed this approach be considered by the full CoG. This document outlines the key elements of the proposed Governor Induction session and also requests consideration be given to align with the renewal of mandatory training requirements which all Trust volunteers are subject to. The Council of Governors are requested to: • consider and approve the new proposed Governor specific Induction session • consider and approve the move to the renewal of mandatory training requirements in line with all Trust volunteers.
Background Information and/or Supporting Document(s) (if applicable)	• Trust Constitution • Your statutory duties: A reference guide for NHS foundation trust governors (August 2013) • Code of Governance (April 2023) • Governor Handbook
Prior Approval Process	Group Chair and Group Director of Assurance
Financial implication(s) (if applicable)	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	
Recommended action(s) required	✓ Approval ☐ Information ✓ Discussion ☐ Review ☐ Assurance ☐ Other – please detail below:

Introduction
The Trust Induction delivered in 2023 was found to be lengthy, and covered a large proportion of employee specific details which were not relevant to Governors. A review was therefore undertaken of the relevant Governor content and the additional elements required to deliver this training by the Corporate Assurance team.

Background
The Trust is committed to training and supporting Governors to enable them to make an effective contribution in their Governor role. The Governor Induction programme is an essential element of this and helps to ensure new Governors feel welcomed and supported, and they become valued and constructive members of the Council of Governors.

As part of the Governor Induction Programme Governors previously attended the two-day Trust Induction for all employees. Following feedback captured in the Governor Development Reviews and via individual feedback presented to the Membership and Public Engagement & Assurance Group (MPEAG) meeting held on 24 September 2024, it was agreed to develop a specialised Governor Induction for consideration by the full CoG. The aim of this was to better equip Governors for their specific roles as opposed to the staff Trust induction programme.

Proposed Governor specific Induction session
The Governor specific Induction session would be a condensed version of the Trust Induction and only cover Governor relevant topics and then add Governor specific elements. The session is planned to be covered on one day and aims to:

- introduce Governors to the structure of the Trust, Group model, Integrated Care System and wider NHS
- provide contact details for the Corporate Assurance Team
- provide a comprehensive overview of the statutory role and responsibilities of Governors
- support the understanding and development of key skills to effectively hold Non-Executive Directors to account
- provide an overview of Governor Engagement opportunities
- provide details of Mandatory training
- provide details of key documents, legislation (including the Governor Handbook)
- provide support on the day to complete necessary Governor documentation.

Proposed Renewal of Mandatory Training
Following the initial Induction and training undertaken, there is a requirement for all Trust volunteers to undertake ongoing renewal of mandatory training to specific timelines, as per national guidance. It is therefore proposed to bring Governor volunteers in line with all other volunteers in the renewal of mandatory training requirements.

Mandatory training for volunteers is facilitated online on the eLearning for Health website and covers the following:

- Communication Skills
- Data Security Awareness
- Conflict Resolution
- Equality, Diversity and Human Rights
- Safeguarding Adults
- Safeguarding Children
- Preventing Radicalisation
- Mental Health Awareness
- Health and Safety
- Fire Safety

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It is recognised that each Governor brings with them an extensive range of experience, skills, and knowledge. The mandatory training and other development opportunities offered are designed to enhance these, and to refresh or provide new and useful information. If however, a Governor undertakes the same mandatory training at one of our stakeholder organisations (or other professional bodies), then production of relevant documentation / evidence is sufficient and will be appropriately recorded on the Trust compliance matrix.

Recommendation
The Council of Governors are requested to consider and approve:
- the new proposed Governor specific Induction session
- the move to the renewal of mandatory training requirements in line with all Trust volunteers.

Compiled By: Alison Hurley, Deputy Director of Assurance   Date: 20 October 2024

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INDUCTION PROGRAMME & PACK FOR GOVERNORS

SEPTEMBER 2024

The overall aim of the Trust Induction Programme is to welcome Governors to the Trust, provide them with an overview of the Organisation and to explain the role and responsibilities of the Council of Governors. Detailed below are the key elements of the Induction Programme which are supported by the Governor Induction Pack at Appendix A.

1. Essential information to be provided upon appointment

GOVERNOR DUTIES

- the Governor role, responsibilities and ongoing obligations under legislation, regulation and best practice (as per the Governor Role Responsibilities document)
- as per the Trust Constitution and terms of authorisation
- as per the Trust's Conflict of Interest policy (including gifts and corporate hospitality), and the anti-bribery and anti-money laundering policy
- Trust policies and guidelines on:
    - matters reserved for the Board of Directors and matters reserved to the Council of Governors
    - delegated authorities
    - the policy for obtaining independent legal advice for Governors
    - Code of Conduct for Governors
    - Code of Business Ethics, and
    - other standing orders, policies or procedures of which the Governor is aware

Copies of these documents should be made available to any Governor who would prefer a paper copy, and will also be available via the Trust's intranet.

GOVERNOR SUPPORT

- protocol and procedures for:
    - Board of Director meetings
    - General Members meeting
    - Annual General Meeting, and
    - Board and Council performance
- procedures for:
    - claiming expenses
    - dealing with complaints
    - submitting an item for a Council of Governors meeting agenda
    - approaching NHSE
- details of any organised site visits, ward reviews, or how to request a tour of the hospital at another time
- information regarding planned Governor training events, and how Governors can request specific support or further training
- guidance and publications from regulators, professional bodies and support organisations

FOUNDATION TRUST ACTIVITIES

- current business plan and budget forecasts
- latest Annual Report and Accounts, with any supporting guidance to help Governors understand the documents

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- explanation of the range and role of each regulator the Trust has to report to along with details of key performance indicators, CQC reviews and quarterly returns to NHS England
- summary details of major insurance policies, including Governor liability insurance
- details of any litigation, either current or potential, being undertaken by the Trust or against the Trust

COUNCIL OF GOVERNOR ISSUES
- minutes of recent Council of Governor meetings
- schedule of dates of future Council of Governor meetings and committees
- description of Council of Governor procedures covering details such as when papers are sent out, normal location of meetings, and duration of meetings
- brief biographical and contact details of all Executive and Non-Executive Directors (NEDs) of the Trust, the Group Director of Corporate Assurance and fellow Governors. This should include the executive responsibilities of directors (as per the revised Governor Handbook)
- details of Council of Governor sub-groups together with terms of reference and, where a new Governor will be joining the committee, copies of recent minutes of meetings of that committee

2. **Additional material to be supplied within the first few months**
   INFORMATION TO INCLUDE:
   - copies of, or web links to, the Trust's promotional literature, including recent press cuttings, reports and articles concerning the Trust
   - details of the Trust's advisors (lawyers, bankers, auditors, etc)
   - Trust organisational chart and management succession plans
   - summaries of all management accounts prepared since the Trust's last audited accounts
   - copies of policies covering:
     - health and safety
     - environmental issues
     - ethics and whistleblowing
     - equality and diversity
     - complaints
     - freedom of information

3. **Trust Induction**
Training is essential for Governors, in respect of the effective performance of their Governor role. Governors are required to adhere to the Trust's policy in all respects, and must attend a Trust Induction. New Governors will also be invited to a Governor Meet and Greet session following the annual elections in November, where they meet other new Governors, existing Governors and our Group Chair, the Group Chief Executive, members of the Board and the Deputy Director of Assurance – depending on availability.

4. **Training And Development**
The Trust also provides other training and development activities to help meet the ongoing needs of the Council of Governors. These activities will be facilitated both internally by the Trust, and by external providers to ensure that all Governors are supported in their role.

5. **Induction by Chair**
New Governors should have a formal 1:1 meeting with the Group Chair to introduce them to the role.

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GOVERNOR INDUCTION PACK CONTENTS

THE COUNCIL OF GOVERNORS	
a)	Composition of the Council of Governors
b)	Governor Who's Who
c)	Governor Role Requirements
d)	The Role of the Lead Governor
e)	Legal responsibilities of an NHS Foundation Trust Governor
f)	Governor Developmental Review process
g)	Governor Training and Development
h)	Governor Election process
i)	Foundation Trust Membership and Membership Recruitment
THE BOARD OF DIRECTORS	
k)	The Role of the Board of Directors (Executive and Non-Executive Directors)
l)	Board of Directors Who's Who
m)	The Roles of the Group Chair, Vice Trust Chair and the Group Chief Executive
n)	The Role of the Senior Independent Director (SID)
THE FOUNDATION TRUST OFFICE	
o)	The Role of the Foundation Trust Office
THE TRUST	
p)	An overview of Northern Lincolnshire and Goole Hospitals NHS Foundation Trust including: - Details of the three hospital sites - Trust demographics - Department and services provided - Trust constituencies - Organisation Structures - Operational Information

PUTTING THE GOVERNOR ROLE INTO PRACTICE			SOURCE
q)		Letter of Appointment	Foundation Trust Office
	1)	Code of Conduct	All of these documents will require a signature and returning to the Foundation Trust Office
	2)	Declaration of Eligibility	
	3)	Declaration of Interests	
	4)	Willingness to Act Declaration	
	5)	Skill Set Questionnaire	
	6)	Workplace Health Declaration	
	7)	Disclosure Barring Service (DBS)	

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r)	Governor Meeting document (which includes dates of the Council of Governors / sub-groups / Public Board of Directors)	Foundation Trust Office
s)	Reimbursement of Expenses to Governors	Foundation Trust Office
t)	Trust Corporate Induction	Foundation Trust Office
u)	ID Badges	Foundation Trust Office

KEY POLICIES AND PROCEDURES		SOURCE
v)	Conflicts of Interest Policy for Governors	Foundation Trust Office
w)	Foundation Trust Membership & Public Engagement Strategy - in development	Foundation Trust Office
x)	Council of Governors' & Trust Board Engagement Policy	Foundation Trust Office
y)	Trust Constitution	Foundation Trust Office
z)	Standards of Business Conduct Policy	Foundation Trust Office

REFERENCE DOCUMENTS	
a)	Annual Reports and Accounts
b)	The Green Plan
c)	Quality Accounts
d)	Code of Governance for NHS provider trusts
e)	Addendum to Your statutory duties - Reference guide for NHS Foundation Trust Governors
f)	A guide for Foundation Trust Councils of Governors - working with the CQC
g)	Panel for advising NHS Foundation Trust Governors

Please note - If you would prefer a hard copy of any of the above documents please request this from the Foundation Trust Office.

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Council of Governors Business Meeting

Agenda Item No: CoG(24)067

Name of the Meeting	Council of Governors
Date of the Meeting	31 October 2024
Director Lead	David Sharif, Group Director of Assurance
Contact Officer/Author	Alison Hurley, Deputy Director of Assurance
Title of the Report	**Lead and Deputy Lead Governor succession plans**
Executive Summary	This report provides details of the succession plans for the Lead and Deputy Lead Governor roles. The Council of Governors are asked to note the succession plans for the appointment/ election of the Lead and Deputy Lead Governor roles.
Background Information and/or Supporting Document(s) (if applicable)	• Trust Constitution • Criteria and Process for the Appointment of a Lead Governor • Your statutory duties: A reference guide for NHS foundation trust governors (August 2013) • Code of Governance (April 2023)
Prior Approval Process	Group Chair and Group Director of Assurance
Financial implication(s) (if applicable)	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ☐ Assurance ☐ Other – please detail below:

Introduction
The terms of office of the current Lead Governor and Deputy Lead Governor are due to expire in November 2024, which means that both the Lead Governor and Deputy Lead Governor roles will require re-appointment/re-election. This paper addresses the approach to be utilised to appoint to these roles, noting that this only applies to public Governors.

Background
The Lead Governor role document at Appendix A details the requirements of this role and key examples of circumstances where the lead Governor would have a role include:

- Ability to act as a point of contact for NHS England (NHSE) should the regulator wish to contact the Council of Governors on an issue for which the normal channels of communication are not appropriate (via the Trust Chair)
- Act as the conduit for raising any Governor concerns with NHSE that the Foundation Trust is at risk of significantly breaching the terms of its authorisation, having made every attempt to resolve any such concerns locally
- The Trust Constitution also refers to the responsibilities of the Lead Governor in section 1.9.4.

The Lead Governor also Chairs the Governor Appointments and Remuneration Committee (ARC) and the Governor Membership and Public Engagement and Assurance Group (MPEAG).

The responsibilities of the Deputy Lead Governor are in line with the Lead Governor role and will follow the same process for appointment.

Proposed Approach
The current Governor election results have been determined for public Governors via an uncontested report for the public constituencies, which will be effective from the close of the elections on 14 November 2024 (with only staff Governor elections currently running). The current Lead Governor has been re-elected (uncontested), and the current Deputy Lead Governor is now at the maximum term of office (at nine years). It is therefore proposed to seek expressions of interest for the Lead and Deputy Lead Governor roles in accordance with the attached 'Criteria and Process for the Appointment of a Lead Governor' and Lead Governor role documents. The expressions of interest for these roles will be sought via e-mail as per previous approved practice, following the CoG meeting on 31 October 2024.

If more than one nomination is received, ballot papers showing the names of all the nominated candidates shall be electronically distributed to all current Governors to allow a secret ballot to be conducted. The Deputy Director of Assurance will then act as returning officer and shall announce the results of the election on <u>Thursday, 7 November 2024</u> when the collective ballot papers/tables will be made available for scrutiny by Governors as required. Where there is only one nomination, the Council of Governors shall be asked to electronically ratify the appointment.

Governors wishing to express their interest for these roles need to be aware of the time commitment required which can be in excess of one day per week for meeting preparation and attendance in addition to the usual Governor role.

Conclusion
Once the appointment/election of the Lead Governor and Deputy Lead Governors are confirmed, the new terms of office will both commence from 14 November 2024 for a period of three years or until the end of the Governor's current term of office.

Recommendation
The Council of Governors are requested to:
a) Note the planned approach to appoint/elect the Lead and Deputy Lead Governors
b) Interested Governors to provide a personal expression of interest for these roles if appropriate by Thursday, 7 November 2024.

Compiled By: Alison Hurley, Deputy Director of Assurance   Date: 20 October 2024

The role of the Lead Governor

The Code of Governance requests Foundation Trusts (FTs) to have a 'Lead Governor' who can be a point of contact for Monitor (now NHS England), and can liaise with NHSE on behalf of the Governors, in circumstances where it would be inappropriate for NHSE to contact the Chair, or vice versa.

Such contact is likely to be a rare event and would be seen, for example, should NHSE wish to understand the view of the Governors about the capability of the Chair, or be investigating some aspect of an appointment process of decision which may not have complied with the constitution. Communication through the normal channels in most cases will be via the FT Chair or the Group Director of Assurance/Trust Secretary.

It is important to note that the FT Chair leads the Council of Governors (CoG) and not the 'Lead Governor'. It is also worth remembering that it is the CoG *as a whole* (and no individual governor), that has the responsibilities and powers in statute.

It is not anticipated that there will be regular direct contact between NHSE and the CoG in the ordinary course of business. Where this is necessary, it is important that it happens quickly and in an effective manner. To this end a Lead Governor should be nominated and contact details provided to NHSE, and then updated as required. The Lead Governor will be appointed/elected from the public Governors of the CoG as per the Trust Constitution.

The main circumstances where NHSE will contact a Lead Governor are where NHSE has concerns as to Board leadership provided to an NHS FT, and those concerns may in time lead to the use by NHSE's Board of its formal powers to remove the Chair or Non-Executive Directors (NEDs). The CoG appoints the Group Chair and NEDs, and NHSE will wish to understand the views of Governors as to the capacity and capability of these individuals to lead the Trust, and to successfully rectify any issues, and also for the Governors to understand NHSE's concerns. In the Group model for NHS Humber Health Partnership, NHSE will be involved in NED and the Group Chair appointments.

NHSE does not, however, envisage direct communication with Governors until such time as there is a real risk that an NHS FT may be in significant breach of its terms of authorisation. Once there is a risk that this may be the case, and the likely issue is one of Board leadership, NHSE will often wish to have direct contact with the NHS FT's Governors, but at speed and through one established point of contact, the Trust's nominated Lead Governor. The Lead Governor should take steps to understand NHSE's role, the available guidance and the basis on which NHSE may take regulatory action. The Lead Governor will then be able to communicate more widely with other Governors. Similarly, where individual Governors wish to contact NHSE, this would be expected to be through the Lead Governor.

The other circumstance where NHSE may wish to contact a Lead Governor is where, as the regulator, they have been made aware that the process for the appointment of the Chair or other members of the Board, or elections for Governors, or other material decisions, may not have complied with the NHS FT's constitution, or alternatively, whilst complying with the Trust's constitution, may be inappropriate. In such circumstances, where the Chair, other members of the Board of Directors or the Trust Secretary may have been involved in the process by which these appointments or other decisions were made, a Lead Governor may provide a point of contact for NHSE.

Council of Governors Business Meeting

Agenda Item No: CoG(24)068

Name of the Meeting	**Council of Governors Business Meeting**
Date of the Meeting	31 October 2024
Director Lead	Mark Brearley, Interim Group Chief Financial Officer
Contact Officer/Author	Philippa Russell, Deputy Director of Finance Brian Shipley, Operational Director of Finance
Title of the Report	**Group Finance Report – Month 5**
Executive Summary	This report highlights the reported financial position at Month 5 of the 2024/25 reporting period.
Background Information and/or Supporting Document(s) (if applicable)	-
Prior Approval Process	**N/A**
Financial implication(s) (if applicable)	Contained within the report
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ☐ Assurance ☐ Other – please detail below:

Group Financial Overview

In-month I&E Performance – page 3

(£1.0m) The Group reported an in-month deficit for month 5 of (£6.6m), (£1.0m) worse than plan.

I&E Forecast Outturn – page 4

(£23.5m) An adjusted straight-line forecast would result in a (£84.8m) deficit before management action. Forecast savings recovery and anticipated improvements to the run rate reduce the deficit to (£51.7m), (£23.5m) adrift of plan.

Underlying I&E – page 7

(£96.2m) The Group's estimated underlying financial deficit is (£96.2m).

Capital Expenditure – page 9

(£16.2m) Group Capital spend was £7.6m, (£16.2m) behind plan at month 5. Primarily driven by slippage on Community Diagnostic Centres.

Elective Recovery Performance – page 12

99% Trust baselines have now been published but profiling is still to be shared. Assuming a profile of working days the Month 5 YTD indicative values suggest the Group is marginally behind at 99% a £0.8m shortfall in income.

Year to Date I&E Performance – page 3

(£1.2m) The Group reported a YTD deficit of (£1.2m) against plan due to industrial action costs.

YTD Cost Improvement Plan (CIP) – pages 5 to 6

£3.5m The Group has delivered £26.0m in CIP against a YTD target of £22.5m, £3.5m better than plan. The savings requirements increase in H2. Currently the Group forecast £67.6m, (£17.0m) adrift of the £84.6m target.

System Performance – page 8

£0.0m The Humber & North Yorkshire ICS reported a deficit of (£49.9m),marginally ahead of plan for the first four months of the year.

Balance Sheet & Cash – page 10 to 11

£39.5m The Group's cash balance at month 5 was £39.5m. CIP delivery will be the key variable in determining if external cash support will be required in year. This will be monitored closely.

Temporary Staffing – page 13 to 16

£4.9m The Group has spent £33.5m on agency, bank & overtime YTD. This is £4.9m less than the same period in 2023/24 and now in line with the NHSE Target of 3.2%.

Key Risks

- CIP Delivery.
- Non-delivery of Elective Recovery Target.
- Reliance on unfunded Escalation Beds.
- Inflationary Pressures
- Capital Expenditure profile
- Cash Support Requirements

Key Actions

Key actions to achieve financial plan/targets in 2024/25:

- Reducing cost pressures - reliance on premium agency, minimising escalation beds and greater control of non-pay consumables.
- Maximising planned care activity, reducing reliance on Independent Sector (IS) and Waiting List Initiative (WLI) premium costs.
- Delivering a challenging CIP programme - conversion of non-recurrent savings into recurrent delivery schemes and identifying new schemes.

2

Financial Performance Summary

The Group ended August with a year-to-date (YTD) deficit of (£35.4m) which is £1.2m adverse to plan.

Income & Expenditure

£million	HUTH £m						NLAG £m						Group £m					
	CM			YTD			CM			YTD			CM			YTD		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Income																		
Clinical Income	65.2	65.5	0.3	326.1	332.7	6.7	42.4	41.1	(1.4)	211.0	208.6	(2.4)	107.7	106.6	(1.1)	537.1	541.4	4.3
Other Income	5.5	6.2	0.6	27.9	30.9	3.1	4.0	4.3	0.4	20.0	21.1	1.2	9.5	10.5	1.0	47.8	52.0	4.2
Total Operating Income	**70.8**	**71.7**	**0.9**	**354.0**	**363.7**	**9.7**	**46.4**	**45.4**	**(1.0)**	**231.0**	**229.7**	**(1.2)**	**117.2**	**117.1**	**(0.1)**	**584.9**	**593.4**	**8.5**
Pay Costs																		
Clinical Pay	(33.6)	(35.4)	(1.8)	(168.0)	(176.5)	(8.5)	(26.1)	(25.2)	0.9	(130.4)	(129.4)	1.0	(59.7)	(60.6)	(0.9)	(298.4)	(305.9)	(7.5)
Other Pay	(7.2)	(7.7)	(0.5)	(35.9)	(39.1)	(3.1)	(6.7)	(6.6)	0.1	(33.2)	(33.6)	(0.4)	(13.9)	(14.3)	(0.4)	(69.1)	(72.6)	(3.6)
Total Pay Costs	**(40.8)**	**(43.0)**	**(2.3)**	**(203.9)**	**(215.6)**	**(11.7)**	**(32.8)**	**(31.8)**	**1.0**	**(163.6)**	**(163.0)**	**0.6**	**(73.6)**	**(74.9)**	**(1.3)**	**(367.5)**	**(378.6)**	**(11.1)**
Clinical Non Pay	(18.3)	(16.9)	1.3	(96.4)	(90.6)	5.8	(7.2)	(7.4)	(0.2)	(36.6)	(37.2)	(0.5)	(25.4)	(24.3)	1.1	(133.0)	(127.8)	5.3
Other Non Pay	(11.3)	(12.2)	(0.9)	(57.1)	(62.0)	(5.0)	(6.3)	(5.9)	0.4	(31.6)	(31.2)	0.3	(17.6)	(18.1)	(0.6)	(88.6)	(93.3)	(4.6)
Total Non Pay Costs	**(29.5)**	**(29.1)**	**0.4**	**(153.5)**	**(152.6)**	**0.8**	**(13.5)**	**(13.3)**	**0.2**	**(68.2)**	**(68.4)**	**(0.2)**	**(43.0)**	**(42.4)**	**0.6**	**(221.6)**	**(221.0)**	**0.6**
Total Operating Expenditure	**(70.3)**	**(72.2)**	**(1.9)**	**(357.4)**	**(368.2)**	**(10.8)**	**(46.3)**	**(45.2)**	**1.2**	**(231.7)**	**(231.3)**	**0.4**	**(116.6)**	**(117.3)**	**(0.7)**	**(589.1)**	**(599.6)**	**(10.4)**
EBITDA	**0.5**	**(0.5)**	**(0.9)**	**(3.4)**	**(4.5)**	**(1.1)**	**0.1**	**0.3**	**0.2**	**(0.8)**	**(1.6)**	**(0.8)**	**0.6**	**(0.2)**	**(0.8)**	**(4.2)**	**(6.1)**	**(1.9)**
Depreciation	(2.3)	(2.2)	0.1	(11.4)	(11.2)	0.2	(2.0)	(2.5)	(0.5)	(9.2)	(9.2)	0.0	(4.3)	(4.7)	(0.4)	(20.6)	(20.4)	0.2
Non Operating Items	(1.3)	(1.3)	0.0	(6.4)	(6.5)	(0.1)	(0.6)	(0.4)	0.2	(2.9)	(2.3)	0.6	(1.9)	(1.7)	0.2	(9.3)	(8.8)	0.5
Surplus/(Deficit)	**(3.1)**	**(4.0)**	**(0.9)**	**(21.2)**	**(22.2)**	**(1.0)**	**(2.5)**	**(2.6)**	**(0.2)**	**(12.9)**	**(13.2)**	**(0.2)**	**(5.6)**	**(6.6)**	**(1.0)**	**(34.1)**	**(35.4)**	**(1.2)**

- **The Group reported a (£6.6m) deficit in August 2024, (£1.0m) worse than plan. The YTD position at the end of month 5 is a (£35.4m) deficit which is (£1.2m) above plan. This is the level of costs associated with the strikes reported to NHSE.**

- The Group has seen a continued reduction in Nursing agency expenditure, contributing to a strong CIP delivery in month. This is offset by slippage on the CIP programme at HUTH and limited reduction on Medical Staffing expenditure across the group.

- The HUTH position is supported through release of Reserves in month of £2.1m, £15.1m YTD. A breakdown of reserves for both Trusts can be found in Appendix B.

- The Group cash balance reduced by £4.8m in month to £39.5m (£9.2m HUTH / £30.3m NLAG). Key risks to the cash position for the remainder of the year include: lack of clarity on the timing of deficit funding; the timing of funding to support October pay awards; the requirement to identify a further £23.5m of efficiencies to close the unmitigated forecast gap and the cash impact of any balance sheet flexibility utilised.

Financial Performance – Forecast Outturn (FOT)

The Group is forecasting a deficit of (£84.8m) based on a straight-line projection, (£56.6m) adverse to plan. Mitigating actions are expected to reduce the deficit leaving an unidentified gap of (£23.5m) across the Group.

The Group is currently marginally off plan at the end of month 5 with a year to date deficit of (£35.4m). This is due to the cost of the strikes now reported within the position.

A straight-line forecast projects a potential deficit of (£84.8m), (£56.6m) adrift of the planned deficit of (£28.2m)

This has been adjusted for known seasonal variation in energy costs, planned completion of Capital programme, increasing depreciation charges, and an anticipated improvement in run-rate to an adjusted deficit of (£73.3m), (£45.1m) adverse to plan.

CIP delivery (including additional ERF income) is expected to improve on the current run rate delivery by a further £11.1m.

In addition, the Group is expected to be able to release its annual leave provision of £9.4m.
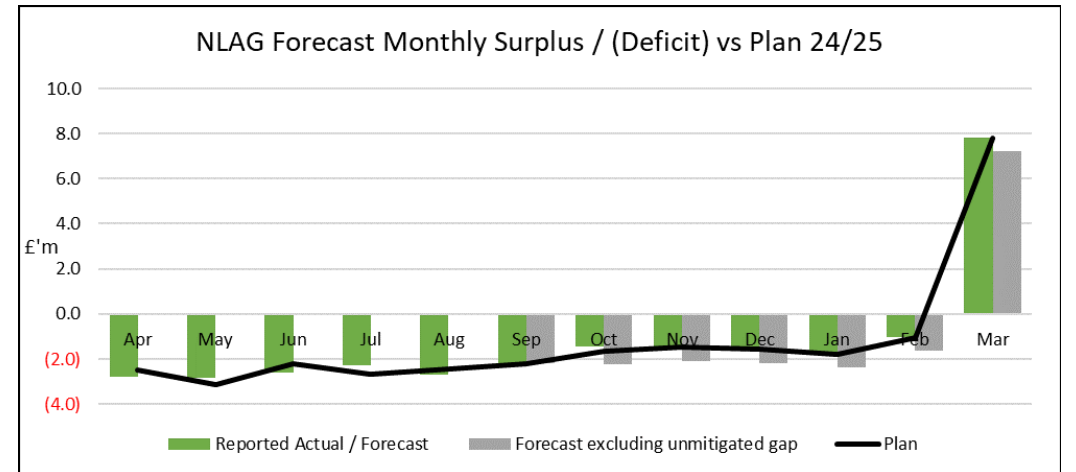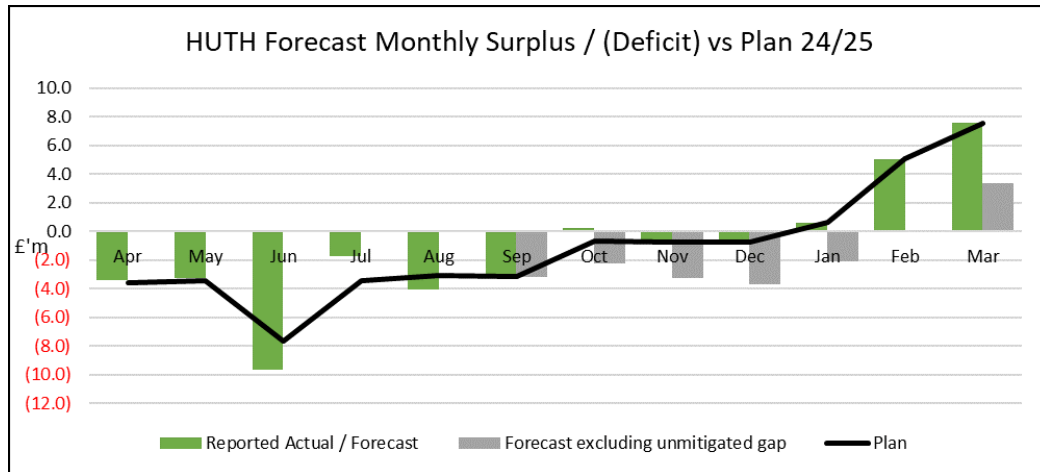
The above actions reduce the deficit to (£51.7m) leaving an unidentified gap of (£23.5m) adrift of plan.

The Group is formally reporting a plan compliant forecast deficit of (£28.2m).

Forecast Bridge (Group)	HUTH £'m	NLAG £'m	Group £'m
YTD deficit (M5)	(22.2)	(13.2)	(35.3)
Straight line forecast (based on Q1)	(53.2)	(31.6)	(84.8)
Seasonal Utilities & Drugs	(2.0)	(1.2)	(3.2)
Expected improvement to run-rate	8.9	6.5	15.4
Industrial Action	1.3	0.3	1.6
Depreciation and Interest Received	0.0	(2.3)	(2.3)
Adjusted Run Rate	(45.0)	(28.3)	(73.3)
Forecast CIP delivery	7.6	3.5	11.1
Technical Support	0.0	0.0	0.0
Annual Leave Provision	3.3	6.1	9.4
Industrial Action Funding	1.0	0.2	1.2
Unidentified Gap	19.9	3.6	23.5
Reported Forecast deficit	(13.3)	(14.9)	(28.2)
Plan	(13.3)	(14.9)	(28.2)
Variance	0.00	0.0	0.0

Financial Performance – H2 Challenge

	AP01	AP02	AP03	AP04	AP05	AP06	AP07	AP08	AP09	AP10	AP11	AP12	TOTAL	H1 Average	H2 average	Improvement Required
							Plan Deficit/Surplus by month (£000)									
HUTH	(3,605)	(3,452)	(7,631)	(3,449)	(3,063)	(3,150)	(703)	(749)	(766)	638	5,048	7,585	(13,297)	(4,058)	1,842	5,901
NLAG	(2,470)	(3,143)	(2,192)	(2,684)	(2,455)	(2,192)	(1,656)	(1,481)	(1,569)	(1,782)	(1,036)	7,804	(14,856)	(2,523)	47	2,569
Group	(6,075)	(6,595)	(9,823)	(6,133)	(5,518)	(5,342)	(2,359)	(2,230)	(2,335)	(1,144)	4,012	15,389	(28,153)	(6,581)	1,889	8,470

HUTH Forecast Monthly Surplus / (Deficit) vs Plan 24/25

NLAG Forecast Monthly Surplus / (Deficit) vs Plan 24/25

Achieving to financial plan in the second half of this year will be significantly more challenging as illustrated above:

- Efficiency requirement has been profiled 1/3rd (H1) vs 2/3rds (H2)

- Achievement of plan requires an improvement in run-rate on the HUTH side as YTD overspends have been offset by non-recurrent Balance Sheet flexibility.

- Q4 plans assume receipt of additional income of £8.1m (£4.9m HUTH / £3.2m NLAG) that is yet to be identified.

Financial Performance – CIP Delivery

The Group has delivered £25.0m CIP year-to-date against a plan of £22.5m, £3.5m ahead of plan. However, as the remaining unallocated CIP drops into the position from M07 onwards, the forecast position shows a (£17.0m) shortfall against the full year plan.

HUTH

£000		Year to Date			Forecast Year end		
		Target	Actual	Variance	Target	Actual	Variance
Operations	Chief Delivery Officer	94	22	(72)	225	52	(173)
	Cancer Network	14	55	40	35	90	56
	Cardiovascular	425	188	(237)	1,021	676	(345)
	Digestive Diseases	384	88	(296)	920	136	(784)
	Head & Neck	305	317	12	731	354	(377)
	Major Trauma Network	33	35	2	80	94	14
	Patient Services	276	2	(275)	663	331	(333)
	Specialist Cancer and Support Services	1,282	413	(870)	3,077	1,395	(1,682)
	Theatres, Anaesthetics and Critical Care	934	144	(789)	2,241	1,793	(448)
	Sub Total Operations North	**3,748**	**1,263**	**(2,485)**	**8,994**	**4,922**	**(4,072)**
	Chief Delivery Officer	0	0	0	0	0	0
	Acute and Emergency Medicine	442	233	(209)	1,061	285	(776)
	Community, Frailty & Therapy	481	315	(167)	1,155	1,065	(91)
	Family Services	649	132	(518)	1,559	135	(1,424)
	Neuroscience	279	11	(268)	671	28	(643)
	Pathology Network Group	259	191	(68)	620	658	37
	Site Management & Discharge teams	35	54	19	84	68	(16)
	Specialist Medicine	501	1	(501)	1,203	7	(1,196)
	Specialist Surgery	453	190	(263)	1,087	245	(842)
	Sub Total Operations South	**3,100**	**1,127**	**(1,973)**	**7,440**	**2,490**	**(4,950)**
Total Operations		**6,848**	**2,389**	**(4,458)**	**16,434**	**7,412**	**(9,022)**
Corporate	Chief Executive	58	42	(16)	140	101	(39)
	Chief Medical Officer	352	137	(215)	845	293	(552)
	Chief Nurse Office	242	154	(88)	581	310	(271)
	Director of Assurance	4	0	(4)	9	0	(9)
	Director of People	317	156	(160)	760	413	(347)
	Director of Finance, Estates & Facilities	2,123	2,272	149	5,095	5,526	431
	Strategy and Partnerships	172	116	(56)	413	248	(165)
Total Corporate		**3,268**	**2,877**	**(390)**	**7,842**	**6,891**	**(951)**
Total Allocated CIPCore Programme		**10,115**	**5,267**	**(4,848)**	**24,276**	**14,303**	**(9,973)**
Trustwide	Reserves	2,060	3,438	1,378	4,943	6,784	1,841
	Technical	1,852	2,633	781	4,444	7,744	3,300
	Unallocated	(1,783)	775	2,558	13,482	6,416	(7,066)
Total Technical & Unallocated		**2,128**	**6,846**	**4,718**	**22,869**	**20,944**	**(1,925)**
TOTAL		**12,243**	**12,112**	**(131)**	**47,145**	**35,247**	**(11,898)**

NLAG

£000		Year to Date			Forecast Year end		
		Target	Actual	Variance	Target	Actual	Variance
Operations	Chief Delivery Officer	0	0	0	0	0	0
	Cancer Network	37	0	(37)	89	10	(79)
	Cardiovascular	118	250	133	282	629	347
	Digestive Diseases	327	718	391	785	1,486	701
	Head & Neck	172	204	31	414	356	(58)
	Major Trauma Network	57	27	(29)	136	43	(93)
	Patient Services	233	142	(91)	560	283	(277)
	Specialist Cancer and Support Services	493	437	(56)	1,183	1,107	(75)
	Theatres, Anaesthetics and Critical Care	574	824	251	1,377	1,298	(78)
	Sub Total Operations North	**2,010**	**2,603**	**593**	**4,825**	**5,212**	**387**
	Chief Delivery Officer	83	0	(83)	198	0	(198)
	Acute and Emergency Medicine	789	1,759	970	1,894	3,924	2,030
	Community, Frailty & Therapy	589	856	267	1,414	1,790	376
	Family Services	611	1,142	532	1,465	2,315	850
	Neuroscience	93	152	59	224	337	112
	Pathology Network Group	447	865	418	1,073	2,137	1,065
	Site Management & Discharge teams	37	68	30	89	129	40
	Specialist Medicine	243	476	233	583	822	239
	Specialist Surgery	250	303	53	599	611	12
	Sub Total Operations South	**3,141**	**5,621**	**2,479**	**7,539**	**12,066**	**4,526**
Total Operations		**5,152**	**8,224**	**3,072**	**12,365**	**17,278**	**4,913**
Corporate	Chief Executive	22	47	25	52	107	55
	Chief Medical Officer	330	333	3	791	547	(244)
	Chief Nurse Office	170	155	(15)	408	179	(228)
	Director of Assurance	21	39	18	50	59	9
	Director of People	224	231	7	538	442	(96)
	Director of Finance, Estates & Facilities	1,422	1,041	(382)	3,414	2,130	(1,284)
	Strategy and Partnerships	110	105	(5)	265	207	(58)
Total Corporate		**2,299**	**1,950**	**(349)**	**5,518**	**3,671**	**(1,847)**
Total Allocated CIPCore Programme		**7,451**	**10,174**	**2,723**	**17,882**	**20,948**	**3,066**
Trustwide	Reserves	1,607	2,710	1,103	3,857	4,402	545
	Technical	160	983	823	5,959	6,830	872
	Unallocated	1,024	54	(970)	9,775	155	(9,620)
Total Technical & Unallocated		**2,791**	**3,747**	**956**	**19,591**	**11,388**	**(8,203)**
TOTAL		**10,242**	**13,921**	**3,679**	**37,473**	**32,336**	**(5,137)**

Humber Health Partnership

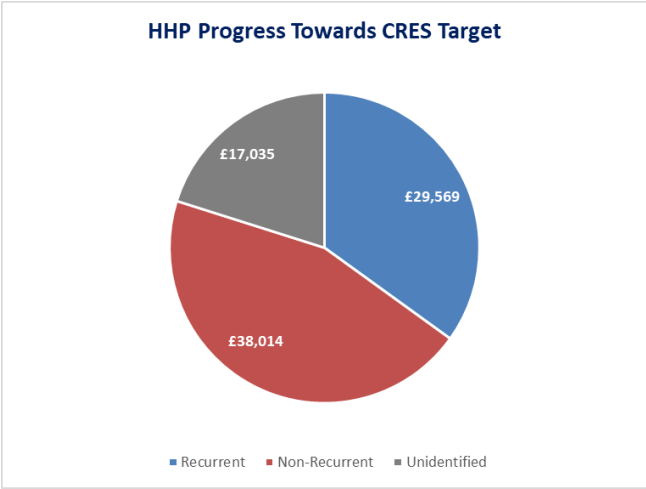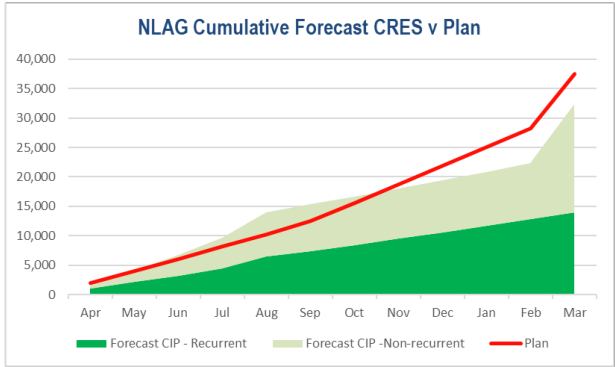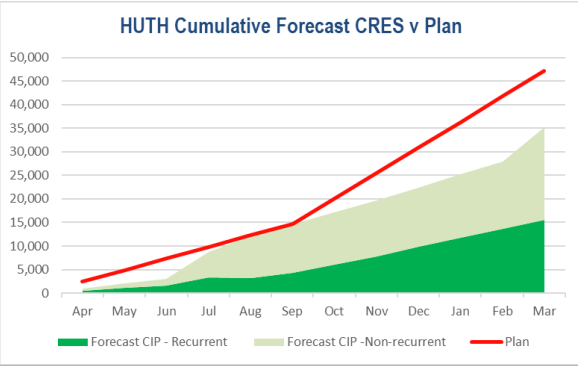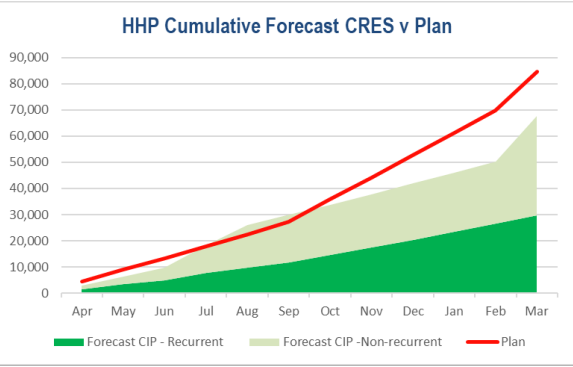| £000		Year to Date			Forecast Year end		
		Target	Actual	Variance	Target	Actual	Variance
Operations	Chief Delivery Officer	94	22	(72)	225	52	(173)
	Cancer Network	52	55	3	124	100	(24)
	Cardiovascular	543	439	(104)	1,303	1,306	2
	Digestive Diseases	711	806	95	1,705	1,622	(83)
	Head & Neck	477	521	44	1,145	710	(435)
	Major Trauma Network	90	62	(28)	216	136	(79)
	Patient Services	510	144	(366)	1,223	613	(610)
	Specialist Cancer and Support Services	1,775	850	(925)	4,260	2,502	(1,757)
	Theatres, Anaesthetics and Critical Care	1,507	969	(539)	3,618	3,092	(526)
	Sub Total Operations North	**5,758**	**3,866**	**(1,892)**	**13,819**	**10,134**	**(3,685)**
	Chief Delivery Officer	83	0	(83)	198	0	(198)
	Acute and Emergency Medicine	1,231	1,993	762	2,955	4,208	1,254
	Community, Frailty & Therapy	1,071	1,171	100	2,570	2,855	285
	Family Services	1,260	1,274	14	3,024	2,450	(574)
	Neuroscience	373	164	(209)	895	365	(530)
	Pathology Network Group	705	1,055	350	1,693	2,795	1,102
	Site Management & Discharge teams	72	122	49	174	198	24
	Specialist Medicine	744	476	(267)	1,785	829	(957)
	Specialist Surgery	702	492	(210)	1,686	856	(830)
	Sub Total Operations South	**6,241**	**6,747**	**506**	**14,979**	**14,556**	**(424)**
Total Operations		**11,999**	**10,613**	**(1,386)**	**28,799**	**24,690**	**(4,109)**
Corporate	Chief Executive	80	89	9	192	207	15
	Chief Medical Officer	682	470	(212)	1,636	840	(796)
	Chief Nurse Office	412	309	(103)	989	490	(499)
	Director of Assurance	25	39	14	59	59	0
	Director of People	541	387	(154)	1,299	855	(443)
	Director of Finance, Estates & Facilities	3,545	3,313	(233)	8,509	7,656	(853)
	Strategy and Partnerships	282	221	(61)	678	454	(223)
Total Corporate		**5,567**	**4,828**	**(739)**	**13,360**	**10,562**	**(2,798)**
Total Allocated CIPCore Programme		**17,566**	**15,441**	**(2,125)**	**42,158**	**35,252**	**(6,907)**
Trustwide	Reserves	3,667	6,148	2,481	8,800	11,186	2,386
	Technical	2,012	3,616	1,604	10,403	14,574	4,172
	Unallocated	(760)	829	1,588	23,257	6,571	(16,685)
Total Technical & Unallocated		**4,919**	**10,593**	**5,674**	**42,460**	**32,331**	**(10,128)**
TOTAL		**22,485**	**26,034**	**3,549**	**84,618**	**67,583**	**(17,035)**

Detailed CIP Tracker:

Microsoft Excel Worksheet

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Financial Performance – CIP Delivery by Workstream

£,000	Humber Health Partnership						HUTH						NLaG					
	Year to Date			Forecast Year end			Year to Date			Forecast Year end			Year to Date			Forecast Year end		
Worksteam	Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance
Clinical Workforce - Medical Staff	840	1,900	1,060	2,594	4,057	1,463	229	336	107	410	410	0	611	1,564	953	2,184	3,647	1,463
Clinical Workforce - Nursing and Midwifery	2,574	4,946	2,372	6,507	8,955	2,449	228	634	406	466	718	252	2,346	4,312	1,966	6,041	8,238	2,197
Clinical Workforce - Sci, Prof & Tech	1,578	1,600	22	4,508	3,587	(920)	318	356	38	728	728	0	1,260	1,244	(16)	3,779	2,859	(920)
Corporate and Non-Clinical Workforce	2,402	2,936	534	5,024	5,677	653	938	1,418	480	2,361	3,094	733	1,464	1,518	54	2,663	2,583	(80)
Non-Pay and Procurement	2,304	1,441	(863)	6,092	4,730	(1,362)	1,205	782	(424)	3,344	2,943	(401)	1,099	659	(440)	2,748	1,786	(962)
Productivity & Transformation	2,050	1,492	(557)	27,118	8,168	(18,949)	224	843	619	15,998	7,305	(8,694)	1,825	649	(1,176)	11,120	864	(10,256)
Digital Transformation	58	112	54	456	392	(64)	30	66	36	379	225	(154)	28	46	18	77	167	90
Estates & Facilities	1,482	1,579	97	3,830	3,970	140	1,191	1,162	(29)	3,033	3,038	5	291	416	126	797	933	135
Income	1,066	1,022	(44)	3,343	3,317	(26)	693	444	(249)	2,443	2,259	(184)	373	578	205	900	1,058	158
Reserves	3,667	5,571	1,904	8,800	10,609	1,809	2,060	3,438	1,378	4,943	6,784	1,841	1,607	2,133	526	3,857	3,825	(32)
Technical	1,852	3,435	1,583	10,018	14,120	4,102	1,852	2,633	781	4,444	7,744	3,300	0	802	802	5,574	6,376	802
Unidentified	2,612	0	(2,612)	6,328	0	(6,328)	3,274	0	(3,274)	8,596	0	(8,596)	(662)	0	662	(2,269)	0	2,269
TOTAL	22,485	26,034	3,549	84,618	67,583	(17,035)	12,243	12,112	(131)	47,145	35,247	(11,898)	10,242	13,921	3,679	37,473	32,336	(5,137)

HHP Cumulative Forecast CRES v Plan

HUTH Cumulative Forecast CRES v Plan

NLAG Cumulative Forecast CRES v Plan

HHP Progress Towards CRES Target

£17,035 £29,569 £38,014

Recurrent   Non-Recurrent   Unidentified

HHP Monthly Forecast CRES v Plan

HUTH Monthly Forecast CRES v Plan

NLAG Monthly Forecast CRES v Plan

Forecast CIP - Recurrent   Forecast CIP -Non-recurrent   Plan
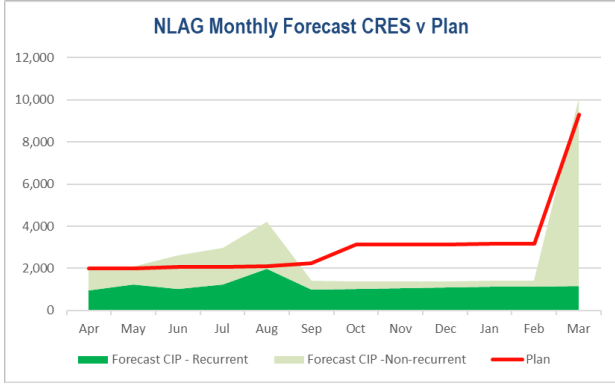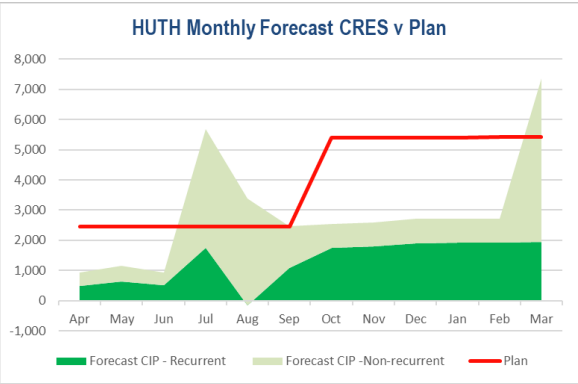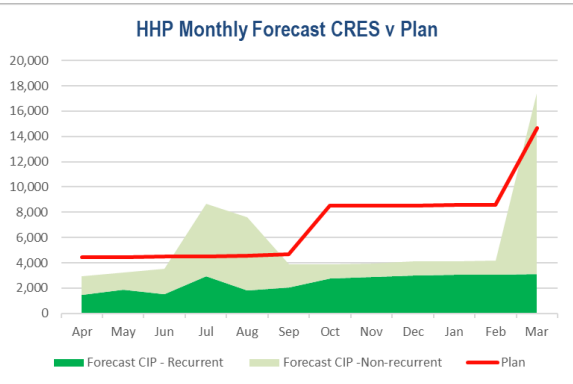
Underlying Position

- The Groups estimated underlying deficit is estimated to be (£96.2m). The ICB requested an early draft of the projected underlying and this position has been reported at this time. However, further iterations will be refined over the coming months and reported into PEF in due course.

- Bridging from the planned 2024-25 deficit of (£28.2m) the below are the main drivers:

1. The Group is in receipt of specific Non-Recurrent Income support totalling £12.8m.

2. The Group has historically relied on Non-Recurrent savings delivery to achieve its financial targets. This is forecast to be £45.6m within the current year's savings plan. The Group must look to convert non-recurrent savings schemes into recurrent schemes where possible.

3. Non recurrent support from balance sheet flexibility of £7.5m.

4. Full Year impacts of the 2024/25 plan of £1.7m.

5. The Group has committed to £0.5m of new investments in year.

£million	NLAG	HUTH	Group
2024/25 - Surplus/(Deficit) Plan	**(14.9)**	**(13.3)**	**(28.2)**
Non-recurrent Adjustments			
NR Additional Stretch Income Support	(3.2)	(4.9)	(8.1)
NR Depreciation Funding Support	0.0	0.0	0.0
NR Surge Funding Support	(2.5)	(2.2)	(4.7)
NR CIP (Forecast)	(14.5)	(31.1)	(45.6)
NR Balance Sheet Flexibility	(5.6)	(1.9)	(7.5)
FYE 24/25 Plan	0.0	(1.7)	(1.7)
2024/25 New Investments	(0.5)	0.0	(0.5)
Underlying Deficit	**(41.1)**	**(55.1)**	**(96.2)**

System Financial Performance – July 2024

The ICB reported a YTD deficit of (£49.9m), marginally ahead of plan. The system is still forecasting a plan compliant deficit of £50.0m, but at this stage has (£31.1m) of unidentified mitigations.

Organisation	Year To Date (Month 4)			Forecast		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Harrogate & District NHS Foundation Trust	(6,297)	(6,389)	(92)	(5,298)	(5,298)	0
Hull University Teaching Hospitals NHS Trust	(18,137)	(18,137)	0	(13,297)	(13,297)	0
Humber Teaching NHS Foundation Trust	(1,495)	(1,495)	0	0	0	0
Northern Lincolnshire & Goole NHS Foundation Trust	(10,489)	(10,484)	4	(14,856)	(14,856)	0
York and Scarborough Teaching Hospitals NHS Foundation Trust	(13,604)	(13,604)	0	(16,551)	(16,551)	0
Provider Total	(50,022)	(50,109)	(88)	(50,000)	(50,000)	0
Humber & North Yorkshire ICB	0	125	125	0	0	0
Full System Position	(50,022)	(49,984)	37	(50,000)	(50,000)	0

System Month 4 Extrapolated Run Rate to Forecast Outturn
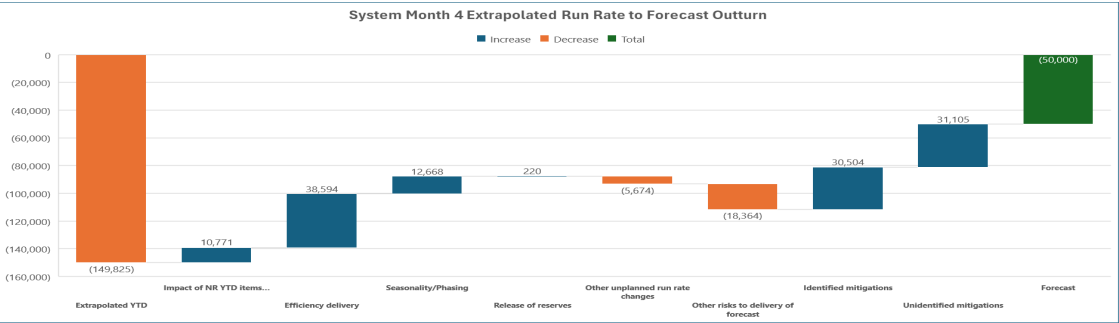
	YTD (M4 24/25) £000	Extrapolated YTD £000	Impact of non-recurrent YTD items in extrapolated position £000	Efficiency delivery £000	Seasonality /Phasing £000	Release of reserves £000	Other unplanned run rate changes £000	Other risks to delivery of forecast £000	Identified mitigations £000	Unidentified mitigations £000	Forecast £000
Harrogate & District NHS Foundation Trust	(6,388)	(19,165)	190	6,000	1,985	0	0	(7,822)	12,722	793	(5,297)
Hull University Teaching Hospitals NHS Trust	(18,137)	(54,411)	1,704	10,000	11,436	0	(5,440)	0	7,540	15,874	(13,297)
Humber Teaching NHS Foundation Trust	(1,495)	(4,485)	1,634	1,300	833	220	0	(500)	200	798	0
Northern Lincolnshire & Goole NHS Foundation Trust	(10,484)	(31,452)	4,733	12,001	(2,430)	0	0	0	0	2,292	(14,856)
York and Scarborough Teaching Hospitals NHS Foundation Trust	(13,604)	(40,812)	2,510	9,293	1,344	0	(234)	(10,042)	10,042	11,348	(16,551)
Humber & North Yorkshire ICB	125	500	0	0	(500)	0	0	0	0	0	0
System Position	(49,983)	(149,825)	10,771	38,594	12,668	220	(5,674)	(18,364)	30,504	31,105	(50,001)

Capital Expenditure

The Group has spent £7.6m on capital expenditure against a £23.8m plan.

£million	NLAG Year to Date			HUTH Year to Date			GROUP Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.	Plan	Actual	Var.
Estates Major Schemes									
Ward/Department Refurbishment/Development	0.2	0.0	(0.2)	0.0	0.0	0.0	0.2	0.0	(0.2)
Day Surgery CHH	0.0	0.0	0.0	3.5	1.6	(1.9)	3.5	1.6	(1.9)
Theatres & IRT	0.0	0.0	0.0	0.3	0.1	(0.2)	0.3	0.1	(0.2)
Community Diagnostic Centres	11.0	1.9	(9.2)	1.0	0.0	(1.0)	12.0	1.9	(10.2)
Total Estates Major Schemes	**11.3**	**1.9**	**(9.4)**	**4.8**	**1.7**	**(3.1)**	**16.1**	**3.5**	**(12.6)**
Other Estates Schemes	0.2	0.0	(0.2)	0.9	0.7	(0.3)	1.2	0.7	(0.5)
IM&T Programme	0.9	0.2	(0.7)	0.5	0.4	(0.0)	1.4	0.6	(0.7)
EPR	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pathology LIMS	0.9	0.4	(0.5)	0.0	0.0	0.0	0.9	0.4	(0.5)
Equipment Renewal	0.3	0.1	(0.3)	0.5	0.2	(0.3)	0.8	0.3	(0.5)
Facilities Maintenance	1.3	0.4	(0.9)	0.6	0.7	0.2	1.9	1.1	(0.7)
Other Capital Expenditure	0.3	0.3	0.0	1.2	0.6	(0.6)	1.5	1.0	(0.5)
Total Capital Programme	**15.3**	**3.3**	**(12.0)**	**8.5**	**4.4**	**(4.1)**	**23.8**	**7.6**	**(16.1)**
Funded By:									
Internally Generated	6.4	1.9	(4.5)	7.4	3.6	(3.8)	13.8	5.5	(8.3)
PDC Funded	7.3	1.1	(6.2)	0.0	0.0	0.0	7.3	1.1	(6.2)
Donated	1.3	0.0	(1.3)	0.1	0.1	0.0	1.4	0.1	(1.3)
IFRS16	0.3	0.3	0.0	1.0	0.6	(0.4)	1.3	1.0	(0.3)
Disposals - Net Book Value	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Funding	**15.3**	**3.3**	**(12.0)**	**8.5**	**4.4**	**(4.1)**	**23.8**	**7.6**	**(16.2)**

Balance Sheet

£ million	NLAG Actual 31-Jul 24	NLAG Actual 31-Aug 24	NLAG In month movement	HUTH Actual 31-Jul 24	HUTH Actual 31-Aug 24	HUTH In month movement	GROUP Actual 31-Jul 24	GROUP Actual 31-Aug 24	GROUP In month movement
Fixed Assets	289.0	288.2	(0.9)	459.9	459.1	(0.8)	749.0	747.3	(1.7)
Other Investments			0.0	0.5	0.5	0.0	0.5	0.5	0.0
Current Assets									
Inventories	4.0	3.9	(0.1)	20.0	19.5	(0.4)	24.0	23.5	(0.5)
Trade and Other Debtors	24.9	22.0	(2.8)	40.4	40.6	0.2	65.2	62.6	(2.6)
Cash	35.5	30.3	(5.1)	8.9	9.2	0.3	44.4	39.5	(4.8)
Total Current Assets	**64.3**	**56.3**	**(8.0)**	**69.2**	**69.3**	**0.1**	**133.6**	**125.6**	**(7.9)**
Current Liabilities									
Trade and Other Creditors	(55.3)	(49.8)	5.5	(48.5)	(45.4)	3.1	(103.8)	(95.2)	8.6
Accruals	(24.1)	(24.2)	(0.1)	(63.2)	(69.9)	(6.7)	(87.3)	(94.2)	(6.8)
Other Current Liabilities	(9.5)	(8.7)	0.7	(18.4)	(18.3)	0.1	(27.8)	(27.0)	0.8
Total Current Liabilities	**(88.9)**	**(82.8)**	**6.1**	**(130.1)**	**(133.6)**	**(3.5)**	**(219.0)**	**(216.4)**	**2.6**
Net Current Liabilities	**(24.6)**	**(26.4)**	**(1.9)**	**(60.9)**	**(64.3)**	**(3.5)**	**(85.4)**	**(90.8)**	**(5.4)**
Debtors Due > 1 Year	0.7	0.7	0.0	2.5	2.5	0.0	3.2	3.2	0.0
Creditors Due > 1 Year	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Loans > 1 Year	(5.6)	(5.6)	0.0	(5.6)	(5.6)	0.0	(11.2)	(11.2)	0.0
Finance Lease Obligations > 1 Year	(9.7)	(9.7)	(0.0)	(72.6)	(72.3)	0.3	(82.3)	(82.0)	0.3
Provisions - Non Current	(3.6)	(3.6)	0.0	(2.3)	(2.3)	0.0	(5.9)	(5.9)	0.0
Total Assets/(Liabilities)	**246.4**	**243.6**	**(2.8)**	**321.6**	**317.6**	**(4.0)**	**567.9**	**561.2**	**(6.7)**
TOTAL CAPITAL & RESERVES	**246.4**	**243.6**	**(2.8)**	**321.6**	**317.6**	**(4.0)**	**567.9**	**561.2**	**(6.7)**

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Cash Flow

The Group's cash balance at month 5 was £39.5m. Deficit cash support is expected in September, along with additional cash support prior to the pay award payments due to be made in October payroll. Without this additional support there is a risk to other creditor payments. CIP delivery will be the key variable in minimising any cash support requirements. The Group's cash position will be monitored closely each month.

NLAG

HUTH

Cash Flow Assumptions: Bridging from plan, receipt of deficit support, Stock and Debtors remain stable, release of Non-cash backed A/L provision, Creditors increase to meet minimum cash balances.
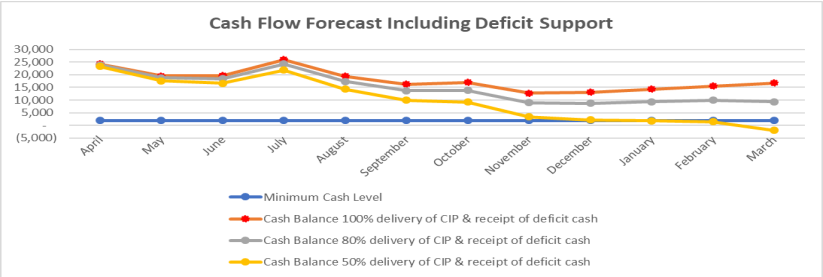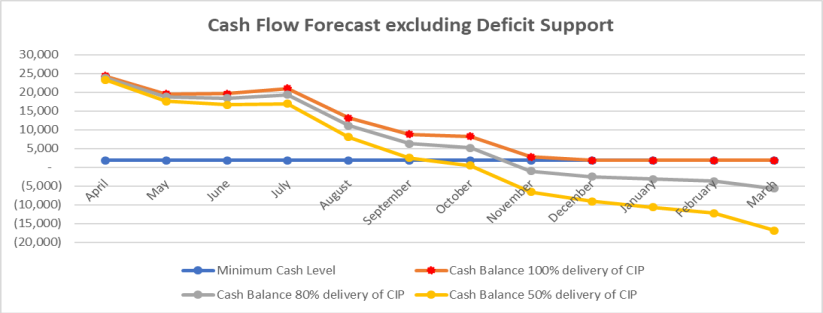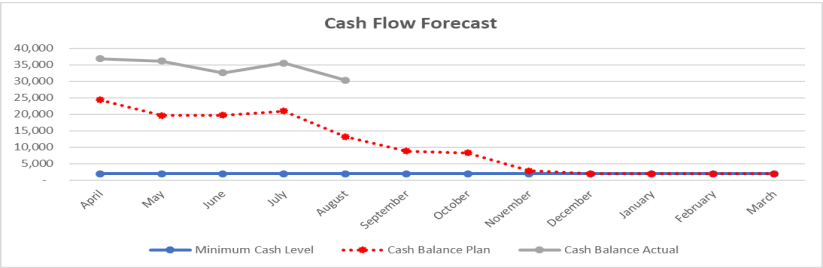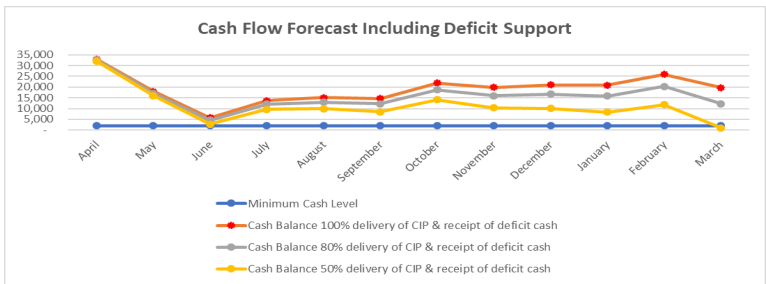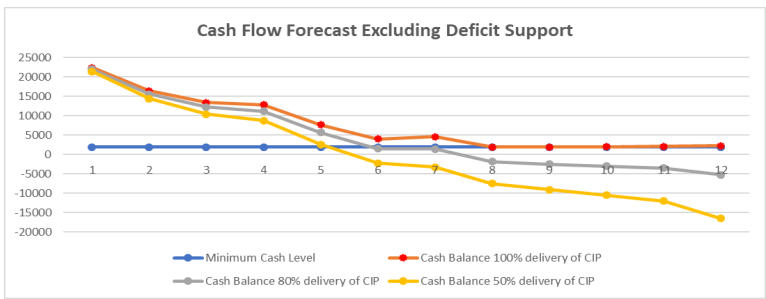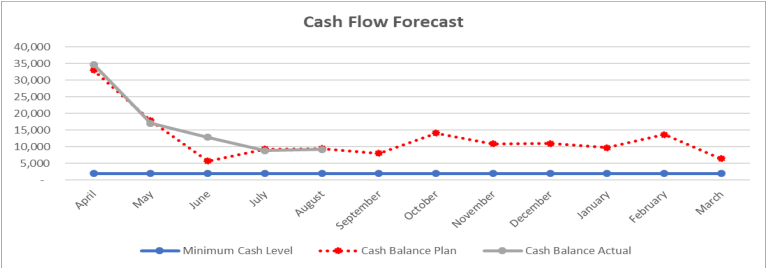
Elective Recovery

Trust baselines have now been published but profiling is still to be shared. Assuming a profile of working days the Month 5 YTD indicative values suggest the Group is at 99%, resulting in a shortfall of (£0.8m) in Elective Recovery funding. This has been the result of a reduction in activity over the summer months. The forecast position is expected to recover with delivery at 104% of target, resulting in projected additional income of £10.3m.

YTD

£000's	NLAG				HUTH				Group Total			
	Target	Actual	Variance	%	Target	Actual	Variance	%	Target	Actual	Variance	%
H&NY Contracts	29,160	28,388	(772)	48%	58,874	59,036	161	0%	88,034	87,423	(610)	99%
External Contracts	4,284	4,133	(151)	96%	1,067	965	(102)	90%	5,351	5,098	(253)	95%
Specialist	701	642	(59)	92%	16,784	16,906	122	101%	17,485	17,548	63	100%
Sub Total ERF	34,145	33,163	(982)	97%	76,725	76,907	181	100%	110,870	110,070	(801)	99%
A&G	372	372	0	N/A	1,539	1,539	0	N/A	1,910	1,910	0	N/A
Total	34,517	33,535	(982)	97%	78,264	78,445	181	100%	112,781	111,980	(801)	99%

Forecast

£000's	NLAG				HUTH				Group Total			
	Target	Actual	Variance	%	Target	Actual	Variance	%	Target	Actual	Variance	%
H&NY Contracts	69,873	68,889	(984)	99%	141,076	149,350	8,274	106%	210,949	218,239	7,290	103%
External Contracts	10,266	10,081	(185)	98%	2,556	2,347	(209)	92%	12,822	12,428	(394)	97%
Specialist	1,680	1,709	29	102%	40,219	43,654	3,435	109%	41,899	45,363	3,464	108%
Sub Total ERF	81,819	80,679	(1,140)	99%	183,851	195,351	11,500	106%	265,670	276,030	10,360	104%
A&G	892	892	0	N/A	3,693	3,693	0	N/A	4,585	4,585	0	N/A
Total	82,711	81,571	(1,140)	99%	187,544	199,044	11,500	106%	270,255	280,615	10,360	104%

Workforce

Budgeted Establishment has increased by 2% over the last 12 months from 16,096 WTE in Aug 23 to 16,439 WTE in Aug 24 (Group).
Substantive staff (based on WTE worked) have increased by 3% from 14,740 WTE in Aug 23 to 15,227 WTE in Aug 24, with recruitment levels peaking in Mar /Apr across the two organisations.

Substantive Staff (WTE worked) vs Establishment - HUTH

HUTH Pay Expenditure trends

Substantive Staff (WTE worked) vs Establishment - NLAG

NLAG Pay Expenditure trends

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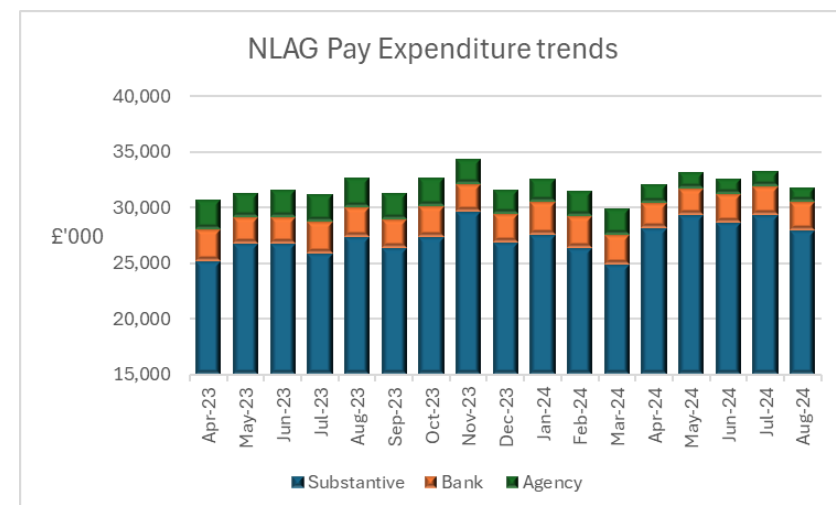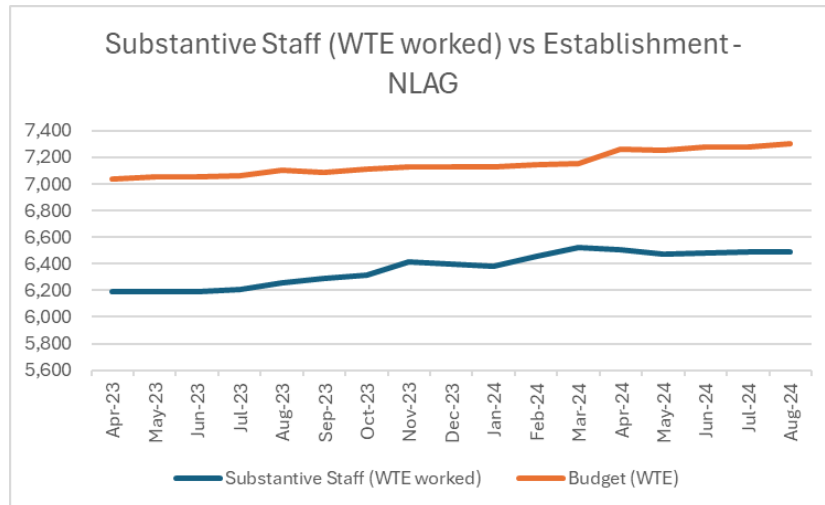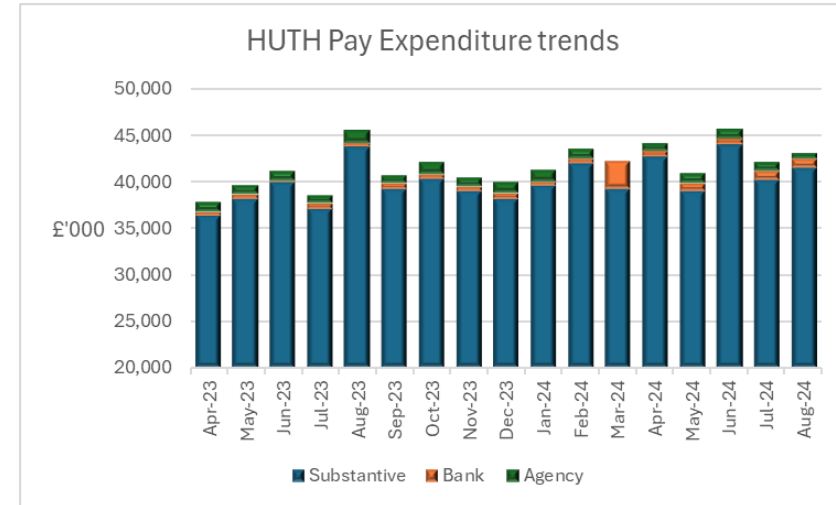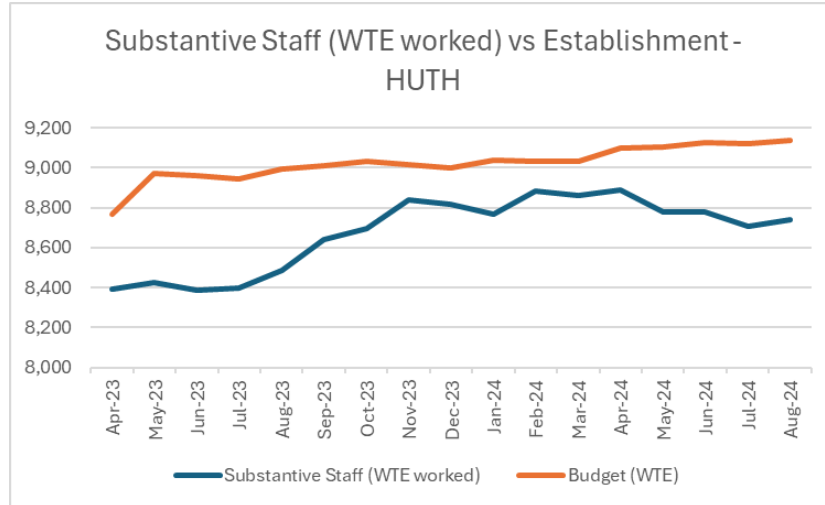
Temporary Staffing Summary

The Group has spent £33.5m on agency, bank & overtime YTD. This is £4.9m less than the same period in 2023/24 and is now in below the NHSE Target of 3.2% of total pay expenditure.

Agency, Bank and Overtime Expenditure v's 2023/24

Type	Subjective Sub category	HUTH (£000s) 2023/24	2024/25	Variance	NLAG (£000's) 2023/24	2024/25	Variance	Group Total (£000's) 2023/24	2024/25	Variance
Agency	Medical Staff	4,772	3,950	823	5,397	4,830	567	10,170	8,780	1,390
	Nursing Staff	177	64	113	6,098	1,453	4,645	6,275	1,517	4,758
	Scientific, Therapeutic & Technical Staff	377	375	2	794	768	25	1,171	1,143	27
	Admin & Clerical Staff	92	202	(111)	143	166	(22)	235	368	(133)
	Maintenance Staff	0	0	0	0	0	0	0	0	0
	Other Staff	16	0	16	1	1	0	17	1	16
	Support Staff	0	0	0	1	0	1	1	0	1
Agency Total		**5,434**	**4,591**	**843**	**12,435**	**7,219**	**5,216**	**17,868**	**11,810**	**6,059**
Bank	Medical Staff	0	1,578	(1,578)	5,648	4,901	747	5,648	6,479	(830)
	Nursing Staff	1,856	2,125	(269)	5,101	5,119	(18)	6,957	7,244	(287)
	Scientific, Therapeutic & Technical Staff	207	190	17	477	485	(8)	683	675	9
	Admin & Clerical Staff	(73)	1	(74)	919	843	76	846	844	2
	Maintenance Staff	0	0	0	0	0	0	0	0	0
	Other Staff	0	0	0	0	0	0	0	0	0
	Support Staff	(45)	23	(68)	996	945	51	951	968	(17)
Bank Total		**1,945**	**3,917**	**(1,973)**	**13,141**	**12,292**	**849**	**15,086**	**16,209**	**(1,124)**
Overtime	Medical Staff	74	2	73	88	1	87	162	2	160
	Nursing Staff	1,824	1,907	(83)	420	510	(90)	2,244	2,417	(173)
	Scientific, Therapeutic & Technical Staff	707	696	11	413	569	(156)	1,120	1,264	(144)
	Admin & Clerical Staff	0	0	0	89	115	(26)	89	115	(26)
	Maintenance Staff	843	782	61	36	31	5	879	812	66
	Other Staff	313	220	93	0	0	0	313	220	93
	Support Staff	593	603	(10)	60	71	(12)	653	674	(21)
Bank Total		**4,354**	**4,208**	**146**	**1,105**	**1,296**	**(191)**	**5,459**	**5,504**	**(45)**
Grand Total		**11,732**	**12,717**	**(984)**	**26,680**	**20,807**	**5,873**	**38,413**	**33,524**	**4,889**

Agency Spend as % Total Pay (3.2% is the NHSE Target)	2.1%	4.4%	3.1%

Agency & Bank Expenditure v's 2024/25 Plan

Type	Subjective Sub category	HUTH (£000s) YTD Plan	YTD Actual	Variance	NLAG (£000's) YTD Plan	YTD Actual	Variance	Group Total (£000 s) YTD Plan	YTD Actual	Variance
Agency	Medical Staff	3,551	3,950	(399)	3,361	4,830	(1,469)	6,912	8,780	(1,868)
	Nursing Staff	235	64	171	3,773	1,453	2,320	4,008	1,517	2,491
	Scientific, Therapeutic & Technical Staff	245	375	(130)	766	768	(3)	1,010	1,143	(133)
	Admin & Clerical Staff	175	202	(27)	(0)	166	(166)	175	368	(193)
	Maintenance Staff	0	0	0	0	0	0	0	0	0
	Other Staff	0	0	0	2	1	0	2	1	0
	Support Staff	0	0	0	0	0	0	0	0	0
Agency Total		**4,206**	**4,591**	**(385)**	**7,901**	**7,219**	**683**	**12,107**	**11,810**	**297**
Bank	Medical Staff	5,205	1,578	3,627	4,905	4,901	4	10,110	6,479	3,632
	Nursing Staff	1,860	2,125	(265)	5,071	5,119	(48)	6,930	7,244	(313)
	Scientific, Therapeutic & Technical Staff	2	190	(189)	450	485	(34)	452	675	(223)
	Admin & Clerical Staff	1	1	(0)	920	843	76	920	844	76
	Maintenance Staff	0	0	0	0	0	0	0	0	0
	Other Staff	0	0	0	0	0	0	0	0	0
	Support Staff	0	23	(23)	1,021	945	76	1,021	968	53
Bank Total		**7,067**	**3,917**	**3,150**	**12,367**	**12,292**	**75**	**19,434**	**16,209**	**3,225**
Grand Total		**11,273**	**8,508**	**2,765**	**20,268**	**19,511**	**757**	**31,541**	**28,019**	**3,522**

Temporary Staffing Expenditure Trend Analysis

Legend: Agency — Bank — Total — Linear (Agency) — Linear (Bank) — Linear (Total)
(X-axis: AP04, AP05, AP06, AP07, AP08, AP09, AP10, AP11, AP12, AP01, AP02, AP03, AP04, AP05)
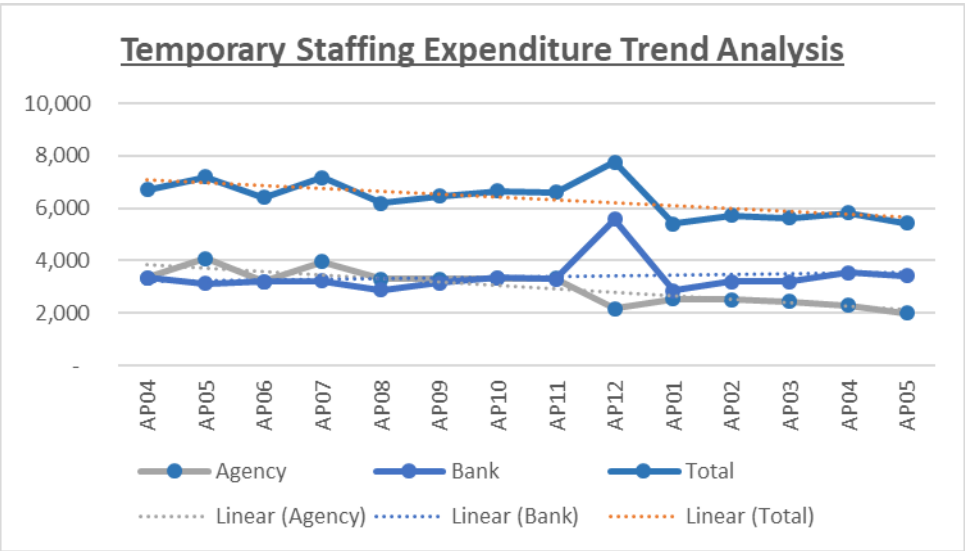
Temporary Staffing Summary – Directorate / Care Group

Total Bank & Agency Spend

Directorate	Care Group	HUTH (£000s)			NLAG (£000's)			Group Total (£000's)		
		2023/24	2024/25	Variance	2023/24	2024/25	Variance	2023/24	2024/25	Variance
Operations	Chief Delivery Officer	0	0	0	0	0	0	0	0	0
	Cancer Network	0	0	(0)	13	19	(5)	13	19	(5)
	Cardiovascular	405	178	226	389	210	179	793	388	405
	Digestive Diseases	442	410	32	1,501	820	681	1,943	1,230	712
	Head & Neck	302	522	(220)	1,163	1,063	99	1,465	1,585	(120)
	Major Trauma Network	53	36	17	183	83	100	236	119	117
	Patient Services	53	4	49	626	498	128	679	502	176
	Specialist Cancer and Support Services	1,193	1,254	(62)	903	1,075	(173)	2,095	2,330	(234)
	Theatres, Anaesthetics and Critical Care	1,003	1,139	(136)	2,398	1,498	900	3,401	2,637	764
	Sub Total Operations North	**3,451**	**3,545**	**(94)**	**7,175**	**5,266**	**1,909**	**10,625**	**8,810**	**1,815**
	Chief Delivery Officer	0	0	0	33	9	24	33	9	24
	Acute and Emergency Medicine	952	1,849	(897)	8,386	5,533	2,854	9,338	7,382	1,956
	Community, Frailty & Therapy	859	683	177	2,252	1,731	520	3,111	2,414	697
	Family Services	963	880	84	2,527	2,245	282	3,490	3,124	366
	Neuroscience	321	524	(203)	437	489	(52)	758	1,014	(256)
	Pathology Network Group	9	4	5	594	429	164	602	433	169
	Site Management & Discharge teams	1	22	(20)	267	125	142	269	147	122
	Specialist Medicine	459	420	39	1,288	1,134	154	1,747	1,554	193
	Specialist Surgery	555	471	83	1,343	1,137	207	1,898	1,608	290
	Sub Total Operations South	**4,119**	**4,852**	**(733)**	**17,127**	**12,832**	**4,295**	**21,246**	**17,684**	**3,562**
Total Operations		**7,570**	**8,397**	**(827)**	**24,302**	**18,098**	**6,204**	**31,872**	**26,494**	**5,377**
Corporate	Chief Executive	0	12	(12)	0	7	(7)	0	19	(19)
	Chief Medical Officer	0	1	(1)	166	110	57	166	111	55
	Chief Nurse Office	0	1	(1)	63	48	15	63	49	14
	Director of Assurance	0	0	0	0	0	0	0	0	0
	Director of People	9	10	(0)	67	35	32	77	45	32
	Director of Finance, Estates & Facilities	72	210	(139)	935	967	(32)	1,006	1,177	(171)
	Strategy and Partnerships	27	0	27	8	42	(33)	36	42	(6)
Total Corporate		**108**	**235**	**(126)**	**1,240**	**1,208**	**32**	**1,348**	**1,443**	**(95)**
Central Income, Reserves & Technical	Central Income	0	0	0	0	0	0	0	0	0
	Central Technical	74	(91)	166	34	61	(26)	109	(31)	139
	Unallocated CIP	0	0	0	0	0	0	0	0	0
	Reserves	(374)	(32)	(343)	0	145	(145)	(374)	113	(487)
Total Central Income, Reserves & Technical		**(300)**	**(123)**	**(177)**	**34**	**205**	**(171)**	**(266)**	**82**	**(348)**
Surplus / (Deficit)		**7,378**	**8,508**	**(1,130)**	**25,576**	**19,511**	**6,065**	**32,954**	**28,019**	**4,935**

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Temporary Staffing Summary – Medical Staffing

The Group has spent £15.3m on Medical Staffing agency and bank pay YTD. This is £0.6m less than the same period in 2023/24.

Total Bank & Agency Medical Staffing Spend

Directorate	Care Group	HUTH (£000s)			NLAG (£000's)			Group Total (£000's)		
		2023/24	2024/25	Variance	2023/24	2024/25	Variance	2023/24	2024/25	Variance
Operations	Chief Delivery Officer	0	0	0	0	0	0	0	0	0
	Cancer Network	0	0	0	0	0	0	0	0	0
	Cardiovascular	263	37	226	102	21	81	365	57	307
	Digestive Diseases	187	166	21	797	455	342	984	621	362
	Head & Neck	274	486	(212)	1,091	929	162	1,365	1,415	(50)
	Major Trauma Network	0	0	0	0	0	0	0	0	0
	Patient Services	0	0	0	0	0	0	0	0	0
	Specialist Cancer and Support Services	594	507	87	266	355	(89)	860	862	(2)
	Theatres, Anaesthetics and Critical Care	878	1,103	(225)	993	952	41	1,871	2,055	(184)
	Sub Total Operations North	**2,196**	**2,299**	**(103)**	**3,249**	**2,712**	**537**	**5,445**	**5,011**	**434**
	Chief Delivery Officer	0	0	0	0	0	0	0	0	0
	Acute and Emergency Medicine	778	1,451	(674)	4,275	3,528	746	5,052	4,980	73
	Community, Frailty & Therapy	128	283	(155)	758	591	167	886	874	12
	Family Services	811	680	130	864	898	(33)	1,675	1,578	97
	Neuroscience	203	388	(185)	201	253	(52)	404	641	(237)
	Pathology Network Group	0	0	0	413	220	193	413	220	193
	Site Management & Discharge teams	0	0	0	0	0	0	0	0	0
	Specialist Medicine	207	193	15	409	598	(189)	617	791	(175)
	Specialist Surgery	347	264	83	884	945	(62)	1,231	1,209	22
	Sub Total Operations South	**2,474**	**3,259**	**(786)**	**7,805**	**7,035**	**770**	**10,278**	**10,294**	**(16)**
Total Operations		**4,670**	**5,558**	**(889)**	**11,053**	**9,746**	**1,307**	**15,723**	**15,304**	**418**
Corporate	Chief Executive	0	0	0	0	0	0	0	0	0
	Chief Medical Officer	0	1	(1)	0	0	0	0	1	(1)
	Chief Nurse Office	0	0	0	0	0	0	0	0	0
	Director of Assurance	0	0	0	0	0	0	0	0	0
	Director of People	0	0	0	0	0	0	0	0	0
	Director of Finance, Estates & Facilities	0	0	0	0	0	0	0	0	0
	Strategy and Partnerships	0	0	0	0	0	0	0	0	0
Total Corporate		**0**	**1**	**(1)**	**0**	**0**	**0**	**0**	**1**	**(1)**
Central Income, Reserves & Technical	Central Income	0	0	0	0	0	0	0	0	0
	Central Technical	0	0	0	(8)	(15)	8	(8)	(15)	8
	Unallocated CIP	0	0	0	0	0	0	0	0	0
	Reserves	102	(32)	134	0	0	0	102	(32)	134
Total Central Income, Reserves & Technical		**102**	**(32)**	**134**	**(8)**	**(15)**	**8**	**94**	**(47)**	**141**
Surplus / (Deficit)		**4,772**	**5,528**	**(756)**	**11,045**	**9,731**	**1,315**	**15,817**	**15,258**	**559**

Medical Staffing Temporary Staffing Expenditure Trend Analysis

— Agency — Bank — Total ···· Linear (Agency) ···· Linear (Bank) ···· Linear (Total)
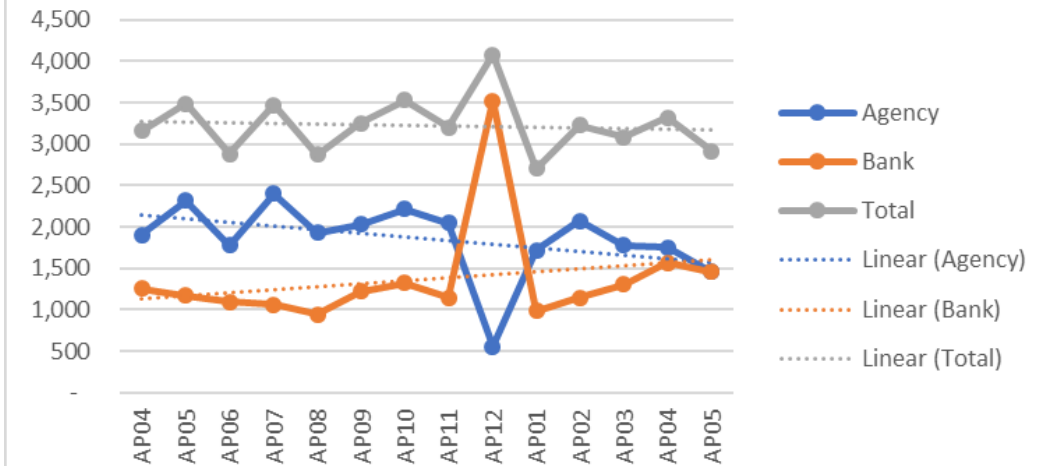
Temporary Staffing Summary - Nursing

The Group has spent £8.7m on Nursing agency and bank pay YTD. This is £4.5m less than the same period in 2023/24.

Total Bank & Agency Nursing Spend

Directorate	Care Group	HUTH (£000s)			NLAG (£000's)			Group Total (£000's)		
		2023/24	2024/25	Variance	2023/24	2024/25	Variance	2023/24	2024/25	Variance
	Chief Delivery Officer	0	0	0	0	0	0	0	0	0
	Cancer Network	0	0	(0)	6	8	(2)	6	8	(2)
	Cardiovascular	109	75	34	240	120	120	349	195	154
	Digestive Diseases	254	244	10	698	363	335	952	607	345
	Head & Neck	27	36	(9)	27	32	(5)	54	67	(14)
	Major Trauma Network	53	36	17	121	75	46	174	111	63
	Patient Services	10	4	6	133	85	48	143	88	55
	Specialist Cancer and Support Services	237	345	(107)	136	85	51	373	429	(56)
	Theatres, Anaesthetics and Critical Care	125	36	88	1,053	479	574	1,178	515	662
	Sub Total Operations North	**815**	**775**	**40**	**2,413**	**1,246**	**1,168**	**3,228**	**2,021**	**1,207**
	Chief Delivery Officer	0	0	0	14	0	14	14	0	14
	Acute and Emergency Medicine	171	397	(226)	4,040	1,948	2,092	4,211	2,345	1,866
	Community, Frailty & Therapy	548	313	235	1,204	884	320	1,753	1,197	555
Operations	Family Services	152	199	(47)	1,616	1,316	301	1,769	1,515	254
	Neuroscience	118	136	(18)	229	224	5	347	360	(13)
	Pathology Network Group	0	1	(0)	0	0	0	0	1	(0)
	Site Management & Discharge teams	1	22	(20)	263	123	140	265	145	120
	Specialist Medicine	248	227	21	879	527	351	1,126	754	372
	Specialist Surgery	206	208	(1)	460	183	277	666	390	276
	Sub Total Operations South	**1,445**	**1,502**	**(57)**	**8,706**	**5,205**	**3,501**	**10,151**	**6,707**	**3,444**
Total Operations		**2,260**	**2,278**	**(17)**	**11,119**	**6,451**	**4,668**	**13,380**	**8,728**	**4,651**
	Chief Executive	0	0	0	0	0	0	0	0	0
	Chief Medical Officer	0	0	(0)	0	0	0	0	0	(0)
	Chief Nurse Office	0	0	(0)	39	12	27	39	12	27
Corporate	Director of Assurance	0	0	0	0	0	0	0	0	0
	Director of People	0	3	(3)	15	8	7	15	11	4
	Director of Finance, Estates & Facilities	0	0	0	0	0	0	0	0	0
	Strategy and Partnerships	0	0	0	0	0	0	0	0	0
Total Corporate		**0**	**3**	**(3)**	**54**	**20**	**34**	**54**	**23**	**31**
	Central Income	0	0	0	0	0	0	0	0	0
Central Income, Reserves & Technical	Central Technical	75	(91)	167	26	0	26	102	(91)	193
	Unallocated CIP	0	0	0	0	0	0	0	0	0
	Reserves	(304)	0	(304)	0	100	(100)	(304)	100	(404)
Total Central Income, Reserves & Technical		**(228)**	**(91)**	**(137)**	**26**	**100**	**(74)**	**(202)**	**9**	**(211)**
Surplus / (Deficit)		**2,032**	**2,189**	**(157)**	**11,199**	**6,572**	**4,628**	**13,232**	**8,760**	**4,471**

Nursing Temporary Staffing Expenditure Trend Analysis

18
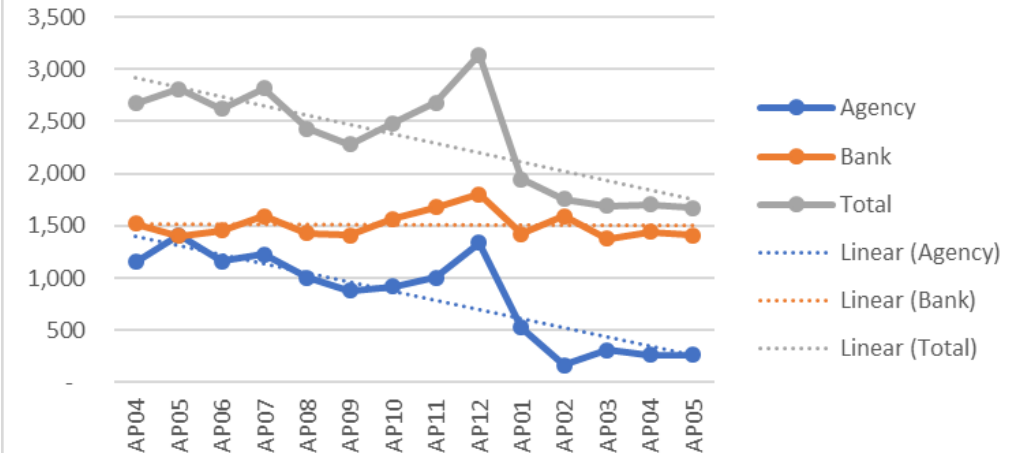
Appendices

Appendix A – Trust I&E & Divisional Budgetary Performance

Income & Expenditure

£million	HUTH £m CM Plan	Actual	Variance	HUTH £m YTD Plan	Actual	Variance	NLAG £m CM Plan	Actual	Variance	NLAG £m YTD Plan	Actual	Variance	Group £m CM Plan	Actual	Variance	Group £m YTD Plan	Actual	Variance
Income																		
Clinical Income	65.2	65.5	0.3	326.1	332.7	6.7	42.4	41.1	(1.4)	211.0	208.6	(2.4)	107.7	106.6	(1.1)	537.1	541.4	4.3
Other Income	5.5	6.2	0.6	27.9	30.9	3.1	4.0	4.3	0.4	20.0	21.1	1.2	9.5	10.5	1.0	47.8	52.0	4.2
Total Operating Income	**70.8**	**71.7**	**0.9**	**354.0**	**363.7**	**9.7**	**46.4**	**45.4**	**(1.0)**	**231.0**	**229.7**	**(1.2)**	**117.2**	**117.1**	**(0.1)**	**584.9**	**593.4**	**8.5**
Pay Costs																		
Medical Staff	(14.0)	(15.7)	(1.7)	(69.8)	(76.9)	(7.1)	(9.6)	(9.2)	0.4	(48.2)	(47.0)	1.1	(23.6)	(24.9)	(1.3)	(117.9)	(124.0)	(6.0)
Nursing Staff	(13.4)	(13.4)	(0.0)	(66.7)	(68.2)	(1.5)	(11.7)	(11.5)	0.3	(58.9)	(59.3)	(0.4)	(25.1)	(24.9)	0.2	(125.7)	(127.6)	(1.9)
Scientific Therapeutic & Technical Staff	(6.2)	(6.2)	(0.0)	(31.5)	(31.4)	0.1	(4.8)	(4.5)	0.2	(23.3)	(23.0)	0.3	(11.0)	(10.8)	0.2	(54.8)	(54.4)	0.4
Total Clincial Pay	**(33.6)**	**(35.4)**	**(1.8)**	**(168.0)**	**(176.5)**	**(8.5)**	**(26.1)**	**(25.2)**	**0.9**	**(130.4)**	**(129.4)**	**1.0**	**(59.7)**	**(60.6)**	**(0.9)**	**(298.4)**	**(305.9)**	**(7.5)**
Admin & Clerical Staff	(5.3)	(5.7)	(0.4)	(26.4)	(29.4)	(2.9)	(5.0)	(4.9)	0.0	(24.5)	(24.9)	(0.4)	(10.3)	(10.7)	(0.4)	(50.9)	(54.2)	(3.4)
Maintenance Staff	(0.3)	(0.3)	0.0	(1.4)	(1.4)	(0.0)	(0.2)	(0.2)	0.0	(0.9)	(0.8)	0.1	(0.5)	(0.4)	0.0	(2.3)	(2.3)	0.0
Support Staff	(1.4)	(1.4)	(0.0)	(7.0)	(7.3)	(0.3)	(1.4)	(1.4)	(0.0)	(7.0)	(7.2)	(0.2)	(2.8)	(2.9)	(0.0)	(14.1)	(14.5)	(0.4)
Other Staff	(0.0)	(0.0)	0.0	(0.3)	(0.1)	0.2	(0.0)	(0.0)	0.0	(0.1)	(0.1)	0.1	(0.1)	(0.0)	0.0	(0.4)	(0.2)	0.3
Apprentice Levy	(0.2)	(0.2)	(0.0)	(0.8)	(0.9)	(0.1)	(0.1)	(0.1)	0.0	(0.6)	(0.6)	0.0	(0.3)	(0.3)	(0.0)	(1.4)	(1.5)	(0.1)
Total Other Pay	**(7.2)**	**(7.7)**	**(0.5)**	**(35.9)**	**(39.1)**	**(3.1)**	**(6.7)**	**(6.6)**	**0.1**	**(33.2)**	**(33.6)**	**(0.4)**	**(13.9)**	**(14.3)**	**(0.4)**	**(69.1)**	**(72.6)**	**(3.6)**
Total Pay Costs	**(40.8)**	**(43.0)**	**(2.3)**	**(203.9)**	**(215.6)**	**(11.7)**	**(32.8)**	**(31.8)**	**1.0**	**(163.6)**	**(163.0)**	**0.6**	**(73.6)**	**(74.9)**	**(1.3)**	**(367.5)**	**(378.6)**	**(11.1)**
Drugs	(10.1)	(9.4)	0.7	(50.5)	(53.2)	(2.8)	(3.2)	(3.2)	0.1	(16.7)	(16.7)	0.0	(13.3)	(12.6)	0.7	(67.2)	(69.9)	(2.7)
Clinical Supplies & Services	(8.2)	(7.5)	0.6	(45.9)	(37.3)	8.6	(4.0)	(4.2)	(0.2)	(19.9)	(20.5)	(0.6)	(12.1)	(11.7)	0.4	(65.9)	(57.8)	8.0
Total Clinical Non Pay	**(18.3)**	**(16.9)**	**1.3**	**(96.4)**	**(90.6)**	**5.8**	**(7.2)**	**(7.4)**	**(0.2)**	**(36.6)**	**(37.2)**	**(0.5)**	**(25.4)**	**(24.3)**	**1.1**	**(133.0)**	**(127.8)**	**5.3**
General Supplies & Services	(1.8)	(1.7)	0.1	(9.1)	(9.4)	(0.4)	(0.5)	(0.6)	(0.1)	(2.6)	(2.6)	(0.1)	(2.3)	(2.3)	0.1	(11.6)	(12.0)	(0.4)
Establishment Expenses	(0.5)	(0.5)	(0.0)	(2.4)	(3.1)	(0.7)	(0.6)	(0.6)	0.1	(3.2)	(3.2)	(0.0)	(1.1)	(1.1)	0.0	(5.7)	(6.3)	(0.7)
Other Establishment Costs	(2.8)	(2.8)	(0.1)	(13.9)	(14.2)	(0.3)	(1.4)	(1.4)	0.0	(7.0)	(7.0)	(0.0)	(4.2)	(4.2)	(0.1)	(20.8)	(21.2)	(0.3)
Premises and Fixed Plant	(3.1)	(3.0)	0.0	(15.9)	(16.6)	(0.6)	(1.9)	(1.6)	0.3	(9.6)	(9.3)	0.2	(4.9)	(4.6)	0.4	(25.5)	(25.9)	(0.4)
Purchase of Healthcare Services	(2.8)	(3.7)	(0.8)	(14.1)	(15.3)	(1.2)	(1.6)	(1.6)	(0.0)	(7.8)	(7.7)	0.1	(4.4)	(5.2)	(0.9)	(21.9)	(23.0)	(1.1)
Miscellaneous Expenditure	(0.1)	(0.0)	0.1	(0.3)	(0.6)	(0.3)	(0.1)	(0.1)	(0.0)	(0.4)	(0.5)	(0.1)	(0.1)	(0.1)	0.0	(0.7)	(1.1)	(0.4)
Education Expenditure	(0.3)	(0.3)	(0.0)	(1.3)	(2.5)	(1.3)	(0.1)	(0.1)	0.0	(0.7)	(0.7)	(0.0)	(0.4)	(0.4)	(0.0)	(2.0)	(3.2)	(1.3)
Consultancy Expenditure	(0.0)	(0.1)	(0.1)	(0.0)	(0.3)	(0.3)	(0.1)	(0.0)	0.0	(0.4)	(0.2)	0.2	(0.1)	(0.2)	(0.1)	(0.4)	(0.4)	(0.0)
Total Other Non Pay	**(11.3)**	**(12.2)**	**(0.9)**	**(57.1)**	**(62.0)**	**(5.0)**	**(6.3)**	**(5.9)**	**0.4**	**(31.6)**	**(31.2)**	**0.3**	**(17.6)**	**(18.1)**	**(0.6)**	**(88.6)**	**(93.3)**	**(4.6)**
Total Non Pay Costs	**(29.5)**	**(29.1)**	**0.4**	**(153.5)**	**(152.6)**	**0.8**	**(13.5)**	**(13.3)**	**0.2**	**(68.2)**	**(68.4)**	**(0.2)**	**(43.0)**	**(42.4)**	**0.6**	**(221.6)**	**(221.0)**	**0.6**
Total Operating Expenditure	**(70.3)**	**(72.2)**	**(1.9)**	**(357.4)**	**(368.2)**	**(10.8)**	**(46.3)**	**(45.2)**	**1.2**	**(231.7)**	**(231.3)**	**0.4**	**(116.6)**	**(117.3)**	**(0.7)**	**(589.1)**	**(599.6)**	**(10.4)**
EBITDA	**0.5**	**(0.5)**	**(0.9)**	**(3.4)**	**(4.5)**	**(1.1)**	**0.1**	**0.3**	**0.2**	**(0.8)**	**(1.6)**	**(0.8)**	**0.6**	**(0.2)**	**(0.8)**	**(4.2)**	**(6.1)**	**(1.9)**
Depreciation	(2.3)	(2.2)	0.1	(11.4)	(11.2)	0.2	(2.0)	(2.5)	(0.5)	(9.2)	(9.2)	0.0	(4.3)	(4.7)	(0.4)	(20.6)	(20.4)	0.2
Non Operating Items	(1.3)	(1.3)	0.0	(6.4)	(6.5)	(0.1)	(0.6)	(0.4)	0.2	(2.9)	(2.3)	0.6	(1.9)	(1.7)	0.2	(9.3)	(8.8)	0.5
Surplus/(Deficit)	**(3.1)**	**(4.0)**	**(0.9)**	**(21.2)**	**(22.2)**	**(1.0)**	**(2.5)**	**(2.6)**	**(0.2)**	**(12.9)**	**(13.2)**	**(0.2)**	**(5.6)**	**(6.6)**	**(1.0)**	**(34.1)**	**(35.4)**	**(1.2)**

Appendix A – Trust I&E & Divisional Budgetary Performance

Directorate	Care Group	HUTH (£m) CM Plan	Actual	Variance	HUTH YTD Plan	Actual	Variance	NLAG (£m) CM Plan	Actual	Variance	NLAG YTD Plan	Actual	Variance	GROUP (£m) CM Plan	Actual	Variance	GROUP YTD Plan	Actual	Variance
Operations	Chief Delivery Officer	(0.2)	(0.2)	(0.0)	(1.0)	(1.1)	(0.1)	0.0	0.0	0.0	0.0	0.0	0.0	(0.2)	(0.2)	(0.0)	(1.0)	(1.1)	(0.1)
	Cancer Network	(0.3)	(0.2)	0.2	(1.7)	(1.8)	(0.1)	(0.2)	(0.2)	0.0	(1.2)	(1.2)	(0.0)	(0.6)	(0.4)	0.2	(2.9)	(3.0)	(0.1)
	Cardiovascular	(2.8)	(3.3)	(0.5)	(13.9)	(14.8)	(0.9)	(0.8)	(0.8)	0.0	(4.3)	(4.1)	0.2	(3.6)	(4.1)	(0.4)	(18.2)	(18.9)	(0.7)
	Digestive Diseases	(2.5)	(2.7)	(0.1)	(12.7)	(13.7)	(1.0)	(2.4)	(2.4)	0.0	(12.3)	(11.9)	0.4	(5.0)	(5.1)	(0.1)	(25.0)	(25.6)	(0.6)
	Head & Neck	(3.2)	(3.5)	(0.2)	(16.1)	(16.5)	(0.4)	(1.6)	(1.6)	0.0	(7.6)	(8.0)	(0.4)	(4.8)	(5.1)	(0.2)	(23.7)	(24.5)	(0.8)
	Major Trauma Network	(0.2)	(0.2)	0.0	(1.1)	(1.0)	0.1	(0.4)	(0.4)	(0.0)	(1.8)	(1.8)	(0.0)	(0.6)	(0.6)	0.0	(2.9)	(2.8)	0.1
	Patient Services	(1.9)	(2.0)	(0.1)	(9.3)	(9.8)	(0.5)	(1.5)	(1.5)	0.0	(7.6)	(7.7)	(0.1)	(3.4)	(3.5)	(0.1)	(16.9)	(17.5)	(0.6)
	Specialist Cancer and Support Services	(15.8)	(15.5)	0.3	(74.1)	(75.7)	(1.6)	(3.8)	(3.9)	(0.1)	(20.8)	(21.1)	(0.3)	(19.5)	(19.3)	0.2	(94.9)	(96.8)	(1.9)
	Theatres, Anaesthetics and Critical Care	(6.2)	(6.4)	(0.2)	(30.6)	(33.3)	(2.7)	(4.0)	(4.1)	(0.0)	(19.7)	(19.9)	(0.2)	(10.2)	(10.5)	(0.2)	(50.2)	(53.2)	(2.9)
	Sub Total Operations North	**(33.2)**	**(33.8)**	**(0.7)**	**(160.5)**	**(167.7)**	**(7.3)**	**(14.8)**	**(14.9)**	**(0.1)**	**(75.3)**	**(75.6)**	**(0.4)**	**(47.9)**	**(48.7)**	**(0.7)**	**(235.7)**	**(243.4)**	**(7.6)**
	Chief Delivery Officer	0.0	0.0	0.0	0.0	0.0	0.0	(0.1)	(0.1)	(0.0)	(0.6)	(0.6)	(0.1)	(0.1)	(0.1)	(0.0)	(0.6)	(0.6)	(0.1)
	Acute and Emergency Medicine	(2.8)	(3.1)	(0.3)	(14.2)	(15.8)	(1.5)	(5.3)	(4.9)	0.4	(26.7)	(24.9)	1.8	(8.2)	(8.1)	0.1	(40.9)	(40.6)	0.3
	Community, Frailty & Therapy	(3.1)	(3.3)	(0.2)	(15.4)	(15.9)	(0.6)	(3.8)	(3.8)	0.0	(19.0)	(19.2)	(0.2)	(6.9)	(7.1)	(0.2)	(34.3)	(35.1)	(0.7)
	Family Services	(4.4)	(4.6)	(0.2)	(21.6)	(23.0)	(1.5)	(4.1)	(4.3)	(0.2)	(20.2)	(20.9)	(0.7)	(8.5)	(8.9)	(0.4)	(41.8)	(43.9)	(2.1)
	Neuroscience	(1.9)	(1.9)	0.0	(9.4)	(10.3)	(0.9)	(0.6)	(0.6)	(0.0)	(3.0)	(3.0)	0.0	(2.5)	(2.5)	0.0	(12.4)	(13.3)	(0.9)
	Pathology Network Group	(1.5)	(1.9)	(0.3)	(7.7)	(8.1)	(0.4)	(1.8)	(1.9)	(0.0)	(9.3)	(9.0)	0.2	(3.4)	(3.7)	(0.4)	(16.9)	(17.1)	(0.2)
	Site Management & Discharge teams	(0.2)	(0.2)	0.0	(1.2)	(1.1)	0.0	(0.3)	(0.3)	0.0	(1.5)	(1.5)	(0.0)	(0.6)	(0.5)	0.1	(2.7)	(2.7)	0.0
	Specialist Medicine	(3.3)	(3.4)	(0.1)	(16.1)	(16.8)	(0.7)	(2.2)	(2.2)	(0.0)	(10.4)	(10.3)	0.1	(5.4)	(5.5)	(0.1)	(26.5)	(27.1)	(0.6)
	Specialist Surgery	(3.1)	(3.4)	(0.4)	(15.5)	(16.7)	(1.2)	(1.7)	(1.8)	(0.1)	(8.7)	(9.0)	(0.3)	(4.8)	(5.2)	(0.4)	(24.2)	(25.7)	(1.5)
	Sub Total Operations South	**(20.3)**	**(21.8)**	**(1.5)**	**(101.0)**	**(107.7)**	**(6.7)**	**(20.0)**	**(19.9)**	**0.2**	**(99.4)**	**(98.4)**	**1.0**	**(40.3)**	**(41.6)**	**(1.4)**	**(200.4)**	**(206.1)**	**(5.7)**
Total Operations		**(53.4)**	**(55.6)**	**(2.2)**	**(261.5)**	**(275.4)**	**(13.9)**	**(34.8)**	**(34.7)**	**0.1**	**(174.6)**	**(174.0)**	**0.6**	**(88.2)**	**(90.3)**	**(2.1)**	**(436.1)**	**(449.4)**	**(13.3)**
Corporate	Chief Executive	(0.0)	(0.0)	(0.0)	(0.6)	(0.6)	(0.1)	(0.1)	(0.1)	0.0	(0.6)	(0.6)	(0.0)	(0.2)	(0.1)	0.0	(1.1)	(1.2)	(0.1)
	Chief Medical Officer	(1.3)	(1.0)	0.3	(5.3)	(5.3)	0.0	(1.2)	(1.2)	0.0	(6.0)	(6.0)	(0.0)	(2.5)	(2.2)	0.3	(11.3)	(11.3)	0.0
	Chief Nurse Office	(3.1)	(3.2)	(0.1)	(16.0)	(16.3)	(0.2)	(2.0)	(2.0)	0.0	(9.8)	(9.8)	(0.0)	(5.0)	(5.1)	(0.1)	(25.8)	(26.1)	(0.3)
	Director of Assurance	(0.0)	(0.0)	(0.0)	(0.1)	(0.1)	(0.0)	(0.1)	(0.1)	0.0	(0.3)	(0.4)	(0.1)	(0.1)	(0.1)	0.0	(0.4)	(0.5)	(0.1)
	Director of People	(0.7)	(0.6)	0.1	(3.6)	(3.7)	(0.1)	(0.6)	(0.7)	(0.0)	(3.4)	(3.5)	(0.0)	(1.4)	(1.3)	0.1	(7.0)	(7.1)	(0.1)
	Director of Finance, Estates & Facilities	(5.2)	(5.1)	0.0	(26.4)	(26.4)	(0.0)	(3.4)	(3.3)	0.1	(16.8)	(17.3)	(0.5)	(8.6)	(8.5)	0.1	(43.2)	(43.7)	(0.5)
	Strategy and Partnerships	(0.5)	(0.5)	(0.0)	(2.2)	(2.3)	(0.1)	(0.3)	(0.3)	0.0	(1.5)	(1.5)	(0.0)	(0.8)	(0.8)	(0.0)	(3.7)	(3.9)	(0.2)
Total Corporate		**(10.8)**	**(10.5)**	**0.3**	**(54.2)**	**(54.7)**	**(0.5)**	**(7.7)**	**(7.6)**	**0.1**	**(38.3)**	**(39.0)**	**(0.7)**	**(18.5)**	**(18.1)**	**0.4**	**(92.5)**	**(93.7)**	**(1.2)**
Central Income, Reserves & Technical	Central Income	66.3	65.1	(1.2)	330.8	329.1	(1.7)	43.7	43.0	(0.8)	217.8	216.1	(1.7)	110.0	108.1	(2.0)	548.7	545.3	(3.4)
	Central Technical	(3.7)	(3.7)	0.0	(18.8)	(18.6)	0.2	(1.7)	(1.5)	0.2	(11.4)	(9.6)	1.8	(5.4)	(5.2)	0.2	(30.1)	(28.2)	1.9
	Unallocated CIP	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Reserves	(1.4)	0.8	2.1	(17.3)	(2.1)	15.1	(2.1)	(1.9)	0.1	(6.8)	(7.1)	(0.2)	(3.4)	(1.1)	2.3	(24.1)	(9.2)	14.9
Total Central Income, Reserves & Technical		**61.2**	**62.1**	**0.9**	**294.8**	**308.4**	**13.6**	**40.0**	**39.6**	**(0.4)**	**199.6**	**199.5**	**(0.1)**	**101.2**	**101.7**	**0.5**	**494.4**	**507.9**	**13.5**
Surplus / (Deficit)		**(3.0)**	**(4.0)**	**(0.9)**	**(20.9)**	**(21.7)**	**(0.8)**	**(2.5)**	**(2.8)**	**(0.2)**	**(13.3)**	**(13.6)**	**(0.2)**	**(5.6)**	**(6.7)**	**(1.2)**	**(34.2)**	**(35.3)**	**(1.1)**
Adjustments to adjusted financial performance		0.1	0.0	(0.1)	0.4	0.5	0.2	(0.1)	(0.1)	(0.1)	(0.4)	(0.4)	0.0	0.0	(0.1)	(0.1)	(0.1)	0.1	0.2
Adjusted financial performance Surplus / (Deficit)		**(3.1)**	**(4.0)**	**(0.9)**	**(21.2)**	**(22.2)**	**(1.0)**	**(2.5)**	**(2.6)**	**(0.2)**	**(12.9)**	**(13.2)**	**(0.2)**	**(5.6)**	**(6.6)**	**(1.0)**	**(34.1)**	**(35.4)**	**(1.2)**

Council of Governors Business Meeting

Agenda Item No: CoG(24)069

Name of the Meeting	Council of Governors Business Meeting
Date of the Meeting	31 October 2024
Director Lead	David Sharif, Group Director of Assurance
Contact Officer/Author	Rebecca Thompson, Deputy Director of Assurance
Title of the Report	**Board Assurance Framework (BAF)**
Executive Summary	The attached report now includes the September 2024 position for: • Group BAF risks for Workforce, Leadership, Finance, • Estates, Digital, Performance and Strategy • HUTH/NLAG Quality Risks • High level risks for each Committee in Common (CiC) Following the Executive time-out, a revised set of strategic risks has been developed and following the 10 October Board, a full refresh of the BAF risks will follow. The current BAF has been updated following the Committees-in-Common. Following discussion at the Performance, Estates and Performance CIC, the financial BAF risk will be focused on the sustainable long-term delivery of balanced finances and the inyear financial position will feature as a high-level risk to that achievement. Recommendations: • note that there have been no changes to the risk ratings • since September 2024 • note the High-level risks aligned to the BAF risks • review the BAF financial risk as detailed above
Background Information and/or Supporting Document(s) (if applicable)	The full BAF is attached at Appendix 1
Prior Approval Process	Group Cabinet Risk and Assurance Committee and Committees-in-Common
Financial implication(s) (if applicable)	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ☐ Assurance ☐ Other – please detail below:

Group Board Assurance Framework
September 2024

1. **Purpose of the Report**

   The purpose of the report is to update the Boards in Common regarding the September 2024 Board Assurance Framework which now includes merged risks for workforce, leadership, finance, performance, estates, digital and strategy.

2. **Background**

   The Board Assurance Frameworks for both Trusts (HUTH/NLAG) have now been merged into one document. Cabinet members undertook a facilitated review of the strategic risks on 13 September. A separate report is due to be presented to Trust Boards in private on 10 October setting out the proposed strategic risks, in light of the Group's strategic framework and risk appetite, and next steps.

3. **Board Assurance Framework Development**

   The risk ratings for September 2024 are shown in the table below. The table shows the will show risk movement from Q1 2024/25. There has been no changes to any of the risk ratings since Q1 2024/25. The detailed BAF is attached at Appendix 1.

No	Description of Risk	Lead	Committees in Common	Current Risk Rating	Movement since last Qtr	Target Risk Rating
Group						
1	**Group Workforce** – The Group does not effectively manage its risks around staffing levels, both quantitative and qualitative and does not provide quality of care to its patients	Group Chief People Officer	Workforce, Education and Culture Committees in Common	16 4 x 4	↔	12 3 x 4
2	**Group Culture and Leadership** – The Group does not make progress towards further improving a positive working culture this year and must have leadership capacity to develop an outstanding working environment	Group Chief People Officer	Workforce, Education and Culture Committees in Common	16 4 x 4	↔	12 3 x 4
3	**Group Finance** – There is a risk that the Group does not achieve delivery of the in-year financial plans or manage the underlying position appropriately	Group Chief Financial Officer	Performance, Estates and Finance Committees in Common	25 5 x 5	↔	5 1 x 5
4	**Group Estates** - There is a risk that the Trust's estate, infrastructure and engineering equipment may fail through poor quality, safety, obsolescence, scarcity, backlog maintenance requirements or enforcement action. This would impact on the provision of high quality care and/or a safe and satisfactory environment for patients, staff and visitors.	Group Chief Financial Officer	Performance, Estates and Finance Committees in Common	20 4 x 5	↔	15 3 x 5
5	**Group Digital (IT Failure)** – There is a risk that the Group will suffer a major failure of its digital systems, leading to loss of life, finance and reputation through inability to maintain business continuity	Group Chief Medical Officer	Capital and Major Projects Committees in Common	15 3 x 5	↔	10 2 x 5
6	**Group Digital (Cyber Security)** – There is a risk that the Group will suffer a Cyber-Attack, leading to loss of life, finance and reputation through inability to maintain business continuity	Group Chief Medical Officer	Capital and Major Projects Committees in Common	15 3 x 5	↔	10 2 x 5

No	Description of Risk	Lead	Committees in Common	Current Risk Rating	Movement since last Qtr	Target Risk Rating
7	**Group Performance –** The risk is that the Group fails to deliver constitutional and other regulatory performance targets which has an adverse impact on patients in terms of timeliness of access to care and/or risk of clinical harm because of delays in access to care	Group Chief Delivery Officer	Performance, Estates and Finance Committees in Common	20 4 x 5	↔	16 4 x 4
8	**Group Strategy -** There is a risk that the Group Strategy is not effective and does not allow the Group to deliver high quality and sustainable care and that the list of priorities do not align to investments, causing conflict	Group Chief of Strategy and Partnerships	Boards in Common	12 3 x 4	↔	8 2 x 4
9	**Group Strategic Capital -** The risk that the Group fails to secure and deploy adequate capital to redevelop its estate to make it fit for purpose for the coming decades	Group Chief of Strategy and Partnerships/Group Chief Financial Officer		15 3 x 5	↔	15 3 x 5
10	**Group Strategic Partnerships and Collaboration -** There is a risk that the Group does not prioritise actions at PLACE and ICB to fulfill its Anchor role which increases health inequalities, competition and competition in workforce. The Group also fails to work collaboratively to innovate and change pathways	Group Chief of Strategy and Partnerships		12 3 x 4	↔	8 2 x 4
	HUTH/NLAG					
	HUTH – Quality – There is a risk that the quality improvement measures set out in the Quality Strategy are not met, which would result in the Trust not achieving its aim of a 'good' CQC rating	Group Chief Nurse	Quality and Safety Committees in Common	16 4 x 4	↔	12 3 x 4
	HUTH – Patient Harm – There is a risk that patients suffer unintended or avoidable harm due to actions within the Trust's control. Crowding in ED and Patients with No Criteria to Reside require partnership working to determine improvement plans.	Group Chief Medical Officer/Group Chief Nurse/Group Chief Delivery Officer	Quality and Safety Committees in Common	20 4 x 5	↔	16 4 x 4
	HUTH – Research and Innovation – There is a risk that Research and Innovation support service is not delivered operationally to its full potential due to lack of investment	Group Chief Medical Officer	Quality and Safety Committees in Common	**12** **3 x 4**	↔	8 2 x 4
	NLAG – Quality of Care - The risk that patients may suffer because the Trust fails to deliver treatment, care and support consistently at the highest standard (by national comparison) of safety, clinical effectiveness and patient experience	Group Chief Medical Officer/Group Chief Nurse	Quality and Safety Committees in Common	**15** **3 x 5**	↔	**15** **3 x 5**

4. High Level Risk Register

This section provides a summary of the high-level risks across HUTH and NLAG as at 12 September 2024. Aligning the risk registers to the new Care Groups is challenging by virtue of the two different risk management systems used across the Group, (HUTH use Datix and NLAG use Ulysses). With the advent of a group-wide system we anticipate the assignment of risks to categories, to CiC and strategic risks to improve. We also aim to provide more information on the changes to risks over time now that an aggregated dataset is available. The chart below shows the total number of risks on the Group Risk Register, split by risk rating.

The number of moderate risks are dominant across the Group

Chart 1:

Frequency by Risk register rating
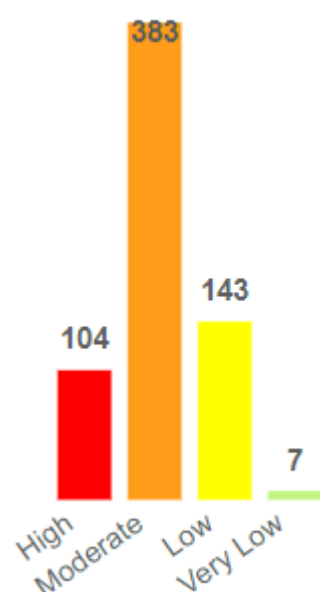
Table 1 below shows the profile of risks that are past their planned review date.

Table 1 – Time profile for risks overdue against the requirement to review

Risk register rating	12/09/2024
High	13
Moderate	53
Low	4
Total	**70**

In total there are 13 high-level risks that are overdue against the requirement to review every 30 days. Chart 2 shows all the risks past their planned review date by Committees in Common.

Chart 2 – High-level risks overdue against the requirement to review by CiC

Frequency by CiC and Risk register rating (CiC assigned v...

Risk register rating ● High ● Moderate ● Low

QS	9	16	1	26
WEC	2	10	2	14
CaMP	1	11	1	13
ARG	1	11	12
N/A	3	3
PEF	2	2

#
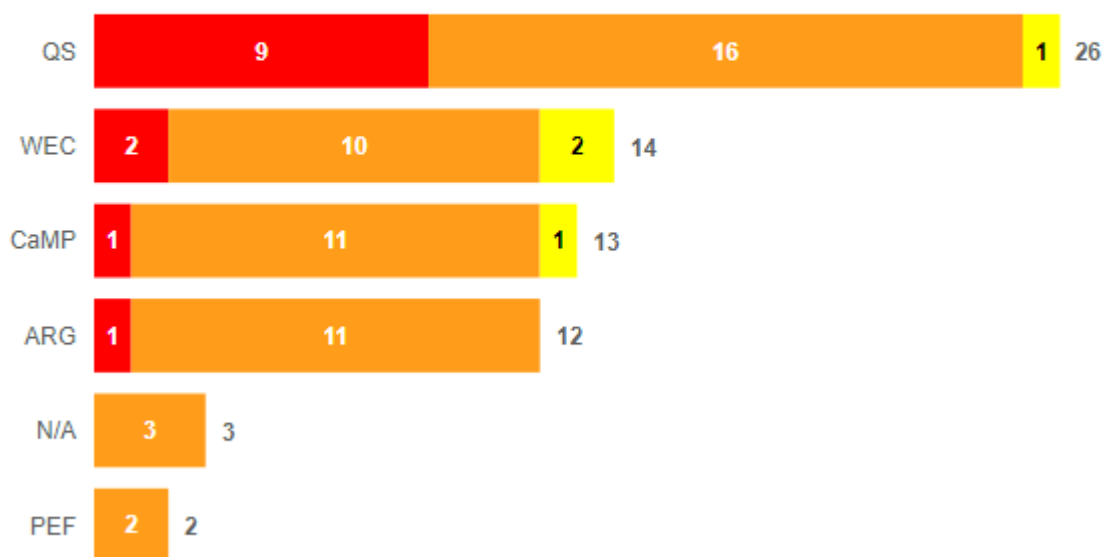
The high-level risks, including those that are overdue are now highlighted in each CIC BAF report and a breakdown of those risks are appended (appendix 2).

5. Next Steps

The management of all risks will continue to be assessed through the Care Groups and the escalation processes in place via site and Group arrangements.

The Group expects to publish its Group Risk Management Strategy in September, and incorporate system harmonisation and a Group wide risk management training programme.

6. Recommendation

The Boards in Common are asked to:
- note that there have been no changes to the risk ratings since September 2024
- note the High-level risks aligned to the BAF risks

David Sharif
Group Director of Assurance
September 2024

Group BAF Risks – July 2024/25

Group BAF - Workforce	16
The Group does not effectively manage its risks around staffing levels, both quantitative and qualitative and does not provide quality of care to its patients.	

Executive Lead	Group Chief People Officer	Assurance Committee	Workforce Education and Culture Committees in Common
Executive Group	Workforce	Latest review date	12/09/24

Strategy and Risk Register					
Link to Strategy	Honest, caring and accountable culture		Partnership and integrated services		**Link to BAF and CRR**
	Well-led, skilled and sufficient workforce	✓	Research and innovation		
	High Quality Care		Financial Services		
	Great Clinical Services				

Link to BAF and CRR:

S3162 - Acute And Emergency Medicine - Quality of Care and Patient Safety based on Nurse Staffing Position (20)
S3232 - Community, Frailty And Therapy Services - Speech and Language Therapy Stroke staffing resource (20)
N3983 - Specialist Cancer And Support Services - There is a risk to patient safety, accreditation, and quality of the Rt Physics service due to insufficient staff establishment (20)
N4032 - Specialist Cancer And Support Services - Potential non compliance with the IR(ME)R legislation for incident investigation and mandatory reporting (20)
N2949 - Specialist Cancer And Support Services - Oncology Service (20)
N3646 - Specialist Cancer And Support Services - There is a risk to patient safety due to the lack of Haematology Medical Staffing (20)
S3918 - Acute And Emergency Medicine - Lack of Adequate Substantive Consultant Workforce in Acute Medicine (16)
S2898 - Acute And Emergency Medicine - Medical Staff - Mandatory Training Compliance (16)
N4037 - Cardiovascular - Lack of Suitably Trained Staff to Perform Cardiac Stress Testing (16)
N4324 - Cardiovascular - There is a risk of failing our perfusion accreditation due to non-compliance of utilising data management record keeping (16)
N3045 - Digestive Diseases - Medical Workforce Vacancies in Gastroenterology (16)
N3988 - Specialist Cancer And Support Services - Lack of Therapeutic Radiographer Staffing (16)
S4130 - Specialist Medicine - Funding provision for 7 day IP DSN Service within Diabetes (16)
S4148 - Specialist Medicine - Capacity Shortfalls in DEXA scanning (16)
S3475 - Family Services - Concerns surrounding RCOG Trainee Curriculum - Obstetrics and Gynaecology (15)

					S3346 - Family Services - Clinical capacity within hysteroscopy at DPOW (15) S4173 - Specialist Medicine - Nintedanib Change in guidance impacting on clinical capacity to deliver increasing numbers of patients (15)

Risk Scoring (Current)							
Quarter	Q1 (2024/25)	Q2 (2024/25)			Change from previous quarter	Inherent Risk	Target Risk
Likelihood	4	4			$\longleftrightarrow$	4	12
Consequence	4	4				5	
Risk Score	16	16				20	

Controls and Assurance	
Key controls	**Assurances**
- HUTH Current People Strategy - NLAG Current People Strategy - Group Workforce Plan 2024/25 - Annual National Staff Survey	Internal - Development of the new Group People Strategy - Group Workforce Transformation Committee in development - Group Executive Management Committee will receive escalation reports from the Group Workforce Transformation Committee - Workforce, Education and Culture Committees in Common - Remuneration Committees in Common - Integrated Performance Report (Sickness, vacancy, appraisal rate, retention) - International recruitment drives - Certificate of Eligibility for Specialist Registration (CESR Programme) – specialist qualification before becoming a consultant External - HNY and Care Partnership ICB Workforce Board - Internal Audits - HR Director Chairs meeting (NHS Employers) - HR Network
	Gaps in Assurance **NLAG** - Vacancy position reducing overall - Nursing vacancies reducing - Consultant vacancy position remains high. - Agency spend remains high - Turnover reducing, but above target
Gaps in controls and assurances	
- Hard to recruit roles in medical specialties - Attract, recruit and retain staff to work in the geographical area - Culture and staff engagement	

Actions planned			
Action	**Lead**	**Due date**	**Progress update**
Group People Strategy to be developed and launched 2025	SN	January 2025	
Launch new recruitment drives using the Group name to attract high caliber candidates	SN		All new roles are advertised with the Group recruitment standards

Group BAF – Culture and Leadership

The Group does not make progress towards further improving a positive working culture this year and must have leadership capacity to develop an outstanding working environment

16

Executive Lead	Group Chief People Officer	Assurance Committee	Workforce Education and Culture Committees in Common
Executive Group	Workforce	Latest review date	12/09/24

Strategy and Risk Register

Link to Strategy				Link to BAF and CRR	
	Honest, caring and accountable culture	✓	Partnership and integrated services		S3048 - Acute And Emergency Medicine - Challenges to recruitment of acute care physician vacancies in Acute (16)
	Well-led, skilled and sufficient workforce		Research and innovation		
	High Quality Care		Financial Services		
	Great Clinical Services				

Risk Scoring (Current)

Quarter	Q1 (2024/25)	Q2 (2024/25)			Change from previous quarter	Inherent Risk	Target Risk
Likelihood	4	4			↔	4	12
Consequence	4	4				5	
Risk Score	16	16				20	

Controls and Assurance

Key controls	Assurances
- HUTH Current People Strategy - NLAG Current People Strategy - Group Workforce Plan 2024/25 - Annual National Staff Survey - NLAG Leadership Strategy - CQC Well Led Framework	Internal - Development of the new Group People Strategy - Group Workforce Transformation Committee in development - Group Executive Management Committee will receive escalation reports from the Group Workforce Transformation Committee - Workforce, Education and Culture Committees in Common - Disability Network - BAME Network - Group Leadership quarterly events - Group Values workshops - Circle Group - Care Group Recruitment - Collaborative working relationships with MPs, National Leaders within the NHS, CQC, GPs, PCNs, Patient, Voluntary Groups, Humber and North Yorkshire Integrated Care System External - HNY and Care Partnership ICB Workforce Board - Internal Audits

	• HR Director Chairs meeting (NHS Employers) • HR Network
	Gaps in Assurance • Risk around the New Care Group coming together and going live. There is an Organisational Development plan being developed to support the development of the 14 Care Groups

Gaps in controls and assurances	
• Group Staff Survey Results 2023	

Actions planned			
Action	**Lead**	**Due date**	**Progress update**
Group People Strategy to be developed and launched 2025	SN		Monitored through WEC CIC
Organisational Development Plan being developed to support the new Care Groups	SN		Monitored through WEC CIC

Group BAF - Finance

There is a risk that the Group does not achieve delivery of the in-year financial plan or manage the underlying position appropriately

25

Executive Lead	Group Chief Financial Officer	Assurance Committee	Performance Estates and Finance Committees in Common
Executive Group	Finance	Latest review date	12/09/24

Strategy and Risk Register

Link to Strategy				Link to BAF and CRR	
	Honest, caring and accountable culture	Partnership and integrated services			S4275 - Specialist Medicine - Risk to deliver the financial plan for medicine (20) S3202 - Acute And Emergency Medicine - Delivery of Balanced Financial position to include CIP savings (16)
	Well-led, skilled and sufficient workforce	Research and innovation			
	High Quality Care	Financial Services	✓		
	Great Clinical Services				

Risk Scoring (Current)

Quarter	Q1 (2024/25)	Q2 (2024/25)			Change from previous quarter	Inherent Risk	Target Risk
Likelihood	5	5				5	
Consequence	5	5			↔	5	5
Risk Score	25	25				25	

Controls and Assurance

Key controls	Assurances
• Operational and Financial Plan 2024/25 • Group Executive to Triumvirate Performance Review meetings • NHS E/ICS engagement • Group Counter Fraud and Internal Audit Plans • Group Budgetary Control System	**Internal** • Minutes of Audit Risk and Governance Committees in Common (Quarterly) • Minutes of Performance, Estates and Finance (Monthly) • Highlight reports to the Trust Board (Monthly) **External** • Internal Audit Reports • Financial planning updates to ICS • Meetings with NHSE Regional Team • Benchmarking

	Gaps in Assurance
	• £84m Cost Improvement Programme • Underlying deficit 2024/25 • Bed Pressures • ERF Delivery • Profile of EPR vs funding allocation • CQC Quality issues – financial implications • Junior Doctors strike implications
Gaps in controls and assurances	
• Ongoing development of accountability of Care Groups • Industrial Action • Cost Improvement Programme not fully formed. • Delivery plan to support activity targets not fully formed. • Clinical strategy required to inform Finance Strategy • As we progress, the emerging uncertainty around the financial implications of decisions from the HAS process • Month on month adverse variants against operational budgets • Inability to recruit and retain staff to meet financial planning assumptions	

Actions planned			
Action	**Lead**	**Due date**	**Progress update**
Cost Improvement Plan to be developed 2024/25	LB		Monitored through PEF CIC

Group BAF Estates

There is a risk that the Trust's estate, infrastructure and engineering equipment may fail through poor quality, safety, obsolescence, scarcity, backlog maintenance requirements or enforcement action. This would impact on the provision of high quality care and/or a safe and satisfactory environment for patients, staff and visitors.

20

Executive Lead	Chief Financial Officer	Assurance Committee	Performance, Estates Finance Committees in Common
Executive Group	Estates	Latest review date	12/09/24

Strategy and Risk Register

Link to Strategy					Link to BAF and CRR	
	To give great care	✓	To provide good leadership			2951 - Estates And Facilities - Electrical: Age and resilience of Low Voltage Electrical Infrastructure - Trustwide (20)
	To be a good employer					2655 - Estates And Facilities - SGH - Replacement of primary heat source and associated infrastructure and equipment to include the Steam Raising Boilers (20)
	To live within our means	✓				2959 - Estates And Facilities - Replacement/Repa irs of flat roof - Trustwide (20)
	To work more collaboratively					1774 - Estates And Facilities - Poor condition of Fuel Oil Storage Tanks - SGH (16)
						2905 - Estates And Facilities - Ageing Diesel Powered Generator Sets - CSSD1 - Secondary Power Source Failure - DPoW (16)
						2035 - Estates And Facilities - Equality Act 2010 compliance - Trustwide (16)
						2036 - Estates And Facilities - Heating, Ventilation and Air Conditioning - (HVAC) - Trustwide (15)

Risk Scoring (Current)

Quarter	Q1 (2024/25)	Q2 (2024/25)			Change from previous quarter	Inherent Risk	Target Risk
Likelihood	4	4			↔	3	**15**
Consequence	5	5				5	
Risk Score	20	20				20	

Controls and Assurance

Key controls	Assurances
• Capital Programme in place and risk assessed • Comprehensive maintenance programme in place • Group Capital and Major Projects Committees in Common • Service level business continuity plans in place	● External Audits on Estates Infrastructure, Water, Pressure Systems, Medical Gas, Heating and Ventilation, Electrical, Fire and Lifts ● Six Facet Survey, AE Audit, Insurance and External Verification Testing (Model Health Benchmark) ● Premises Assurance Model Internal: ● Minutes of Performance, Estates and Finance Committees in Common, Audit Risk & Governance Committees in Common, Capital and Major Projects Committees in Common ● Non-Executive Director Committee Chair Highlight Report to Trust Board ● Specialist Technical Groups ● Patient led assessment of care environment

	External: ● ERIC (Estates Return Information Collection)

Gaps in controls and assurances	
Gaps in Controls: ● ICS CDEL not sufficient to cover infrastructure investment requirement of Trust in short term - when split across other providersInsufficient Capital funding	**Gaps in Assurance:**

Actions planned			
Action	**Lead**	**Due date**	**Progress update**
Capital Programme 2024/25	LB		Monitored through PEF CIC, C&MP CIC and Group Capital Committee

BAF Digital – IT Failure

15

There is a risk that the Group will suffer a major failure of its digital systems, leading to loss of life, finance and reputation through inability to maintain business continuity.

Executive Lead	Chief Medical Officer	Assurance Committee	Capital and Major Projects Committees in Common
Executive Group	Digital	Latest review date	12/09/24

Strategy and Risk Register

Link to Strategy				Link to BAF and CRR
To give great care	✓	To provide good leadership		S3439 - Acute And Emergency Medicine - Crowding in the Emergency Department (25)
To be a good employer				N2755 - Specialist Cancer And Support Services - SGH MRI scanner past end of 7 year life (20)
To live within our means				S4278 - Specialist Medicine - Lack of reporting software for Bronchoscopy (20)
To work more collaboratively				N4344 - Cardiovascular - Risk to patient diagnostic/treatment delays due to Information management systems do not meet the requirements of the service (16)

Link to BAF and CRR:

S3439 - Acute And Emergency Medicine - Crowding in the Emergency Department (25)
N2755 - Specialist Cancer And Support Services - SGH MRI scanner past end of 7 year life (20)
S4278 - Specialist Medicine - Lack of reporting software for Bronchoscopy (20)
N4344 - Cardiovascular - Risk to patient diagnostic/treatment delays due to Information management systems do not meet the requirements of the service (16)
S3300 - Family Services - Colposcopy chair (16)
N2996 - Specialist Cancer And Support Services - Provision of EMIS eMM standalones in both Pharmacy dispensaries (16)
N3108 - Specialist Cancer And Support Services - Non compliance with MHRA guidance for managing medical devices Jan 21, NatPSA/2023/010/MHRA and Medical Device Management & Procurement Policy DCP047 (15)
N4048 - Specialist Cancer And Support Services - There is a risk to the continuity of the service due to the ageing Radiotherapy Linac (Bunker 6) (15)

Risk Scoring (Current)

Quarter	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)	Q4 (2024/25)	Change from previous quarter	Inherent Risk	Target Risk
Likelihood	3	3			↔		10
Consequence	5	5					
Risk Score	15	15					

Controls and Assurance	
Key controls	**Assurances**
- Up to date Organisational and Digital / IT policies, procedures and guidelines. - Infrastructure investment and improvement plan in progress, but with scope to expand. - Up to date software and hardware, with procedures for patching and replacement once at end of life - Robust EPRR links with up to date, exercised BC/DR plans across all care groups. - Digital Strategy Board - Digital Solutions Delivery Group - Data Security and Protection Toolkit, Data Protection Officer and Information Governance Group to ensure compliance with Data Protection Legislation.	- NLAG N08/2024 IT Disaster Recovery Plan – Limited Assurance. Tracked at Internal Audit, Risk and Governance Committee. - NLAG N12/2024 Change Control Management – Limited Assurance. Tracked at Internal Audit, Risk and Governance CIC. - Internal Audit, Data Security and Protection Toolkit 2023/24
	Planned <u>Internal:</u> - Board awareness session around responsibilities under NIS 2018 (Maintenance of critical infrastructure) to be scheduled. - Digital strategy to be produced for the group, laying down our investment case for Group Digital Foundations. <u>External:</u> - TBC
Gaps in controls and assurances	
Gaps in Controls: - Legacy systems that cannot be retired and modernised due to reliance on out of date software and equipment (i.e, WebV and NLAG door access system). - Lack of policies and governance on HUTH estate.	**Gaps in Assurance:** - No oversight of major digital systems that sit outside of the digital directorate. - Not currently compliant with industry standards such as ITIL V4, COBIT and ISO27001

Actions planned			
Action	**Lead**	**Due date**	**Progress update**
Complete our DSPT Audit to identify gaps in controls across the Group and develop a robust remediation plan.	CMO	Q1 24/25	2023/24 submission made and all Group actions have been collated in a single action plan. This will be monitored through the Group Information Governance Committee
Plan to align digital governance across the Group	GCDO / GCTO	Q3 24/25	This is being monitored at the C&MP CIC

BAF Cyber Security				15
There is a risk that the Group will suffer Cyber-Attack, leading to loss of life, finance and reputation through inability to maintain business continuity.				
Executive Lead	Chief Medical Officer	Assurance Committee	Capital and Major Projects Committees in Common	
Executive Group	Digital	Latest review date	12/09/24	

Strategy and Risk Register

Link to Strategy	To give great care	✓	To provide good leadership		Link to BAF and CRR	S3439 - Acute And Emergency Medicine - Crowding in the Emergency Department (25)
	To be a good employer					N2755 - Specialist Cancer And Support Services - SGH MRI scanner past end of 7 year life (20)
	To live within our means					S4278 - Specialist Medicine - Lack of reporting software for Bronchoscopy (20)
	To work more collaboratively					N4344 - Cardiovascular - Risk to patient diagnostic/treatment delays due to Information management systems do not meet the requirements of the service (16)
						S3300 - Family Services - Colposcopy chair (16)
						N2996 - Specialist Cancer And Support Services - Provision of EMIS eMM standalones in both Pharmacy dispensaries (16)
						N3108 - Specialist Cancer And Support Services - Non compliance with MHRA guidance for managing medical devices Jan 21, NatPSA/2023/010/MHRA and Medical Device Management & Procurement Policy DCP047 (15)
						N4048 - Specialist Cancer And Support Services - There is a risk to the continuity of the service due to the ageing Radiotherapy Linac (Bunker 6) (15)

Risk Scoring (Current)

Quarter	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)	Q4 (2024/25)	Change from previous quarter	Inherent Risk	Target Risk
Likelihood	3	3			↔		10
Consequence	5	5					
Risk Score	15	15					

Controls and Assurance	
Key controls	**Assurances**
- Up to date Organisational and Digital / IT policies, procedures and guidelines - Up to date software and hardware, with procedures for patching and replacement once at end of life - Cyber security partner to provide support in the event of an attack. - Digital Strategy Board - Digital Solutions Delivery Group in NLAG - Data Security and Protection Toolkit, Data Protection Officer and Information Governance Group to ensure compliance with Data Protection Legislation. - Annual Penetration Tests - Cyber Security Monitoring and Control Toolset - Antivirus / Ransomware / Firewalls / Encryption / SIEM Server / Two Factor Authentication	**Positive** - Significant Assurance: Audit Yorkshire internal audit: Data Security and Protection Toolkit: Risk Moderate, High Assurance, 2023 **Planned** Internal: - Board awareness session on Cyber-Security and Board statutory responsibility. - Digital strategy to be produced for the group, laying down our posture and approach to cyber security. External: - Data Security and Protection Toolkit (DSPT) audit Apr-Jun this year to assess our cyber and information governance performance and plans for the future.
Gaps in controls and assurances	
Gaps in Controls: - Legacy systems that cannot be retired and modernised due to reliance on out of date software and equipment (i.e, WebV and NLAG door access system). - Variation in cyber-resilience across the two organisations within the Group. - Incomplete rollout of Multi-Factor Authentication (MFA) to secure our accounts from being compromised. - Lack of dedicated cyber personnel across the group. - Low levels of cyber awareness and digital maturity in some staff groups.	**Gaps in Assurance:** - No oversight of major digital systems that sit outside of the digital directorate. - Lack of Data Security Mandatory Training (critical that operational managers across all divisions ensure that staff completed the training) - No organizational wide preparation or exercising of BCDR plans in relation to a cyber-attack.

Actions planned			
Action	**Lead**	**Due date**	**Progress update**
Complete our DSPT Audit to identify gaps in controls across the Group and develop a robust remediation plan.	CMO	Q1 24/25	On track to deliver Q2 DSPT submitted and Group plan in place
Roll out MFA across the Group.	CMO	June 24	

Conduct Board Cyber Awareness training, highlighting Board and wider organizational accountability.	CMO	Q1 24/25	On the Board Development Programme 24/25
Conduct organizational EPRR cyber-attack exercise	TBC	Q2 24/25	Monitored through the EPRR Board

BAF Performance

The risk is that the Group fails to deliver constitutional and other regulatory performance targets which has an adverse impact on patients in terms of timeliness of access to care and/or risk of clinical harm because of delays in access to care

20

Executive Lead	Group Chief Delivery Officer	Assurance Committee	Performance Estates and Finance Committees in Common
Executive Group	Delivery	Latest review date	12/09/24

Strategy and Risk Register

Link to Strategy				Link to BAF and CRR	
	Honest, caring and accountable culture		Partnership and integrated services	✓	S4319 - Specialist Medicine - ERG - 25% Reduction in Follow ups for Medical specialties (16)
	Well-led, skilled and sufficient workforce		Research and innovation		
	High Quality Care	✓	Financial Services		
	Great Clinical Services	✓			

Risk Scoring (Current)

Quarter	Q1 (2024/25)	Q2 (2024/25)	Q3	Q4	Change from previous quarter	Inherent Risk	Target Risk
Likelihood	4	4			↔	5	16
Consequence	5	5				5	
Risk Score	20	20				25	

Controls and Assurance

Key controls	Assurances (Positive, Negative and Planned)
- External scrutiny from NHSE/ICB/CQC - Constitutional performance targets - Operational Plan 2024/25 - Access Policy - Capacity and Demand planning - Unplanned Care Board - Cancer Improvement Plans - Primary and Secondary Care Collaborative Outpatient Transformation Programme - Planned Care Board - Emergency Department and Medicine Specialties Quality & Safety Groups - Planning and Performance **Cancer Delivery Group** **Diagnostic Delivery Group** **RTT Delivery Group**	- Urgent Treatment Centre - Same Day Emergency Care review ongoing - Revised Cancer trajectories submitted to ICB and further funding received - Benchmarking reports - Internal Audit Reports - Completed job plans for relevant clinicians for 2024/25 - Waiting List Assurance Meetings - Winter Planning Group - Policies, procedures, guidelines, pathways supporting documentation & IT systems - MDT Business Meetings - Risk stratification - Emergency Care Quality & Safety Group - System-wide Ambulance Handover Improvement Group - Executive to Triumvirate meetings

	• Executive Management Committee to be developed • Care Group Structure development • Performance, Estates and Finance Committees in Common challenge • Performance report to the PEF CIC • Integrated performance Report • **Cancer Delivery Group** • **Diagnostic Delivery Group** • **RTT Delivery Group** • **Planned Care Board** • **Unplanned Care Board** External: • Audit Yorkshire, RSM Internal Audit • NHSE Intensive Support Team •

aps in controls and assurances	
• Mismatch between demand and capacity • Flow through the ED department • Patients with NCTR • Ambulance handover position • Cancer performance • Increase in GP referrals - referral triage and Advice and guidance • Impact of Industrial Action • IPC risks • Patient Choice and willingness to accept alternative providers • Quality of reports to board assurance committees • Quality and timeliness of data • Recruitment and development of Consultants, specialist nurses	• Evidence of compliance with 7 Day Standards • Capacity to meet demand for Cancer, RTT/18 weeks, over 64 weeks, over 52 week waits and Diagnostics Constitutional Standards • Diagnostic capacity and capital funding to be confirmed. • Data quality - inability to use live data to manage services effectively using data and information - recognising the improvement in quality at weekly and monthly reconciliations • High levels of staff sickness • High levels of staff vacancies across registered nurses, doctors and allied health professionals in all service areas

Actions planned			
Group Actions	**Lead**	**Due date**	**Progress update**
Consultant job plans to be signed off for 2024/25	CDO	Q3 24/25	This is being monitored through the WEC CIC

BAF 8 - Group Strategy

There is a risk that the Group Strategy is not effective and does not allow the Group to deliver high quality and sustainable care and that the list of priorities do not align to investments, causing conflict.

12

Executive Lead	Group Chief of Strategy & Partnerships	Assurance Committee	Trust Boards in Common
Executive Group	Strategy	Latest review date	12/09/24

Strategy and Risk Register

Link to Strategy					Link to BAF and CRR	
	To give great care	✓	To provide good leadership			None at present
	To be a good employer					
	To live within our means					
	To work more collaboratively	✓				

Risk Scoring (Current)

Quarter	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)	Q4 (2024/25)	Change from previous quarter	Inherent Risk	Target Risk
Likelihood	3	3			↔	3	**8**
Consequence	4	4				4	
Risk Score	12	12				12	

Controls and Assurance

Key controls and mitigations	Assurances
- Integrated Care Board meetings - PLACE meetings - Group Structure/Governance - Collaboration of Acute Provider Boards - Humber Cancer Board - Acute and Community Care Collaborative - Health Overview and Scrutiny Committees	**Positive** ● NHSE Assurance and Gateway Reviews. ● OSC Engagement. ● Clinical Senate formal review ● The Consultation Institute (assurance on the engagement process) **Planned** Internal: ● Minutes from Capital and Major Projects Committees in Common ● Humber and North Yorkshire Integrated Care System ● ICS Leadership Group ● OSC Feedback ● Outcome of public, patient and staff engagement exercises. ● Executive Director Report to Trust Board ●Non-Executive Director Committee Chair Highlight Reports to Trust Boards in Common External: ● Clinical Senate Reviews. ● Independent Peer Reviews re; service change (ie Royal Colleges) ● Citizens Panel (Humber).

	● The Consultation Institute
Gaps in controls and assurances	
Gaps in Controls: ● A shared vision for the HAS programme is not understood across all staff/patients and partners	**Gaps in Assurance:** ● Feedback from public, patients and staff to be widespread and specific in cases, that is benchmarked against other programmes ● Partners to demonstrate full involvement and commitment, communications to be consistent and at the same time ● Alignment of strategic capital

Actions planned			
Action	**Lead**	**Due date**	**Progress update**
Leadership at System level and PLACE	Group Chief of Strategy and Partnerships		

BAF 9 - Group Strategic Capital

				15

The risk that the Group fails to secure and deploy adequate capital to redevelop its estate to make it fit for purpose for the coming decades.

Executive Lead	Group Chief Financial Officer and Group Chief of Strategy & Partnerships	Assurance Committee	Capital and Major Projects Committees in Common
Executive Group	Estates/Strategy	Latest review date	12/09/24

Strategy and Risk Register

Link to Strategy	To give great care		To provide good leadership		Link to BAF and CRR	None at present
	To be a good employer					
	To live within our means	✓				
	To work more collaboratively					

Risk Scoring (Current)

Quarter	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)	Q4 (2024/25)	Change from previous quarter	Inherent Risk	Target Risk
Likelihood	3	3			↔	3	15
Consequence	5	5				5	
Risk Score	15	15				15	

Controls and Assurance

Key controls and mitigations	Assurances
• Group Capital Committee • Trust (Internally) Agreed Capital programme and allocated budget - annual/three yearly • Trust Boards in Common • Trust Committees in Common • ICS Strategic Capital Advisory Group	• No strategic plan for all sites • Deteriorating infrastructure 10% per year • No money to fund major changes to sites HUTH £100m required, Scunthorpe £50m required. **Planned** Internal: ● Minutes of Internal Trust Meetings ● Performance, Estates and Finance CIC External: ● NHSE attendance at AAU / ED Programme Board ● CiC Minutes ● PLACE Boards

Gaps in controls and assurances

Gaps in Controls:	Gaps in Assurance:
● Comprehensive programme of Control and Assurance - potential inherent risk on ability of Trust to afford internal capital for major spend ● Control environment whilst comprehensive may not have ability to influence availability of Strategic Capital - investment funding/affordability ● Control environment may not be able to	● ICS CDEL not sufficient to cover infrastructure investment requirement of Trust in short term - when split across other providers

eliminate or reduce risk of estates condition in the short term	

Actions planned

Action	Lead	Due date	Progress update
Develop a strategic capital planning framework aligned with joint Board and integrated Place Strategies	Group Chief Financial Officer/Group Chief of Strategy and Partnerships		In progress but off track (with mitigation)

BAF 10 - Group Strategic Partnerships and Collaboration

There is a risk that the Group does not prioritise actions at PLACE and ICB to fulfill its Anchor role which increases health inequalities, competition and competition in workforce. The Group also fails to work collaboratively to innovate and change pathways.	**12**

Executive Lead	Group Chief of Strategy & Partnerships	Assurance Committee	Trust Boards in Common
Executive Group	Strategy	Latest review date	12/09/24

Strategy and Risk Register

Link to Strategy	To give great care		To provide good leadership		**Link to BAF and CRR** None at present
	To be a good employer				
	To live within our means				
	To work more collaboratively	✓			

Risk Scoring (Current)

Quarter	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)	Q4 (2024/25)	Change from previous quarter	Inherent Risk	Target Risk
Likelihood	3	3			↔	3	**8**
Consequence	4	4				4	
Risk Score	12	12				12	

Controls and Assurance

Key controls and mitigations	Assurances (Positive, Negative and Planned)
● Audit Risk & Governance Committee (ARGC) ● Finance and Performance Committee (F&PC) ● Capital Investment Board (CIB) ● HAS Executive Oversight Group ● HNY ICS ● ICS Leadership Group ● Wave 4 ICS Capital Committee ● Executive Director of HAS and HAS Programme Director appointed ● Committees in Common ● Acute and Community Collaborative Boards ● Clinical Leaders & Professional Group ● Council of Governors ● Joint Overview & Scrutiny Committees ● MP cabinet and LA senior team briefings ● Primary/Secondary Interface Group (Northbank&Southbank) ● Place Boards	**Positive** ● HAS Governance Framework. ● Clinical Senate review approach and process ● Consultation Institute Review ● Place Boards and Place Working Groups established **Planned** Internal: ● Minutes of HAS Executive Oversight Group, HNY ICS, ICS Leadership Group, Wave 4 ICS Capital Committee, ARGC, CIB, CoG ● Non-Executive Director Committees in Common Chair Highlight Report to Trust Board ● Executive Director Reports to the Trust Boards in Common

	External: ● Clinical Senate Reviews. ● Independent Peer Reviews re; service change (ie Royal Colleges). ●NHSE Rolling Assurance Programme - Regional and National including Gateway Reviews. ● Councillors / MPs / Local Authority CEOs and senior teams ● Place Boards and Place Working Groups established ● Collaborative of Acute Providers Board

Gaps in controls and assurances	
Gaps in Controls: ● Clinical staff availability to design and develop plans to support delivery of the ICS Humber and Trust Priorities. ● Local Authority, primary care and community service, NED and Governor engagement / feedback (during transition) ● ICS, Humber and Trust priorities and planning assumptions, dependency map for workforce, ICT, finance and estates to be agreed	**Gaps in Assurance:** ●Project enabling groups, finance, estate, capital, workforce, IT attendance and engagement. ● Lack of integrated plan and governance structure.

Actions planned			
Action	**Lead**	**Due date**	**Progress update**
Collaboration and Leadership within the Group to form strong partnership arrangements	Group Chief of Strategy and Planning		

BAF 3.1	
There is a risk that the quality improvement measures set out in the HUTH Quality Strategy are not met, which would result in the Trust not achieving its aim of a 'good' CQC rating.	16

Executive Lead	Group Chief Nurse	Assurance Committee	Quality and Safety Committees in Common
Executive Group	Quality Care	Latest review date	12/09/24

Strategy and Risk Register

Link to Strategy					Link to BAF and CRR
	Honest, caring and accountable culture		Partnership and integrated services		N3376 - Cardiovascular - A risk to patient outcome due to lack of Vascular Hybrid suite (16)
	Well-led, skilled and sufficient workforce		Research and innovation		N4322 - Digestive Diseases - Risk to patients due to the lack of a High observation area (16)
	High Quality Care	✓	Financial Services		N4294 - Head And Neck - Risk neonates & Paediatrics with hearing conditions will not receive timely care due to Paediatric Audiologist shortfall (16)
	Great Clinical Services				N4058 - Head And Neck - Risk to neonates, infants and children with hearing conditions not receiving timely care due to lack of specialist accommodation (16)

N4293 - Head And Neck - Risk neonates & Paediatrics with hearing conditions will not receive timely care due to poor performance in Paediatric Audiology (16)
N4286 - Cardiovascular - Risk to the acute patients due to lack of junior doctor cover. (15)
N1851 - Head And Neck - Shortfall in Capacity within the Ophthalmology Service (15)
N3962 - Specialist Cancer And Support Services - Cardiac CT demand outstripping capacity (15)
N3196 - Specialist Cancer And Support Services - Breast Imaging Service loss of capacity (15)
N3266 - Specialist Cancer And Support Services - Availability of Chaperones for intimate examinations in Radiology (15)

Risk Scoring (Current)

Quarter	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)	Q4 (2024/25)	Change from previous quarter	Inherent Risk	Target Risk
Likelihood	4	4				4	
Consequence	4	4			↔	4	12
Risk Score	16	16				16	

Controls and Assurance	
Key controls	**Assurances (Positive, Negative and Planned)**
- Quality committee structure & work-plans; - Health Group Governance Performance Management meetings;; - Patient Safety Specialist role; - Infection Prevention and Control (IPC) arrangements - Safeguarding processes - Fundamental Standards Nursing programme - Quality Strategy/Quality Improvement Plan - Serious Incident Management/ early adopter of PSIRF - Annual Clinical Audit programme - CQC improvement plans, overseen by Executive Check and Challenge process and Maternity Transformation Assurance Committee (MTAC). - External agency register and process - Horizon scanning Integrated Performance Report – BI Reporting - CQC Action Plans in place - Patient Safety Alert process	**Positive Assurances** ***Emergency Department*** - ICB quality team visit report (15 December 2023); - CQC ED engagement visit (non inspection/rating) positive feedback and observations including mental health (9 April 2024). - ED national Patient Safety award for a Quality improvement initiative (November 2023); - Friends and Family (FFT) monthly data demonstrating improvement since November 2023. ***Maternity*** - CQC Maternity action plan progress reported monthly; - Healthwatch HRI 'Big Push' Maternity review concluding "many improvements to patient experience since inspection" (April 2024); - FFT Birth score of 100% (maintained); ***Other prominent external assurances*** - Internal Audit CQC Action Plan Audit (Jan 24) – 35/35 (100%) of actions closed through Executive oversight corroborated to evidence supporting closure. - CQC IR(MER) inspection – report received (October 2023) with no residual actions. *Internal Measures* - Nursing staff (Registered Nurses) recruited to a level 2.5% over budget (April 2024), with turnover reduced to 7.1%, facilitating greater ward staffing. - Falls resulting in both number and rate of moderate or major harm remaining below the mean in 23/24 and Qt1 24/25 (QSC deep dive February 2024). - Pressure Ulcers within control limits and harm reducing (QSC deep dive March 2024). - Backlog of longstanding complaints addressed, quality sustained since August 2023 with limited reopened. - PSII after action reviews established.

<table>
<tr><td></td><td>Negative

The Trust is an outlier in HSMR (116 Jan 24) and its SHMI mortality data is higher than expected (having increased to1.15 to Feb 24)
CQC Maternity Year 5 CNST declaration was not full compliance.
Emergency Department failed to deliver the 76% target by end of March 2024 (61%).
Ambulance turnaround times impacting on patients
VTE compliance rate has been below the Trust's 95% target, but starting to demonstrate some improvement Additional QI support is being provided to identify

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<tr><td></td><td>improvement actions

Infections due to rise in respiratory, norovirus, measles and diphtheria.

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<tr><td></td><td>Planned

CQC ED action plan full delivery;
CQC Maternity action plan full delivery;
Weekly patient safety summit continuation.
Development of the virtual ward and staff to support the falls team;
Delivery of Group wider Quality Priorities for 2024/25 to support consistent delivery across End of Life, Deteriorating patient; Sepsis; Medication safety; and Mental capacity.

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Gaps in controls and assurances	
Maternity Leadership Interim reliance. VTE Compliance CQC Maternity Section 31 two conditions	

Actions planned			
Action	**Lead**	**Due date**	**Progress update**
Delivery of 23/24 CQUIN programme	ADQG	Q4 23/24	Achieved with exception of CQUIN12: Assessment and documentation of pressure ulcer risk and CQUIN1: Flu vaccination.
Implementation of HUTH Patient Safety Incident Response Plan by April 2024	CNO	Q1 23/24	Completed
Deliver Improvements of Fundamental Standards Programme	CNO	Q4 23/24	Improvements noted quarterly.
VTE Quality Improvement Programme	CMO	Q3 24/25	QI team supporting targeted wards.

Mortality Strategy – The implementation of a refreshed Mortality Strategy to direct the work of the Mortality Improvement Group in responding to the Trust's higher than average SHMI.	CMO	Q2 24/25	In progress, targeted work at Castle Hill and against the three condition groups highlighted as an outlier.
Maternity Governance Structure – implement enhanced governance structure to expedite completion of Section 31 (two conditions) and CQC inspection actions	CNO	Q1 24/25	Establish enhanced governance oversight (May 2024)
Quality improvement project initiation in Emergency Department targeting the number of patients outside patient spaces, ambulance handover times and the length of time people are	CDO	Q1 24/25	Commenced 20 May 2024 and updated at the Performance, Estates and Finance CIC
waiting to be seen.			
Development of Group (HUTH and NLAG) consistent Quality priorities for 2024/25 to focus on • End of Life; • Deteriorating patient; • Sepsis; • Medication safety; and • Mental capacity	CNO	Q1 24/25 (approval) – delivery throughout.	24/25 Group Quality Priorities and measures approved – now in delivery.

BAF 3.2				20
There is a risk that patients suffer unintended or avoidable harm due to actions within the Trust's control. Crowding in ED and Patients with No Criteria to Reside require partnership working to determine improvement plans.				
Executive Lead	Group Chief Medical Officer/Group Chief Nurse	Assurance Committee	Quality and Safety Committees in Common	
Executive Group	Patient Care	Latest review date	12/09/24	

Strategy and Risk Register					
Link to Strategy	Honest, caring and accountable culture		Partnership and integrated services	✓	**Link to BAF and CRR**
	Well-led, skilled and sufficient workforce		Research and innovation		
	High Quality Care	✓	Financial Services		
	Great Clinical Services				

N4170 - Major Trauma Network - Risk of increased morbidity and mortality for elderly MTC patients due to inadequate DME support for Major Trauma Centre TARN (20)
N2244 - Cancer Network - Risk to Overall Performance: Cancer Waiting / Performance Target 62 day (16)
N3332 - Head And Neck - Lorenzo Upgrade (16)
N3252 - Head And Neck - Patients with Diabetic Eye Disease are experiencing delays in assessment and treatment resulting in potential loss of sight (15)
N3959 - Head And Neck - Risk of patient harm to new and follow-up patients due to delays within glaucoma service (15)
N4011 - Head And Neck - Clinical risk to patients requiring sub-specialist Medical Retina outpatient follow-up due to lack of capacity (15)
N4012 - Head And Neck - Clinical risk to patients referred as new patients into the new wet macular degeneration pathway (15)
N4013 - Head And Neck - Clinical risk to patients referred as new patients into new Medical Retina patient assessment clinic due to lack of capacity iss (15)

Risk Scoring (Current)							
Quarter	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)	Q4 (2024/25)	Change from previous quarter	Inherent Risk	Target Risk
Likelihood	4	4			↓	5	16
Consequence	5	5				5	
Risk Score	20	20				25	

Controls and Assurance	
Key controls	**Assurances (Positive, Negative and Planned)**
- Clinical harm review process - Prioritisation of P1 patients - Fundamental Standards programme - System and Community meetings - Patient Access Team - Weekly Patient Safety Summit - Quality Strategy - Rossmore rehabilitation facility - Emergency Care Standards - Ambulance Handovers waiting over 60 minutes	**Positive** - ICB quality team assurance visit report (15 December 2023); - CQC ED engagement visit (non inspection/rating) positive feedback and observations including mental health (9 April 2024). - ED national Patient Safety award for a Quality improvement initiative (November 2023); - Friends and Family (FFT) monthly data demonstrating improvement since November 2023. - Urgent Treatment Centre opening (Feb 24) and subsequent opening hour extension (April 24) provided additional capacity. - Elective – HUTH removed from NHSE Tiering (April 2024) - Friends and Family (FFT) data for Rapid Diagnostics, Radiology and Day Case all >95% positive responses for 2023/24. Same Day Emergency Care review ongoing - AMU HOB
	Negative - HUTH (and HNY system) remains in NHSE Tier 1 for cancer. - Over crowding in ED - Patients with no criteria to reside is the single largest factor affecting performance with up to 211 patients per day remaining within the hospital who have no medical need for acute services - GP capacity and increased referrals - Ambulance turnaround times – the Trust achieved the revised trajectory for type 1 and 3 performance at 59% (trajectory 50%)

	Planned
	• Aim to grow the Patient Safety Champion network and number of Learning Response Leads • Discharge to assess model pilot to • Trajectory of achieving zero 78 week waits by March 2024. • Cultural work between ED and Acute medicine ongoing • UEC GIRFT Deep Dive December 2023 • Direct admissions to wards – work with 111 Frailty SDEC staffing to provide 70 hours per week over 7 days
Gaps in controls and assurances	
• ED 4 hour performance below 76% March 2024 requirement. • Ambulance handover • Trust failing to achieve all cancer standards with the exception of combined Faster Diagnosis Standard • Patients with No Criteria to Reside • 12 Hour Trolley breaches	

Actions planned			
Action	**Lead**	**Due date**	**Progress update**
Hull and East Riding MADE event	CDO	Q4 23/24	Held 25 March to 5 April 2024 – actions being taken forward.
Quality improvement project initiation in Emergency Department targeting the number of patients outside patient spaces, ambulance handover times and the length of time people are waiting to be seen.	CDO	Q1 24/25	Commences 20 May 2024.

Embed Group leadership arrangements across the Humber Health Partnership, including:
    • Site Executives;
    • Urgent and Emergency Services Care Group leadership model;
	CDO	Q2 23/24	New leadership in place effective 1 April 2024 (Site Exec and Care Group level).

BAF 6	12
There is a risk that Research and Innovation support service is not delivered operationally to its full potential due to lack of investment	

Executive Lead	Group Chief Medical Officer	Assurance Committee	Quality and Safety Committees in Common
Executive Group	Research and Innovation	Latest review date	12/09/24

Link to Strategy				Link to BAF and CRR	
	Honest, caring and accountable culture	Partnership and integrated services			• None at present
	Well-led, skilled and sufficient workforce	Research and innovation	✓		
	High Quality Care	Financial Services			
	Great Clinical Services				

Quarter	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)	Q4 (2024/25)	Change from previous quarter	Inherent Risk	Target Risk
	3	3			↔	4	8
	4	4				4	
	12	12				16	

Controls and Assurance

Key controls	Assurances
• strengthened partnership with the University of Hull • Infection Research Group • ICS Research Strategy • Health Research Authority	**Positive** • Continued working with HYMS and ICS • Joint working with NLAG • Academic Renal Research team – Lead role for renal studies and currently in the top third of recruiters nationally • GONDOMAR study – unique cohort platform providing data on diagnosis, treatment and outcomes of over 4,000 patients with Crohn's perianal fistula. • HUTH first site to be activated and first to enroll a patient for the AZUR-2 study, which relates to colon cancer. • HUTH is the top recruiting centre for SNAP study. The trial aims to identify which treatment options for Staphylococcus aureus bacteraemia results in the fewest patients dying within the first 90 days after an infection. • HUTH is the top recruiting site for the PACeS study which aims to determine whether the addition of blood thinners to anti-platelet drugs improves treatment outcomes in patients who develop AF after CABG surgery **Negative** • Funding availability • Research capacity hindered by the recovery plan • Demand for IT and Digital innovations are increasing

	Planned
	• Joint strategy discussions have commenced with the Group Chief Medical Officer and the Group Chief of Strategy and Partnerships

Gaps in controls and assurances	
Reduction in support services due to activity delivery Loss of commercial research income Capital developments will need to ensure research and innovation schemes can be accommodated and staff appropriately housed Demand for IT and Digital innovation is increasing	

Actions planned			
Action	**Lead**	**Due date**	**Progress update**
Group R&I strategy development	KW	Q3 2024	In development

BAF 1.1

The risk that patients may suffer because the Trust fails to deliver treatment, care and support consistently at the highest standard (by national comparison) of safety, clinical effectiveness and patient experience	**15**

Executive Lead	Group Chief Medical Officer and Group Chief Nurse	Assurance Committee	Quality & Safety Committees in Common (CiC)
Executive Group	Patient Care	Latest review date	12/09/24

Strategy and Risk Register

Link to Strategy					Link to BAF and CRR
	To give great care	✓	To provide good leadership		S3997 - Acute And Emergency Medicine - Persistent failure of A&E target - Percentage of patients who spent 4 hours or less in A&E (25)
	To be a good employer				S4285 - Acute And Emergency Medicine - Lack of senior clinical staffing at night is affecting patient safety (20)
	To live within our means				S3301 - Family Services - Antenatal clinic review capacity (20)
					S3308 - Family Services - NICU Incubators (20)
	To work more collaboratively				S3243 - Family Services - Inadequate Consultant Obstetrician cover (20)
					S2982 - Family Services - Lack of Anaesthetic cover for Under 2's out of hours (20)
					S3114 - Family Services - Delays in Children being reviewed in DPOW Paediatric Endocrine Service (20)
					S3325 - Family Services - Delays in Children being reviewed in Cardiac Clinic (20)
					S4222 - Family Services - Significant clinical risk to patients not being seen in safe and timely manner due to capacity limitations in EPAU/EGU (20)
					S4284 - Family Services - Risk to patient flow and delayed assessment of paediatric patients due to removal of 2nd consultant for paediatric medicine (20)
					S4288 - Specialist Medicine - Risk to patients and staff within the Home Ventilation Service (20)
					SU3217 - Specialist Surgery - Breast Imaging workforce depletion (20)
					S4201 - Acute And Emergency Medicine - Missed Targets in the First Hour of the Management of Sepsis (16)
					S4025 - Family Services - Risk of patient harm due to insufficient Medical workforce numbers (Consultant level) (16)
					S4240 - Specialist Medicine - Staffing resource to support the delivery of the HUTH Specialist Asthma Service (16)
					S4277 - Specialist Medicine - NCTR / Stranded patients within the MHG acute bed base. (16)
					S2592 - Specialist Surgery - Risk to Overall Performance: Cancer Waiting / Performance Target 62 day (16)
					S2245 - Specialist Surgery - Risk to Overall Performance : Non compliance with RTT incomplete target (16)
					S3161 - Acute And Emergency Medicine - There is a risk of patient deterioration not being recognised and escalated appropriately. (15)

					S3204 - Family Services - Up to 1 year wait for new referrals to be seen by Consultant Paediatrician (single handed service) into the ADHD post diagnosis support service. (15)
					S4200 - Family Services - Increased risk of harm to patients and families due to inadequate co-located psychology support to children and young people. (15)
					S3129 - Family Services - Overdue follow-up and new patients waiting lists for Paediatric patients (Trustwide) (15)
					S4289 - Specialist Medicine - Risk to patients and staff within the Cystic fibrosis/bronchiectasis service (15)
					S2347 - Specialist Surgery - Risk to Overall Performance : Overdue Follow-ups (15)

Risk Scoring (Current)							
Quarter	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)	Q4 (2024/25)	Change from previous quarter	Inherent Risk	Target Risk
Likelihood	3	3				3	
Consequence	5	5			↔	5	**15**
Risk Score	15	15				15	

Controls and Assurance	
Key controls	**Assurances**
● Operational Plan 2024/25 ● Clinical policies, procedures, guidelines, pathways supporting documentation & IT systems ● Quality Board, NHSE ● Place Quality Meetings - N Lincs, N E Lincs, East Riding ● SI Collaborative Meeting with ICB, with Place Representatives ● Health Scrutiny Committees (Local Authority) ● Serious Incident Panel, Patient Safety Specialist and Patient Safety Champions Group ● Nursing Metric Panel Meeting ● Nursing and Midwifery & AHP Board ● NICE Guidance implementation monitoring and reporting processes ● Learning from deaths process	**Positive** External: ● Internal Audit - Serious Incident Management, N2019/16, Significant Assurance ● Internal Audit - Register of External Agency Visits, N2020/15, Significant Assurance ● NHSE External Review of Safe Staffing Establishment and Recommendations ● Maternity Birth Rate Plus Review ● Internal Audit - CQC action plan compliance – Significant assurance ● Improved ratings in CQC inspection with Good for Goole Hospital and Safe domain improved from Inadequate to Requires Improvement ● Maternity CNST standards compliance submission ● Health Scrutiny Committees (Local Authority) • Quality and Safety Committees in Common • Risk Management Group • Patient feedback to Council of Governors • SafeCare Live • OPEL Nurse staffing levels and short term staffing SOP • Mortality Improvement Group ● Vulnerabilities Group ● Incident control group chaired by NHSE to support Paediatric Audiology service.
	Planned Internal: ● Minutes of Committees and Groups ● Integrated Performance Report ● Annual Safe Staffing Report, Vulnerabilities report, Annual Complaints Report, Quality Improvement Report, Infection Control Annual Report, Maternity and Ockenden Report to Trust Board, Learning from deaths annual and

Controls and Assurance	
Key controls	**Assurances**
	quarterly reports. ● Non-Executive Director Highlight Report and Executive Director Report (monthly) to Trust Board ● NICE Guidance Assurance Report to Q&SC ● IPC - Board Assurance Framework and IPCC ● Inpatient surveys ● Nursing assurance safe staffing framework NHSI ● Audit Outlier Report to Quality Governance Group ● 15 Steps Accreditation Tool ● CQC action planning, monitoring and assurance of action completion processes

Gaps in controls and assurances

Gaps in Controls:	**Gaps in Assurances:**
● Estate and compliance with IPC requirements B12 – see Estates BAF ● Ward equipment and replacement programme see Estates BAF ● Attracting sufficiently qualified staff - see Workforce BAF ● Funded full time Transition post across the Trust ● Paediatric audiology service	● Delays with results acknowledgement (system live, process not yet embedded) ● Progress with the End of Life Strategy ● Safety and delays on cancer pathways ● Patient safety risks increased due to longer waiting times (refer to BAF 1.2)

Actions planned

Action	Lead	Due date	Progress update
Continue to develop metrics as data quality allows	CMO	Ongoing	On track to deliver
Delivery of deteriorating patient improvement plan	CN	Q4 23/24	Sustained improvements reported in the 2023/24 Quality Account, but this will remain a priority for 2024/25.
Implementation of End of Life Strategy (system-wide strategy)	CMO	Q4 24/25	In progress but off track requiring system input. Improvements reported in the 2023/24 Quality Account, but this will remain a priority for 2024/25.
Implementation of NLAG Patient Safety Incident Response Plan by Autumn 2023 (later due to national delays)	CMO	Q3 23/24	Complete
Review and implement changes to Audiology Service	CMO	Q3 23/24	Update reported at Quality and Safety Committee in June 2024.
15 steps Star Accreditation Programme commenced	CN	Ongoing	Continued application going forward.
Delivery of the Quality Priorities for 2023/24 improving patient outcomes in 5 specific areas.	CMO	Q4 23/24	Improvements reported in the 2023/24 Quality Account, but priorities have been rolled followed to further embed and sustain outcomes on a Group wide basis for 2024/25
Delivery of the 2023/24 CQUIN schemes to improve quality of care for patients	CMO	Q4 23/24	Improvement in all schemes. 8/11 fully delivered, 1 (flu vaccination did not), 2 above minimum threshold as reported in June 2024.

Appendix 2
High Level Risks (104) as at 12 September 2024

Risk ID	Risk Opened Date	Risk Type	Risk Title	Risk Handler	Site	Corporate Function/Care Group	Specialty	Risk Rating	Risk Rate Score	Review Date
3439	04/09/2019	Regulatory inc. Health and Safety,Infection Prevention & Control	Crowding in the Emergency Department	Marshall, Victoria	Hull Royal Infirmary	Acute And Emergency Medicine	A and E	High	25	06/09/2024
3325	25/04/2024	Clinical	Delays in Children being reviewed in Cardiac Clinic	Umaima Aboushofa	Scunthorpe General Hospital (SGH)	Family Services	Paediatrics	High	20	31/05/2024
3301	26/02/2024	Clinical	Antenatal clinic review capacity	Lisa Pearce	Trustwide - All Sites (DPoW, SGH & GDH)	Family Services	Obstetrics / Maternity	High	20	29/07/2024
3285	29/01/2024	Operational	Electrical: Age and resilience of the Trust Uninterrupted Power Supply (UPS) - Trustwide	James Lewis	Trustwide - All Sites (DPoW, SGH & GDH)	Estates and Facilities	Estates - Electrical	High	20	23/08/2024
2951	04/08/2021	Buildings, Land and Plant	Electrical: Age and resilience of Low Voltage Electrical Infrastructure - Trustwide	James Lewis	Trustwide - All Sites (DPoW, SGH & GDH)	Estates and Facilities	Estates - Electrical	High	20	23/08/2024
2959	04/08/2021	Buildings, Land and Plant	Replacement/Repa irs of flat roof - Trustwide	James Lewis	Scunthorpe General Hospital (SGH)	Estates and Facilities	Estates - Buildings	High	20	23/08/2024
2655	12/12/2019	Buildings, Land and Plant	SGH - Replacement of primary heat source and associated infrastructure and equipment to include the Steam Raising Boilers	James Lewis	Scunthorpe General Hospital (SGH)	Estates and Facilities	Estates - Heating/Ve ntilation & Pressure Systems	High	20	23/08/2024
4378	24/07/2024	Workforce (including staffing etc),	There is a risk to patient safety, accreditation, and quality of the Rt Physics service due to insufficient staff establishment	Colley, Mr Peter	Castle Hill Hospital	Specialist Cancer And Support Services	Radiothera py	High	20	24/08/2024
4032	21/12/2021	Workforce (including staffing etc),	Potential non compliance with the IR(ME)R legislation for incident investigation and mandatory reporting	Colley, Mr Peter	Castle Hill Hospital	Specialist Cancer And Support Services	Radiothera py	High	20	25/08/2024
3983	29/06/2021	Workforce (including staffing etc),	There is a risk to patient safety, accreditation, and quality of the Rt Physics service due to insufficient staff establishment	Colley, Mr Peter	Castle Hill Hospital	Specialist Cancer And Support Services	Radiothera py	High	20	25/08/2024
4275	17/11/2023	Financial,	Risk to deliver the financial plan for Medicine	Faruqi, DR Shoaib	Hull Royal Infirmary	Specialist Medicine		High	20	30/08/2024
2562	01/09/2019	Clinical	Failure to meet constitutional targets in ECC	Nicola Glen	Trustwide - All Sites (DPoW, SGH & GDH)	Acute And Emergency Medicine	Emergency Care	High	20	31/08/2024
4285	30/11/2023	Patient Safety & Quality of Care,	Lack of senior clinical staffing at night is affecting patient safety	Rayner, Dr Ben	Hull Royal Infirmary	Acute And Emergency Medicine	A and E	High	20	04/09/2024
3162	24/01/2023	Clinical	Quality of Care and Patient Safety based on Nurse Staffing Position	Joanne Foster	Trustwide - All Sites (DPoW, SGH & GDH)	Acute And Emergency Medicine	Nursing (All Specialties)	High	20	04/09/2024
3217	29/06/2023	Clinical	Breast Imaging workforce depletion	Mandy Hay	Trustwide - All Sites (DPoW, SGH & GDH)	Specialist Cancer And Support Services	Breast Surgery	High	20	13/09/2024
2949	26/07/2021	Operational	Oncology Service	Lisa Pennington	Trustwide - All Sites (DPoW, SGH & GDH)	Specialist Cancer And Support Services	Clinical Oncology	High	20	13/09/2024
2982	19/08/2016	Patient Safety & Quality of Care,	Lack of Anaesthetic cover for Under 2's out of hours	Kazmierski, Mr Marcin	Hull Royal Infirmary	Family Services	Paediatric Surgery	High	20	13/09/2024
3232	18/08/2023	Staffing Levels & HR	Speech and Language Therapy Stroke staffing resource	Sarah Scrace	Trustwide - All Sites (DPoW, SGH, GDH & Community)	Community, Frailty & Therapy Services	Speech & Language - Adults	High	20	15/09/2024
4377	24/07/2024	Trust property and environment,	There is a risk that SSU are unable to decontaminate surgical instruments in a clean ventilated environment	Kaye, Neil	Harrow Street Site	Estates, Facilities and Development	Estates Operations (inc grounds and gardens)	High	20	27/09/2024

Risk ID	Risk Opened Date	Risk Type	Risk Title	Risk Handler	Site	Corporate Function/Care Group	Specialty	Risk Rating	Risk Rate Score	Review Date
4389	16/08/2024	Outpatients Risk,	Risk to patient and staff safety due to extreme temperatures within the Chest Clinic at HRI due to lack of ventilation.	Fellowes, Julie	Hull Royal Infirmary	Patient Services	Outpatients (Medical Only)	High	20	30/09/2024
4388	12/08/2024	Patient Safety & Quality of Care,	Risk to patient safety regarding VTE prophylaxis for stroke patients on 13th floor due to lack of use of sequential compression	Nagandran, Dr Yoghini	Hull Royal Infirmary	Community, Frailty & Therapy Services	NCTR Elderly Medicine	High	20	30/09/2024
4401	02/09/2024	Patient Safety & Quality of Care,	There is a risk that adult patients are unable to be discharged on Home Parenteral Nutrition due to National compounding capacit	MacElhinney-West, Mrs Philippa	Trust Wide	Digestive Diseases	Gastroenterology	High	20	02/10/2024
4402	02/09/2024	Patient Safety & Quality of Care,	There is a risk to provide an appropriate level of nursing services to adult patients within the Nutrition Team due to a lack of	MacElhinney-West, Mrs Philippa	Trust Wide	Digestive Diseases	Gastroenterology	High	20	02/10/2024
4403	02/09/2024	Patient Safety & Quality of Care,	There is a risk to the Enteral services being delivered as there is currently no nursing service	MacElhinney-West, Mrs Philippa	Trust Wide	Digestive Diseases	Gastroenterology	High	20	02/10/2024
D - 3219	26/04/2018	Patient Safety & Quality of Care,	Lack of Plastics Theatre Capacity to undertake DIEP procedures for Breast Surgery patients	Last, Sonia	Castle Hill Hospital	Specialist Surgery	Plastics	High	20	06/10/2024
4166	16/01/2023	Patient Safety & Quality of Care,	Risk to patient safety and acheivement of organisational falls strategy.	Ledger, Jo	Trust Wide	Corporate Nursing Directorate		High	20	08/10/2024
4331	19/03/2024	HDigital,	There is a risk that the Switchboard may experience failures in maintaining service due to software that is no longer supported	May, Mr David	Castle Hill Hospital	Estates, Facilities and Development	Switchboard and Telecommunications	High	20	11/10/2024
4327	11/03/2024	Trust property and environment,	Critical ventilation systems will be required to function beyond its 20 year life replacement as detailed in HTM 03 Part B.	Kaye, Neil	Trust Wide	Estates, Facilities and Development	Trustwide	High	20	11/10/2024
2300	07/12/2017	Information Governance	Insufficient processes in place to ensure records management /quality against national guidance	Susan Meakin	Trustwide - All Sites (DPoW, SGH & GDH)	Strategic Development	Information Governance	High	16	27/03/2024
3261	10/11/2023	Clinical	CPAP Drivers	Lisa Pearce	Trustwide - All Sites (DPoW, SGH & GDH)	Family Services	Neonatology (Newborn Intensive Care)	High	16	19/06/2024
4323	01/03/2024	Safeguarding,	Risk of non-compliance with the Mental Capacity Act	Harrison, Mrs Karen	Trust Wide	Corporate Nursing Directorate	Safeguarding Adults	High	16	20/06/2024
4025	24/11/2021	Patient Safety & Quality of Care,	Risk of patient harm due to insufficient Medical workforce numbers (Consultant level)	Allen, Mrs Jane	Hull Royal Infirmary	Family Services	Gynaecology	High	16	24/06/2024
4343	24/04/2024	Patient Safety & Quality of Care,	There is a risk to patient care due to the inability to deliver extension of a regional Mechanical Thrombectomy service	Maliakal, Dr Paul	Hull Royal Infirmary	Specialist Cancer And Support Services	Radiology	High	16	19/07/2024
3164	21/02/2023	Staffing Levels & HR	Nurse Staffing	Maria Briggs	Trustwide - All Sites (DPoW, SGH & GDH)	Corporate Nursing Directorate	Nursing (All Specialties)	High	16	15/08/2024
3331	14/05/2024	Clinical	Lorenzo Upgrade	Joanne Avison	Trustwide - All Sites (DPoW, SGH & GDH)	Digestive Diseases	Endoscopy	High	16	20/08/2024
2905	07/04/2021	Buildings, Land and Plant	Ageing Diesel Powered Generator Sets - CSSD1 - Secondary Power Source Failure - DPoW	James Lewis	Diana, Princess Of Wales Hospital, Grimsby (DPOWH)	Estates and Facilities	Estates - Electrical	High	16	23/08/2024
2035	22/08/2016	Buildings, Land and Plant	Equality Act 2010 compliance - Trustwide	James Lewis	Trustwide - All Sites (DPoW, SGH & GDH)	Estates and Facilities	Health & Safety	High	16	23/08/2024

Risk ID	Risk Opened Date	Risk Type	Risk Title	Risk Handler	Site	Corporate Function/Care Group	Specialty	Risk Rating	Risk Rate Score	Review Date
1774	05/06/2014	Buildings, Land and Plant	Poor condition of Fuel Oil Storage Tanks - SGH	James Lewis	Scunthorpe General Hospital (SGH)	Estates and Facilities	Estates - Heating/Ventilation & Pressure Systems	High	16	23/08/2024
4379	26/07/2024	Major Trauma Risk,	There is a risk of reduced effective Major Trauma Centre workforce due to the relocation of the Major Trauma Ward	Laws, Lorraine	Hull Royal Infirmary	Major Trauma	Major Trauma	High	16	26/08/2024
4344	25/04/2024	HDigital,	Risk to patient diagnostic/treatment delays due to Information management systems do not meet the requirements of the service	Buxton, Tracie	Castle Hill Hospital	Cardiovascular	Cardiology	High	16	30/08/2024
4169	16/01/2023	Workforce (including staffing etc),	Risk to Continuity of TAVI service due to staffing shortfalls	Magee, Mrs Wendy	Castle Hill Hospital	Cardiovascular	Cardiology	High	16	30/08/2024
3144	08/12/2022	Clinical	Paediatric Audiology Service	Aaron Sykes	Trustwide - All Sites (DPoW, SGH, GDH & Community)	Head And Neck	Audiology	High	16	30/08/2024
2841	12/05/2015	Patient Safety & Quality of Care,	Non achievement of Best Practice for hip fracture patients (BPT)	Moulder, Miss Elizabeth	Hull Royal Infirmary	Specialist Surgery	Orthopaedics (Trauma)	High	16	31/08/2024
2996	17/12/2021	Information Technology	Provision of EMIS eMM standalones in both Pharmacy dispensaries	Paulash Haider	Trustwide - All Sites (DPoW, SGH & GDH)	Specialist Cancer And Support Services	Pharmacy	High	16	02/09/2024
3048	13/04/2022	Operational	Challenges to recruitment of acute care physician vacancies in Acute	Rhiannon Wilson	Trustwide - All Sites (DPoW, SGH & GDH)	Acute And Emergency Medicine	Acute Medicine	High	16	04/09/2024
3036	17/03/2022	Clinical	Risk to Patient Safety, Quality of Care and Patient Experience within ED due to LLOS	Simon Buckley	Trustwide - All Sites (DPoW, SGH & GDH)	Acute And Emergency Medicine	Emergency Care	High	16	04/09/2024
3918	03/03/2021	Workforce (including staffing etc),Patient Safety & Quality of Care, Financial, Reputation	Lack of Adequate Substantive Consultant Workforce in Acute Medicine	Weerasekera, Dr Chaminda	Hull Royal Infirmary	Acute And Emergency Medicine	Acute Medicine	High	16	04/09/2024
4148	30/11/2022	Workforce (including staffing etc),	Capacity Shortfalls in DEXA scanning	Aye, Dr Mo	Hull Royal Infirmary	Specialist Medicine	Diabetes and Endocrinology	High	16	05/09/2024
4130	23/11/2022	Workforce (including staffing etc),	Funding provision for 7 day IP DSN Service within Diabetes	Hutton, Mr James	Hull Royal Infirmary	Specialist Medicine	Diabetes and Endocrinology	High	16	05/09/2024
2898	30/03/2021	Staffing Levels & HR	Medical Staff - Mandatory Training Compliance	Victoria Marshall	Trustwide - All Sites (DPoW, SGH & GDH)	Acute And Emergency Medicine	Emergency Care	High	16	05/09/2024
3919	03/03/2021	Patient Safety & Quality of Care,	E-Radiology Results System: Results not being Actioned Appropriately	Faruqi, DR Shoaib	Hull Royal Infirmary	Digital Health		High	16	05/09/2024
4201	20/03/2023	Patient Safety & Quality of Care,	Missed Targets in the First Hour of the Management of Sepsis	Smithies, Dr Augustine	Hull Royal Infirmary	Acute And Emergency Medicine	A and E	High	16	06/09/2024
4141	24/11/2022	HDigital,	Network shares (passwords in clear text, sensitive patient data, backups, logs, world writable shares, etc)	Deal, Tony	Trust Wide	Digital Health	Systems and Applications	High	16	07/09/2024
3226	31/07/2023	Operational	Quality and audit monitoring and reporting impacted by information services PAS/Lorenzo development freeze	Fiona Moore	Trustwide - All Sites (DPoW, SGH, GDH & Community)	Chief Medical Officers Directorate	Quality, Evaluation & Audit	High	16	09/09/2024
4367	25/06/2024	Patient Safety & Quality of Care,	There is a clinical risk to patients to receive their medicines & financial risk to the Trust as a result of issues with Lloyds	Ramirez, Mr Antonio	Trust Wide	Specialist Cancer And Support Services	Pharmacy	High	16	12/09/2024
2592	17/09/2019	Clinical	Risk to Overall Performance: Cancer	Jennifer Orton	Trustwide - All Sites (DPoW, SGH & GDH)	Specialist Surgery	Cancer Services	High	16	13/09/2024

Risk ID	Risk Opened Date	Risk Type	Risk Title	Risk Handler	Site	Corporate Function/Care Group	Specialty	Risk Rating	Risk Rate Score	Review Date
			Waiting / Performance Target 62 day					High		
2245	20/06/2017	Clinical	Risk to Overall Performance : Non compliance with RTT incomplete target	Jennifer Orton	Trustwide - All Sites (DPoW, SGH & GDH)	Specialist Surgery	General Surgery	High	16	13/09/2024
3044	18/01/2017	Patient Safety & Quality of Care,	Shortage of Breast Pathologist	Wooler, Mr Brendan	Castle Hill Hospital	Specialist Surgery	Breast Surgery	High	16	13/09/2024
2244	20/06/2017	Clinical	Risk to Overall Performance: Cancer Waiting / Performance Target 62 day	Neil Rogers	Trustwide - All Sites (DPoW, SGH & GDH)	Cancer Network	Cancer Services	High	16	15/09/2024
4390	20/08/2024	Patient Safety & Quality of Care,	Non Clinical Transfer Risk ICU	Howes , Dr Julian	Hull Royal Infirmary	Theatres, Anaesthetics and Critical Care	Critical Care (ICU & HDU)	High	16	20/09/2024
4392	20/08/2024	Patient Safety & Quality of Care,	Lack of Rehabilitation during critical care admission	Breen, Mrs Ruth	Trust Wide	Theatres, Anaesthetics and Critical Care	Critical Care (ICU & HDU)	High	16	20/09/2024
4395	20/08/2024	Workforce (including staffing etc),	Lack of experienced nursing staff on HUTH intensive care units.	Breen, Mrs Ruth	Trust Wide	Theatres, Anaesthetics and Critical Care	Critical Care (ICU & HDU)	High	16	20/09/2024
4324	07/03/2024	HDigital,Workforce (including staffing etc)	There is a risk of failing our perfusion accreditation due to non-compliance of utilising data management record keeping	Bell, Jill	Castle Hill Hospital	Cardiovascular	Cardiac Surgery	High	16	30/09/2024
4037	19/01/2022	Workforce (including staffing etc),	Lack of Suitably Trained Staff to Perform Cardiac Stress Testing	Mill, Jill	Castle Hill Hospital	Cardiovascular	Cardiology	High	16	30/09/2024
3376	21/03/2019	Patient Safety & Quality of Care,	A risk to patient outcome due to lack of Vascular Hybrid suite	Carradice, Daniel	Hull Royal Infirmary	Cardiovascular	Vascular Surgery	High	16	30/09/2024
4332	25/03/2024	Regulatory inc. Health and Safety,	The inability to meet the bench mark as defined in GPICS2 (Guideline for the provision of Intensive Care services version 2.1 pu	Breen, Mrs Ruth	Trust Wide	Theatres, Anaesthetics and Critical Care	Critical Care (ICU & HDU)	High	16	09/10/2024
4348	30/04/2024	Trust property and environment,	Risk that patients and/or visitors may suffer harm as a result of the inability to undertake important E&F testing & inspections	Tighe, Simon	Trust Wide	Estates, Facilities and Development	Estates Operations (inc grounds and gardens)	High	16	11/10/2024
3129	04/11/2022	Clinical	Overdue follow-up and new patients waiting lists for Paediatric patients (Trustwide)	Paris Willey	Scunthorpe General Hospital (SGH)	Family Services	Paediatrics	High	15	23/04/2024
3279	19/12/2023	Equipment	Lack of enhanced decontamination equipment	Wendy Millard	Trustwide - All Sites (DPoW, SGH & GDH)	Corporate Nursing Directorate	Infection Prevention & Control	High	15	29/05/2024
3204	09/06/2023	Clinical	Up to 1 year wait for new referrals to be seen by Consultant Paediatrician (single handed service) into the ADHD post diagnosis support service.	Umaima Aboushofa	Scunthorpe General Hospital (SGH)	Family Services	Paediatrics	High	15	31/05/2024
3201	02/06/2023	Clinical	Clinical Capacity within Colposcopy	Lisa Pearce	Trustwide - All Sites (DPoW, SGH & GDH)	Family Services	Gynaecology	High	15	19/06/2024
3475	31/10/2019	Workforce (including staffing etc),	Concerns surrounding RCOG Trainee Curriculum - Obstetrics and Gynaecology	Allen, Mrs Jane	Trust Wide	Family Services	Gynaecology	High	15	24/06/2024
3962	15/06/2021	Patient Safety & Quality of Care,	Cardiac CT demand outstripping capacity	Nutman, Ms Martine	Trust Wide	Specialist Cancer And Support Services	Radiology	High	15	16/08/2024
2036	22/08/2016	Buildings, Land and Plant	Heating, Ventilation and Air Conditioning - (HVAC) - Trustwide	James Lewis	Trustwide - All Sites (DPoW, SGH & GDH)	Estates and Facilities	Estates - Heating/Ventilation & Pressure Systems	High	15	23/08/2024
4368	25/06/2024	Patient Safety & Quality of Care,	There is a risk to patient safety due to Aria operating on outdated hardware	Colley, Mr Peter	Castle Hill Hospital	Specialist Cancer And Support Services	Clinical Oncology	High	15	25/08/2024

Risk ID	Risk Opened Date	Risk Type	Risk Title	Risk Handler	Site	Corporate Function/Care Group	Specialty	Risk Rating	Risk Rate Score	Review Date
2166	28/02/2017	Staffing Levels & HR	Workforce of the imaging team in the Pink Rose Suite	Janet Hendy	Trustwide - All Sites (DPoW, SGH & GDH)	Specialist Cancer And Support Services	Breast Diagnostics And Screening	High	15	27/08/2024
3278	15/12/2023	Information Technology	No recurrent revenue to continue the Cynerio IoT Cyber Management System after 3 year contract ends at 07-03-2025	Stephen Mattern	Trustwide - All Sites (DPoW, SGH, GDH & Community)	Digital Services	IT Operations	High	15	28/08/2024
3277	14/12/2023	Information Technology	No recurrent revenue to continue the Imprivata Single SignOn and Fairwarning System	Martin Sykes	Trustwide - All Sites (DPoW, SGH, GDH & Community)	Digital Services	IT Operations	High	15	28/08/2024
3266	16/11/2023	Safeguarding	Availability of Chaperones for intimate examinations in Radiology	Ruth Kent	Trustwide - All Sites (DPoW, SGH & GDH)	Specialist Cancer And Support Services	Radiology - Ultrasound	High	15	28/08/2024
4173	06/02/2023	Workforce (including staffing etc),	Nintedanib Change in guidance impacting on clinical capacity to deliver increasing numbers of patients	Hutton, Mr James	Castle Hill Hospital	Specialist Medicine	Chest Medicine	High	15	30/08/2024
3330	08/05/2024	Information Technology	Type 5 ECDS SDEC Activity Reporting	Rhiannon Wilson	Trustwide - All Sites (DPoW, SGH & GDH)	Acute And Emergency Medicine	Acute Medicine	High	15	02/09/2024
3329	08/05/2024	Information Technology	Acute Medicine Reporting	Rhiannon Wilson	Trustwide - All Sites (DPoW, SGH & GDH)	Acute And Emergency Medicine	Acute Medicine	High	15	04/09/2024
3161	24/01/2023	Clinical	There is a risk of patient deterioration not being recognised and escalated appropriately.	Joanne Foster	Trustwide - All Sites (DPoW, SGH & GDH)	Acute And Emergency Medicine	Nursing (All Specialties)	High	15	04/09/2024
1851	28/04/2015	Clinical	Shortfall in Capacity within the Ophthalmology Service	Tom Foulds	Trustwide - All Sites (DPoW, SGH & GDH)	Head And Neck	Ophthalmology	High	15	04/09/2024
4132	24/11/2022	HDigital,	Cyber Security vulnerabilities	Deal, Tony	Trust Wide	Digital Health	Systems and Applications	High	15	07/09/2024
4363	10/06/2024	Security,	There is a risk that the Mortuary at CHH may experience a security breach for unauthorised / criminal access	May, Mr David	Castle Hill Hospital	Estates, Facilities and Development	Security Services	High	15	10/09/2024
4048	09/03/2022	Equipment,	There is a risk to the continuity of the service due to the ageing Radiotherapy Linac (Bunker 6)	Colley, Mr Peter	Castle Hill Hospital	Specialist Cancer And Support Services	Radiotherapy	High	15	10/09/2024
4200	16/03/2023	Patient Safety & Quality of Care,	Increased risk of harm to patients and families due to inadequate co-located psychology support to children and young people.	Bowen, Theresa	Off site	Family Services	Community Paediatrics	High	15	12/09/2024
3108	11/08/2022	Equipment	Non compliance with MHRA guidance for managing medical devices Jan 21, NatPSA/2023/010 /MHRA and Medical Device Management & Procurement Policy DCP047	Craig Murdock	Trustwide - All Sites (DPoW, SGH, GDH & Community)	Specialist Cancer And Support Services	Medical Engineering	High	15	13/09/2024
4011	12/10/2021	Patient Safety & Quality of Care,	Clinical risk to patients requiring sub-specialist Medical Retina outpatient follow-up due to lack of capacity	Cook, Miss Helen	Hull Royal Infirmary	Head And Neck	Ophthalmology	High	15	13/09/2024
4012	12/10/2021	Patient Safety & Quality of Care,	Clinical risk to patients referred as new patients into the new wet macular degeneration pathway	Downey, Ms Louise	Hull Royal Infirmary	Head And Neck	Ophthalmology	High	15	13/09/2024
4013	12/10/2021	Patient Safety & Quality of Care,Outpatients Risk, Reputation	Clinical risk to patients referred as new patients into new Medical Retina patient assessment clinic due to lack of capacity iss	Downey, Ms Louise	Hull Royal Infirmary	Head And Neck	Ophthalmology	High	15	13/09/2024

Risk ID	Risk Opened Date	Risk Type	Risk Title	Risk Handler	Site	Corporate Function/Care Group	Specialty	Risk Rating	Risk Rate Score	Review Date
3959	21/05/2021	Patient Safety & Quality of Care,	Risk of patient harm to new and follow-up patients due to delays within glaucoma service	Downey, Ms Louise	Hull Royal Infirmary	Head And Neck	Ophthalmology	High	15	13/09/2024
3252	06/07/2018	Patient Safety & Quality of Care,	Patients with Diabetic Eye Disease are experiencing delays in assessment and treatment resulting in potential loss of sight	Cook, Miss Helen	Hull Royal Infirmary	Head And Neck	Ophthalmology	High	15	13/09/2024
2347	21/04/2018	Clinical	Risk to Overall Performance : Overdue Follow-ups	Jennifer Orton	Trustwide - All Sites (DPoW, SGH & GDH)	Specialist Surgery	General Surgery	High	15	13/09/2024
4391	20/08/2024	Patient Safety & Quality of Care,	Lack of Rehabilitation Clinic ICU	Howes , Dr Julian	Trust Wide	Theatres, Anaesthetics and Critical Care	Critical Care (ICU & HDU)	High	15	20/09/2024
4393	20/08/2024	Patient Safety & Quality of Care,	Lack of Critical Care beds ICU CHH	Breen, Mrs Ruth	Castle Hill Hospital	Theatres, Anaesthetics and Critical Care	Critical Care (ICU & HDU)	High	15	20/09/2024
4387	06/08/2024	Financial,	There is a risk that EF&D will fail to achieve the Trust identified CRES target for 2024/25.	Tighe, Simon	Trust Wide	Estates, Facilities and Development	Trustwide	High	15	27/09/2024
4339	12/04/2024	Trust property and environment,	Non-Critical ventilation systems will be required to function beyond its 20 year life replacement as detailed in HTM 03 Part B	Kaye, Neil	Trust Wide	Estates, Facilities and Development	Estates Operations (inc grounds and gardens)	High	15	27/09/2024
4286	14/12/2023	Patient Safety & Quality of Care,	Risk to the acute patients due to lack of junior doctor cover on Cardiology Day Ward, HUTH	Ramlall, Manish	Castle Hill Hospital	Cardiovascular	Cardiology	High	15	30/09/2024
4137	24/11/2022	HDigital,	Accuracy of Data of Business Decision Making	Britchford, George	Trust Wide	Digital Health	Business Intelligence and Information	High	15	02/10/2024
4396	23/08/2024	Patient Safety & Quality of Care,	There is a risk that flooring repairs are needed in the Queens Building due to Trust damage	Appleton, Lee	Castle Hill Hospital	Estates, Facilities and Development	Estates Operations (inc grounds and gardens)	High	15	04/10/2024
4405	11/09/2024	HDigital,	Potential harm to patients due to incorrect recording of a penicillin allergy in Lorenzo, recorded as Penicillamine.	Calladine, Robert	Trust Wide	Digital Health	Systems and Applications	High	15	11/10/2024
3346	29/05/2024	Operational	Clinical capacity within hysteroscopy at DPOW	Lisa Pearce	Diana, Princess Of Wales Hospital, Grimsby (DPOWH)	Family Services	Gynaecology	High	15	/ /

Council of Governors Business Meeting

Agenda Item No: COG(24)070

Name of the Meeting	Council of Governors Business Meeting
Date of the Meeting	31 October 2024
Director Lead	Ivan McConnell, Group Chief Strategy & Partnerships Officer
Contact Officer/Author	Adam Creeggan, Group Director of Performance
Title of the Report	**Integrated Performance Report – NLaG and HUTH**
Executive Summary	This report provides details of performance achieved against key national performance, quality and governance indicators defined in the NHSE Single Oversight Framework (SOF)
Background Information and/or Supporting Document(s) (if applicable)	
Prior Approval Process	Presented to the Performance, Estates and Finance Committees-in-Common Sept 2024 and Quality and Safety Committees-in-Common August 2024
Financial implication(s) (if applicable)	The report covers a number of metrics that relate to financial performance inclusive of Elective Recovery Fund activity versus published plan
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ☐ Assurance ☐ Other – please detail below:

Integrated Performance Report

MONTH 5: August 2024 Performance

July 2024 for Cancer data
Produced September 2024

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1. Executive Summary

This report provides an overview of the Group's performance across a range of metrics with specific detail in relation to each individual Trust.

Domain	HUTH Performance	NLAG Performance	Commentary
RTT Long Waits • 104 weeks • 78 weeks • 65 weeks • 52 weeks	**August 2024** **0** **0** **35** **2,410**	**August 2024** **0** **0** **31** **794**	• Achieved the national requirement for zero >78w waits at end of June. • Continued progress in reducing >65w volumes at NLAG. • Increase in number of 65w waits for HUTH, mainly in Plastic Surgery due to reduced clinical workforce. • Risk of delivering zero >65w waits at end of September with a current worst case forecast of 50 cases at month end. Further mitigation of this forecast is expected.

Diagnostic 6w Performance	**August 2024**
	25.6%
		August 2024
		18.4%
			• Both Trusts have shown a drop in performance in August set against previous month on month improvement.
			   o HUTH deterioration in Echocardiography and Flexible Sigmoidoscopy
			   o NLAG deterioration in Audiology, Echocardiography, Neurophysiology and NOUS

Cancer 62 day Performance (all sources)	**July 2024** **49.7%**	**July 2024** **54.8%**	• Both Trusts in Tier 1 for Cancer delivery; working with NE&Y Regional Office on recovery assurance • 62-day performance impacted by radiotherapy and oncology capacity and prostatectomy surgical capacity, compound in July 2024 by HUTH OPA delays in patient pathway • 28-day Faster Diagnosis Standard (FDS) sustainability plans developed via the Cancer Delivery Group - Operational planning target to achieve FDS (combined) performance of 80% by March 2025 at Trust level. Q1 delivery against the national standard of 77% - HUTH achieved Q1, NLAG performance improving. July 2024 performance deteriorated at HUTH (breaches being reviewed) but continues to improve at NLAG • +63 day backlog reviews implemented fortnightly across the group; NLAG at trajectory & improving with HUTH static
ED: 4 hour standard (Type 1 & 3) 78% by March 2025	**August 2024** **64.4%** **Trust compliance** **74.1% (plan 75.4%)** **Acute Footprint compliance (incl. Bransholme & ERCH)**	**August 2024** **71.4%** **Trust compliance** **73.5% (plan 74.3%)** **Acute Footprint compliance (incl. Goole UTC)**	• Overall 4 hour performance is showing improvement at HUTH. National compliance ranking has marginally improved at 126 of 142 providers reporting in August. • NLaG compliance was also broadly unchanged on the previous month and benchmarks in the interquartile range of national ranking at 103 of 142. • Short-and medium-term recovery plans co-produced at Place level. Final assurance and acceptance of plans underway at system level. • 6 week reset patient flow campaign underway to engage and motivate staff across the pathway, and improve quality and patient experience.

NB: National benchmarking data is a month in arrears due the NHSE publication timetable

NLAG

Indicator	Period	Target	🏆	SPC	Last 12 Months	Centile
RTT 52 Week Breach	Jul 24	0	2,051			32
RTT 65 Week Breach	Jul 24	-	18			71
RTT 78 Week Breach	Jul 24	0	0			100
RTT 95th Percentile Admitted Waiting Time	Jul 24	18.0	61.2			60
RTT 95th Percentile Non-Admitted Waiting Time	Jul 24	18.0	51.6			59
RTT Admitted Treatment Within 18 Weeks	Jul 24	90.0%	57.5%			55
RTT Average (Median) Admitted Waiting Time	Jul 24	9.0	12.3			64
RTT Average (Median) Non-Admitted Waiting Time	Jul 24	5.0	6.4			86
RTT Average Wait for Incomplete	Jul 24	7.00	13.97			50
RTT Incomplete 18 Week Standard	Jul 24	92.00%	58.6%			46
RTT Incomplete 92nd Percentile	Jul 24	-	42.9			48
RTT Incomplete Pathways With a DTA	Jul 24	25.0%	16.2%			40
RTT Non-Admitted Treatment Within 18 Weeks	Jul 24	95.0%	72.1%			71
RTT Total Clock Starts	Jul 24	-	20,953			90
RTT Total Clock Stops	Jul 24	-	19,797			92
RTT Total Incompletes	Jul 24	-	77,622			17

Indicator	Period	Target	🏆	SPC	Last 12 Months	Centile
RTT 52 Week Breach	Jul 24	0	645			63
RTT 65 Week Breach	Jul 24	-	40			65
RTT 78 Week Breach	Jul 24	0	0			100
RTT 95th Percentile Admitted Waiting Time	Jul 24	18.0	59.2			68
RTT 95th Percentile Non-Admitted Waiting Time	Jul 24	18.0	51.3			60
RTT Admitted Treatment Within 18 Weeks	Jul 24	90.0%	56.9%			52
RTT Average (Median) Admitted Waiting Time	Jul 24	9.0	12.6			61
RTT Average (Median) Non-Admitted Waiting Time	Jul 24	5.0	12.0			23
RTT Average Wait for Incomplete	Jul 24	7.00	14.83			36
RTT Incomplete 18 Week Standard	Jul 24	92.00%	57.3%			39
RTT Incomplete 92nd Percentile	Jul 24	-	40.5			63
RTT Incomplete Pathways With a DTA	Jul 24	25.0%	14.0%			55
RTT Non-Admitted Treatment Within 18 Weeks	Jul 24	95.0%	61.4%			31
RTT Total Clock Starts	Jul 24	-	9,833			51
RTT Total Clock Stops	Jul 24	-	9,290			57
RTT Total Incompletes	Jul 24	-	46,079			41

3. Pathway Benchmarking & Trend – Elective Care

NB: National benchmarking data is a month in arrears due the NHSE publication timetable

RTT – Incomplete Standard

Ranking Chart

Hull University Teaching Hospitals | Custom | Harrogate and District | Northern Lincolnshire and Goole
Humber

Rank 84 of 156 selected

Trend Chart

Hull University Teaching Hospitals | Custom | Harrogate and District | Northern Lincolnshire and Goole
Humber | % Rank
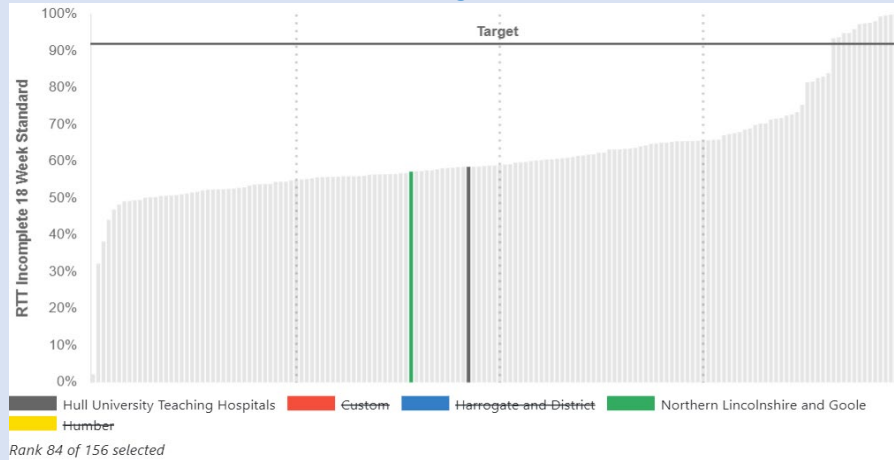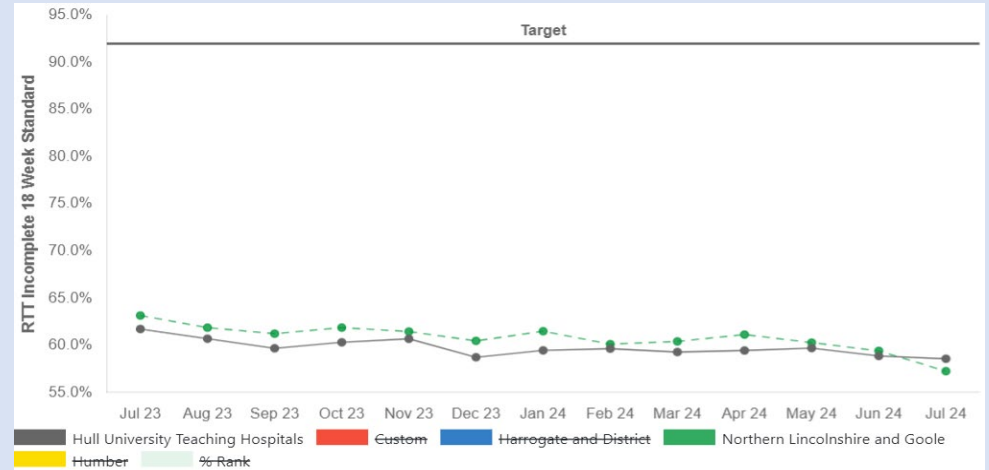
RTT – Total Waiting List Volume

Ranking Chart

Hull University Teaching Hospitals | Custom | Harrogate and District | Northern Lincolnshire and Goole
Humber

Rank 129 of 156 selected

Trend Chart

Hull University Teaching Hospitals | Custom | Harrogate and District | Northern Lincolnshire and Goole
Humber | % Rank
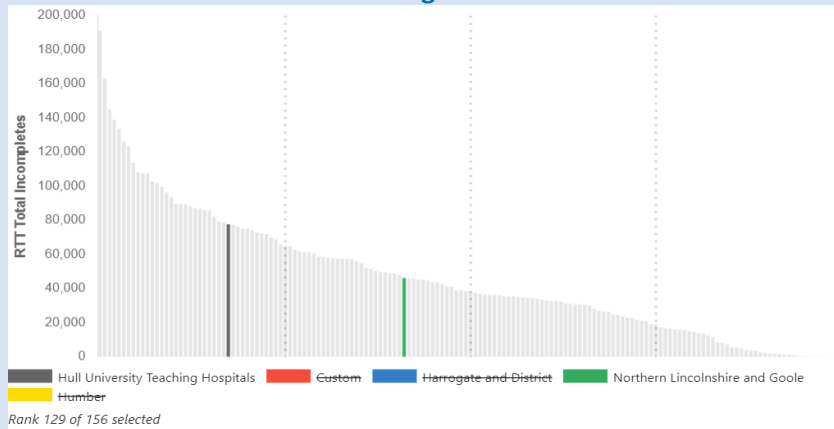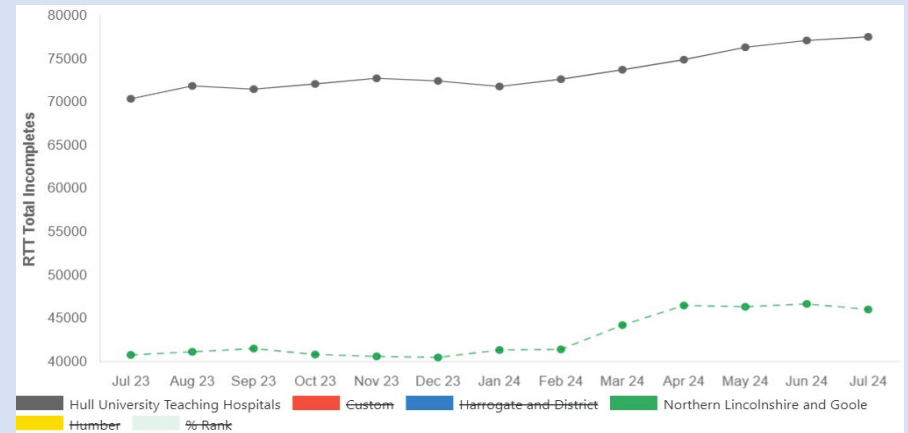
3. Referral to Treatment - HUTH

Compliance

Hull University Teaching Hospitals NHS Trust
RTT - Incomplete 18 Week Standard

Legend: Target — LCL — Mean — UCL ● Common Cause ● Concern ● Improvement ● Neither

Critical Enabler

Hull University Teaching Hospitals NHS Trust
RTT - Total Incomplete Pathways

Legend: ● Actual ⋯⋯ Trajectory
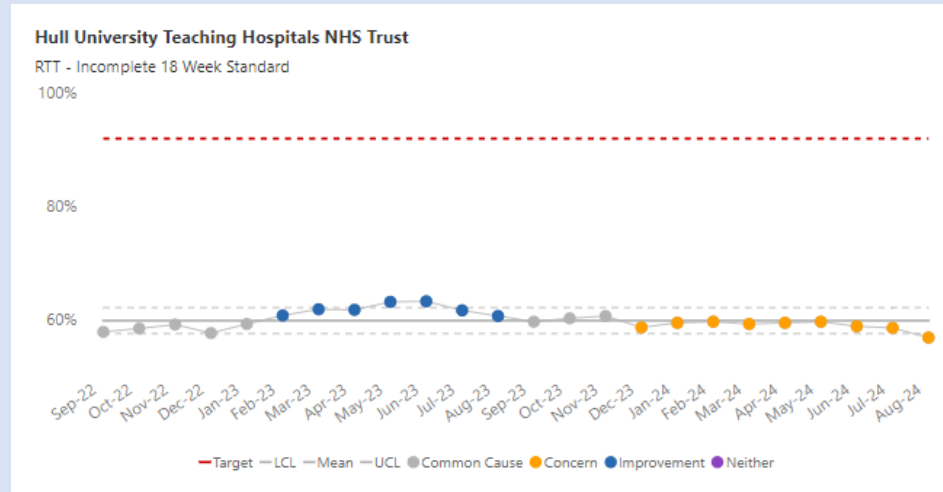
Key Themes

- August performance of 56.9% is a deteriorating position and evidences the growth in the long waits.
- August total waiting list volume is at 79,216 above the trajectory of 75,895.
- PTL is showing linear growth with an increase of 7,334 cases (+10.2%) evident since January 2024.
- Increasing waiting list volume underpinned by 6.3% growth in referral rate.
- Currently 58% of patients on the PTL are awaiting a first outpatient appointment. Largest volumes in ENT, Ophthalmology, Dermatology, Cardiology and Neurology
- 22% of patients waiting over 52 weeks.
- Average wait for incomplete pathway is 14 weeks against a standard of 7 but remains broadly stable i.e. not increases despite the increase in PTL size.
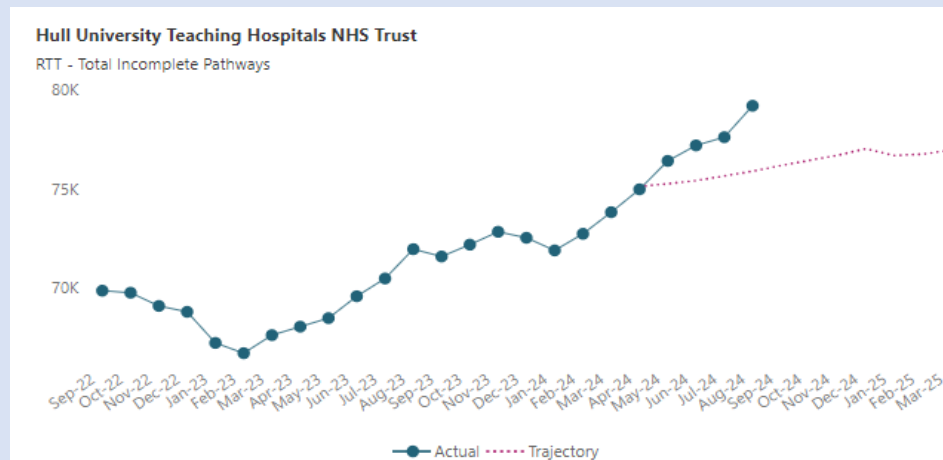
Actions
Critical actions being progressed through RTT Delivery Group:

- Waiting list volume is the key focus to bring back under trajectory
- Ensure all patients who will be at 65 weeks by the end of December have a first seen appointment by end of September 2024.
- Increase first outpatient activity to restore 19/20 baseline. Where 19/20 baseline is being achieved Care Groups have identified additional activity schemes over and above the 24/25 operational plan to achieve additional Elective Recovery Funds income
- Care Groups reviews to decrease waits for first outpatient activity >40 weeks.
- Reallocate follow up outpatient activity without a procedure.
- Remedial admin action plans deployed to resolve pathway outcome recording delays to reduce total waiting list volume.

4. Deep Dive RTT Insights - HUTH 1

Compliance

Total Pathways by Pathway Type

	March 2024	April 2024	May 2024	June 2024	July 2024	August 2024	September 2024
RTT %	59.76%	60.01%	60.53%	59.50%	59.32%	57.73%	57.58%
Non-Admitted	62,519	63,953	65,131	66,288	66,694	68,031	68,511
Admitted	13,347	13,160	13,157	13,108	12,821	12,880	12,511

Pathway Type ● Admitted ● Non-Admitted ● RTT %
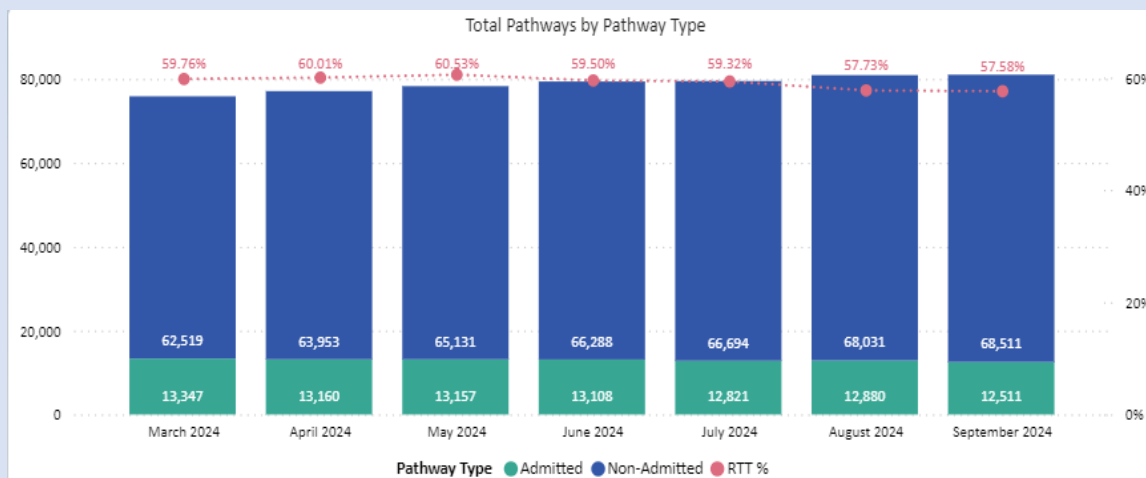
Key Themes
- +6.8% growth in RTT waiting list volume month on month since March 2024 baseline (and the expected planning trajectory to maintain PTL list size to March 2025)
- Decrease in RTT Incomplete Performance by 2.5% meaning that more patients are waiting over 18 weeks.
- Increase in non-admitted waiting list by 6k since March 2024 reflected by 6.3% growth in referrals, with increases in Cancer pathway referrals notable (+9.8%)
- Increase in average time to first contact from 44 weeks to 75 weeks (some will be skewed with data discrepancies and non-RTT applicable pathways)

Critical Enabler

Referrals Scorecard (right click metric name to drill through to detailed summary)

Measure	Chosen Period	Comparison Period	Variance (#)	Variance (%)	
Referrals	230,385	216,807	13,578	6.3%	▲
Routine GP Referrals	67,638	65,386	2,252	3.4%	▲
Urgent GP Referrals	21,070	21,152	-82	-0.4%	▼
2WW GP Referrals	29,577	26,928	2,649	9.8%	▲
Consultant Referrals	57,955	51,573	6,382	12.4%	▲
ED Referrals	21,830	21,143	687	3.2%	▲
Other Referrals	32,315	30,625	1,690	5.5%	▲
Advice & Guidance Referrals	47,628	39,001	8,627	22.1%	▲
Electronic Referrals	113,023	104,886	8,137	7.8%	▲
Electronic Referrals %	49.1%	48.4%	0.7%	1.4%	▲
Average Referral to First Contact	44	75	-31	-41.2%	▼

Actions
Critical actions being progressed through RTT Delivery Group:
- Increase first outpatient activity to restore 19/20 baseline. Where 19/20 baseline is being achieved Care Groups have identified additional activity schemes over and above the 24/25 operational plan to achieve additional Elective Recovery Funds income
- Insourcing capacity being secured in key specialties to augment sovereign capacity extension.
- Increase outpatient first attendance activity within existing capacity and enhance outpatient procedure rates and recording.   Reallocate follow up outpatient activity without a procedure.
- Increased productivity as per financial recovery plan (1 additional case per list).

5. Deep Dive RTT Insights - HUTH 2

Compliance

Clock Status Totals - Activity In Month
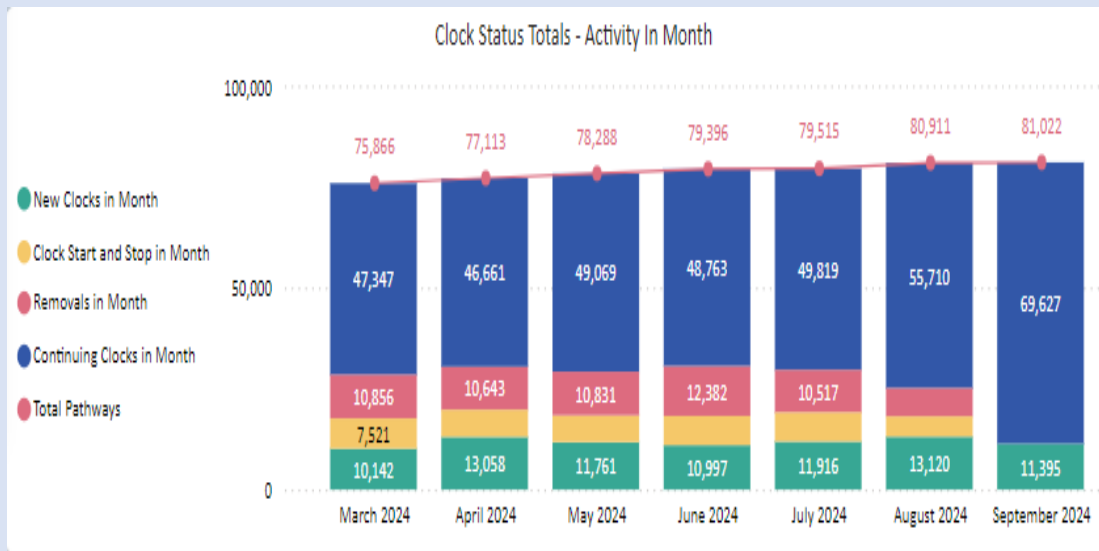
Key Themes
- RTT Insights clock stops/starts monthly trend shows
  - Decrease in clock stops in July and August which is a historic trend due to theatre timetable reduction and annual leave
  - Increase in clock starts in August

Critical Enabler
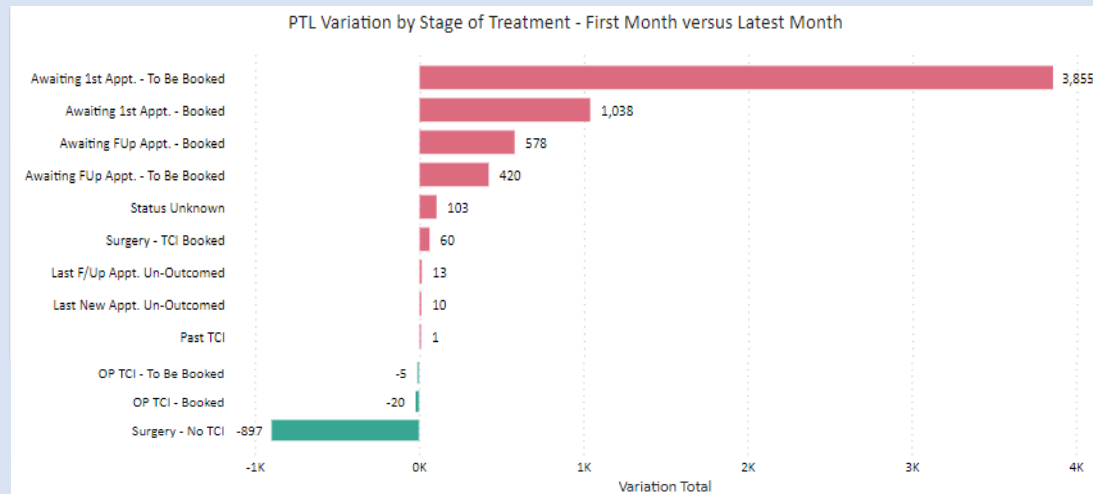
PTL Variation by Stage of Treatment - First Month versus Latest Month

Key Themes
- The chart shows the variation in the PTL by stage of treatment. The issue highlighted is the growth at the front door in patients waiting first outpatient appointment
- The only major reduction in the PTL has been patients have been dated for surgery.

Actions
- Increase in first outpatient capacity is a key critical action that needs to be progressed alongside reduction in unnecessary follow ups and those without a procedure.

6. Referral to Treatment - NLAG

Compliance

Northern Lincolnshire & Goole NHS Foundation Trust
RTT - Incomplete 18 Week Standard
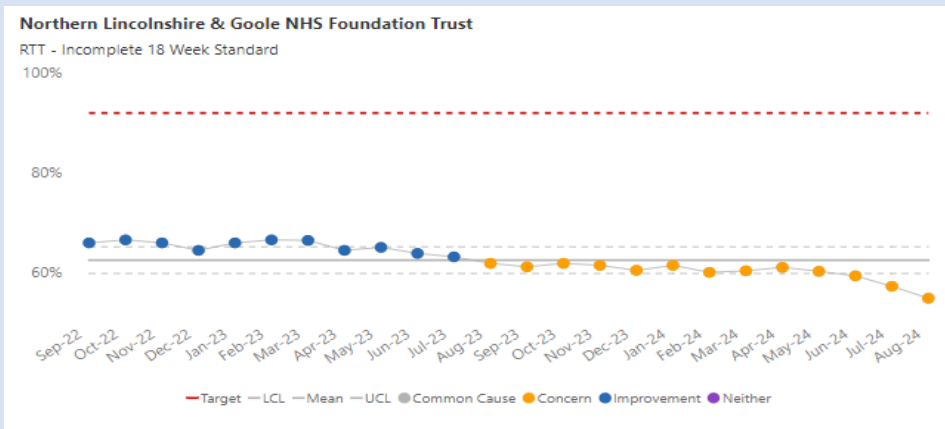
Key Themes

- August performance of 54.9% deteriorated 2% on previous months.
- RTT waiting list volume is above trajectory at 43,280. This is a significant on the previous month and evidences the data quality / validation work that has been undertaken since May.
- Detailed review of all outstanding pathway events requiring admin transaction is ongoing.
- New referrals awaiting triage / acceptance not included in RTT count (NLAG historical issue) – work ongoing to resolve but this will increase the list size. Regional engagement to confirm reporting inclusion being concluded.

Critical Enabler
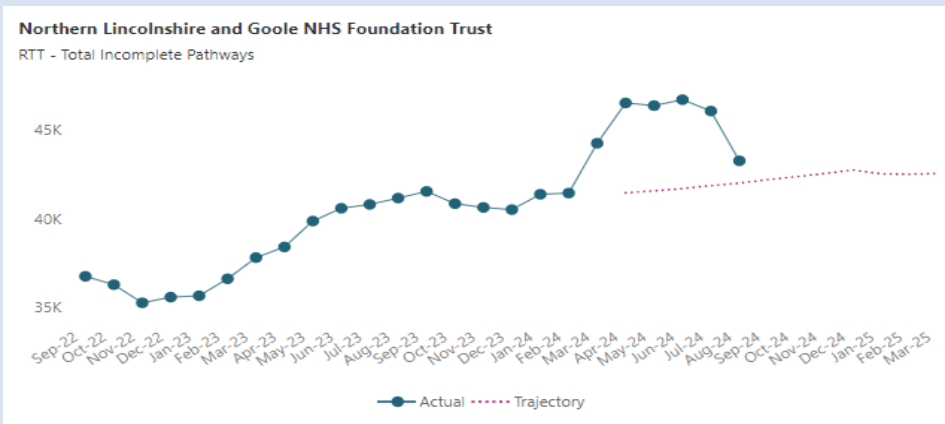
Northern Lincolnshire and Goole NHS Foundation Trust
RTT - Total Incomplete Pathways

Actions

Critical actions being progressed through RTT Delivery Group

- Waiting list volume is the key focus to bring back under trajectory
- Increase first outpatient activity and decreased waits for first outpatient activity >13 weeks.
- Decrease follow up outpatient activity without a procedure.
- Care Groups to identify additional activity over and above the 24/25 operational plan to achieve additional Elective Recovery Funds
- Remedial action plans deployed to resolve pathway outcome recording delays to reduce total waiting list volume which have stabilised growth. Recruitment to 10 x validators underway and interim admin resourcing sourced via HUTH RTT team, medical records, etc.
- RTT Insights Model now deployed to NLAG which will greatly assist operational teams in management oversight and scrutiny of their PTL and training roll out began at the beginning of August.

7. Deep Dive RTT Insights - NLAG 1

Compliance

Total Pathways by Pathway Type

Month	Admitted	Non-Admitted	RTT %
February 2024	7,479	32,647	59.42%
March 2024	8,734	35,191	58.69%
April 2024	8,220	37,642	58.51%
May 2024	8,168	39,104	60.04%
June 2024	7,667	38,739	58.28%
July 2024	7,616	38,517	57.26%
August 2024	7,538	35,751	55.32%
September 2024	7,339	35,814	56.15%

Pathway Type ● Admitted ● Non-Admitted ● RTT %

Critical Enabler

Referrals Scorecard (right click metric name to drill through to detailed summary)

Measure	Chosen Period	Comparison Period	Variance (#)	Variance (%)	
Referrals	223,895	225,043	-1,148	-0.5%	▼
Routine GP Referrals	44,413	53,112	-8,699	-16.4%	▼
Urgent GP Referrals	12,791	10,214	2,577	25.2%	▲
2WW GP Referrals	15,628	16,063	-435	-2.7%	▼
Consultant Referrals	34,321	40,027	-5,706	-14.3%	▼
ED Referrals	65,188	70,110	-4,922	-7.0%	▼
Other Referrals	51,554	35,517	16,037	45.2%	▲

Key Themes

- +7.9 growth in RTT waiting list volume from February to August 2024 (pre- and post Lorenzo go-live)
- However, significant improvement since the peak in May driven by the validation work and reduction in data quality errors. Post DQ correction the PTL growth is expected to decrease to ~2%.
- Decrease in RTT Incomplete Performance by 4% meaning that more patients are waiting over 18 weeks.
- No increase overall in Referrals, however, large shift from GP routine referrals to urgent referrals which displaces longer waiting routine patients.

Actions

Critical actions being progressed through RTT Delivery Group:

- Increase first outpatient activity to restore 19/20 baseline. Where 19/20 baseline is being achieved Care Groups have identified additional activity schemes over and above the 24/25 operational plan to achieve additional Elective Recovery Funds income
- Insourcing capacity being secured in key specialties to augment sovereign capacity extension.
- Increase outpatient first attendance activity within existing capacity and enhance outpatient procedure rates and recording.   Reallocate follow up outpatient activity without a procedure.
- Increased productivity as per financial recovery plan (1 additional case per list).

8. Deep Dive RTT Insights - NLAG 2

Compliance
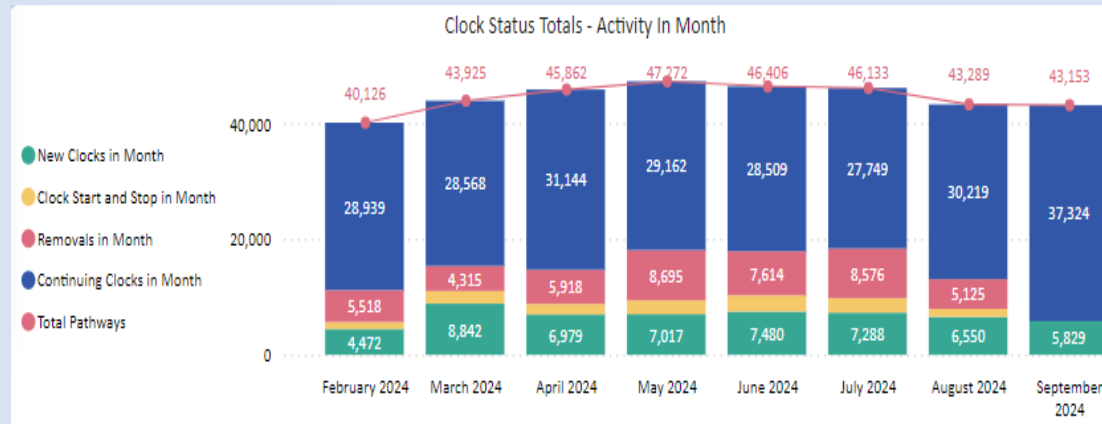
Key Themes

- RTT Insights clock stops/starts monthly trend shows
  - Increase in clock stops in May, June and July which evidences the validation work undertaken on the PTL
  - No significant increase in new clock starts over the last 7 months

Critical Enabler
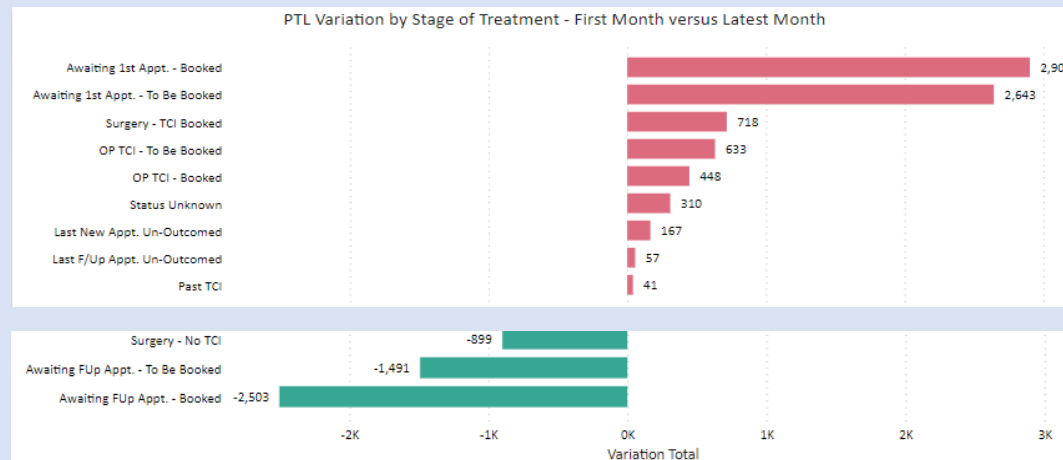
Key Themes

- The chart shows the variation in the PTL by stage of treatment. The issue highlighted is the growth at the front door in patients waiting first outpatient appointment
- Reduction in follow ups booked and unbooked linked to data validation.

Actions

- Increase in first outpatient capacity is a key critical action that needs to be progressed alongside reduction in unnecessary follow ups and those without a procedure.

9. Referral to Treatment – 65w Waits - HUTH

Compliance

Hull University Teaching Hospitals NHS Trust
RTT - 65+ Week Waits
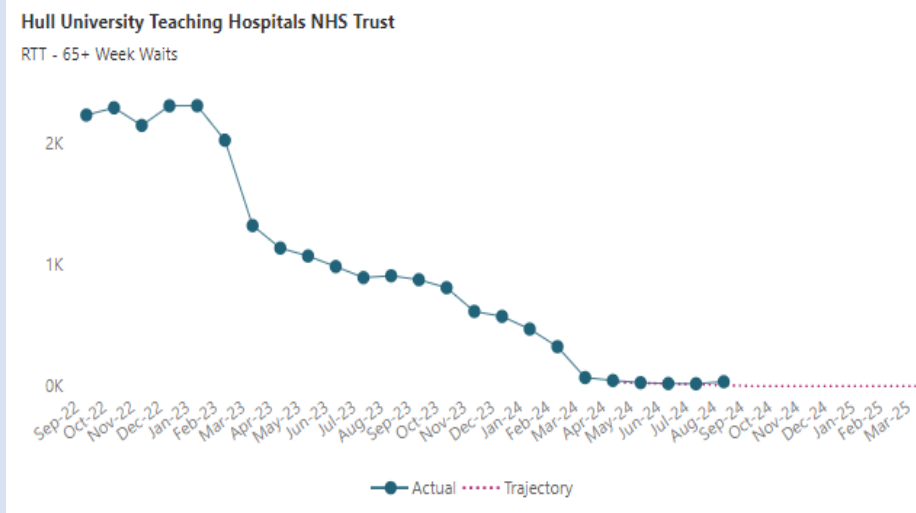
Key Themes

- Off plan to deliver elimination of 65 week waits by Sept 2024 but plans in place to mitigate the number reported.
- 35 patients exceeding 65 weeks reported at the end of August which is an increase on the previous month.
- Forecast position for end of September is 35.
- Risks identified:-
  o Paediatric ENT – additional weekend capacity is being delivered.
  o Plastic Surgery – a plan is required for gaps in provision of complex delayed breast reconstruction (DIEP requires 3 session day) is needed to prevent a number of breaches by the end of September.
  o Sub-contract agreed in September with Trent Cliffe to help to mitigate the risk in other cases in Plastic Surgery.
  o Delays in offering admission dates leading to unreasonable offers and then patient choice breaches.

Critical Enabler

Hull University Teaching Hospitals NHS Trust
RTT - Median Wait for Incomplete
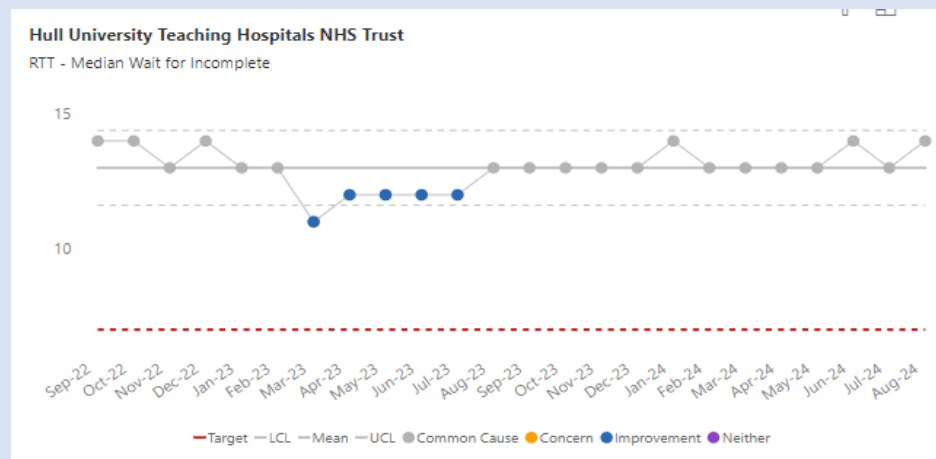
Actions

1. Elimination of >78w waits by end of June 2024 - delivered
2. Elimination >65w waits by end of September 2024
3. Reduce >52w waits by end of March 2025

Critical actions being delivered through the RTT Delivery Group

- Ensure all patients who will be a >65w risk for end of December have a first appointment by end of September 2024
- Continued focus at speciality level of patients dated and/or risks now focussed to eliminate the number of >65-week waits by the end of September 2024
- Delivery of 24/25 operating plan activity extension plans.
- Additional weekend waiting list initiatives to create capacity in Plastic surgery, Breast Surgery and ENT.
- Current growth in 52 week backlog will impact on the March 2025 forecast position against the March 2024 baseline.

10. Referral to Treatment – 65w Waits - NLAG

Compliance

Northern Lincolnshire and Goole NHS Foundation Trust
RTT - 65+ Week Waits

Legend: Actual ──● Trajectory ·····
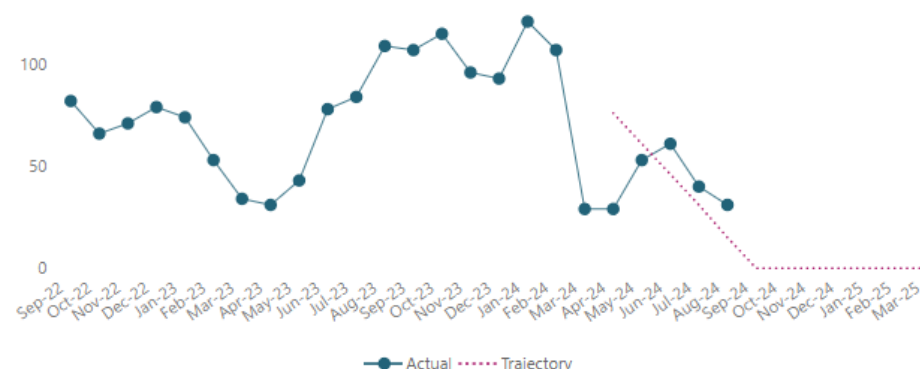
Key Themes
- Reduction in 65w waits at the end of August with 31 breaches – main issues:-
  - 7 x Gynaecology
  - 6 x Paediatrics
  - 6 x Community Dentistry
  - 4 x T&O
  - 8 x Other
- Deterioration in median waits from 10 weeks to 14 weeks (national standard 7 weeks) since March 2022 – noting this will reflect the admin backlog currently inflating the PTL
- Forecast for end of September is currently 15 with patient choice being the main contributing factor.

Critical Enabler

Northern Lincolnshire & Goole NHS Foundation Trust
RTT - Median Wait for Incomplete

Legend: Target — LCL — Mean — UCL ● Common Cause ● Concern ● Improvement ● Neither
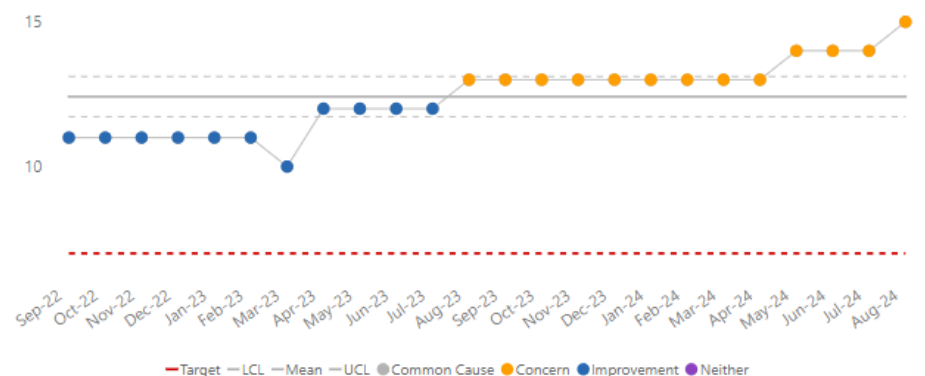
Actions
1. Clear >78w waits by end of June 2024
2. Clear >65w waits by end of September 2024
3. Reduce >52w waits by end of March 2025

Critical actions being delivered through the RTT Delivery Group
- Ensure all patients who will be a >65w risk for end of December have a first appointment by end of September 2024
- Delivery of 24/25 operating plan activity extension plans.
- Ensure patients that will breach >65w by end of September to have a first seen appointment by end of June
- Community Dental capacity and 65w breach risks – mitigated with weekend theatre lists but need sustainable solution
- Earlier planning of offering admission dates to reduce unreasonable offers and then patient choice breaches, alongside revised Group Access Policy.

11. Referral to Treatment – Data Quality - HUTH

Compliance
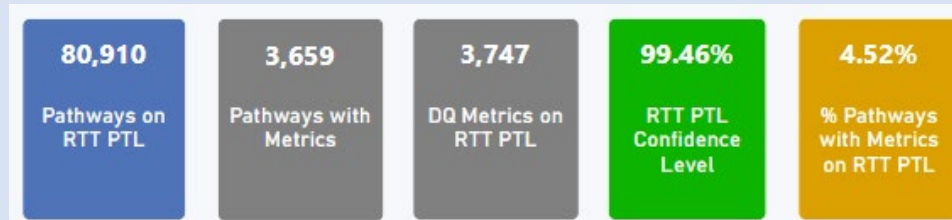
Key Themes

It is an NHSE mandated reporting requirement for Board to receive oversight of RTT Data Quality.

The Trust has robust oversight arrangements in place to support timely validation, these are monitored by RTT BI data quality reports in conjunction with the LUNA system, with established escalation processes in place. LUNA is currently reporting that the Trust has a 99.46% confidence level for RTT PTL data quality.

For those pathways validated every 12 weeks performance is 96.5% which remains significantly ahead of the national 90% standard.

Critical Enabler

Hull University Teaching Hospitals NHS Trust
RTT - Pathways Validated within 12 weeks
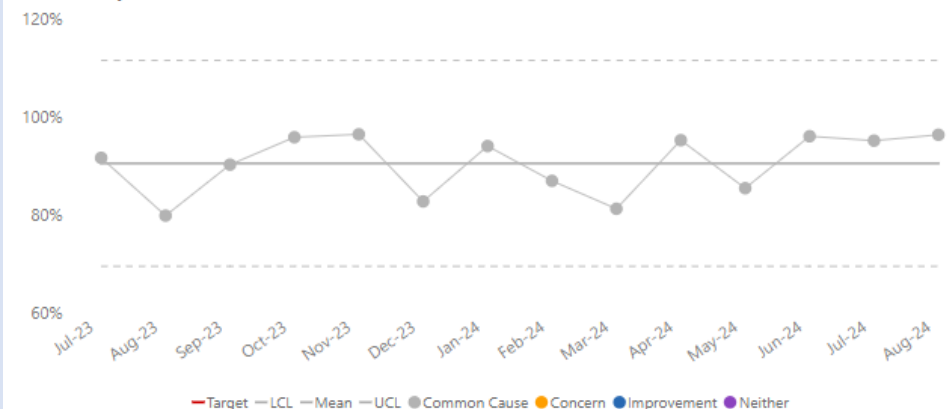
Actions

Critical actions to be taken:

- Business as usual process in place between the Performance and CAS teams
- BI data quality reports are used to monitor weekly and escalation processes are in place.
- Focus by CAS on ensuring the pathways over 12 weeks have an up-to-date validation comment

12.   Referral to Treatment – Data Quality - NLAG

Compliance
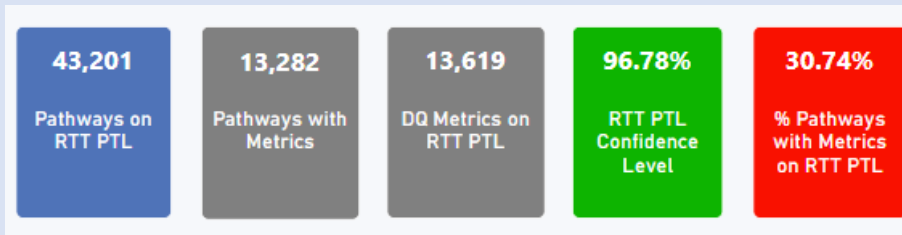
43,201	13,282	13,619	96.78%	30.74%
Pathways on RTT PTL	Pathways with Metrics	DQ Metrics on RTT PTL	RTT PTL Confidence Level	% Pathways with Metrics on RTT PTL

Key Themes

It is an NHSE mandated reporting requirement for Board to receive oversight of RTT Data Quality.

- LUNA data quality is showing a reduction in the confidence rate to 96.78%.
- There has been a dramatic increase in the % of pathways with DQ metrics to 30.7% from 8.8% previously reported due to a change in the information submission which has not been flagged.
- The predominant sub metric generating the DQ flag is pathways validated every 12 weeks the latest data shows and improvement to 58% compliance against the 90% standard
- This links to the admin delay in transacting pathway events post Lorenzo deployment as outlined in the RTT section of this report.

Critical Enabler

Northern Lincolnshire & Goole NHS Foundation Trust
RTT - Pathways Validated within 12 weeks
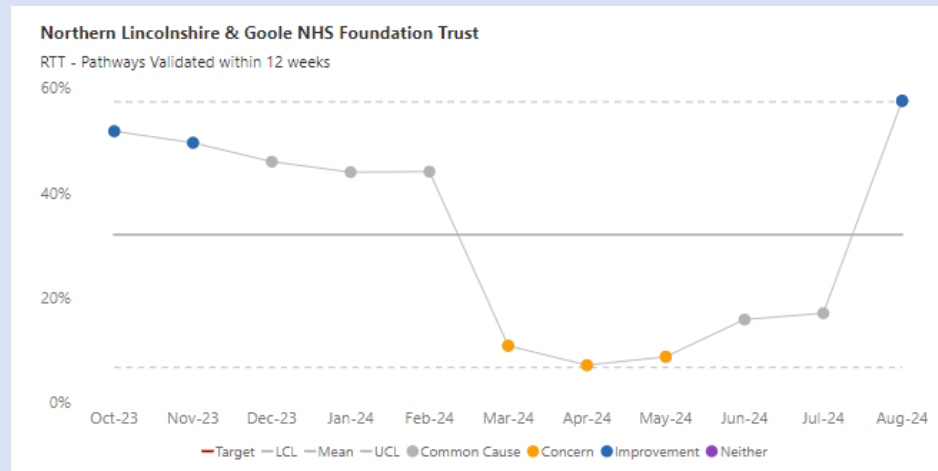
Actions

- Patient Services to reinstate text validation to patients every 12 weeks to confirm patients are still requiring appointments by end of July - completed
- Patient Services to reduce the number of unvalidated pathways and other key DQ reports including un-outcomed clinic and admission attendances to proactivity improve incomplete pathway management.
- 10 additional staff being recruited to support NLAG validation work, 8 of which are now in post.
- Focus on improving up-to-date validation / tracking comments to
- RTT Insights Dashboard training commenced 5th August 2024 to all Care Group Operational teams.

13. Cancelled Operations - HUTH

Compliance

Hull University Teaching Hospitals NHS Trust
Inpatients - Cancelled Operations (number)

Target — LCL — Mean — UCL ● Common Cause ● Concern ● Improvement ● Neither
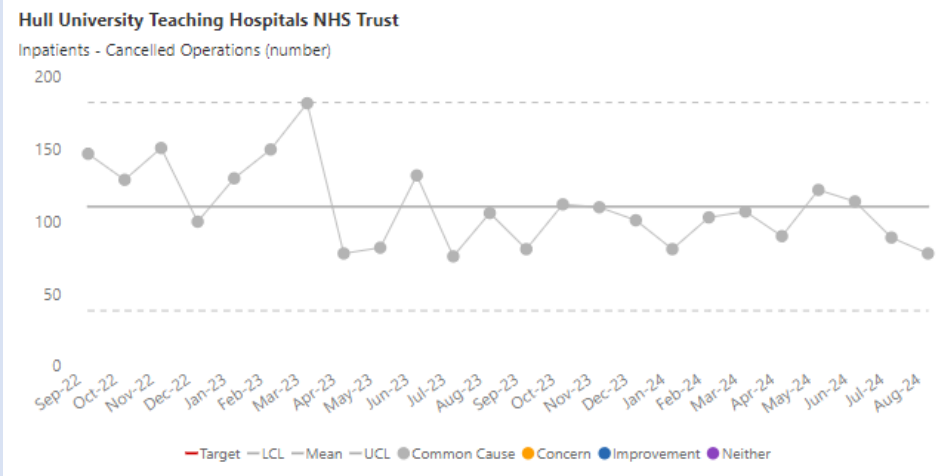
Key Themes

- HUTH sits at 1.4% of operations cancelled on the day for non-clinical reasons against a performance tolerance of 0.65% - this is reported quarterly.
- In August there were 78 cancelled operations on the day for non-clinical reasons.
- The largest reasons are –
  - No Bed – 23
  - Theatre list overran – 19
  - No surgeon / anaesthetist - 16
  - Emergency case needing theatre – 14
- The main specialties for cancellations on the day are –
  - Interventional Radiology – 15
  - Vascular Surgery - 10

Critical Enabler

Hull University Teaching Hospitals NHS Trust
Inpatients - Cancelled Operations (%)

Target — LCL — Mean — UCL ● Common Cause ● Concern ● Improvement ● Neither
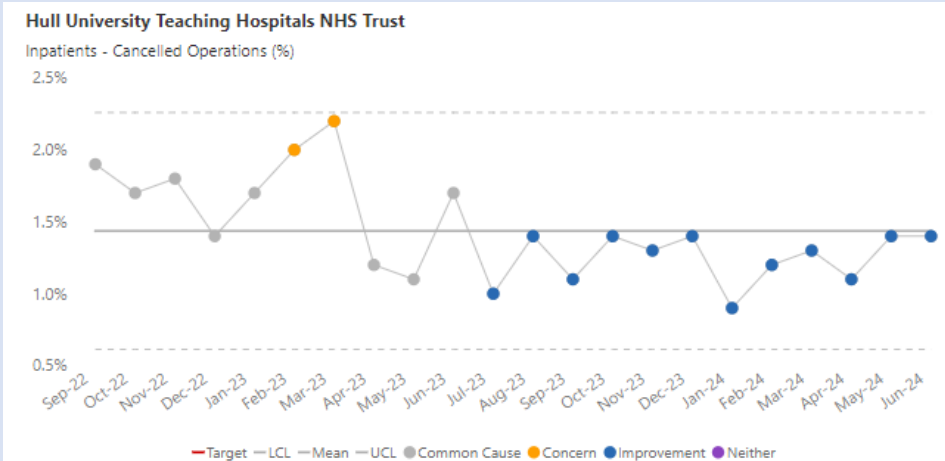
Actions

- Group level Cancelled operations Standard Operating Procedure (SOP) developed and deployed with the Operations Director for Theatres responsible for approving all on the day cancellations
- Robust cancelled operations performance monitoring systems deployed at Group level including 28 day re-bookings reviewed weekly by Site Managing Director
- Review of cancellations trends and themes escalated to the speciality / pre-assessment teams.
- Focus at operational meetings regarding beds required for elective procedures to take place with review of 7/5/2 day pre-op to commence in Orthopaedics and ENT.
- 85% Capped utilisation report and actions going out to all Care Groups from 17th June.
- Progress GIRFT actions for High Volume Low Complexity activity.

14. Cancelled Operations - NLAG

Compliance

Northern Lincolnshire & Goole NHS Foundation Trust

Inpatients - Cancelled Operations (number)

Target — LCL — Mean — UCL ● Common Cause ● Concern ● Improvement ● Neither

Critical Enabler

Northern Lincolnshire & Goole NHS Foundation Trust

Inpatients - Cancelled Operations (%)

Target — LCL — Mean — UCL ● Common Cause ● Concern ● Improvement ● Neither
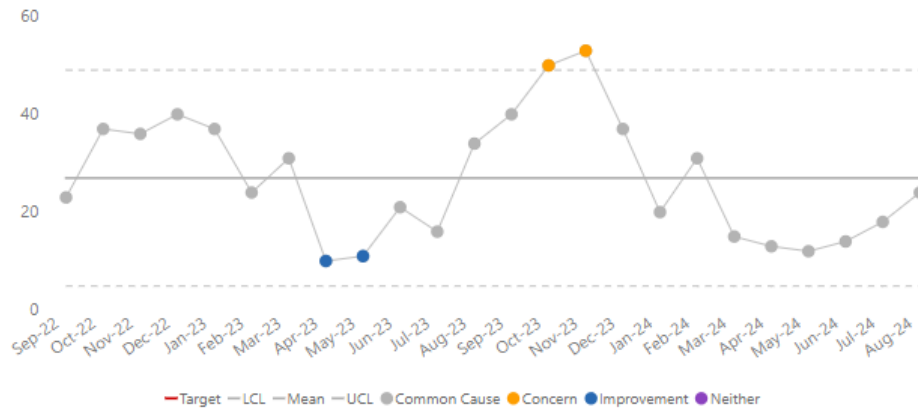
Key Themes

- NLAG reports 1% of cancellations to FFCEs - just above the 0.65% standard.
- In August there were 24 elective cancellations on the day for non-clinical reasons
  - 13 due to theatre list over-runs
  - 7 equipment failure
  - 4 Other
- 98% of theatre sessions in August had late starts, however, overall late starts >10 minutes has been reduced.
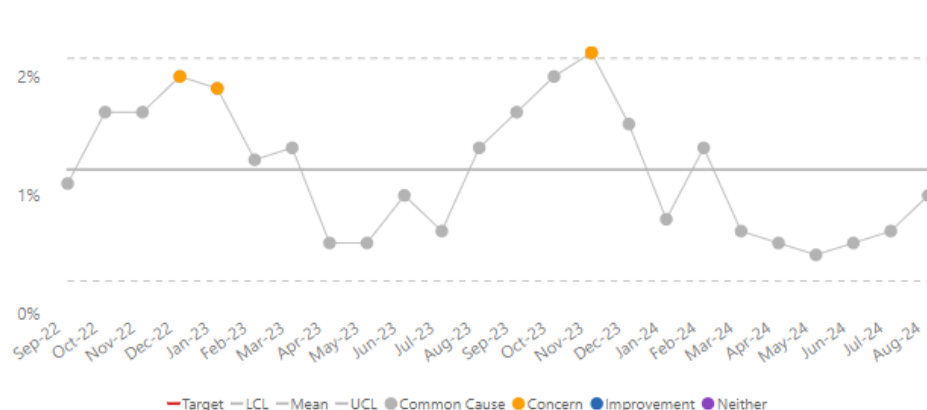
Actions

- Enhanced BIU support to report national data set and eliminate DQ issues.
- Additional daily scrutiny and feed back to specialities regarding capped utilisation and the additional minor patient to be added to all lists not delivering 85% utilisation.
- HUB commenced at GDH 10th June 2024, to support LoS and GIRFT standards improvement.
- Working with NHSE/GIRFT on improvement recommendations
- Reviewing all opportunities to sweat current assets.
- Cancelled operations Standard Operating Procedure (SOP) has been reissued at Group level with the Operations Director for Theatres responsible for approving on the day cancellations
- Standing down or lifting sessions SOP completed and deployed.

15.   Capped Theatre Utilisation - HUTH

Compliance

Hull University Teaching Hospitals NHS Trust
Theatres - Capped Theatre Utilisation
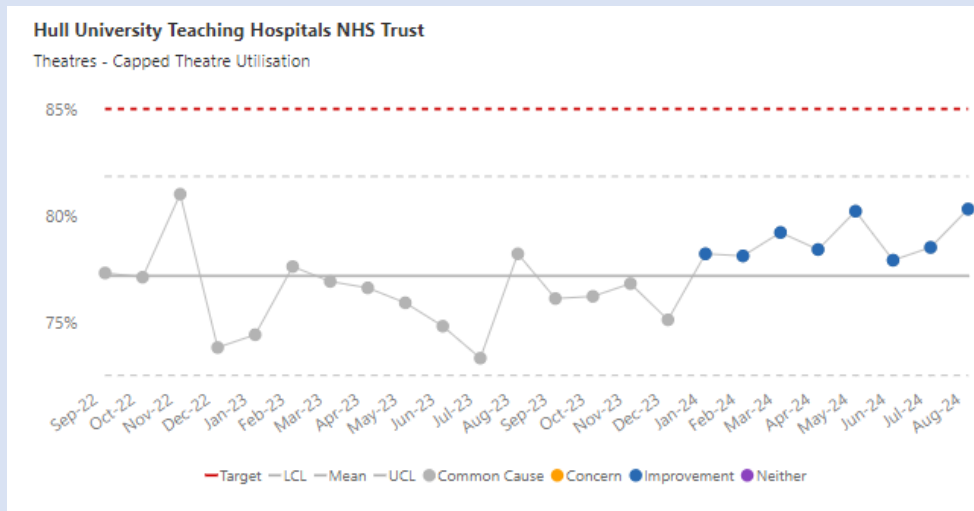
Key Themes

- Improvement in capped theatre utilisation with latest Model Hospital data showing performance at 83% placing the Trust in the highest quartile nationally.
- Internal reporting at 80.3% for capped theatre utilisation for August.
- Day Case capped theatre utilisation has improved to 82.5% - improving this element of delivery is the critical enabler to improve to the aggregate activity standard of 85%.
- HUTH specifically commended on delivery of capped utilisation improvement by Professor Tim Briggs, Chair of GIRFT and NHSE National Director for Clinical Improvement & Elective Recovery.
- Improvement in late starts down to 61% (methodology 0 minutes = late start)

Critical Enabler

Hull University Teaching Hospitals NHS Trust
Theatres - Late Starts
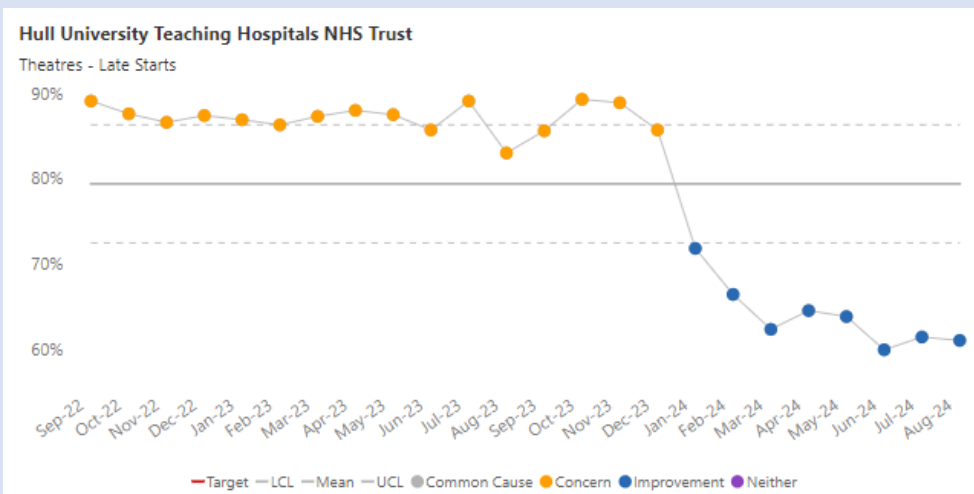
Actions

- Theatre Data Quality dashboard in place which is managed daily by the Theatres, Anaesthetics and Critical Care Group
- Theatres Insights Model being implemented – testing completed and training roll out due to commence end of September.
- Improve recording of day case touch points in ORMIS
- Implementation in June of 1 extra patient per day case list for any list at <85% capped utilisation

16. Capped Theatre Utilisation - NLAG

Compliance

Northern Lincolnshire & Goole NHS Foundation Trust
Theatres - Capped Theatre Utilisation

Target — LCL — Mean — UCL ● Common Cause ● Concern ● Improvement ● Neither

Critical Enabler

Northern Lincolnshire & Goole NHS Foundation Trust
Theatres - Late Starts
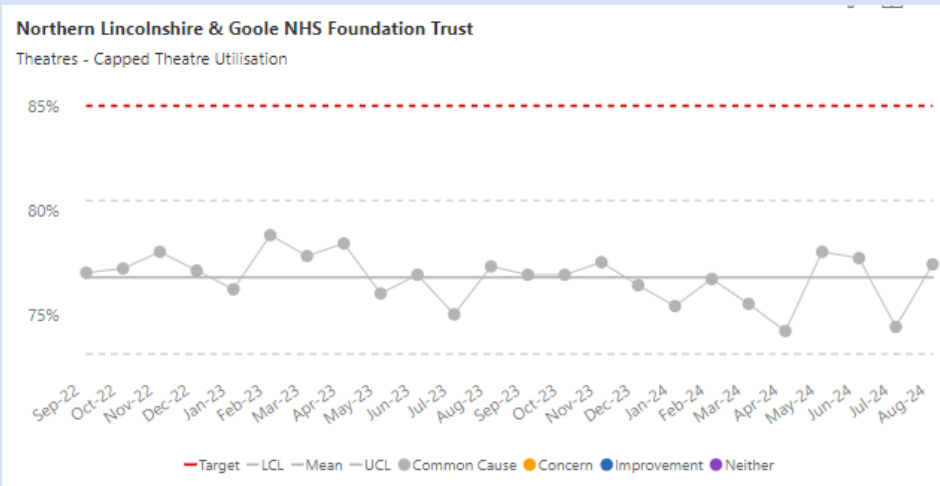
Target — LCL — Mean — UCL ● Common Cause ● Concern ● Improvement ● Neither
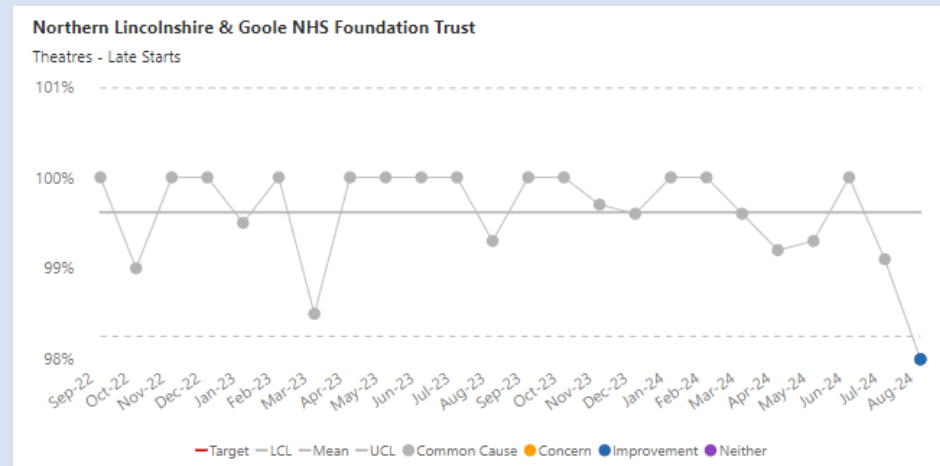
Actions

- CAP working group established with Theatre and Analytical leads to apply learning from HUTH analysts on improvement work undertaken on data quality issues with the fortnightly submissions to Model Health and the methodologies applied.
- BI reporting being reviewed due to issues with how the theatre sessions are recorded on WebV, currently sessions are not differentiated between day case and elective theatres, which creates significant issues based on Model Hospital calculation methodologies.
- Implementation in June of 1 extra patient per day case list for any list at <85% capped utilisation

Indicator	Period	Target	🏆	SPC	Last 12 Months	Centile
Audiology	Jul 24	5.00%	2.3%			75
Barium Enema	Jul 24	5.00%	0.0%			100
Colonoscopy	Jul 24	5.00%	49.4%			10
Computed Tomography	Jul 24	5.00%	9.8%			28
Cystoscopy	Jul 24	5.00%	26.4%			37
DEXA Scan	Jul 24	5.00%	64.5%			0
DM01 Waiting <13 Weeks	Jul 24	100.00%	93.1%			33
Diagnostic activity levels - Audiology Assessments	Jul 24	-	507			53
Diagnostic activity levels - Barium Enema	Jul 24	-	58			83
Diagnostic activity levels - CT	Jul 24	-	6,204			69
Diagnostic activity levels - Colonoscopy	Jul 24	-	155			28
Diagnostic activity levels - Cystoscopy	Jul 24	-	341			79
Diagnostic activity levels - Dexa Scan	Jul 24	-	586			86
Diagnostic activity levels - Echocardiography	Jul 24	-	739			41
Diagnostic activity levels - Endoscopy	Jul 24	-	931			45
Diagnostic activity levels - Flexi Sigmoidoscopy	Jul 24	-	97			51
Diagnostic activity levels - Gastroscopy	Jul 24	-	338			45
Diagnostic activity levels - Imaging	Jul 24	-	14,916			65
Diagnostic activity levels - Non Obstetric Ultrasound	Jul 24	-	5,038			62
Diagnostic activity levels - Total	Jul 24	-	17,646			62
Diagnostic activity levels - Urodynamics	Jul 24	-	49			71
Diagnostics - 6 Week Standard	Jul 24	5.00%	24.2%			32
Diagnostics - 6 Week Standard Reversed	Jul 24	95.00%	75.8%			32
Echocardiography	Jul 24	5.00%	49.9%			15
Electrophysiology	Jul 24	5.00%	-			-
Gastroscopy	Jul 24	5.00%	31.6%			23
Magnetic Resonance Imaging	Jul 24	5.00%	1.4%			77
Neurophysiology	Jul 24	5.00%	20.8%			38
Non-obstetric Ultrasound	Jul 24	5.00%	12.6%			36
Urodynamics	Jul 24	5.00%	61.8%			22

Indicator	Period	Target	🏆	SPC	Last 12 Months	Centile
Audiology	Jul 24	5.00%	46.9%			28
Barium Enema	Jul 24	5.00%	0.0%			100
Colonoscopy	Jul 24	5.00%	11.2%			53
Computed Tomography	Jul 24	5.00%	5.4%			37
Cystoscopy	Jul 24	5.00%	15.8%			52
DEXA Scan	Jul 24	5.00%	0.7%			54
DM01 Waiting <13 Weeks	Jul 24	100.00%	98.0%			59
Diagnostic activity levels - Audiology Assessments	Jul 24	-	0			17
Diagnostic activity levels - Barium Enema	Jul 24	-	147			98
Diagnostic activity levels - CT	Jul 24	-	11,459			96
Diagnostic activity levels - Colonoscopy	Jul 24	-	528			73
Diagnostic activity levels - Cystoscopy	Jul 24	-	575			96
Diagnostic activity levels - Dexa Scan	Jul 24	-	254			44
Diagnostic activity levels - Echocardiography	Jul 24	-	983			53
Diagnostic activity levels - Endoscopy	Jul 24	-	2,109			92
Diagnostic activity levels - Flexi Sigmoidoscopy	Jul 24	-	265			95
Diagnostic activity levels - Gastroscopy	Jul 24	-	741			86
Diagnostic activity levels - Imaging	Jul 24	-	20,530			88
Diagnostic activity levels - Non Obstetric Ultrasound	Jul 24	-	3,576			42
Diagnostic activity levels - Total	Jul 24	-	24,068			85
Diagnostic activity levels - Urodynamics	Jul 24	-	143			92
Diagnostics - 6 Week Standard	Jul 24	5.00%	12.3%			65
Diagnostics - 6 Week Standard Reversed	Jul 24	95.00%	87.7%			65
Echocardiography	Jul 24	5.00%	19.4%			46
Gastroscopy	Jul 24	5.00%	6.7%			59
Magnetic Resonance Imaging	Jul 24	5.00%	6.2%			60
Neurophysiology	Jul 24	5.00%	34.6%			32
Non-obstetric Ultrasound	Jul 24	5.00%	3.8%			55
Urodynamics	Jul 24	5.00%	11.9%			69

14. Pathway Benchmarking & Trend – Diagnostics

NB: National benchmarking data is a month in arrears due the NHSE publication timetable

Diagnostics – 6 week Performance Standard

Ranking Chart

Hull University Teaching Hospitals · ~~Custom~~ · ~~Harrogate and District~~ · Northern Lincolnshire and Goole · ~~Humber~~

Rank 106 of 156 selected

Trend Chart

Hull University Teaching Hospitals · ~~Custom~~ · ~~Harrogate and District~~ · Northern Lincolnshire and Goole · % Rank
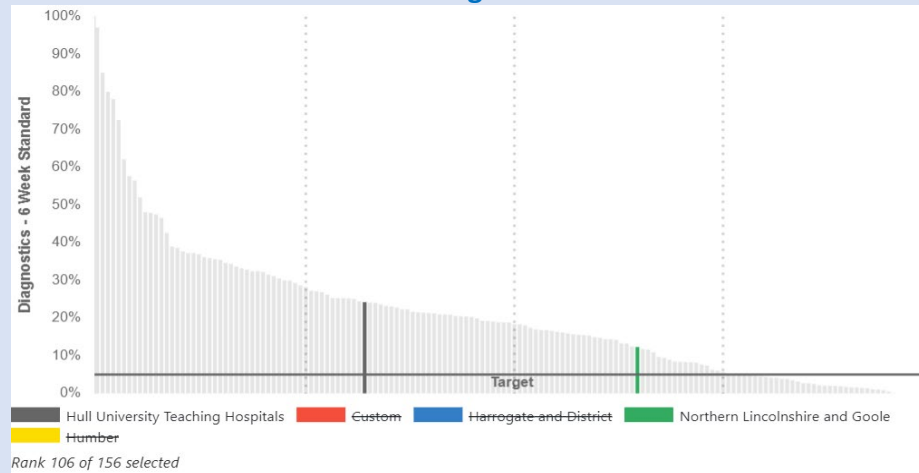
Diagnostics – Activity

Ranking Chart

Hull University Teaching Hospitals · ~~Custom~~ · ~~Harrogate and District~~ · Northern Lincolnshire and Goole · ~~Humber~~

Rank 61 of 156 selected

Trend Chart

Hull University Teaching Hospitals · ~~Custom~~ · ~~Harrogate and District~~ · Northern Lincolnshire and Goole · % Rank
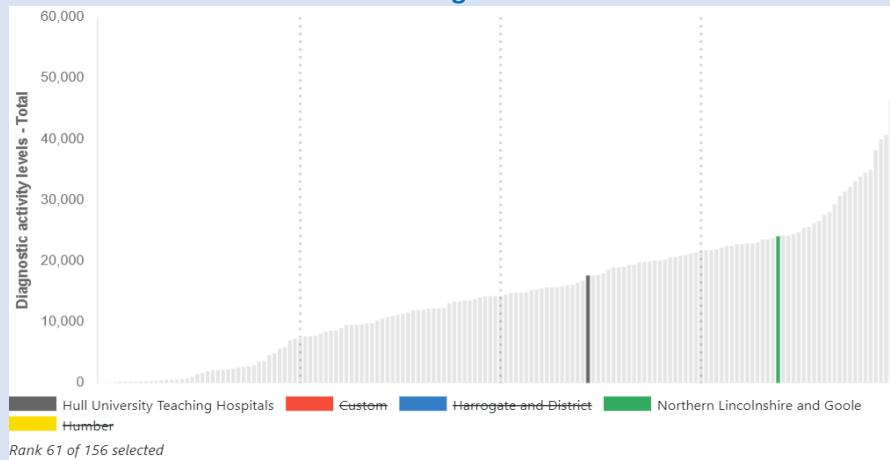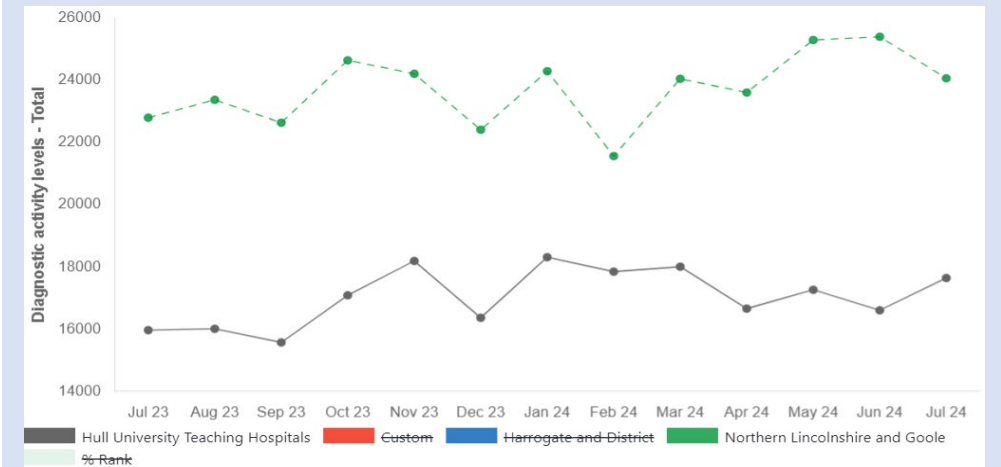
19. Diagnostic 6 Week Standard - HUTH

Compliance

Hull University Teaching Hospitals NHS Trust
Diagnostics - 6 Week Standard
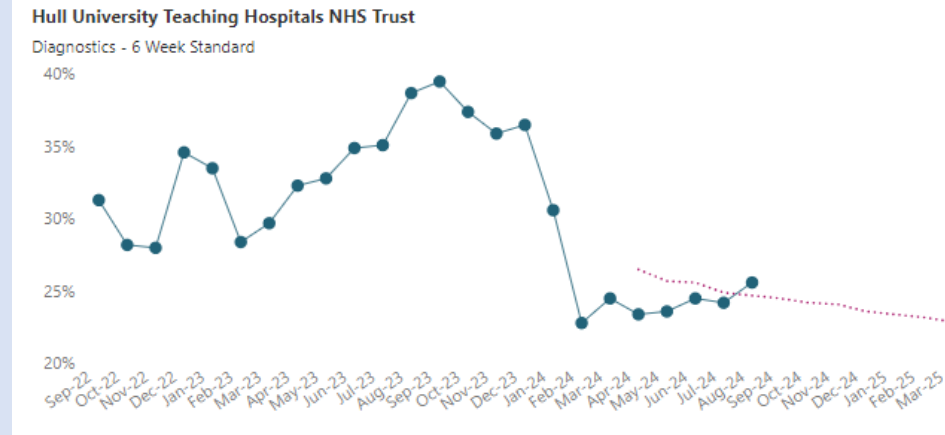
Key Themes

- Decline in performance in August to 25.6%, being a deterioration of 1.3%). This places the Trust behind the plan trajectory.
- The most notable decrease in performance in Echocardiography (68.3%) and Flexible Sigmoidoscopy (33.3%) despite little change in waiting list volume in either modality.
- Most modalities at HUTH increased activity levels over 23/24 and into 24/25. Whilst ahead of delivery trajectory, aggregate diagnostic compliance has remained fairly static in recent months.
- Modality level compliance is varied at HUTH versus NLAG, driving a need to equalise waits within the Group.

Critical Enabler

Hull University Teaching Hospitals NHS Trust
Diagnostics - Total Activity Levels
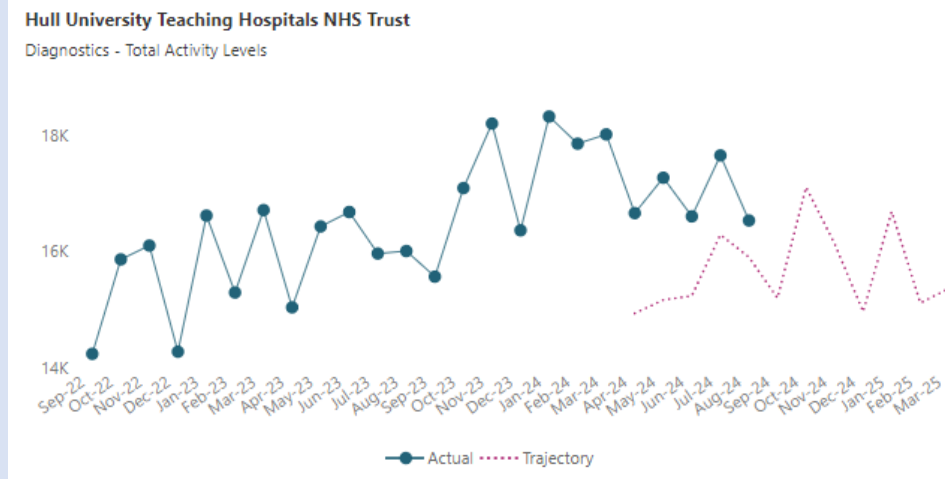
Actions

- Critical actions in place:
  - Services have developed improvement plans to create additional diagnostic activity levels and utilise mutual aid opportunities across the Group.
  - Dedicated investment case approved to address DEXA waiting list backlog via increased throughput and testing volume capacity.

20.   Diagnostic 6 Week Standard - NLAG

Compliance

Hull University Teaching Hospitals NHS Trust
Diagnostics - 6 Week Standard

Critical Enabler

Northern Lincolnshire and Goole NHS Foundation Trust
Diagnostics - Total Activity Levels

● Actual ····· Trajectory
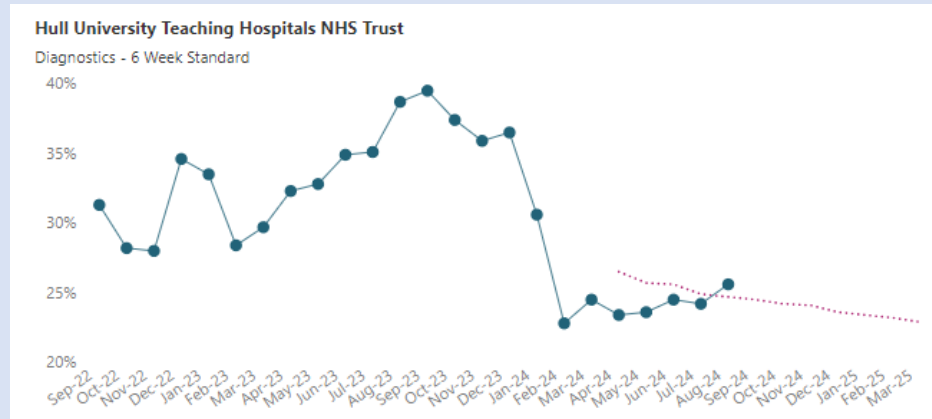
Key Themes

- Decrease in performance in August to 18.4% (-6.1%), mainly driven by 4 modalities
  o Audiology, Echocardiography, Neurophysiology and NOUS
  o No signification growth in waiting list in any modality
- Aggregate (all modality) compliance continues to improve through the increased activity levels in imaging.
- Imaging activity recording varies at both Trusts. NLAG reports based on body parts scanned, rather than overall scan volume, which leads to NLAG having higher reported activity levels than HUTH. Both practices technically align to national guidance.
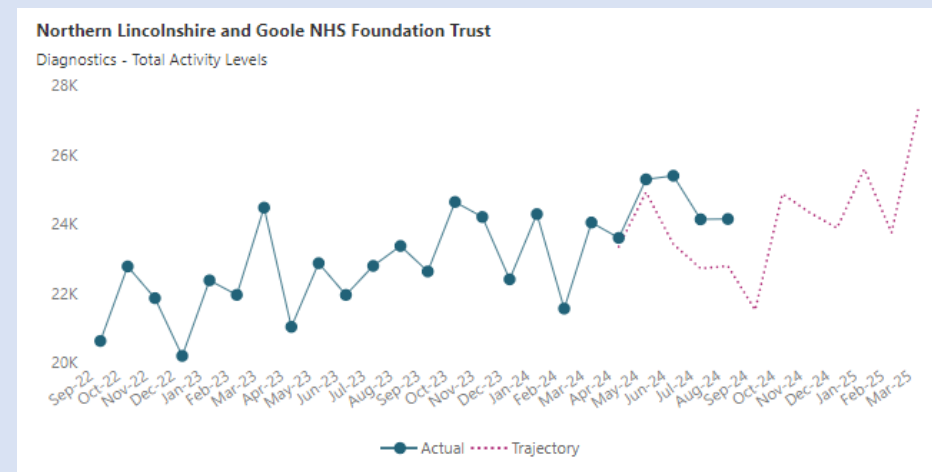
Actions

- Operating Plan commitments significantly extend diagnostic activity levels in 24/25.
- Further activity stretch plans have been developed to create additional diagnostic activity levels above the annual plan and utilise mutual aid opportunities across the Group. Where associated investment plans have been approved operational teams are commencing implementation either through use of WLIs, locums, substantive appointments or Independent Sector.
- To mitigate capacity shortfalls relating to staffing in Neurophysiology on the South Bank enhanced workforce arrangements have been deployed to reduce backlog.
- Ultrasound increasing capacity with use of IS. CDC comes on line in November which will also improve the position.

Pathway Summary – Benchmark Report – Cancer Waiting Times

Indicator	Period	Target	🏆	SPC	Last 12 Months	Centile
Cancer 2 Week Wait	Jul 24	93.00%	78.9%			41
Cancer 2 Week Wait Breast Symptomatic	Jul 24	93.0%	34.5%			17
Cancer 28 Day Faster Diagnosis	Jul 24	75.0%	73.9%			24
Cancer 28 Day Faster Diagnosis - Acute Leukaemia	Jul 24	75.0%	-			-
Cancer 28 Day Faster Diagnosis - Brain Tumours	Jul 24	75.0%	80.0%			40
Cancer 28 Day Faster Diagnosis - Breast Cancer	Jul 24	75.0%	87.2%			25
Cancer 28 Day Faster Diagnosis - Breast Symptoms	Jul 24	75.0%	69.2%			6
Cancer 28 Day Faster Diagnosis - Children's Cancer	Jul 24	75.0%	100.0%			100
Cancer 28 Day Faster Diagnosis - Gynaecological Cancer	Jul 24	75.0%	51.7%			17
Cancer 28 Day Faster Diagnosis - Haematological Malignancies	Jul 24	75.0%	20.0%			9
Cancer 28 Day Faster Diagnosis - Head & Neck Cancer	Jul 24	75.0%	88.2%			88
Cancer 28 Day Faster Diagnosis - Lower Gastrointestinal Cancer	Jul 24	75.0%	39.7%			5
Cancer 28 Day Faster Diagnosis - Lung Cancer	Jul 24	75.0%	79.1%			50
Cancer 28 Day Faster Diagnosis - Missing or Invalid	Jul 24	75.0%	-			-
Cancer 28 Day Faster Diagnosis - Other Cancer	Jul 24	75.0%	100.0%			100
Cancer 28 Day Faster Diagnosis - Skin Cancer	Jul 24	75.0%	94.7%			79
Cancer 28 Day Faster Diagnosis - Testicular Cancer	Jul 24	75.0%	100.0%			100
Cancer 28 Day Faster Diagnosis - Upper Gastrointestinal Cancer	Jul 24	75.0%	92.2%			95
Cancer 28 Day Faster Diagnosis - Urological Malignancies	Jul 24	75.0%	61.5%			58
Cancer 31 Day All Stages	Jul 24	96.0%	75.0%			0
Cancer 31 Day First Treatment	Jul 24	96.00%	80.9%			2
Cancer 31 Day Subsequent Treatment	Jun 24	96.0%	75.8%			7
Cancer 31 Day Subsequent Treatment - Drugs	Jul 24	96.0%	93.6%			3
Cancer 31 Day Subsequent Treatment - Radiotherapy	Jul 24	96.0%	53.6%			0
Cancer 62 Day All Routes	Jul 24	85.00%	49.7%			4
Cancer 62 Day Consultant Upgrade	Jul 24	85.0%	28.3%			0
Cancer 62 Day Screening	Jul 24	90.0%	42.1%			11
Cancer 62 Day Urgent Suspected	Jul 24	85.00%	54.9%			20
Cancer of bronchus; lung	Aug 24	1.00	1.12			34

Indicator	Period	Target	🏆	SPC	Last 12 Months	Centile
Cancer 2 Week Wait	Jul 24	93.00%	96.2%			92
Cancer 2 Week Wait Breast Symptomatic	Jul 24	93.0%	93.5%			67
Cancer 28 Day Faster Diagnosis	Jul 24	75.0%	74.8%			29
Cancer 28 Day Faster Diagnosis - Breast Cancer	Jul 24	75.0%	94.9%			63
Cancer 28 Day Faster Diagnosis - Breast Symptoms	Jul 24	75.0%	91.9%			39
Cancer 28 Day Faster Diagnosis - Gynaecological Cancer	Jul 24	75.0%	55.9%			27
Cancer 28 Day Faster Diagnosis - Haematological Malignancies	Jul 24	75.0%	-			-
Cancer 28 Day Faster Diagnosis - Head & Neck Cancer	Jul 24	75.0%	63.9%			15
Cancer 28 Day Faster Diagnosis - Lower Gastrointestinal Cancer	Jul 24	75.0%	67.5%			55
Cancer 28 Day Faster Diagnosis - Lung Cancer	Jul 24	75.0%	60.6%			11
Cancer 28 Day Faster Diagnosis - Missing or Invalid	Jul 24	75.0%	-			-
Cancer 28 Day Faster Diagnosis - Other Cancer	Jul 24	75.0%	100.0%			100
Cancer 28 Day Faster Diagnosis - Sarcoma	Jul 24	75.0%	-			-
Cancer 28 Day Faster Diagnosis - Skin Cancer	Jul 24	75.0%	-			-
Cancer 28 Day Faster Diagnosis - Testicular Cancer	Jul 24	75.0%	100.0%			100
Cancer 28 Day Faster Diagnosis - Upper Gastrointestinal Cancer	Jul 24	75.0%	86.0%			71
Cancer 28 Day Faster Diagnosis - Urological Malignancies	Jul 24	75.0%	68.6%			72
Cancer 31 Day All Stages	Jul 24	96.0%	98.7%			81
Cancer 31 Day First Treatment	Jul 24	96.00%	98.7%			81
Cancer 31 Day Subsequent Treatment	Jun 24	96.0%	95.4%			57
Cancer 31 Day Subsequent Treatment - Drugs	Jul 24	96.0%	99.1%			37
Cancer 31 Day Subsequent Treatment - Radiotherapy	Jul 24	96.0%	-			-
Cancer 62 Day All Routes	Jul 24	85.00%	53.3%			9
Cancer 62 Day Consultant Upgrade	Jul 24	85.0%	56.0%			3
Cancer 62 Day Screening	Jul 24	90.0%	50.0%			21
Cancer 62 Day Urgent Suspected	Jul 24	85.00%	53.3%			18
Cancer of bronchus; lung	Aug 24	1.00	1.09			38

NB: National benchmarking data is a month in arrears due the NHSE publication timetable

62 Day Performance

Ranking Chart

Rank 133 of 139 selected
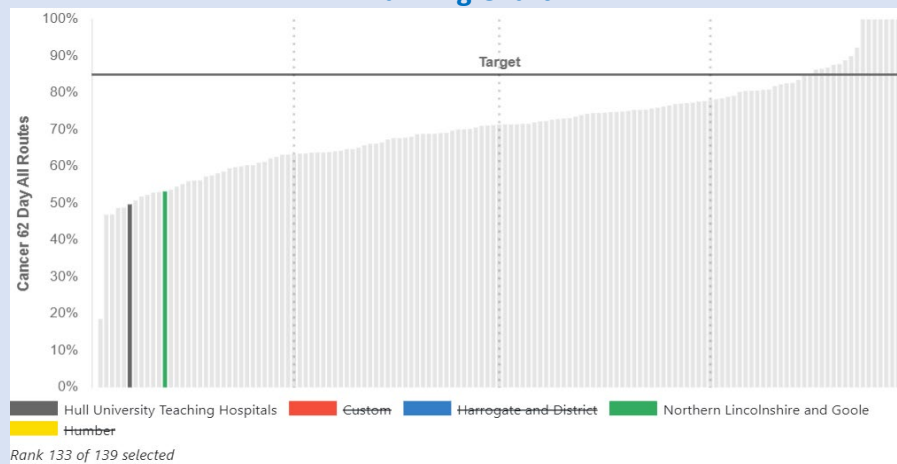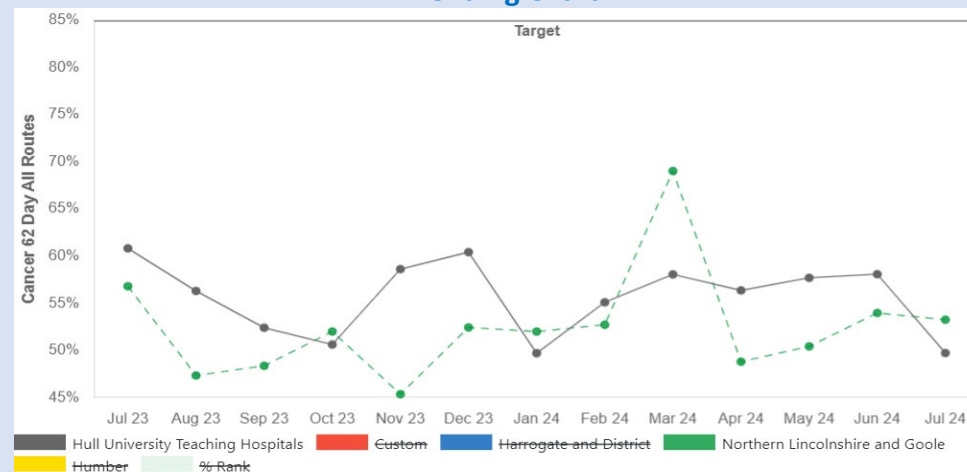
Trending Chart

Faster Diagnosis Performance

Ranking Chart

Rank 102 of 134 selected
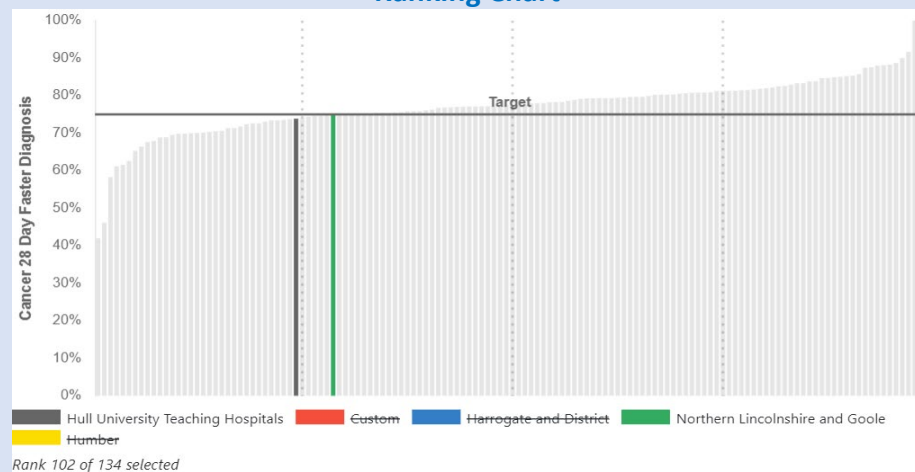
Trending Chart

23. 62 Day Cancer Performance - HUTH

Hull University Teaching Hospitals NHS Trust
Cancer - 62 Day Wait All Referral Sources

Legend: Actual ●●●●● Trajectory

Hull University Teaching Hospitals NHS Trust
Cancer - Decision to Treat within 38 days

Legend: Target — LCL — Mean — UCL ● Common Cause ● Concern ● Improvement ● Neither

Compliance

Critical Enabler
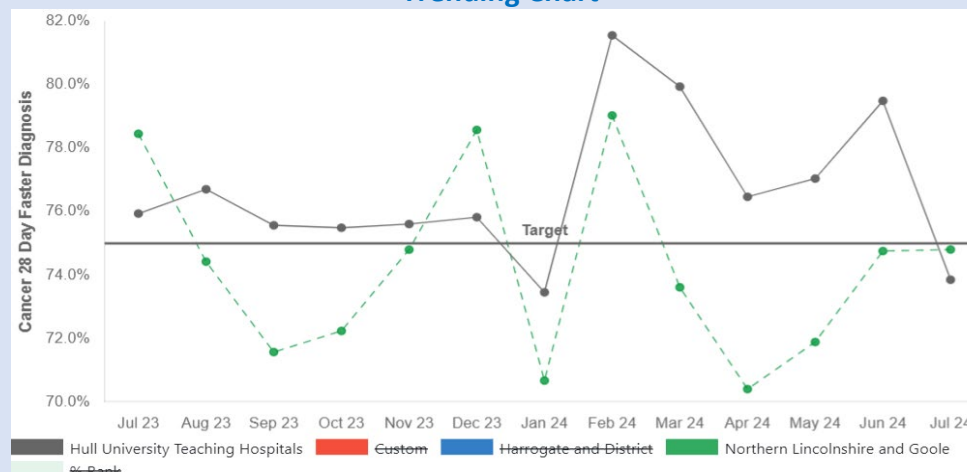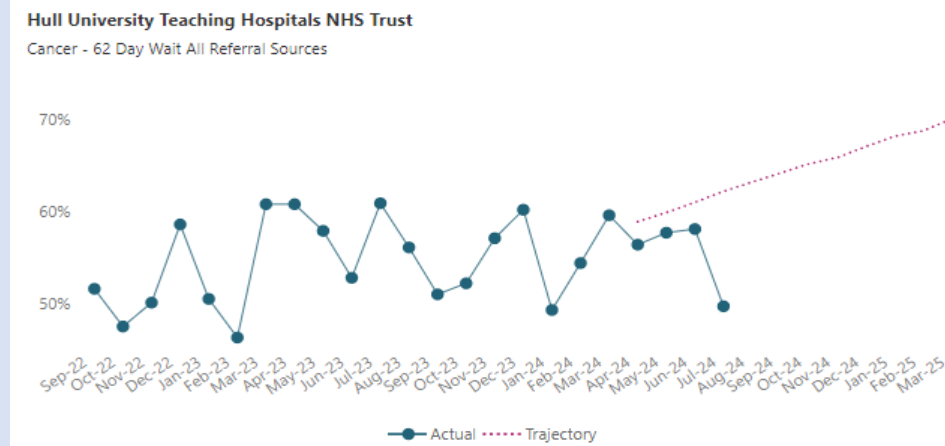
Key Themes
- Deterioration in performance for July 2024 at 49.7% (-8%)
- Very high number of treatments in July 2024 – review of all breaches underway by operational and cancer teams
- Breast, H&N & Skin breaches due to capacity for 1st OPA which lengthened patient pathway
- Endoscopy diagnostic delivery affecting LGI 62-Day RTT
- Lung/Thoracic – need to pool patients to avoid differential waiting times
- Radiotherapy recovery plan continues (12 months from November 2023) & mutual aid from Lincoln; referrals and complexity above trajectory
- Histology TATs - SHYPS TAT Improvement Plan; poor delivery vs. national performance escalated to the SHYPS Oversight Committee (Aug 2024)
- PET CT performance issues escalated to System Tier & NHSE meetings
- Late IHTs – Lung, Gynae & Urology: focussed work within the Group
- Oncology capacity (vacancies plus increased demand) – clinical prioritisation in place for Breast & Urology
- Surgical capacity in LGI and Urology (vacancies)
- +7% increase in Cancer Referrals 23/24 vs. 22/23
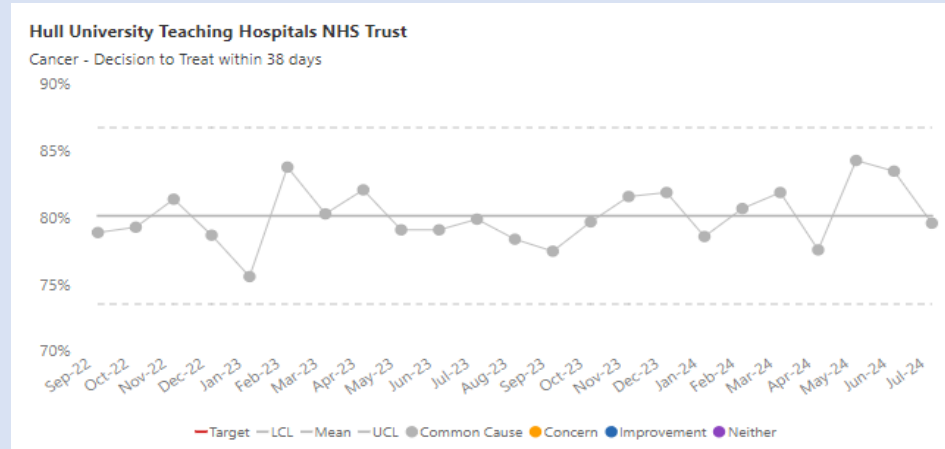
Actions
- Endoscopy recovery plan delivery
- Lung whole pathway review undertaken 28 June 2024 – Group-wide improvement plan to progress/deliver
- Gynaecology improvement group established with action plan
- Plastic Surgery & Dermatology capacity – x2-4 vacant consultant posts; focussed effort to maintain FDS and treatments
- Urology consultant vacancies – impacted by annual leave, significant delays with outpatient and surgical capacity; looking at potential mutual aid options
- HNYCA IPT SOP – embed and review across the Group
- Inter-Group review of the Urology IPTs – urology improvement group extended to cover the Group

24.   62 Day Cancer Performance - NLAG

Compliance

Northern Lincolnshire and Goole NHS Foundation Trust
Cancer - 62 Day Wait All Referral Sources

Legend: Actual .... Trajectory
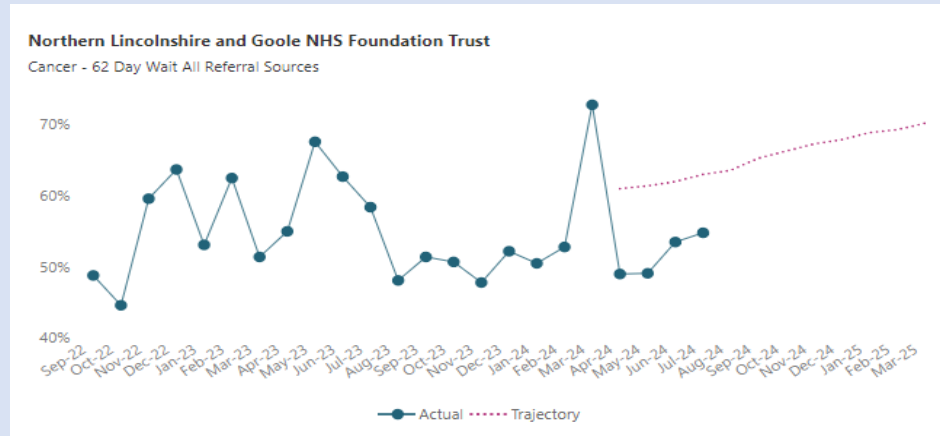
Key Themes

- 54.8% performance for July 24, an increase on the previous month – 4th month of improvement
- Lung - capacity for OPAs, diagnostics & oncology appointments (to determine surgical vs. oncology treatment). Lung physician vacancies x 2 – in recruitment, previous difficulties and retention issues
- Urology surgical capacity (vacancy)
- H&N – pathways issues to resolve; multiple diagnostics and histology not marked 31/62
- Gynaecology – OPA and diagnostic capacity issues, plus review of tracking/pathway management underway. Additional tracking support identified; Co-ordinator vacancy filled – start date 27.8.2024
- Histology TATs - % within 10 days and overall TATs being analysed by Path Links
- IPT transfer delays continue, impact assessed at 7-10% due to breach attribution in Lung & Urology pathways; both have front end pathway delays to be addressed.

Critical Enabler

Northern Lincolnshire & Goole NHS Foundation Trust
Cancer - Decision to Treat within 38 days

Legend: Target —LCL —Mean —UCL ●Common Cause ●Concern ●Improvement ●Neither
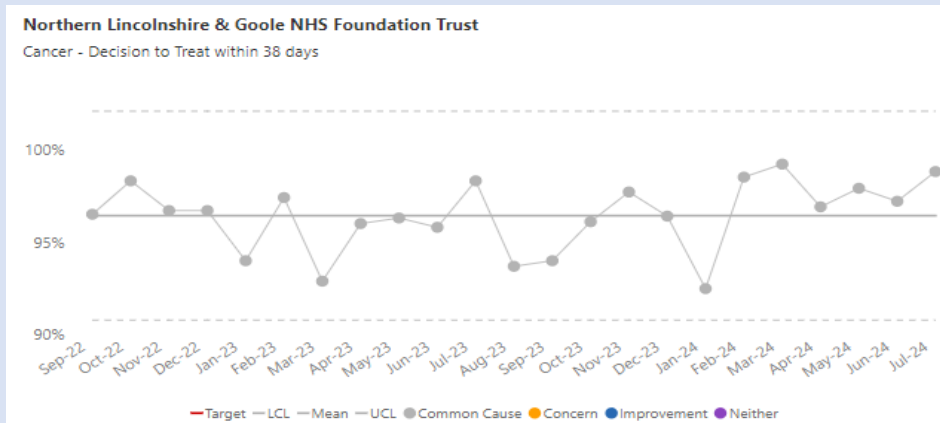
Actions

- Urology – Improvement group established to use/apply learning from HUTH pathway improvement
- Gynae – improvement plan developed at workshop during September 2024 to address delays in benign diagnosis before 28 days, OPA capacity, colposcopy & hysteroscopy capacity needs to match demand.
- Colorectal – review of NSS/STT and LGI pathways being undertaken; identification of non-cancer pathways in USC capacity
- Lung – improvement opportunities identified through workshop which need clinical agreement; vacancies and retention issues for Respiratory Physicians (locums) plus navigational bronchoscopy delays as per HUTH
- HUTH Escalation SOP being applied cross Group
- Focussed work on IHT process improvements with Lung and Urology as priority areas
- Alignment of DQ reports (following Lorenzo implementation at NLAG) across HUTH/NLAG

25.   28 Day Faster Diagnosis Standard - HUTH

Compliance

Hull University Teaching Hospitals NHS Trust
Cancer - 28 Day Faster Diagnosis Standard
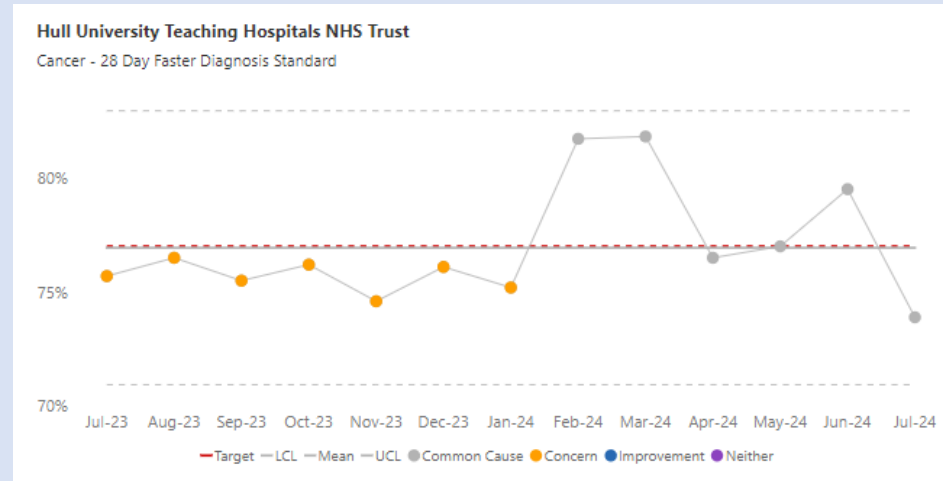
Key Themes

- Under-delivered against the standard at 73.9% in July 2024, some improvement for August 2024 (provisional data - not shown)
- 1st OPA capacity issues in Breast, Head & Neck and Skin which affected the delivery significantly
- Brain, Haematology and Lung review of breaches at service level requested
- Bowel Screening – capacity concerns highlighted to the Triumvirate which is negating good improvement in the Urgent Suspected Cancer pathway
- Lung, Breast and Cervical screening breaches also impacting performance

Critical Enabler

Hull University Teaching Hospitals NHS Trust
Cancer - 2 Week Wait (All Cancers)
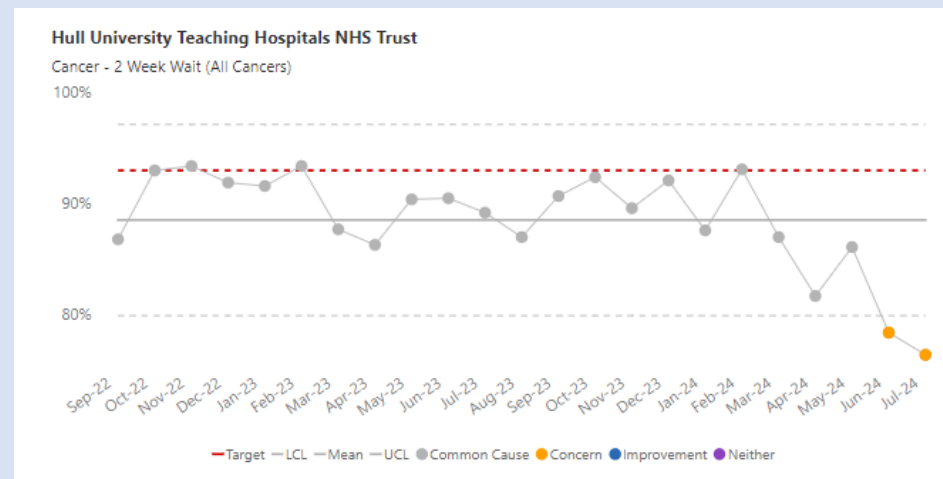
Actions

Increased focus on outpatient stage of treatment

FDS Delivery Improvement plans – to sustain performance at least 80% monthly

- Focussed work for urology, LGI, gynaecology and lung to achieve the standard of 77% for USC cancer referrals
- Endoscopy recovery plan – post investment improvements required
    Review of screening pathway breaches to understand improvement requirements

26.   28 Day Faster Diagnosis Standard - NLAG

Compliance

Northern Lincolnshire & Goole NHS Foundation Trust
Cancer - 28 Day Faster Diagnosis Standard

Critical Enabler

Northern Lincolnshire & Goole NHS Foundation Trust
Cancer - 2 Week Wait (All Cancers)
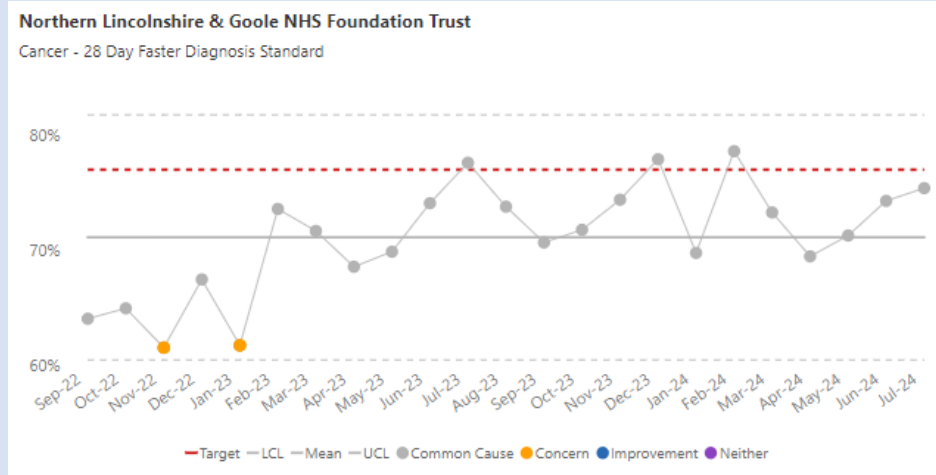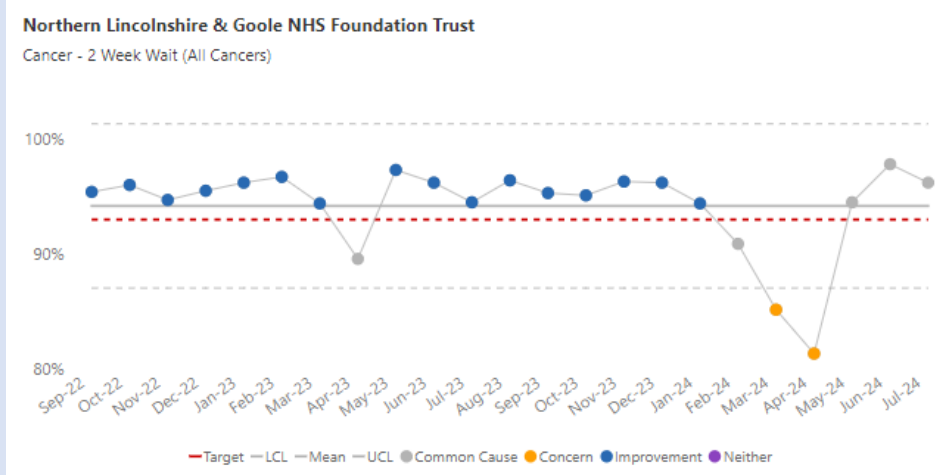
Actions

FDS Delivery Improvement plans developed and signed off via the Cancer Delivery Group – priorities:

- Urology, LGI, Lung, H&N and Gynaecology USC referral to patient notified improvements to be delivered
- Bowel, Cervical and Lung screening pathway improvements to be delivered

27. Pathway Summary – Benchmark Report – Unscheduled Care

Indicator	Period	Target	🏆	SPC	Last 12 Months	Centile
A&E - 4 Hour Standard	Aug 24	78.00%	64.4%			11
A&E - 4 Hour Standard (Type 1)	Aug 24	78.0%	49.4%			8
A&E - 4 Hour Standard (Type 2 or 3)	Aug 24	95.0%	96.9%			20
A&E - Conversion Rate	Aug 24	25.0%	26.7%			17
A&E - DTA to Admission >12 Hours	Aug 24	0.0%	6.4%			38
A&E - DTA to Admission >12 Hours#	Aug 24	0.0	221.0			32
A&E - DTA to Admission >4 Hours	Aug 24	10.00%	36.4%			32
A&E - Left Without Being Seen	Jul 24	5.00%	8.3%			7
A&E - Reattendance Rate	Jul 24	5.0%	9.4%			34
A&E - Time to Initial Assessment	Jul 24	15.0	17.0			16
A&E - Time to Treatment	Jul 24	60.0	84.0			32
A&E - Total Time in A&E	Jul 24	160.0	217.0			12
A&E - Total Time in A&E (Admitted)	Jul 24	180.0	-			-
A&E - Total Time in A&E (Non-Admitted)	Jul 24	140.0	228.0			2
A&E Attendances All	Aug 24	-	13,033			52
A&E Attendances Type 1	Aug 24	-	8,912			58
A&E Attendances Type 3	Aug 24	-	4,121			58
Complaints - Emergency	Q4 21/22	-	0.6			46
Emergency Admissions Type 1	Aug 24	-	3,476			36
Emergency Admissions via A&E	Aug 24	-	3,476			35
Friends & Family A&E Score	Apr 24	85%	69.6%			9
Other Emergency Admissions	Aug 24	-	1,974			12
Total Emergency Admissions	Aug 24	-	5,450			23

Indicator	Period	Target	🏆	SPC	Last 12 Months	Centile
A&E - 4 Hour Standard	Aug 24	78.00%	70.9%			28
A&E - 4 Hour Standard (Type 1)	Aug 24	78.0%	50.6%			11
A&E - 4 Hour Standard (Type 2 or 3)	Aug 24	95.0%	99.2%			55
A&E - Conversion Rate	Aug 24	25.0%	32.9%			4
A&E - DTA to Admission >12 Hours	Aug 24	0.0%	12.9%			24
A&E - DTA to Admission >12 Hours#	Aug 24	0.0	652.0			6
A&E - DTA to Admission >4 Hours	Aug 24	10.00%	28.0%			46
A&E - Left Without Being Seen	Jul 24	5.00%	2.8%			80
A&E - Reattendance Rate	Jul 24	5.0%	10.4%			13
A&E - Time to Initial Assessment	Jul 24	15.0	23.0			7
A&E - Time to Treatment	Jul 24	60.0	54.0			71
A&E - Total Time in A&E	Jul 24	160.0	149.0			75
A&E - Total Time in A&E (Admitted)	Jul 24	180.0	283.0			60
A&E - Total Time in A&E (Non-Admitted)	Jul 24	140.0	133.0			74
A&E Attendances All	Aug 24	-	15,293			41
A&E Attendances Type 1	Aug 24	-	8,901			60
A&E Attendances Type 3	Aug 24	-	6,392			38
Complaints - Emergency	Q4 21/22	-	0.7			36
Emergency Admissions Type 1	Aug 24	-	5,038			11
Emergency Admissions Type 3	Aug 24	-	-			-
Emergency Admissions via A&E	Aug 24	-	5,038			10
Friends & Family A&E Score	Apr 24	85%	83.8%			73
Other Emergency Admissions	Aug 24	-	326			74
Total Emergency Admissions	Aug 24	-	5,364			24

28. Pathway Benchmarking & Trending – Unscheduled Care

A&E - 4 Hour Performance
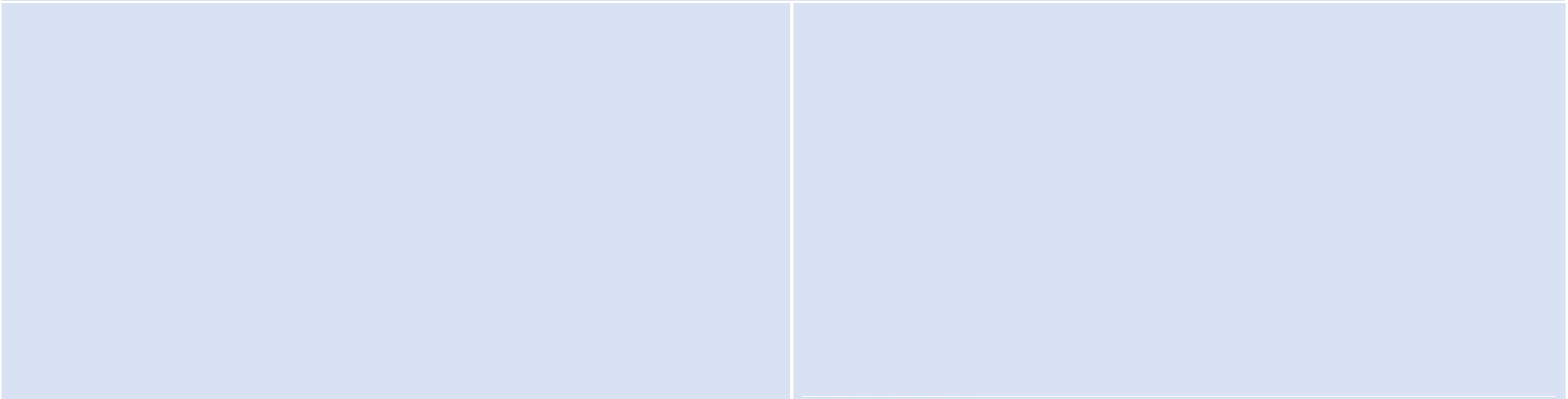
A&E – Attendances

Ranking Chart

Hull University Teaching Hospitals ▮ Custom ▮ Harrogate and District ▮ Northern Lincolnshire and Goole ▮
Humber ▮

Rank 69 of 142 selected

Trending Chart

Hull University Teaching Hospitals ▮ Custom ▮ Harrogate and District ▮ Northern Lincolnshire and Goole ▮
Humber ▮ % Rank
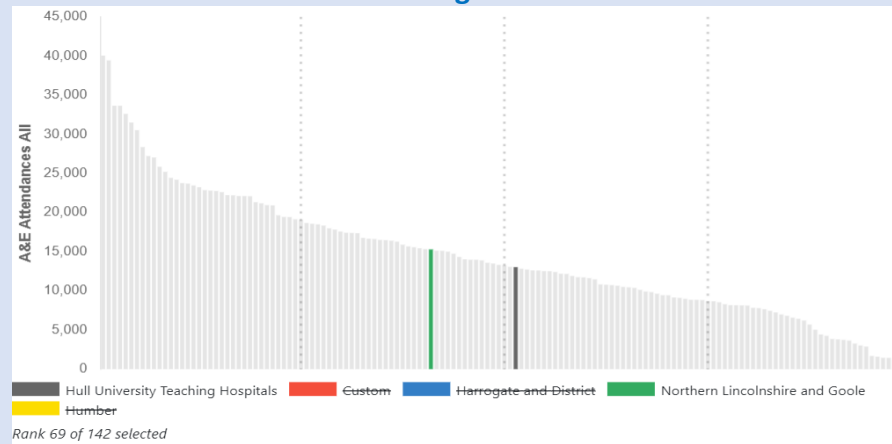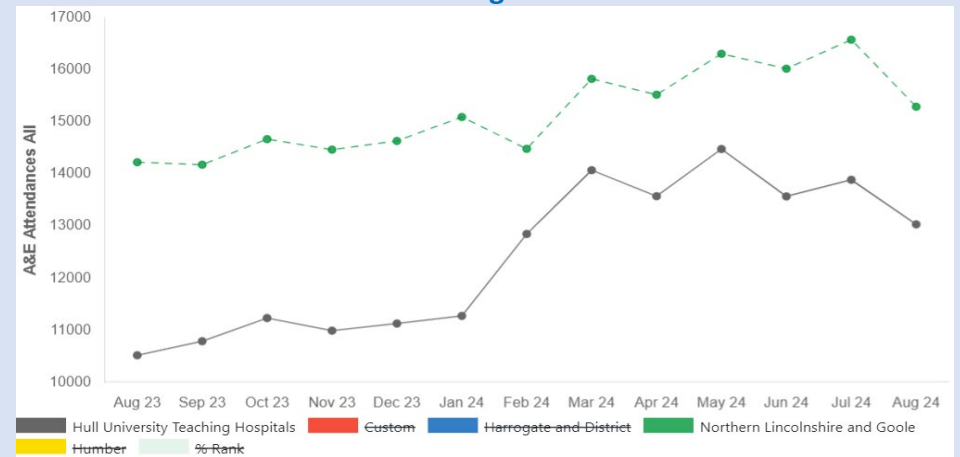
29.   Emergency Care Standards – 4 hour Performance - HUTH

Compliance

Hull University Teaching Hospitals NHS Trust
A&E - 4 Hour Standard (All)

Legend: Actual ······· Trajectory
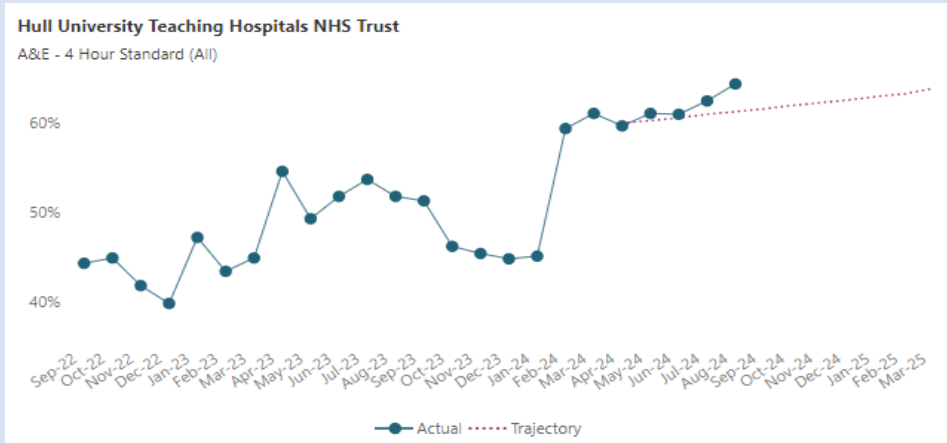
Key Themes
- Compliance step change relates to inclusion of HRI UTC in HUTH formal reporting from Feb '23
- A&E 4 Hour standard (all types) above trajectory in August at 64.4%.
- Type 1 performance in August of 49.3% remains significantly ahead of the 24/25 operating plan target of 36.7%.
- Type 3 performance (HRI UTC) has improved from 87.0% in May to 96.6% August against the 95% target. Attendances at UTC remain significantly below planned levels.
- HUTH remains within the lowest quartile for patients seen by a clinician within 60 minutes of arrival. The improvement since February reflects a 60 min reduction (a -31.4% improvement) to 121.9mins in August. Significant further reduction is planned to reduce to 60mins.

Critical Enabler

Hull University Teaching Hospitals NHS Trust
A&E - Time to Treatment

Legend: Target LCL Mean UCL Common Cause Concern Improvement Neither

Actions

3 critical objectives identified. Improvement since project initiation in February 2024:

1. Reducing non-admitted breaches:
   Improvement of 30 mins (-14.4%) in total time in department reducing to 257mins in August
2. Time to first clinician:
   60 min reduction (a -31.4% improvement) to 121.9mins in August. Significant further reduction is planned to reduce to 60mins.
3. Improved frailty assessment:
   100.8min reduction (a -17.9% improvement) to 457.2mins in August for total time in department for patients >65 years of age

30. Emergency Care Standards – 4 hour Performance - NLAG

Compliance

Northern Lincolnshire and Goole NHS Foundation Trust
A&E - 4 Hour Standard (All)

Legend: ──● Actual ······ Trajectory
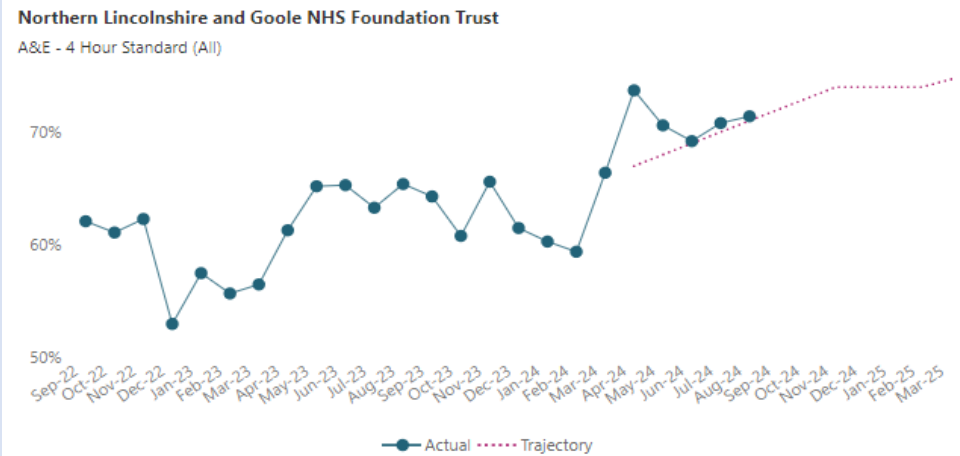
Key Themes

- Combined type 1 and 3 performance was 71.4% in August, slightly above the 71% target trajectory.
- Total attendances in July were 15,294, which is significantly higher than planned at 14,953.
- Time to treatment improvement is 26.0mins (-27.9%) to 67.4mins in August

Critical Enabler
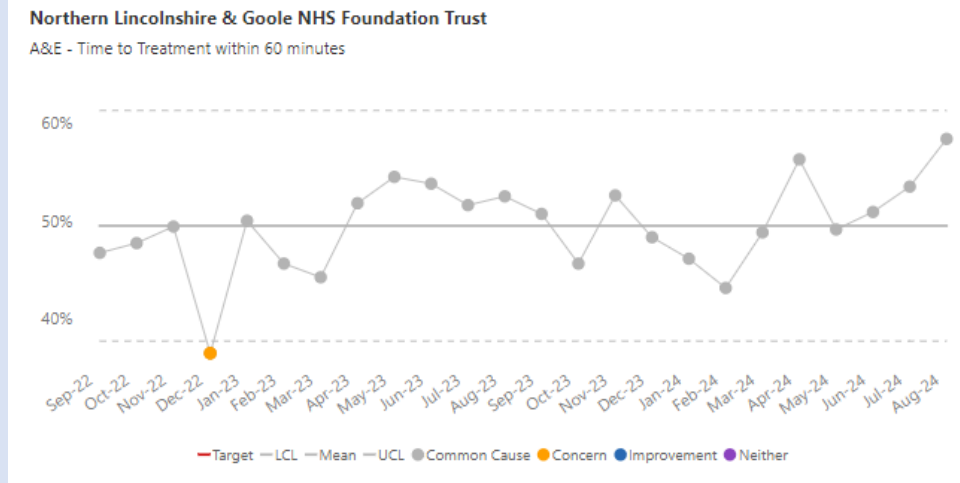
Northern Lincolnshire & Goole NHS Foundation Trust
A&E - Time to Treatment within 60 minutes

Legend: ── Target ── LCL ── Mean ── UCL ● Common Cause ● Concern ● Improvement ● Neither

Actions

3 critical objectives identified. Improvement since project initiation in February 2024: Reducing non-admitted breaches.

1. Reducing non-admitted breaches:
   Improvement of 43.3mins (-19.6%) to 177.6mins in August in total time in department
2. Time to first clinician:
   Improvement of 26.0mins (-27.9%) to 67.4mins in August
3. Improved frailty assessment:
   improvement of 94.1mins (-28.2%) to 239.3mins in August for total time in department for patients >65 years of age

31. Acute Footprint Compliance – A&E

Compliance - HUTH

Legend:
- PLAN: Acute Footprint: Bransholme & ERCH UTC Type 3 A&E departing in less than 4 hours
- PLAN: HUTH UTC Type 3 A&E departing in less than 4 hours
- PLAN: HUTH Type 1 A&E departing in less than 4 hours
- ACTUAL Acute Footprint: Bransholme & ERCH UTC Type 3 A&E departing in less than 4 hours
- ACTUAL: HUTH UTC Type 3 A&E departing in less than 4 hours
- ACTUAL: HUTH Type 1 A&E departing in less than 4 hours

Key Themes

- As per NEY Region/HNY ICB instruction, 2024/25 trajectories are predicated on 78% delivery as an Acute Footprint by March '25.
- HUTH Type 1 compliance of 49.3% in August significantly exceeded plan (40.2%)
- Type 3 compliance on the HUTH site delivered via the CHCP UTC achieved 96.9% in August.
- While a significant step change in attendances is evident at HUTH this reflects co-located UTC go live. When adjusted for absorption of previously reported CHCP activity growth in attendances is less than 0.5%
- Aggregate Type 3 compliance at Bransholme/ERCH was 92.8% contributing 9.6% to acute footprint compliance versus a plan of 14.1%

Compliance - NLAG

Legend:
- Acute Footprint: Goole UTC Type 3 A&E departing in less than 4 hours
- NLAG: Scunthorpe/DPoW Type 3 A&E departing in less than 4 hours
- NLAG Type 1 A&E departing in less than 4 hours
- ACTUAL Acute Footprint: Goole UTC Type 3 A&E departing in less than 4 hours
- ACTUAL: NLAG UTC Type 3 A&E departing in less than 4 hours
- ACTUAL: NLAG Type 1 A&E departing in less than 4 hours
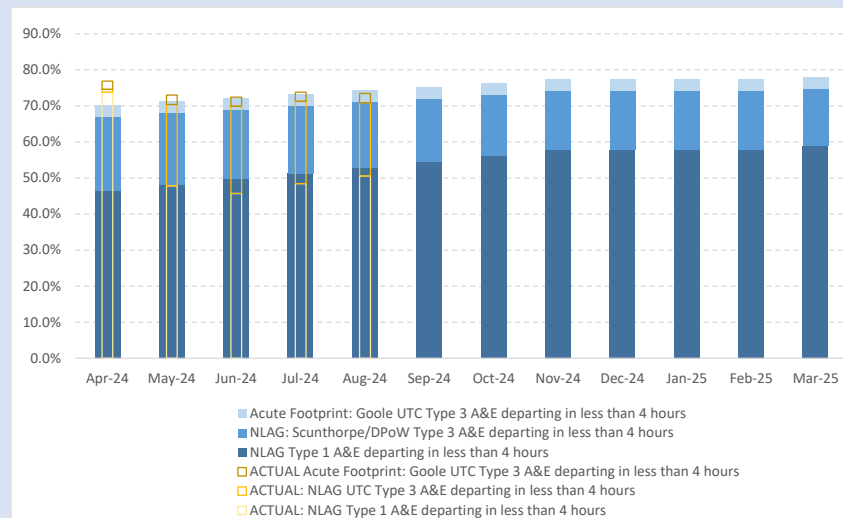
Key Themes

- NLAG Type 1 compliance of 51.4% in August was below the acute footprint plan of 52.9%.
- Type 3 compliance on the Scunthorpe and DPoW sites delivered 99.2% in August. This provided an acute footprint contribution 22.8%, exceeding the plan of 18.7%.
- Goole UTC operated at 99.0% in July contributing 2.5% to the acute footprint compliance versus a plan of 3.3%

32. Ambulance Handovers >60 minutes - HUTH

Compliance

Hull University Teaching Hospitals NHS Trust
A&E - Ambulance Handovers Waiting > 60 minutes
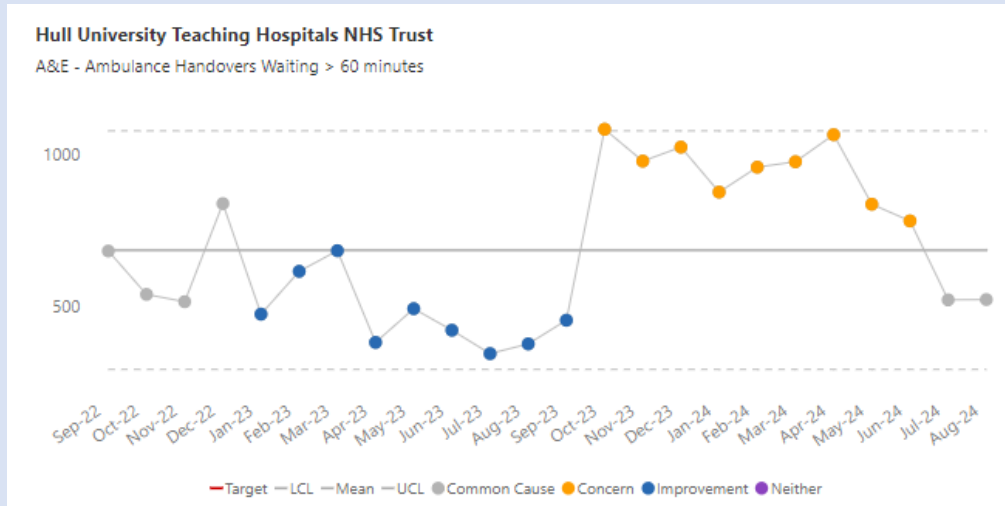
Key Themes

- Month on month reduction in the number of ambulance handovers >60 minutes continued in July, following a step change in reported volume by EAMS/YAS in October 2023.
- Root cause of handover delays linked to patient volumes in A&E and compression of available assessment spaces. Focus of A&E improvement actions in previous section of this report relating to 4-hour delivery will significantly lower patient volumes in department, in turn decompressing assessment spaces and minimising handover delays.
- There has been a reduction of >60min delays by -45.6% since Feb 2024

Critical Enabler

Hull University Teaching Hospitals NHS Trust
A&E - Time to Initial Assessment
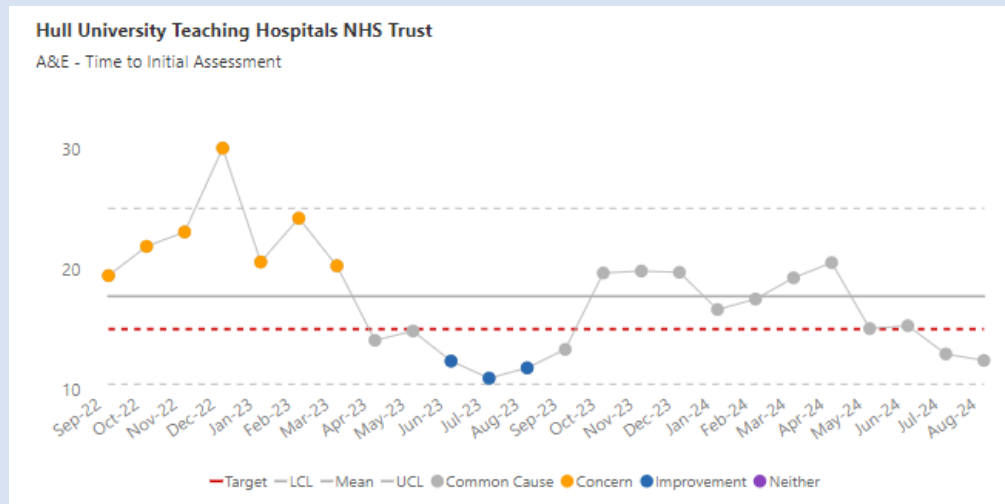
Actions

- Time to initial assessment reduced to an average of 12 minutes in August, below the national 15 minutes threshold.
- Triggers and Escalation/SOP for ambulance handovers is being reviewed and adapted linked to national OPEL system, enabling 30-minute Cat 2 responses for YAS.
- Work with YAS to bring forward clinical assessment through proposing changes to current practice.

33. Ambulance Handovers >60 minutes - NLAG

Compliance

Northern Lincolnshire & Goole NHS Foundation Trust
A&E - Ambulance Handovers Waiting > 60 minutes

Critical Enabler

Northern Lincolnshire & Goole NHS Foundation Trust
A&E - Time to Initial Assessment
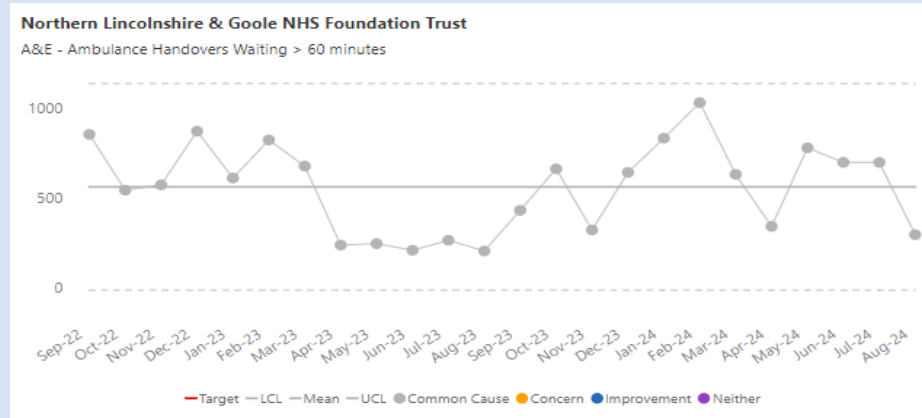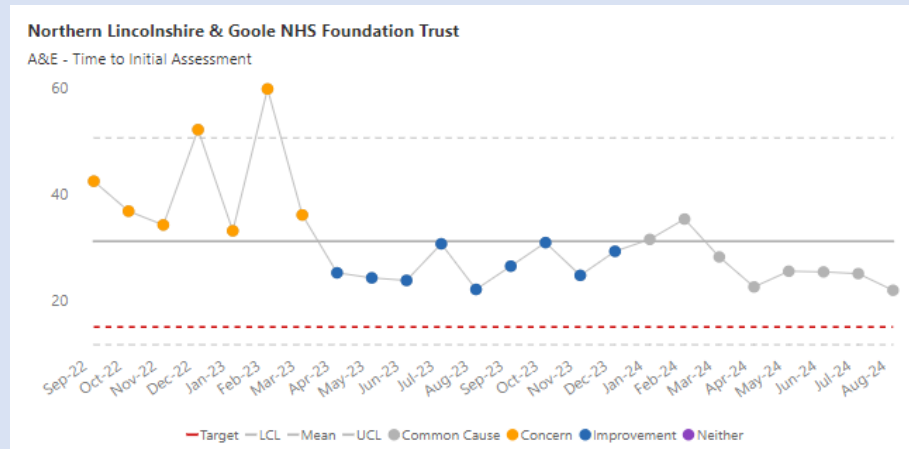
Actions

- Rapid Assessment and Treatment (RAT) model to be embedded to reduce waiting time to be seen.
- Audit of current practices planned to ensure handover principles are being adhered to. Working toward zero tolerance of >45-minute handover, aim to deliver 100% ambulance handovers under 45min and 80% under 30 minutes.
- Improvement of flow/ LOS through Discharge rounds in wards will reduce congestion.
- Impact and timelines for recovery programme being finalised with system partners.

34. Deep Dive Occupied Bed Insights - HUTH

Occupied Beds

Total elective bed days		
Activity YTD	Net Growth YTD	Growth YTD
59,774	7,817	14.6%

Total non-elective bed days		
Activity YTD	Net Growth YTD	Growth YTD
338,021	19,307	6.1%

Total bed days		
Activity YTD	Net Growth YTD	Growth YTD
397,795	26,923	7.3%
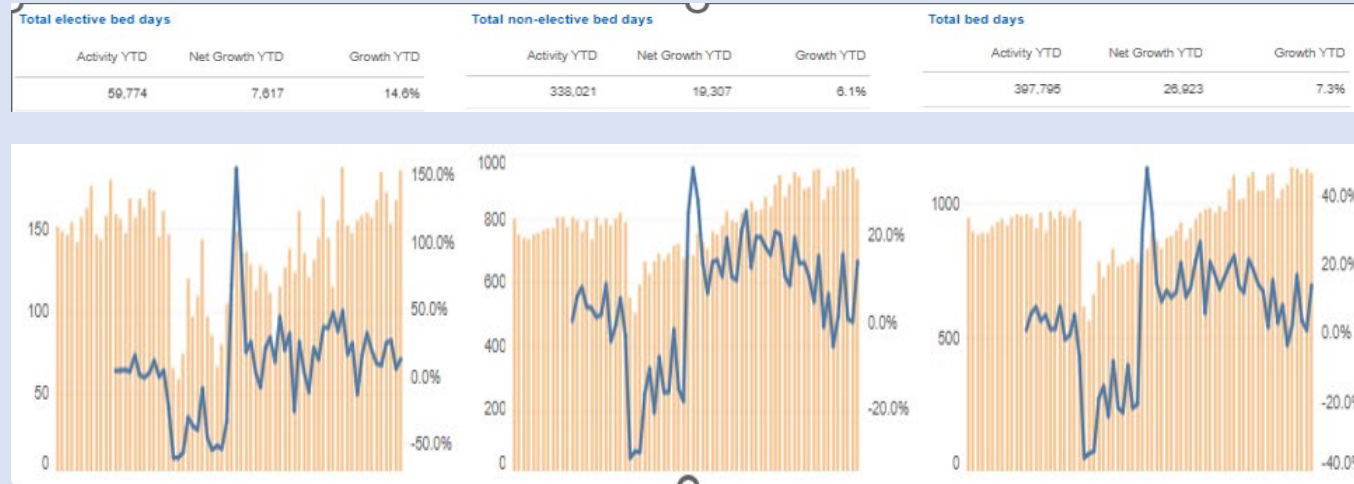
Key Themes

- Data shows month on month bed occupancy from 2019/20.
- Total bed use exceeds the pre Covid baseline by 200 beds
- The majority of this growth has occurred in the non-elective bed use with occupancy significantly exceeding the pre covid baseline.
- Elective bed use has been restored to pre pandemic levels and marginally exceeds baseline.

Non-Elective Bed Demand per Day

Total zero LoS non-elective admissions		
Activity YTD	Net Growth YTD	Growth YTD
22,700	211	0.9%

Total >= 1 day LoS non-elective admissions		
Activity YTD	Net Growth YTD	Growth YTD
39,149	2,662	7.3%

Total >= 7 day LoS non-elective admissions		
Activity YTD	Net Growth YTD	Growth YTD
14,400	1,080	8.1%

Key Themes

- Growth in non-elective activity relates predominately to Zero LOS reflecting implementation of SDEC
- Activity >1 day remains significantly below the 19/20 baseline
- However, very specific growth in patients with a LOS >7 days is driving higher bed absorption rather that growth in patient volumes (increased acuity or reduction in discharge efficacy
- In conjunction with the occupancy increase detailed above this highlights exceeds beddays/NCTR as the driver of increased bed use – with the latter absorbing 200 beds on average over the past year.

35. Deep Dive Occupied Bed Insights - NLAG

Occupied Beds

Total elective bed days

Activity YTD	Net Growth YTD	Growth YTD
13,765	1,959	16.6%

Total non-elective bed days

Activity YTD	Net Growth YTD	Growth YTD
222,261	-2,524	-1.1%

Total bed days

Activity YTD	Net Growth YTD	Growth YTD
236,026	-565	-0.2%
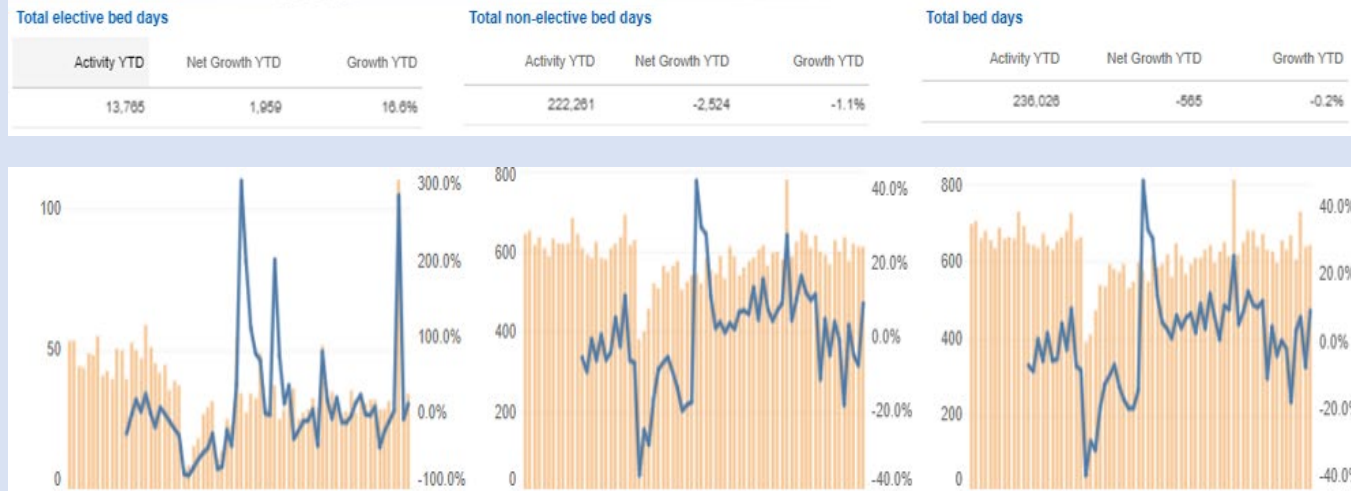
Key Themes
- Having increased in 20/21 & 21/22, the current bed occupancy broadly aligns to the pre covid 19/20 baseline
- Non elective bed use dominates occupancy with circa 95% of all Trust bed use relating to non-elective activity. This contrasts to circa 88% for HUTH.
- Elective bed use remains below pre pandemic levels.

Non-Elective Bed Demand per Day

Total zero LoS non-elective admissions

Activity YTD	Net Growth YTD	Growth YTD
29,475	3,758	14.6%

Total >= 1 day LoS non-elective admissions

Activity YTD	Net Growth YTD	Growth YTD
32,567	2,310	7.6%

Total >= 7 day LoS non-elective admissions

Activity YTD	Net Growth YTD	Growth YTD
10,595	5	0.0%

Key Themes
- Growth in non-elective activity relates predominately to Zero LOS reflecting SDEC implementation
- Activity >1 day remains unchanged against the 19/20 baseline
- Activity >7 days remains unchanged against the 19/20 baseline

36. Deep Dive Occupied Bed Insights – LOS and Demographic Variance

LOS by Discharge Volumes

HUTH

Specialty	Discharges	Avg LOS	Day Case Rate	Crude Mortality
Gastroenterology	64,558	0.7	99.2%	0.4%
General Medicine	50,655	3.1	81.0%	3.2%
Medical Oncology	46,072	1.1	96.0%	1.5%
Obstetrics	33,512	1.6	47.1%	0.2%
Clinical Oncology (Previously Radiotherapy)	28,973	1.5	92.6%	1.7%
Clinical Haematology	28,719	1.1	93.0%	1.1%
Colorectal Surgery	26,549	2.3	83.5%	0.8%
Plastic Surgery	25,281	0.3	94.3%	0.0%
Total	**615,971**	**2.4**	**86.0%**	**1.6%**

NLAG

Specialty	Discharges	Avg LOS	Day Case Rate	Crude Mortality
General Medicine	65,721	2.6	86.5%	2.7%
Colorectal Surgery	25,276	0.7	93.0%	0.3%
Ophthalmology	25,041	0.0	99.3%	0.0%
Urology	22,399	0.5	92.4%	0.1%
General Surgery	21,431	1.6	79.4%	0.8%
Gastroenterology	18,877	0.7	98.9%	0.5%
Paediatrics	17,292	0.9	37.6%	0.1%
Medical Oncology	15,829	0.1	99.4%	0.1%
Obstetrics	13,396	1.8	35.4%	
Total	**311,521**	**1.8**	**92.1%**	**1.2%**

Key Themes

- Analysis of average LOS by discharge volume shows relatively close alignment by specialty.
- Significant variances such as Colorectal reflect case mix variation due the tertiary cancer service run at HUTH.

Demographics

HUTH

Age Group & Gender

NLAG

Sex / Age Group

Key Themes

- Analysis of bed absorption by demographic characteristic shows significant variance across the provider Trusts.
- Both Trust show a bias toward female admissions and associated bed absorption.
- Patients >60 years of age absorb 50% of beddays at HUTH in contrast to 81% at NLAG. This significant variance links to tertiary status & variance in available elective beds.
- Importantly, and linking to the high % of non-elective bed absorption at NLAG this highlights the limited options to flex beds in periods of heightened demand. This also impacts Operating affordability due to low comparative income per bed day.

37. Activity

HUTH	NLAG (data shown to Month 4)
New Outpatient Attendances vs Plan	**New Outpatient Attendances vs Plan**
YTD New consultant-led activity is above plan at +844.	YTD New consultant-led activity is below plan at -976.

E.M.8 - Cons-led first outpatient attendances (Spec acute)

E.M.8 - Cons-led first outpatient attendances (Spec acute)

Follow up Outpatient Attendances vs Plan
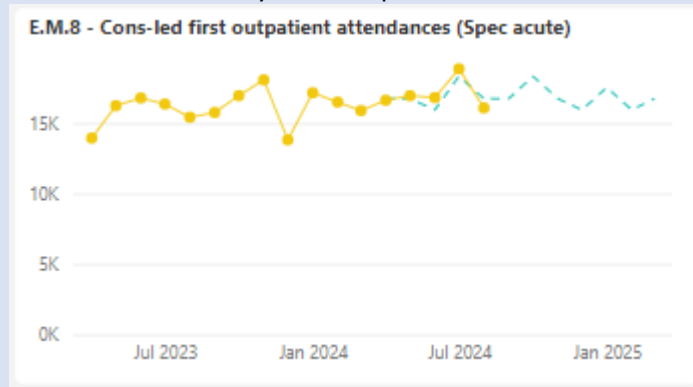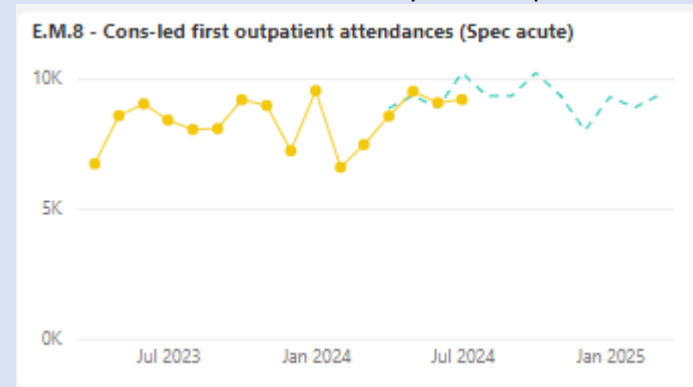
Follow up Outpatient Attendances vs Plan

YTD Follow up activity is above plan +16,719.

YTD Follow up activity is above plan +9,567.

E.M.9 - Cons-led follow-up outpatient attends (Spec acute)

E.M.9 - Cons-led follow-up outpatient attends (Spec acute)
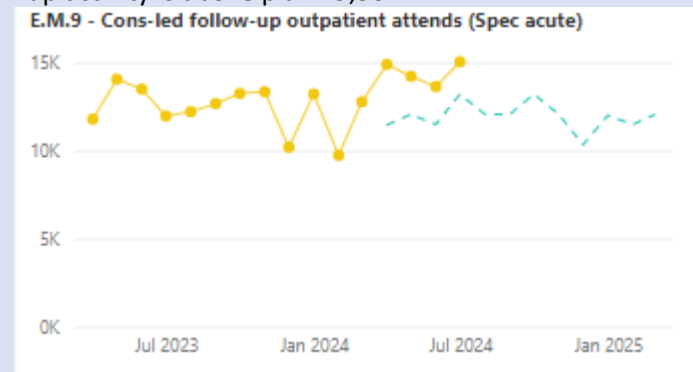
Outpatient Procedures vs Plan

YTD Outpatient procedure is under plan by -9,684. Action is being taken by the RTT Delivery Group to improve the recording of outpatient attendances with procedures.
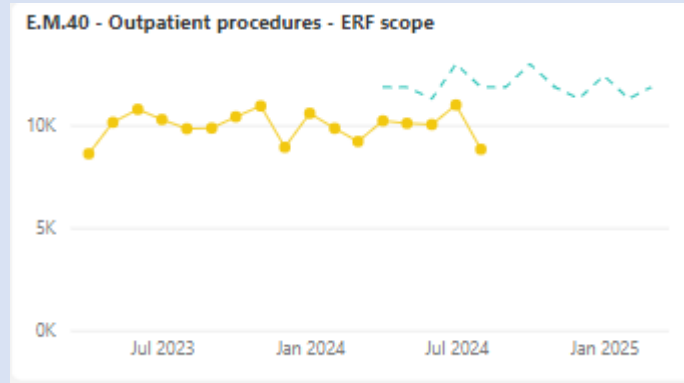
Day Case Admissions vs Plan

YTD Day case elective spells is below plan at -954.
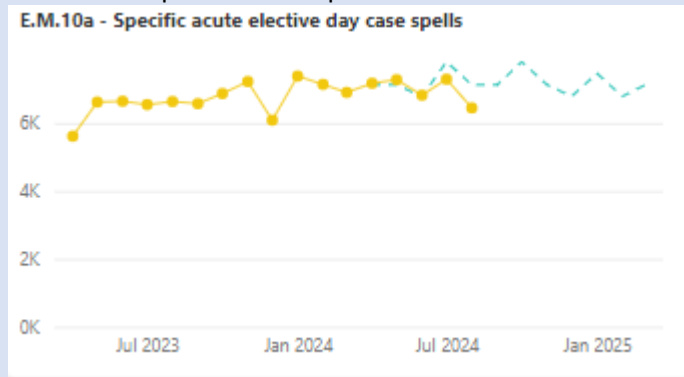
Outpatient Procedures vs Plan

YTD Outpatient procedure is under plan by -6,597. Action is being taken by the RTT Delivery Group to improve the recording of outpatient attendances with procedures.
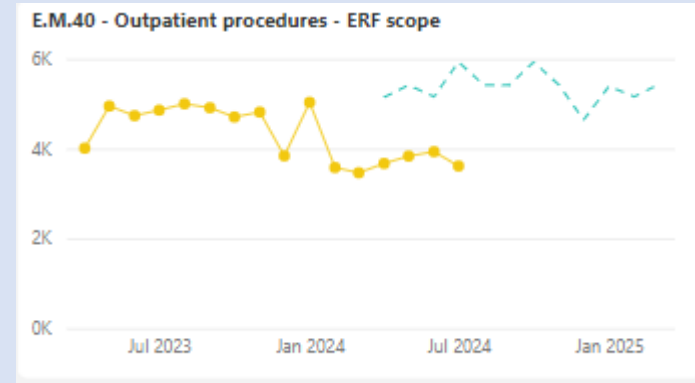
Day Case Admissions vs Plan

YTD Day case elective spells is below plan -497.
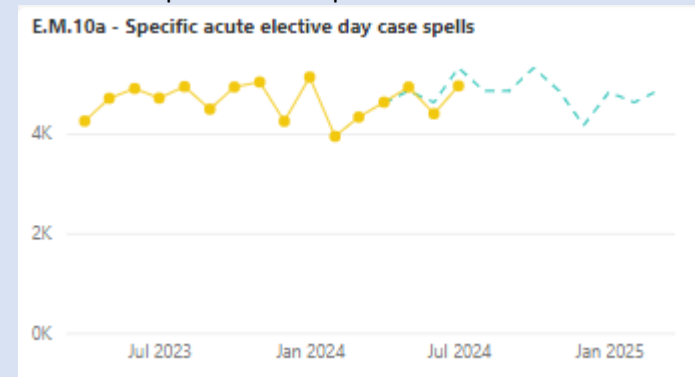
Elective Admissions vs Plan

YTD Inpatient spells is below plan at -434.

Elective Admissions vs Plan

YTD Inpatient spells is above plan +201, however data is subject to further evaluation of correct operational recording of intended management (Daycase versus zero LOS inpatient). A recent audit has evidenced this to be a recording issue.
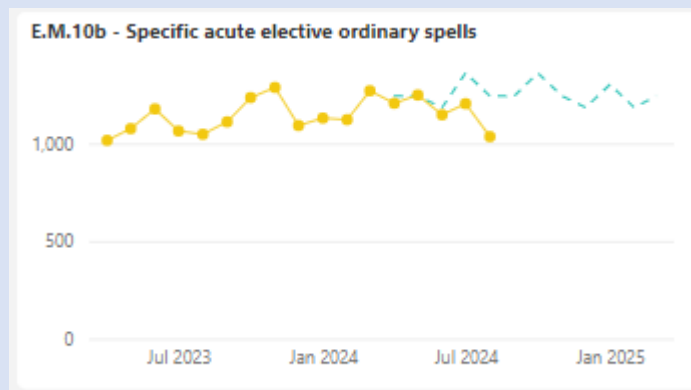
Non-Elective Admissions vs Plan

YTD non-elective spells +3,109 over plan.
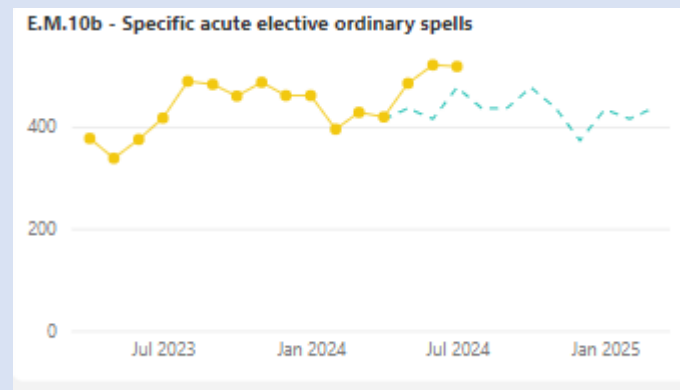
Non-Elective Admissions vs Plan

Non-elective spells above plan YTD +2,492.
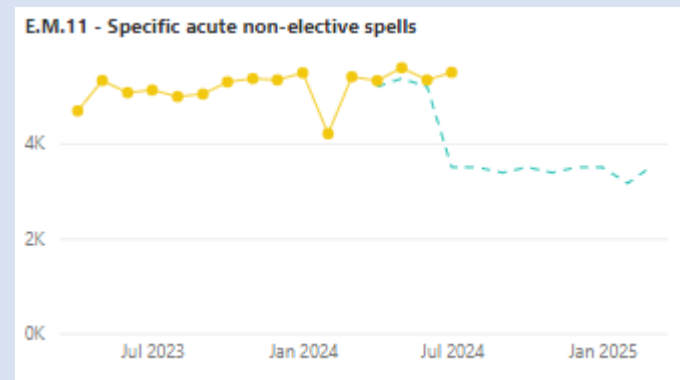
38. Elective Recovery Fund - HUTH

Hull University Teaching Hospitals	ERF Performance (%)					
	Apr	**May**	**Jun**	**Jul**	**Aug**	**YTD**
DAYCASE	109%	112%	111%	100%	98%	106%
ELECTIVE	107%	108%	104%	94%	93%	101%
OP FIRST ATTENDANCE	105%	109%	112%	111%	110%	109%
OP FIRST PROCEDURE	101%	98%	102%	100%	94%	99%
OP F/UP PROCEDURE	148%	147%	151%	142%	141%	146%
Total	**109%**	**111%**	**110%**	**102%**	**101%**	**106%**

The reported ERF position is based on the early month 5 information against the ERF baseline 2019/20 updated for the new tariff.

The Trust has assumed that the baseline will be profiled on working days and therefore this may change when the national information is available.

There have been some changes made to the ERF calculation for 2024/25 and whilst we have tried to replicate the methodology, this may need some amendments when we receive the national reports to ensure consistency.

39. Elective Recovery Fund - NLAG

Northern Lincolnshire & Goole Hospitals	ERF Performance (%)					
	Apr	**May**	**Jun**	**Jul**	**Aug**	**YTD**
DAYCASE	115%	116%	115%	114%	119%	116%
ELECTIVE	97%	105%	122%	104%	99%	105%
OP FIRST ATTENDANCE	97%	112%	114%	102%	90%	103%
OP FIRST PROCEDURE	90%	96%	94%	84%	95%	92%
OP F/UP PROCEDURE	68%	66%	76%	65%	69%	69%
Total	**101%**	**108%**	**113%**	**103%**	**102%**	**105%**

Notes

This data is an early pull of data and as such is not fully coded and may omit some clinics/discharges that were cashed up late.

This data is from the new Insource Data Warehouse and contains some known DQ errors.
This data will not fully match to the SUS national position, as this the SUS position is being generated through the old Data Warehouse to avoid the known errors.

Known errors are:
   - Length of stay is overstated where a second or subsequent critical care stay exists, this may overstate excess bed-day value.
   - Nurse led activity is being treated as Consultant led due to some errors in clinic set up in implementation. A call is being logged to get this addressed.

Highlights and Lowlights

NHS
Humber Health
Partnership

The Group IPR is under development with the Information Team, building a refreshed reporting tool for the Group. Metrics are drawn from the reporting systems of individual trusts whilst these are integrated into the Group IPR.

	HUTH	NLAG
Highlights	• HSMR has reduced, although higher than average. • Patient experience data, particularly Inpatient FFT and A&E FFT is demonstrating improvement. A&E FFT of 81% in August represents most positive feedback in a single month in recent years. Inpatient and day case FFT, approaching 95% target, a significant improvement from 85% across 2022/23. • Maternity FFT consistently achieves the positive rate target.	• SHMI value is 0.9810 – lowest on record for >7 years. • HSMR rate is 92.1 for the rolling 12 months, below the 100 national average. • FFT rates for Inpatient, Maternity and Outpatients remain above the national target • Complaint response rate within the 60 day target is at 89.7% and achieving the desired target consistently.

Lowlights	• Duty of candour compliance is lower than target and undergoing a change in process to improve written compliance with Regulation 20.
	• HUTH is identified as having a 'higher than expected' SHMI, with an overall SHMI of 1.1431, which has reduced in each of the previous three reporting periods. The HHP Mortality Improvement group is targeting areas for improvement, including those diagnosis groups where SHMI is "higher than expected":
	   • Fracture of neck of femur (hip)
	   • Secondary malignancies
	   • Septicaemia
	• VTE data remains below the 95% target.
	• IPC, C.Difficile rate is over the target trajectory.
	• Patient complaint rate of completion within timescales below target as the Trust completes recovery of its complaints backlog, with 43 complaints remaining outstanding over 60 days.
		• Residual issues to resolve the medical beds, trolleys and equipment entrapment or falls reduction Patient Safety Alert. Remains a group wide challenge due to scale and replacement of equipment costs.
		• VTE data validation and reporting capture being pursued following change to capture from ePMA, since Lorenzo implementation.
		• IPCC C.difficile rate is higher than historical trajectory target.
		• IPCC P.aeruginosa is higher than the trajectory target.

Mortality – SHMI
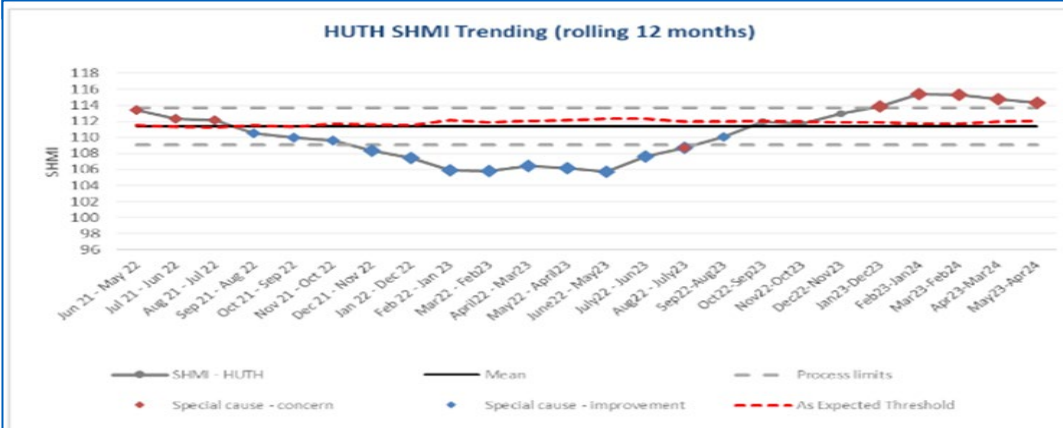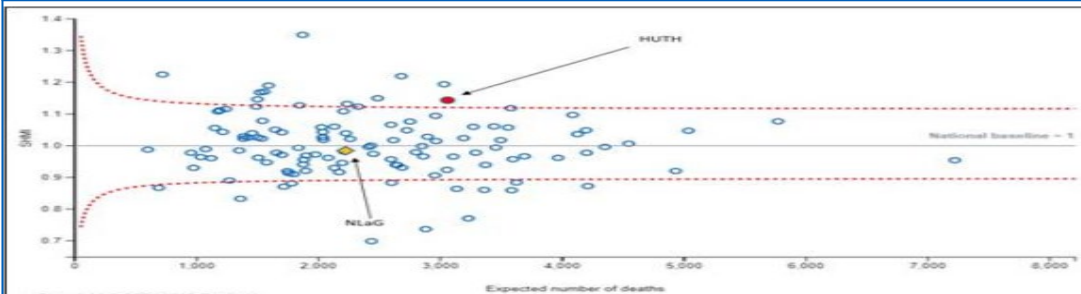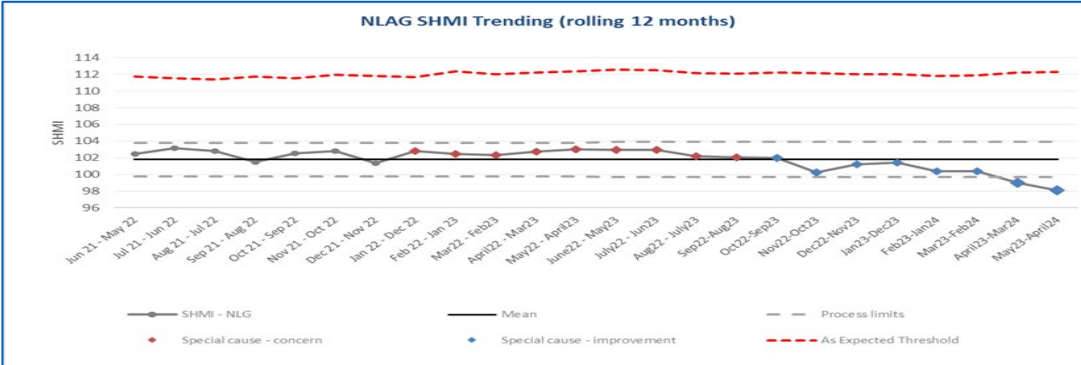
SHMI values include the episode of care and 30 days following discharge survival and deaths risk ratings.

NLaG has a SHMI of 0.9810 for the period May 2023 – April 2024, which is in the 'as expected' banding. This is lower than last month's release (0.9897- 'as expected' – Apr 2023 – Mar 2024).There are 66 Trusts with a higher SHMI Score than NLaG (out of 119 Trusts). The SHMI is at its lowest point for several years.

- Acute bronchitis remains' lower than expected'.

HUTH is identified as having a 'higher than expected' SHMI, (May 2023 to April 2024), with an overall SHMI of 1.1431. This is lower than last month's value of 1.1476. and is in the 'higher than expected' banding. There are 10 Trusts with a higher SHMI Score than HUTH (out of 119 Trusts).

For the conditions for which SHMI is calculated by NHS Digital - HUTH is identified as having a higher than expected SHMI for:

- Fracture of neck of femur (hip)- the latest data published in September 2024 (to August) was SHMI of 1.42, down from 1.7 in November 2023.
- Secondary malignancies - most recently 1.31 to April 2024 which is now static.
- Septicaemia - most recently 1.25 to April 2024 which reflects significant reduction since 2021 but remains one of the Group's quality priorities for 2024/25.

The latest SHMI values for each site are:

- Castle Hill – 1.3200; 'higher than expected' (previously 1.3112 and 'higher than expected')
- Hull – 1.0928; 'as expected' (previously 1.1012 and 'as expected')
- DPOW - 0.9487; 'as expected' (previously 0.9695 and 'as expected'
- SGH   – 1.0182; 'as expected' (previously 1.0142 and 'as expected')
- GDH   – Insufficient data for SHMI value to be calculated.

Mortality - HSMR

NHS
Humber Health
Partnership
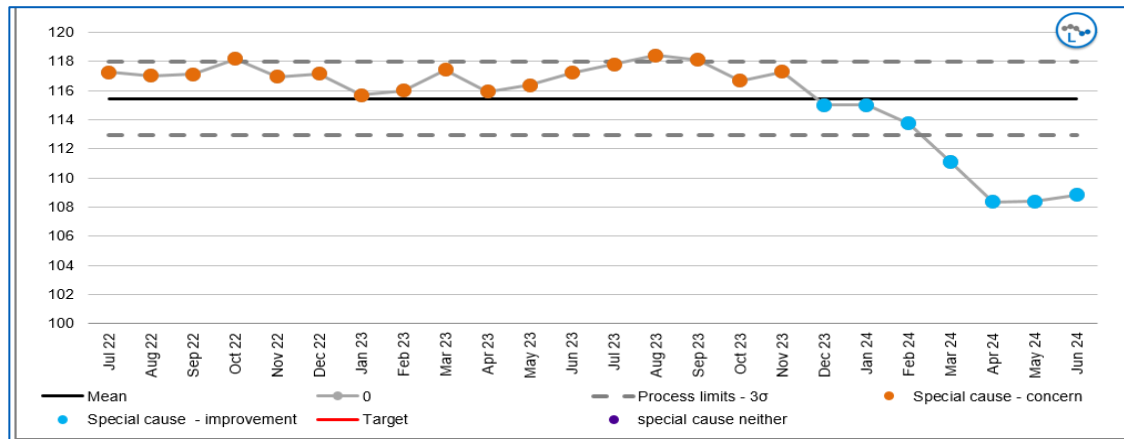
HUTH

HSMR is a risk adjusted mortality index for a basket of 56 diagnosis groups. The risk adjusted tool uses 100 as the national baseline, focusing on the inpatient episode, and therefore the inpatient risk of death.

HUTH

- HSMR data extracted from CHKS shows the Trust's Rolling HSMR value is 108.82.
- Current data shown: July 2023 to June 2024.
- A programme of targeted mortality improvement work is in progress which forms part of the Group's wider quality priority workstreams; Deteriorating Patient, Sepsis, End of Life and Medication Safety.

NLAG
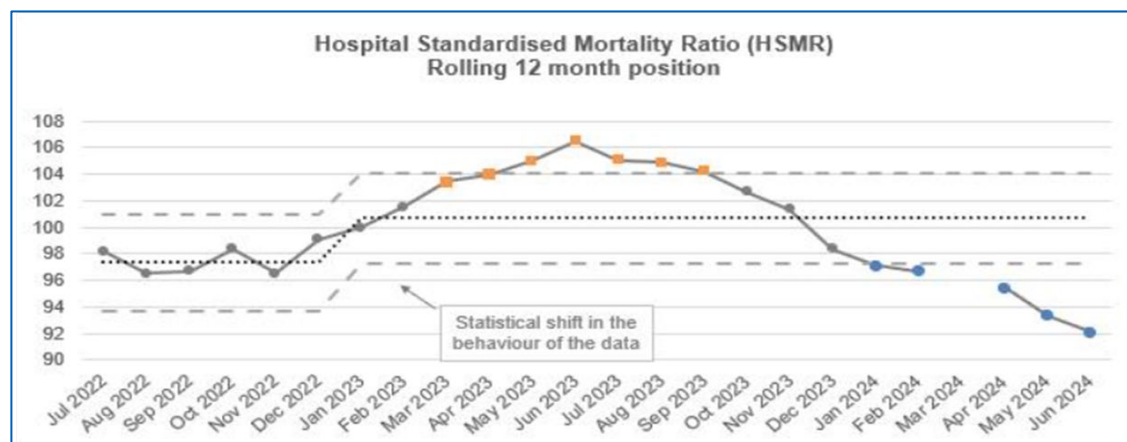
NLAG

- HSMR data below extracted from CHKS shows the Trust's rolling 12 month HSMR value is 92.1 in June 2024 and has been decreasing since June 2023.

Notes:

- **There is a shortfall in the number of records for NLaG. Values for this is based on incomplete data and should therefore be interpreted with caution**
- *There is a data gap in March 2024, linked to challenges of change to Lorenzo. Values for this are based on incomplete data submission to NHS Digital and should therefore be interpreted with caution. NHSE and the Information Team expect this to be resolved by October when the dataset is refreshed.*

Patient Safety metrics

NHS Humber Health Partnership

HUTH

NLAG
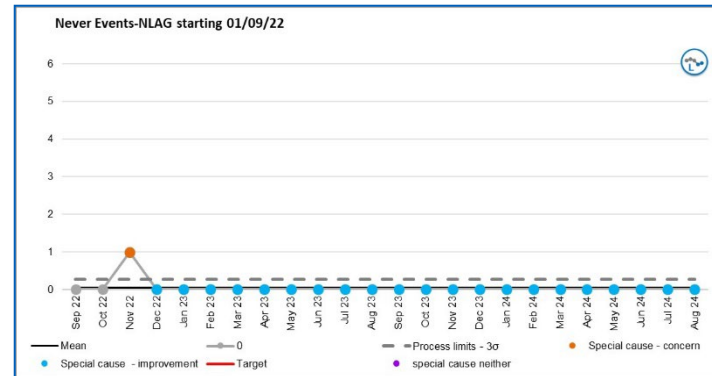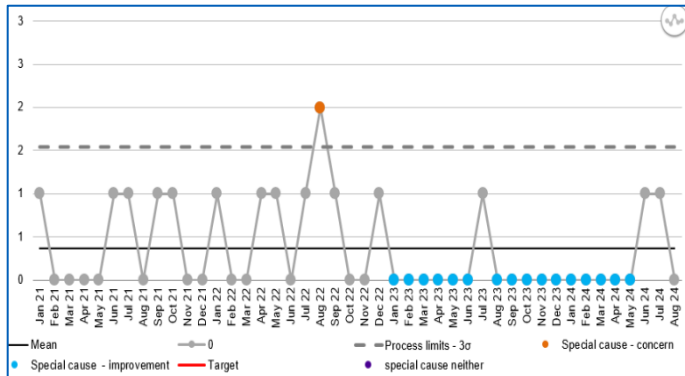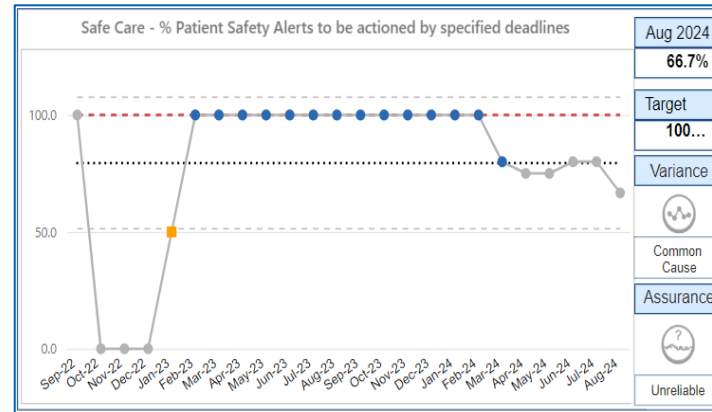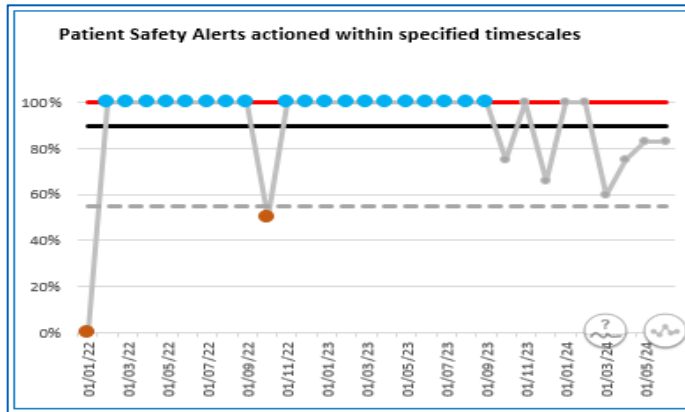
Patient Safety Alerts

- The one Patient Safety Alert that remains open is in relation to Medical beds trolleys bed grab handles and lateral turning devices: risk of death from entrapment or falls. This breached the deadline of 1 March 2024 across both Trusts. The ICB have stood down their working group and issued a letter advising on the locally agreed approach. HUTH/ NLAG meeting monthly to progress.

Never Events

- There were no Never Events in the August period within either Trust.

Duty of Candour

- **NLAG:** 100% for August 2024 for the proportional investigation and PSII/SI casework.

- **HUTH:** A detailed review of data underpinning duty of candour compliance has been undertaken in August 2024 which has not been limited to the PSII casework but opened to all moderate and above harm incidents in scope of Regulation 20.

- This has identified improvements are required to the written apology compliance, including timely completion.

- Alignment of monitoring and reporting processes across the Group is underway, with a number of immediate measures effective from September 2024. Further BI support is required to ensure the KPIs are appropriately capturing written compliance at a care group level for future reports.

Falls

HUTH
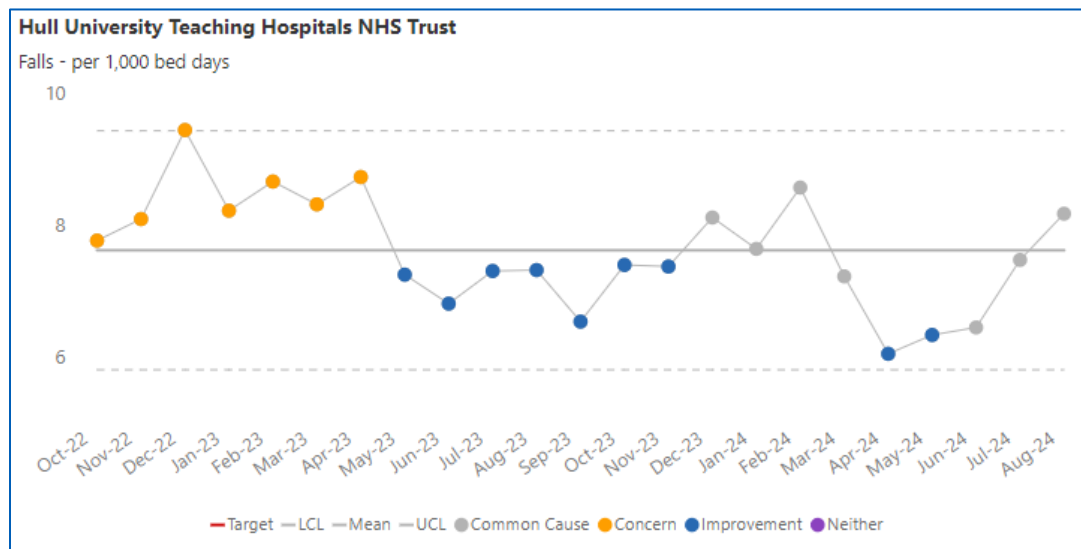
NLAG
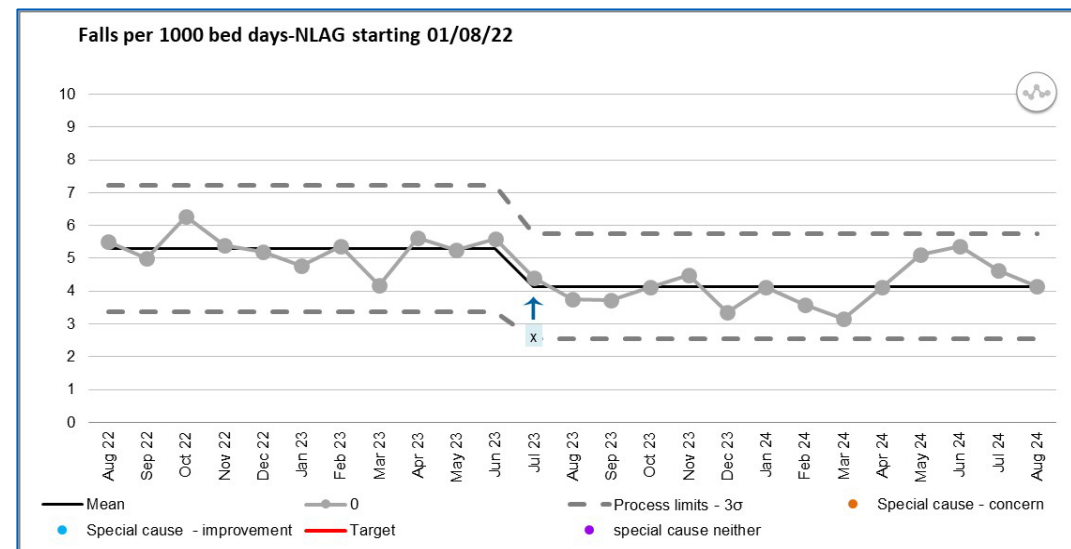
- HUTH – There is normal variation seen in the chart. Focus on the Trust's Falls Improvement programme continues, with continued reductions in the rates of harm.

- NLAG Falls rate data shows common cause variation following a reduction in rate evident from July 2023. Repeated fall cases are reviewed by Matrons and Swarm huddles are used to review care provision. A strategic action plan is in place. Note: the rate is all falls regardless of harm caused. There were 0 moderate or major harm falls in August 2024.

Pressure Ulcers
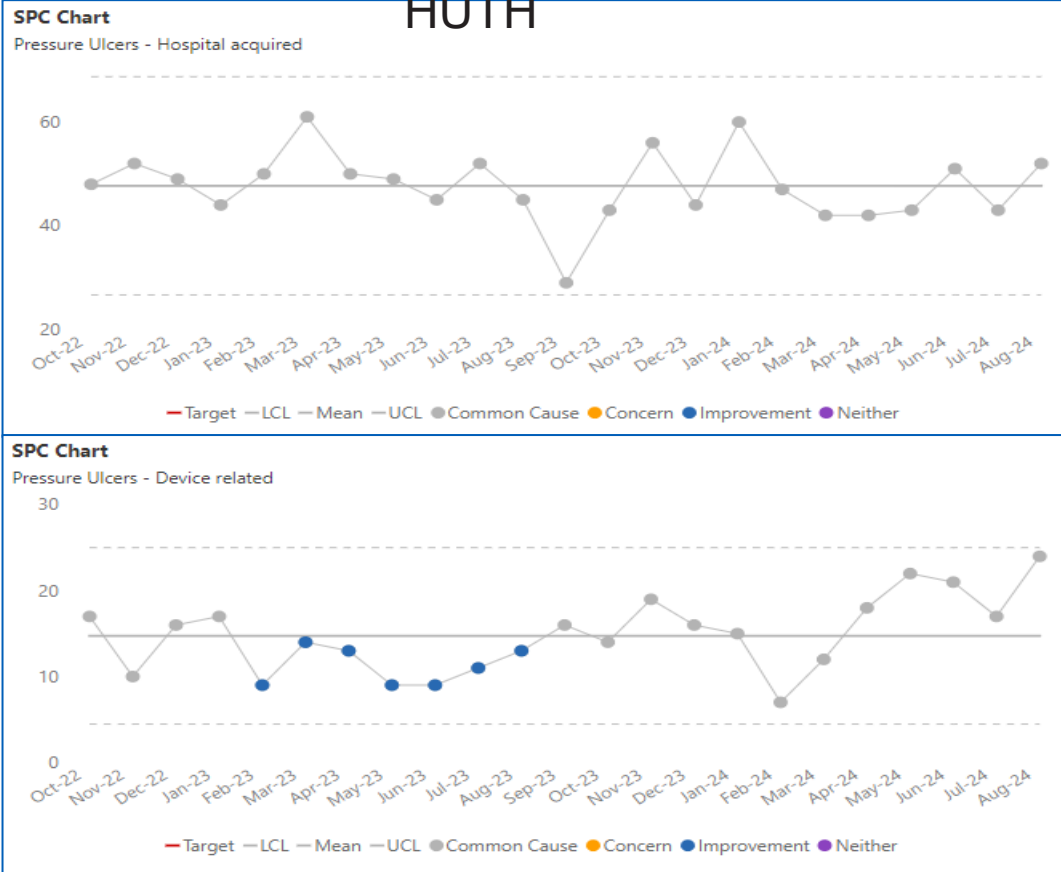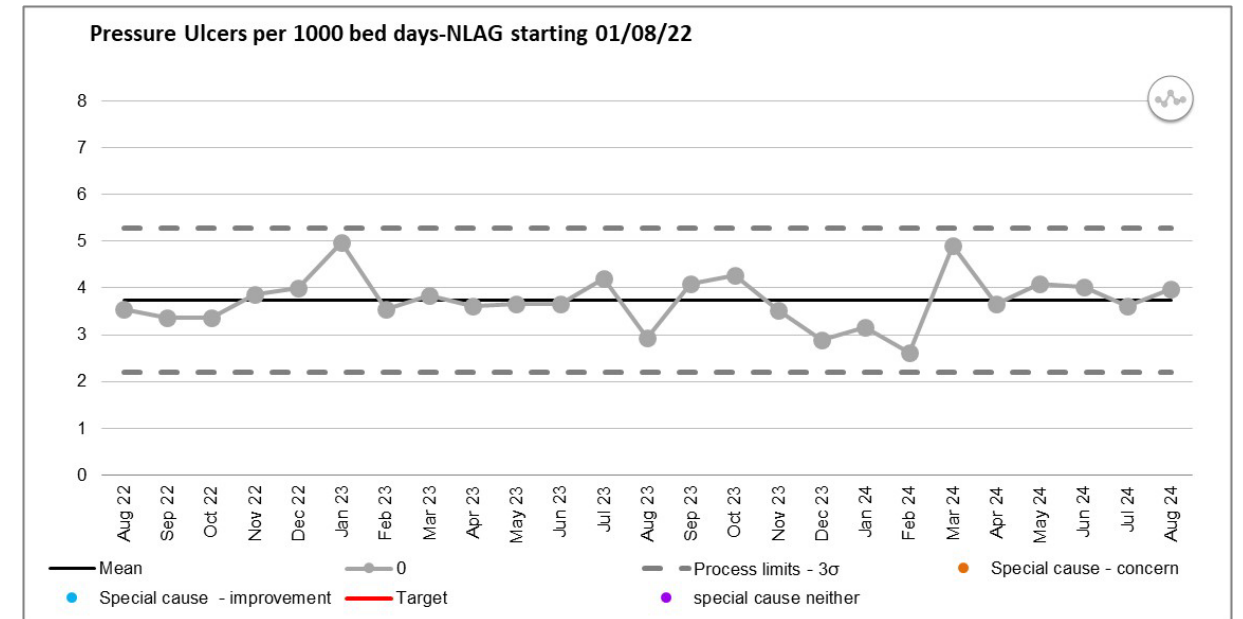
- HUTH – The rate shows normal variation patterns, although a potential increased rate of device related pressure ulcers is seen with 5 points above the mean. From the PowerBI dashboard, the rate per 1000 bed days is not provided.

- NLAG – Pressure ulcer rate demonstrates normal variation.

VTE risk assessment rate

NLAG

Safe Care - % Venous Thromboembolism (VTE) Risk Assessment Rate

Aug 2024
93.6%
Target
95….
Variance
Concern (Low)
Assurance
Unreliable

HUTH

Hull University Teaching Hospitals NHS Trust
VTE risk assessment

Target — LCL — Mean — UCL ● Common Cause ● Concern ● Improvement ● Neither
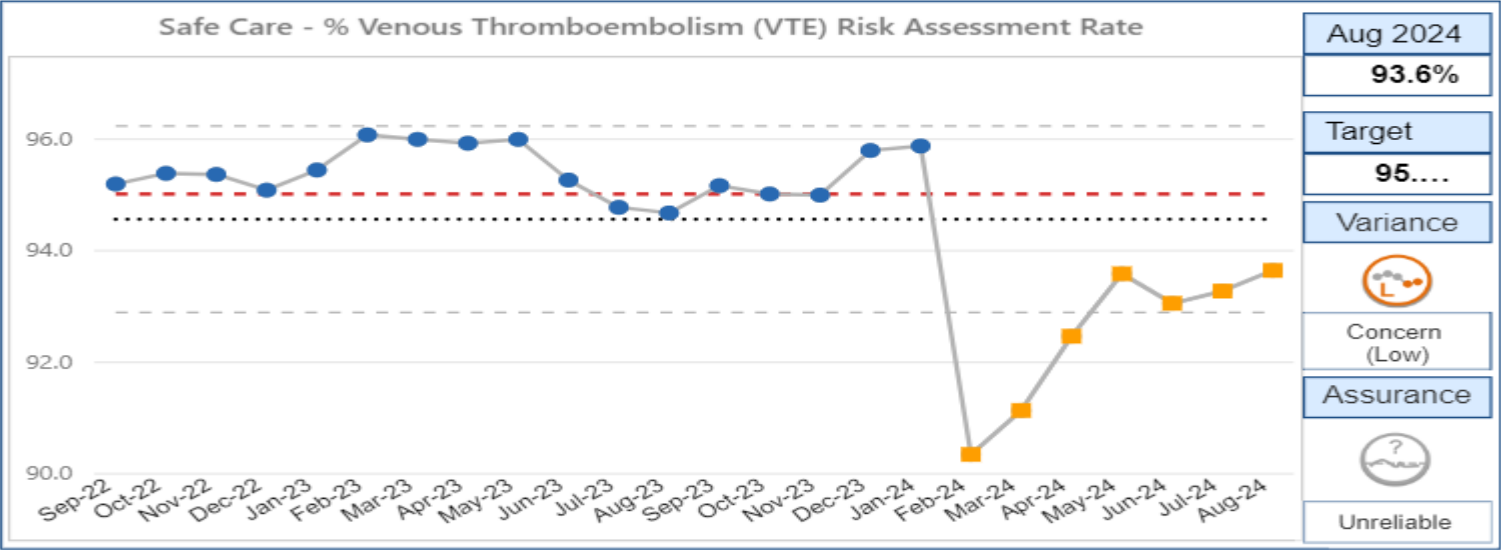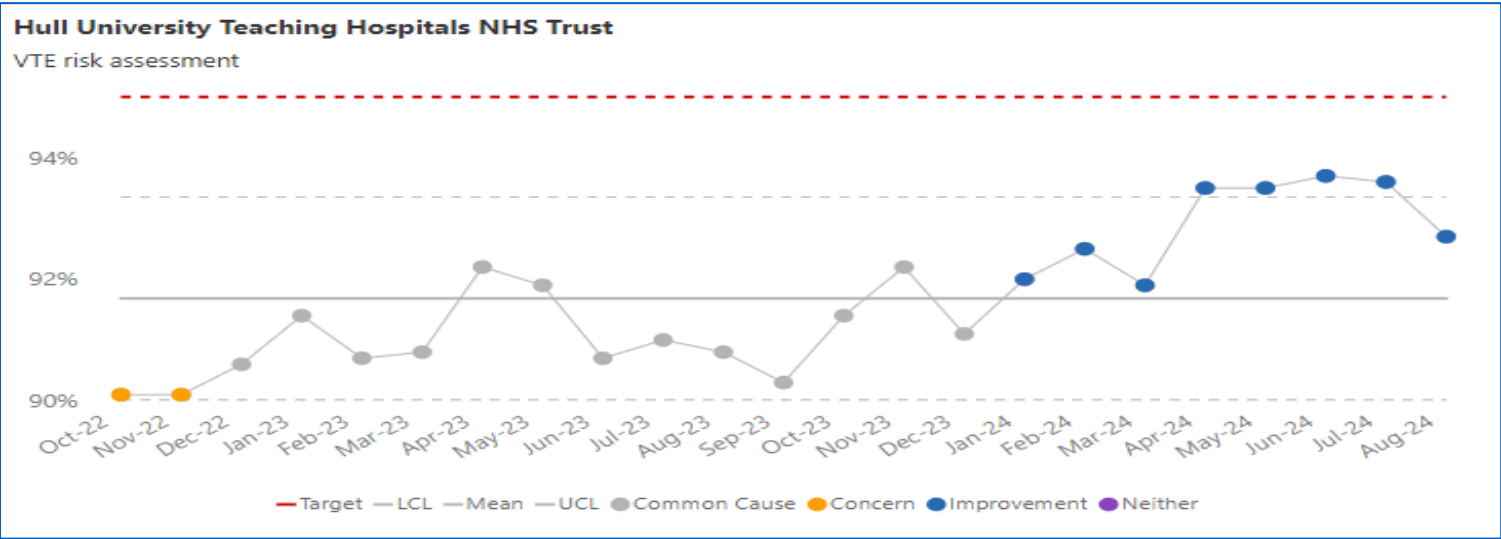
NLAG

- Following a period of inability to report following the Lorenzo implementation, the data is now available. A reduction in compliance was reported last month. Work is ongoing with the CMIO, the GCMO and Information team to resolve the reporting changes. The ePMA is now the main source of VTE assessment capture rather than WebV and picked up through a coding function. Further validation work is being undertaken to demonstrate the risk assessment rate and cohort groups of patients.

HUTH

- BI have developed a VTE SPC chart reporting weekly; previously data was captured quarterly.

- VTE support provided by QI team, improvement actions. Pilot wards agreed, working with digital nurse team some areas of non-compliance to target further improvement

- Rate for July 2024 is 93.57%. Although not reaching the target, there is an improvement special cause evident for 7 data points. This is the latest data available.

Patient experience – Friends and Family Test
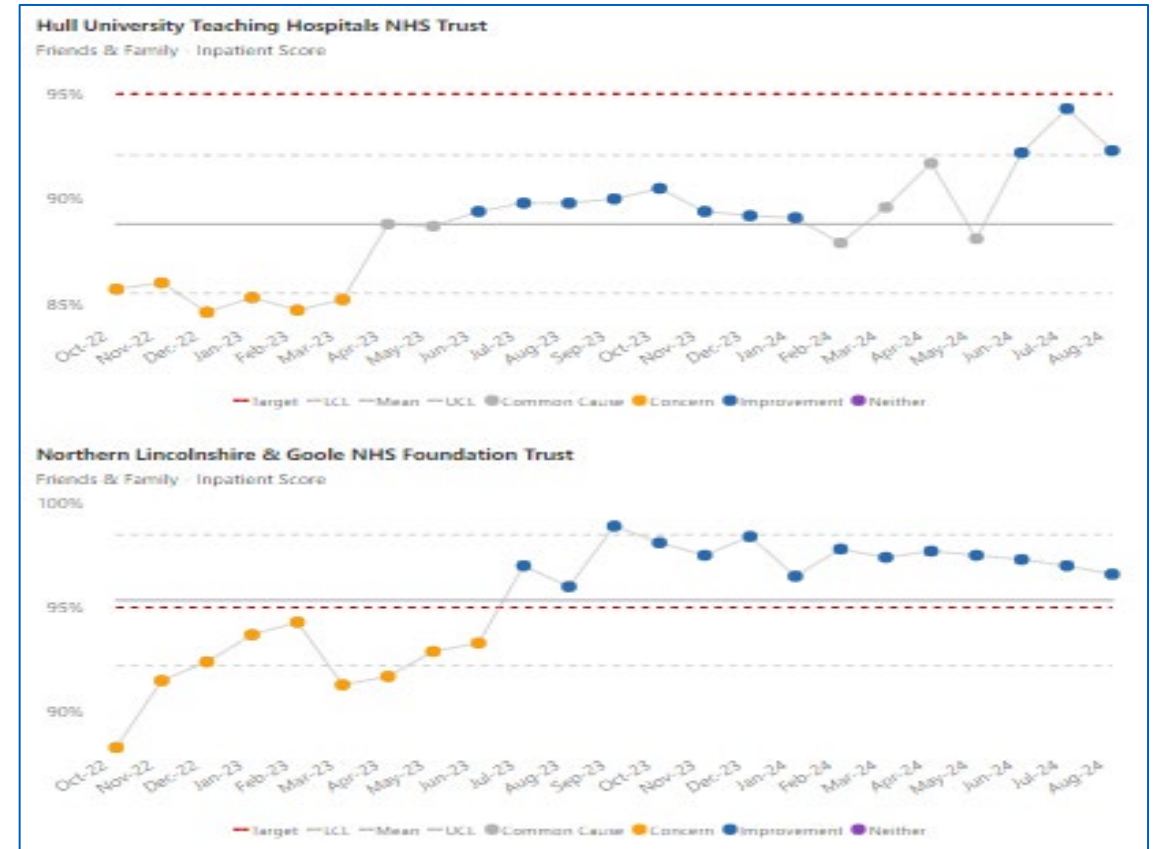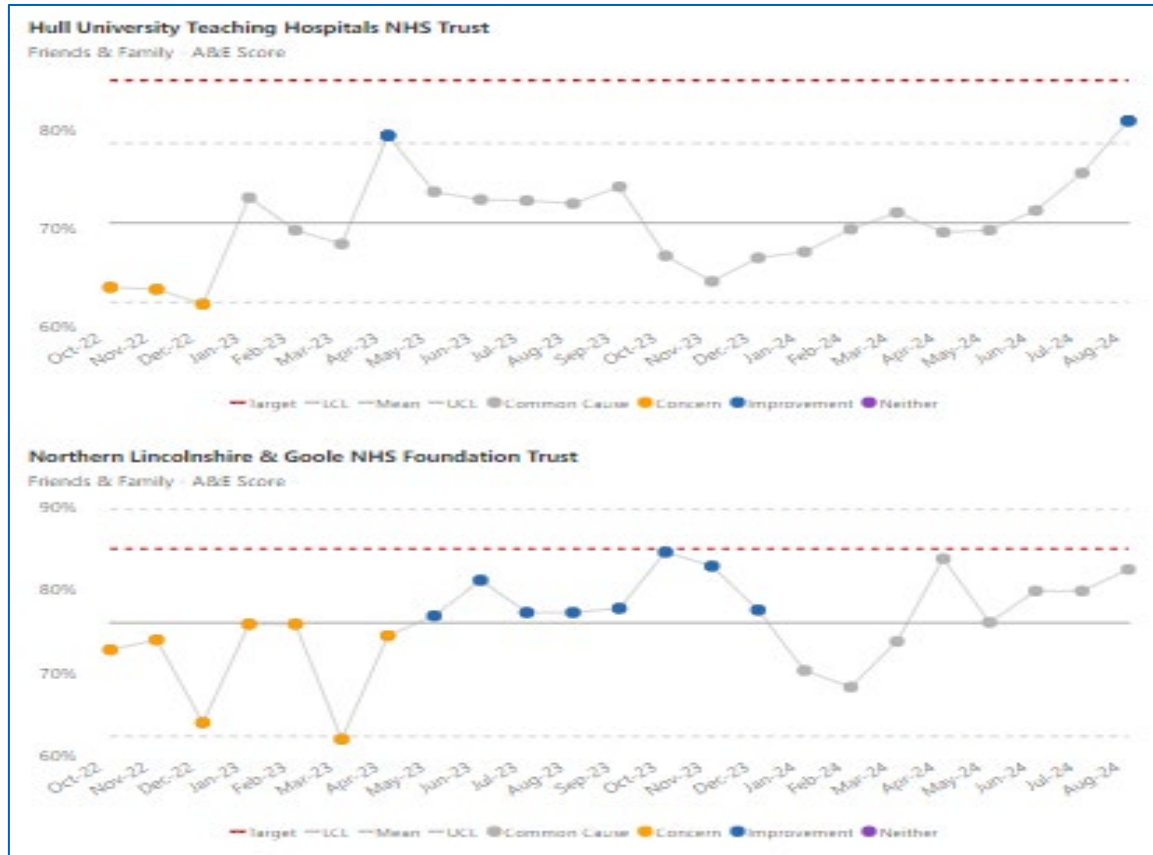
A&E FFT: HUTH and NLAG charts are both showing normal variation, but lower than the 85% target. The HUTH performance in August 2024 of 81% was the highest positive feedback received in the three years since adopting SMS anonymous feedback.

Inpatient and daycase FFT: Improvements in HUTH positive rates are evident approaching the 95% target. NLAG positive rate remains consistent above the target.

Patient experience – Friends and Family Test
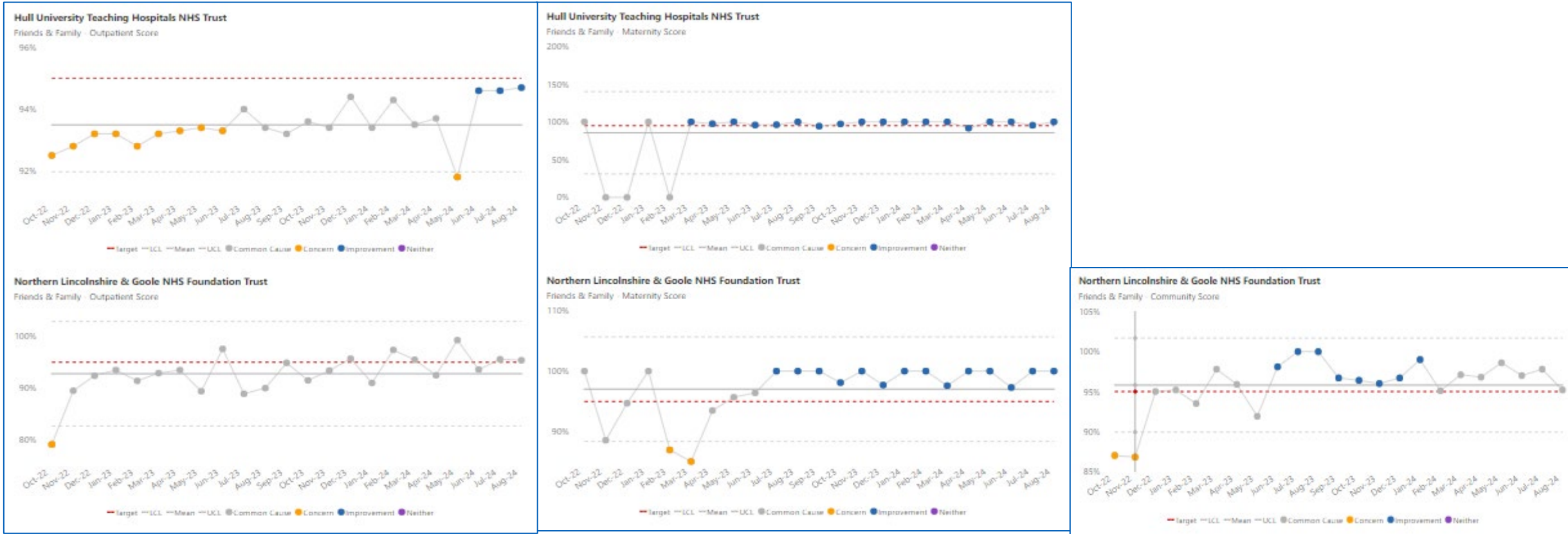
Outpatient FFT: HUTH and NLAG charts are both showing normal variation. HUTH is lower than the 95% target, but is consistently improving towards target over time. Note May 2024 was a reduced sample collection from the external supplier.

Maternity (Birth FFT): Consistently achieving targets for both Trusts. There is a focused piece of work at HUTH to increase data collection, which post Badgernet implementation is in place.

Community FFT (NLAG only): Consistently achieving the 95% target.

Complaints

HUTH

Complaints received-HUTH starting 01/09/22
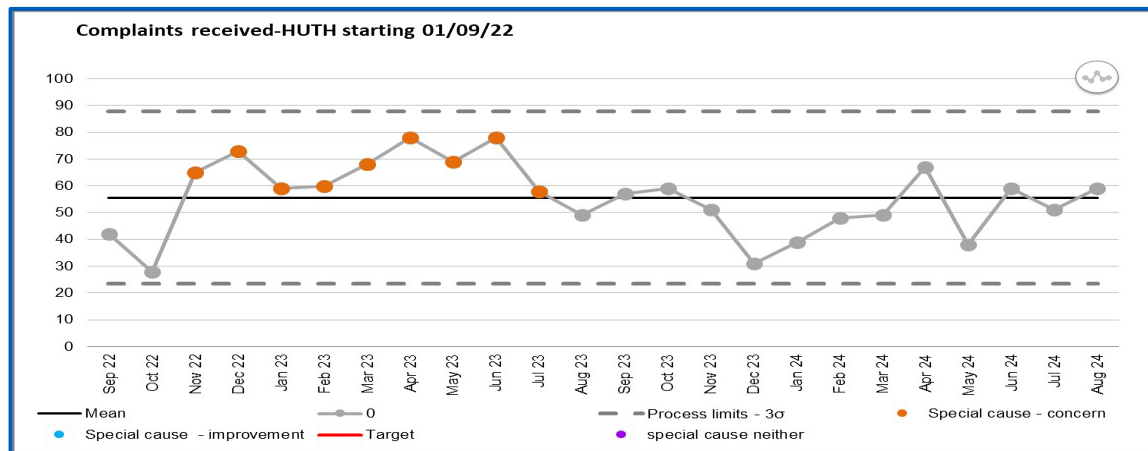
NLAG
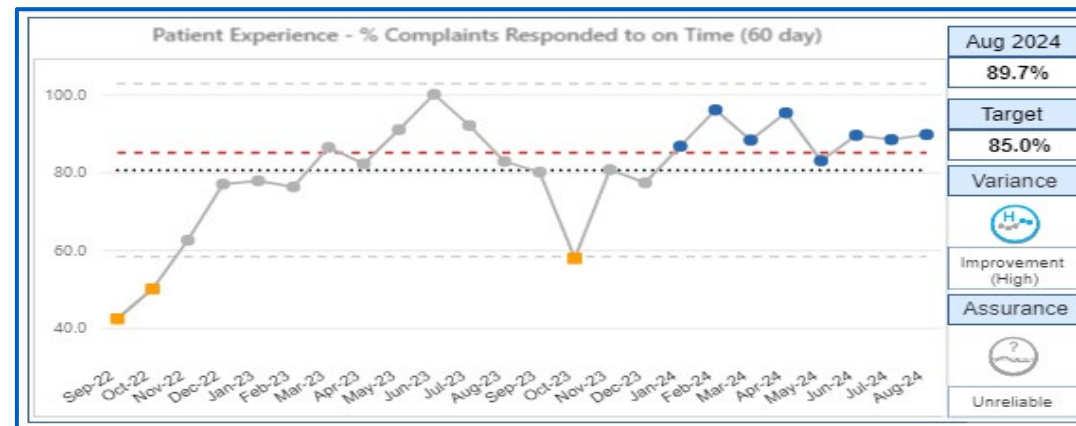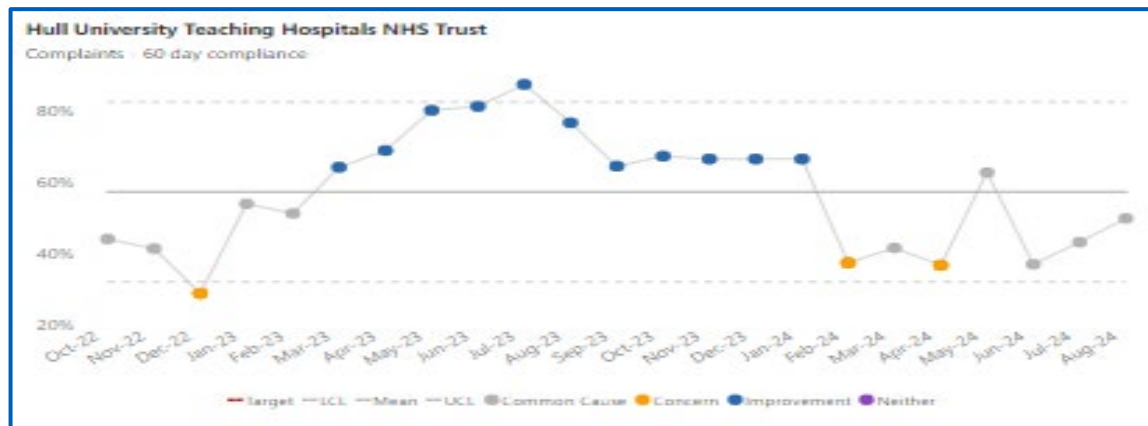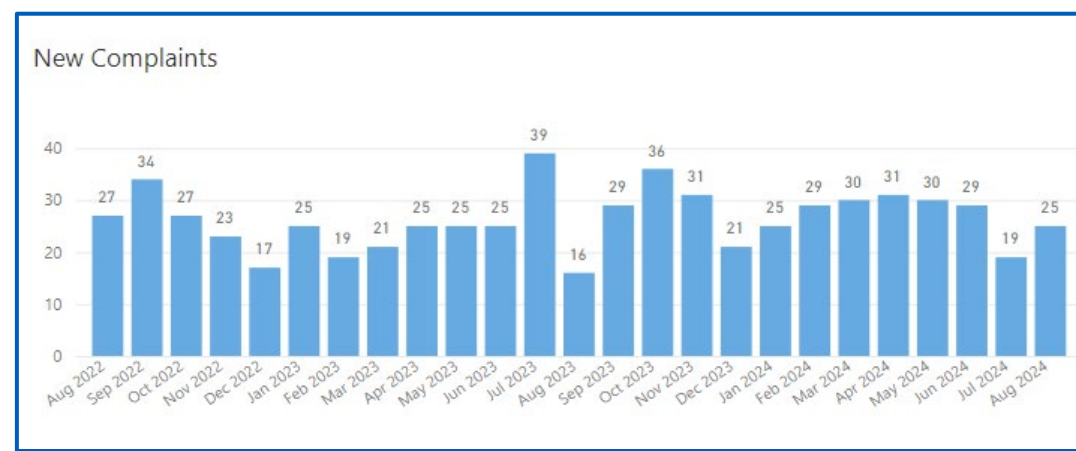
New Complaints

HUTH -59 complaints were received in August 2024. Completion rates remain below the 60 day target to recover a backlog of complaints, of which there are 43 that have not met the 60 day target. The backlog is being recovered which will impact 60 day compliance rates in September and October 2024 before recovering.

NLAG - 25 complaints were received in August 2024. Completion performance remains better than target at 89.7%

The Group will collectively adopt a 40 day target from April 2025 as part of improvement initiatives.
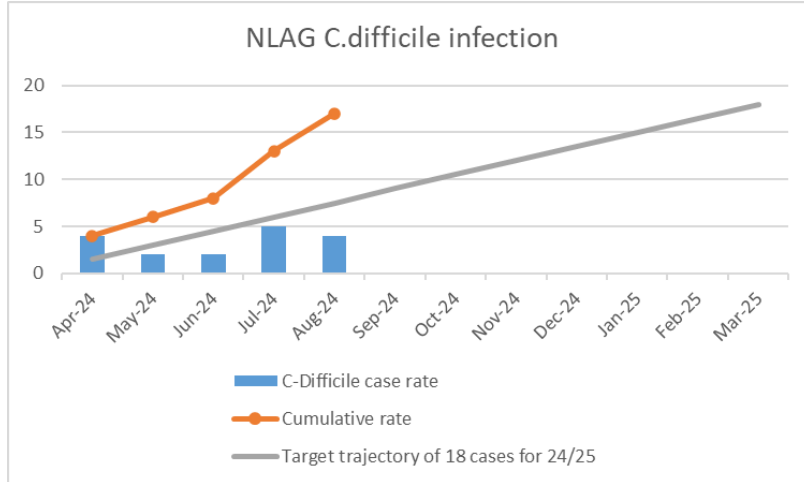
PALS
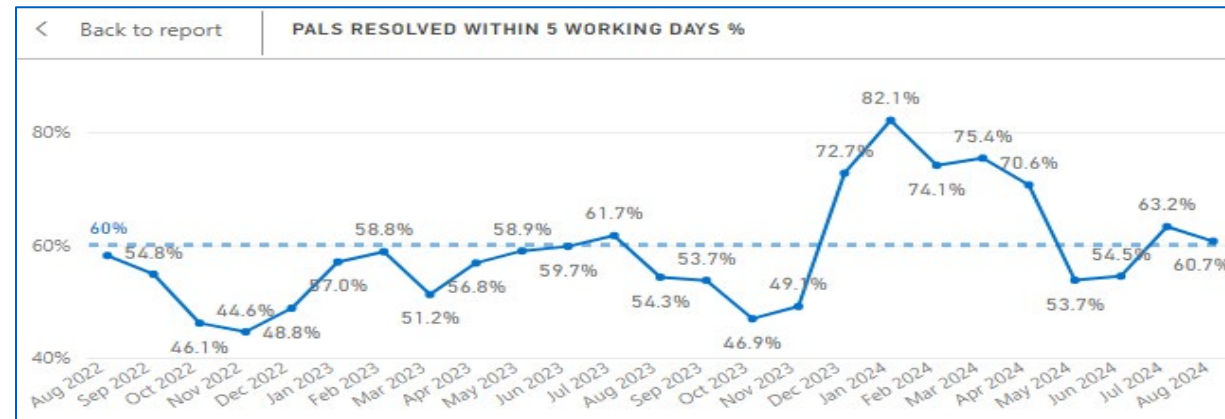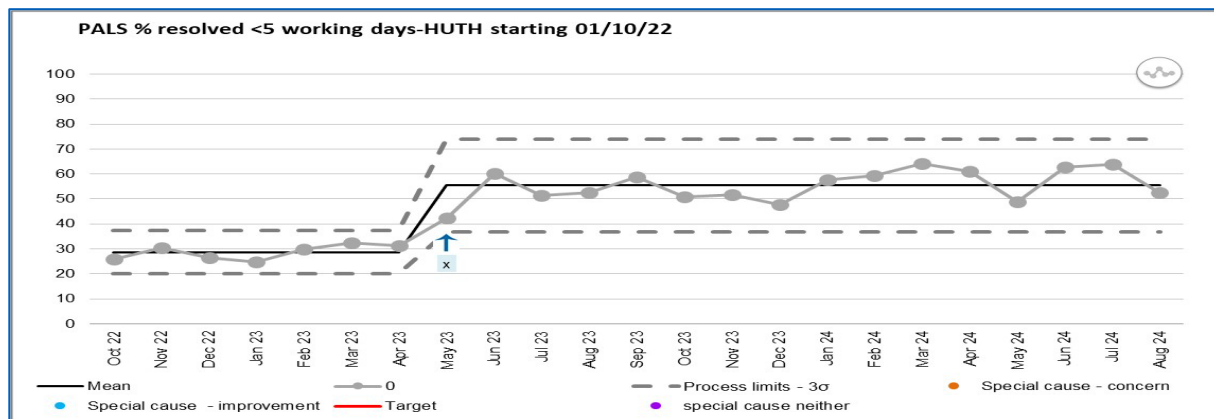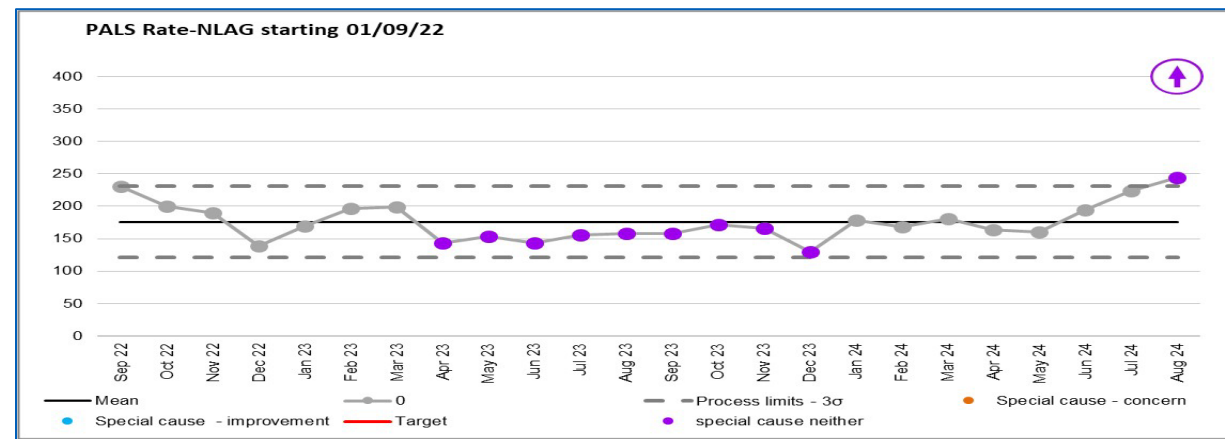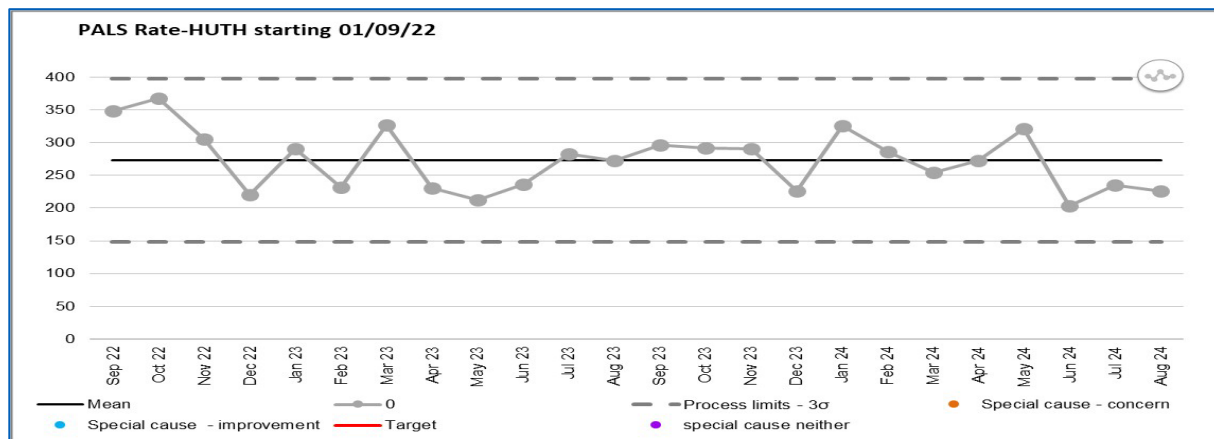
HUTH - There is normal variation in the rate of PALS contacts for the most recent period, maintaining lower than average since the peak in May 2024 to support the National Blood Inquiry publication. The timeliness of completion has improved from June 2023 and now is static following the control limit revision. Improvement work is in progress with care groups to achieved improved rates.

NLAG - There is an increase of the rate of PALS contacts for the most recent period. The highest rates of PALS in August relate to the Emergency Departments at SGH and DPoW. The completion rate remains below the target time, although the closure rate is similar to the rate received.
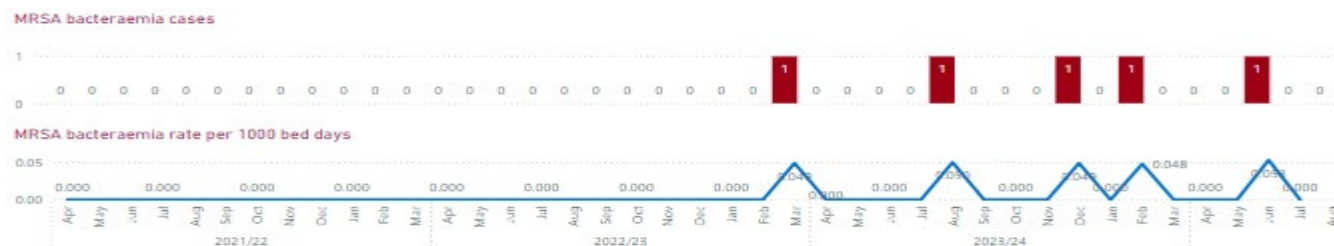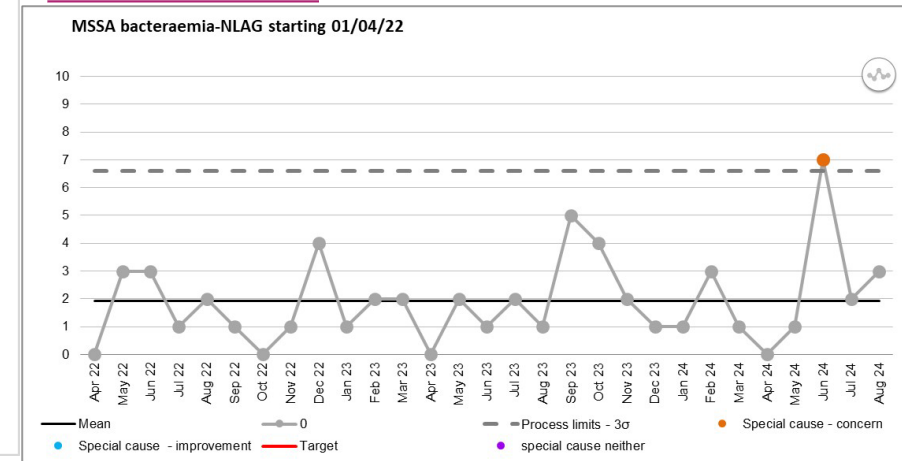
Infection Control - NLAG

NLAG C.difficile infection
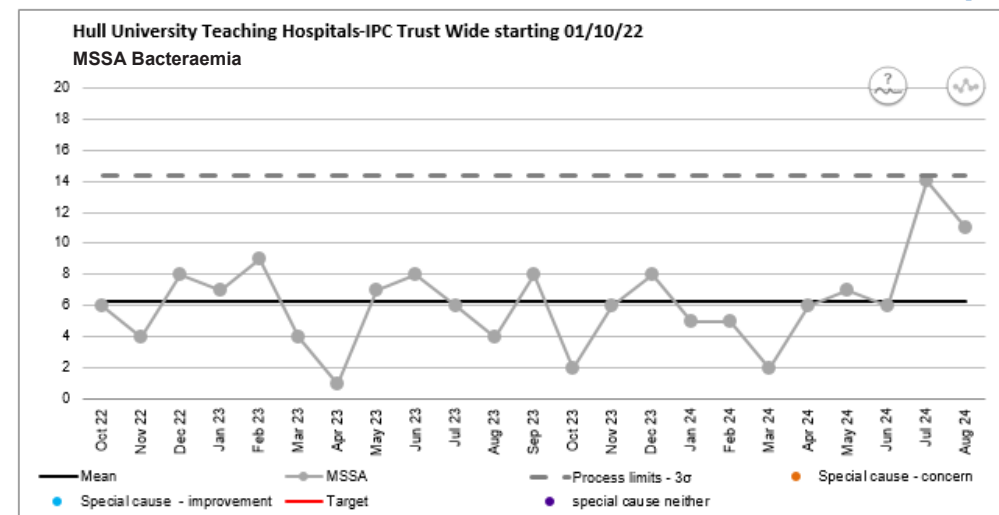- C-Difficile case rate
- Cumulative rate
- Target trajectory of 18 cases for 24/25

NLAG Klebsiella spp. Bacteraemia rate
- Klebsiella spp. Case rate
- Cumulative rate
- Target trajectory of 34 cases for 24/25

NLAG E.coli bacteraemia
- E.coli case rate
- Cumulative rate
- Target trajectory of 57 cases for 24/25

NLAG P. aeruginosa bacteraemia cases
- P aeuginosa case rate
- Cumulative rate
- Target trajectory of 5 cases for 24/25

	PHE Trust-level Targets	YTD as of August 2024
C. difficile	18	17
MRSA	No Target	1
MSSA	No Target	13
E. coli	57	10
Klebsiella spp.	34	10
P. aeruginosa	5	5

MSSA bacteraemia-NLAG starting 01/04/22
- Mean
- 0
- Process limits - 3σ
- Special cause - concern
- Special cause - improvement
- Target
- special cause neither

MRSA bacteraemia cases
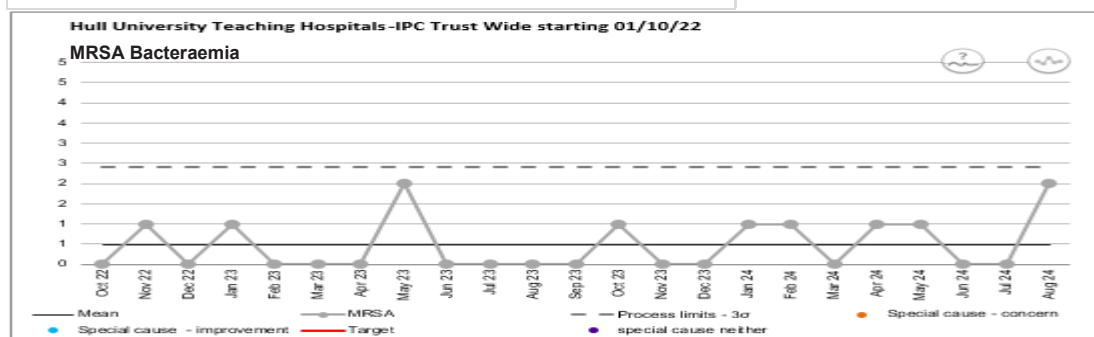
MRSA bacteraemia rate per 1000 bed days

The Group Strategic Infection control committees are now established and developing programmes of work to target improvement.

Infection Control - HUTH

HUTH C.difficile infection

HUTH Klebsiella spp. Bacteraemia rate

HUTH E.coli bacteraemia

HUTH P. aeruginosa bacteraemia cases

Hull University Teaching Hospitals-IPC Trust Wide starting 01/10/22
MSSA Bacteraemia
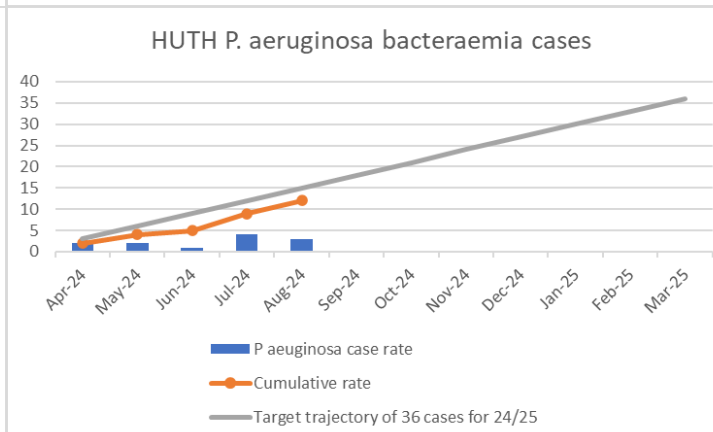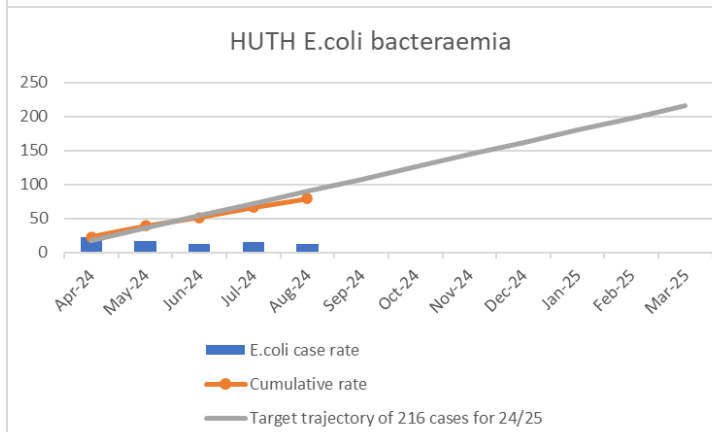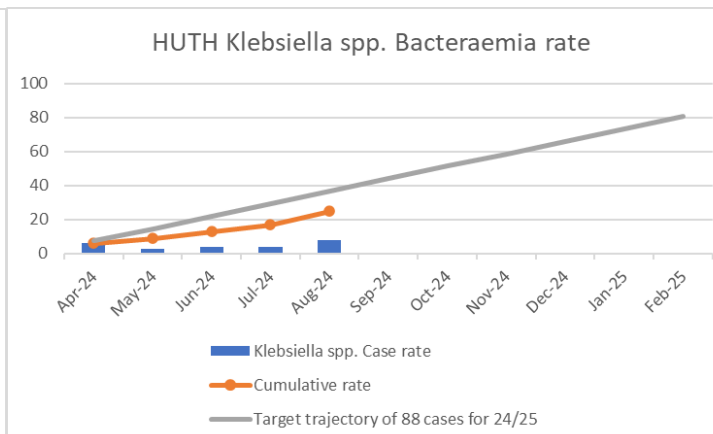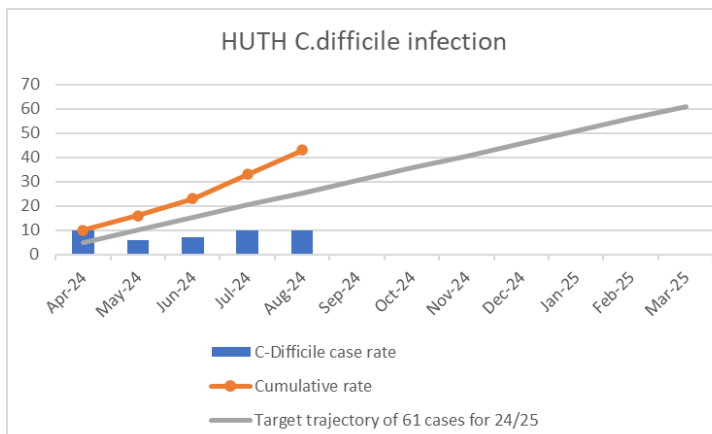
Alert organism	2024 Target	YTD rate
C. Difficile	61	43
E. Coli	216	79
P. Aeruginosa	36	12
Klebsiella spp.	88	25
MRSA bacteraemia	0	3

Hull University Teaching Hospitals -IPC Trust Wide starting 01/10/22
MRSA Bacteraemia

- C.Difficile – over the target trajectory
- E.Coli – within the target trajectory
- MRSA bacteriaemia – zero target 1 case in August, 3 in YTD
- Pseudomonas aeruginosa BSIs: within the target trajectory
- Klebsiella – under the target trajectory
- MSSA BSIs – Within normal variation limits, no target set

The Group Strategic Infection control committees are now established and developing programmes of work to target improvement. Quality and Safety Committees in common received the quarterly IPC BAF in August 2024, which maps progress and targets actions for improvement

Council of Governors Business Meeting

Agenda Item No: CoG(24)071

Name of the Meeting	**Council of Governors Business Meeting**
Date of the Meeting	31 October 2024
Director Lead	David Sharif, Group Director of Assurance
Contact Officer/Author	Alison Hurley, Deputy Director of Assurance
Title of the Report	**Acronyms and Glossary of Terms**
Executive Summary	A reference guide for any words, phrases or acronyms used during the meeting – updated August 2024. Document for information only.
Background Information and/or Supporting Document(s) (if applicable)	N/A
Prior Approval Process	N/A
Financial implication(s) (if applicable)	N/A
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ☐ Assurance ☐ Other – please detail below:

ACRONYMS & GLOSSARY OF TERMS

Aug 2024 – v8.8

2WW - Two week wait

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

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

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

AAU – Acute Assessment Unit

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

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

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

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

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

AGC – Audit & Governance Committee

AGM – Annual General Meeting

AHP – Allied Health Professional

ALoS – Average Length of Stay

AMM – Annual Members' Meeting

AO – Accounting Officer

AoMRC – Association of Medical Royal Colleges

AOP – Annual Operating Plan

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

ARM – Annual Review Meeting for CoG

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

ARGC – Audit Risk & Governance Committee

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

BAF - Board Assurance Framework

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

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

BLS – Basic Life Support

BMA – British Medical Association

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

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

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

CAP – Collaborative Acute Providers

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

CCG – Clinical commissioning groups (CCGs) were NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in each of their local areas in England. On 1 July 2022 they were abolished and replaced by Integrated Care Systems as a result of the Health and Care Act 2022.

CDC – Community Diagnostic Centre

CDO – Chief Delivery Officer

CFC – Charitable Funds Committee

CFO – Chief Financial Officer

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

CE/CEO – Chief Executive Officer

CF – Cash Flow

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

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

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

CMO – Chief Medical Officer

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

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

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

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

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

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

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

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

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

COO – Chief Operating Officer

CoP – Code of Practice

CPA – Care Programme Approach

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

CPIS - Child Protection Information Sharing

CPN – Community Psychiatric Nurse

CPO – Chief People Officer

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

CQUIN – Commissioning for Quality and Innovation are measures which determine whether we achieve quality goals or an element of the quality goal. These achievements are on the basis of which CQUIN payments are made. The CQUIN payments framework encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare. For the patient – this means better experience, involvement and outcomes

CSPO – Chief Strategy and Partnerships Officer

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

Datix - is the patient safety web-based incident reporting and risk management software, widely used by NHS staff to report clinical incidents (Replaced by Ulysses in 2023)

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

DD – Due Diligence

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

DGH – District General Hospitals

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

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

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

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

DNR - Do not resuscitate

DoF – Director of Finance

DOI - Declarations of Interest

DOLS - Deprivation of Liberty Safeguards

DOSA – Day of Surgery Admission

DPA - Data Protection Act

DPH - Director of Public Health

DPoW - Diana, Princess of Wales Hospital, GRimsby

DTOCs – Delayed Transfers of Care

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

ECC - Emergency Care Centre

ED – Executive Directors or Emergency Department

EDI – Equality, Diversity and Inclusion

EHR – Electronic Health Record

EIA - Equality Impact Assessment

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

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

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

EoL – End of Life

EPR - Electronic Patient Record

ERF – Elective Recovery Fund

ERoY – East Riding of Yorkshire

ESR - Electronic Staff Record

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

FD – Finance Director

F&PC – Finance & Performance Committee

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

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

FPC – Finance & Performance Committee

FRC – Financial Risk Rating

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

FTE – Full Time Equivalent

FTGA – Foundation Trust Governors' Association

FTN – Foundation Trust Network

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

FY – Financial Year

GAG – the Governor Assurance Group has oversight of areas of Trust governance and assurance frameworks in order to provide added levels of assurance to the work of the Council of Governors (Replaced by Member and Public Engagement & Assurance Group (MPEAG) from April 2024)

GDH – Goole District Hospital

GDP – Gross Domestic Product

GDPR – General Data Protection Regulations

GIRFT – Getting It Right First Time

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

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

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

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

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

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

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

H1 - First Half (financial or calendar year)

H2 - Second Half (financial or calendar year)

HAS - Humber Acute Services

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

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

HCCP - Humber Clinical Collaboration Programme

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

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

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

HEE – Health Education England

HES - Hospital Episode Statistics – the national statistical data warehouse for England of the care provided by the NHS. It is the data source for a wide range of

healthcare analysis for the NHS, government and many other organisations and individuals

HOBS - High Observations Beds

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

HR – Human Resources

HSCA – Health & Social Care Act 2012

HSMR - Hospital Standardised Mortality Ratio

HTF - Health Tree Foundation (Trust charity)

HTFTC - Health Tree Foundation Trustees' Committee

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

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

HW – Healthwatch

HWB/HWBB – Health & Wellbeing Board

HWNL - Healthwatch North Lincolnshire

HWNEL - Healthwatch North East Lincolnshire

HWER - Healthwatch East Riding

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

HUTH – Hull University Teaching Hospitals NHS Trust

IAAU – Integrated Acute Assessment Unit

IAPT – Improved Access to Psychological Therapies

IBP – Integrated Business Plan

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

ICB – Integrated Care Board

ICP – Integrated Care Partnership

ICS – Integrated Care Systems - Partnership between NHS organisations, local councils and others, who take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

There are 44 ICS 'footprint' areas. The size of a system is typically a population of 1-3 million.

ICU – Intensive Care Unit

IG – Information Governance

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

IP – Inpatient

IPC - Infection Prevention & Control

IPR – Integrated Performance Report

IT – Information Technology

ITU – Intensive Therapy Unit

JAG – Joint Advisory Group accreditation

JHOSH - Joint Health Overview and Scrutiny Committee

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

JSNA – Joint Strategic Needs Assessment

KLOE – Key Line of Enquiry

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

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

LA – NHS Leadership Academy

LATs – Local Area Teams

LD – Learning Difficulties

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

LETB – Local Education and Training Board

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

LHE – Local Health Economy

LHW – Local Healthwatch

LiA – Listening into Action

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

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

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

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

LTC - Long Term Condition

M&A – Mergers & Acquisitions

MCA - Mental Capacity Act

MDT - Multi-disciplinary Team

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

MHA – Mental Health Act

MI – Major Incident

MIU – Major Incident Unit

MLU - Midwifery led unit

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

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

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

MRI – Magnetic Resonance Imaging

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

MSA – Mixed Sex Accommodation

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

NED – Non-Executive Director

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

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

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

Neurology - Study and treatment of nerve systems.

NEWS - National Early Warning Score

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

NEL - North East Lincolnshire

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

NHS - National Health Service

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

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

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

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

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

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

NHSP - NHS Professionals

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

NHSTDA – NHS Trust Development Authority

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

NL - North Lincolnshire

NLaG - Northern Lincolnshire & Goole Hospitals NHS Foundation Trust

NMC - Nursing & Midwifery Council

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

NQB - National Quality Board

NSFs – National Service Frameworks

OBC - Outline Business Case

OFT – Office of Fair Trading

OLU - Obstetric led unit

OOH - Out of Hours

OP – Outpatients

OPA – Outpatient Appointment

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

OSCs – Overview and Scrutiny Committees

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

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

PAU – Paediatric assessment unit

PbR - Payment by Results

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

PCT – Primary Care Trust

PD – People Directorate

PDC – Public Dividend Capital

PEWS - Paediatric Early Warning Score

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

PFI – Private Finance Initiative

PIDMAS – Patient Initiated Digital Mutual Aid System

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

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

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

Population Health Management (PHM) - A technique for using data to design new models of proactive care, delivering improvements in health and wellbeing which make best use of the collective resources. Population health aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population.

PPE - Personal Protective Equipment

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

PPI – Patient and Public Involvement

PRIM - Performance Review Improvement Meeting

PROMS – Patient Recorded Outcome Measures

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

PSF - Provider Sustainability Fund

PST – Patient Suitability for Transfer

PTL – Patient Transfer List

PTS – Patient Transport Services

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

QGAF – Quality governance assurance framework

QI – Quality Improvement

QIA – Quality Impact Assessment

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

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

QRP – Quality & Risk Profile

Q&SC – Quality & Safety Committee

QSIR – Quality & Service Improvement Report

R&D – Research & Development

RAG – Red, Amber, Green classifications

RCA – Root Cause Analysis

RCGP – Royal College of General Practitioners

RCN – Royal College of Nursing

RCP – Royal College of Physicians

RCPSYCH – Royal College of Psychiatrists

RCS – Royal College of Surgeons

RGN – Registered General Nurse

RIDDOR – Reporting of Injuries, Diseases, Dangerous Occurrences Regulation. Regulates the statutory obligation to report deaths, injuries, diseases and

"dangerous occurrences", including near misses, that take place at work or in connection with work

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

RoI – Return on Investment

RTT – Referrals to Treatment

SaLT - Speech and Language Therapy

SDEC – Same day emergency care

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

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

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

SGH – Scunthorpe General Hospital

SHCA – Senior Health Care Assistant

SHMI - Summary Hospital-level Mortality Indicator

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

SIB - System Improvement Board

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

SJR - Structured Judgement Review

SLA – Service Level Agreement

SLM/R – Service Line Management/Reporting

SNCT - Safer Nursing Care Tool

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

SPA – Single Point of Access

SoS – Secretary of State

SSA – Same Sex Accommodation

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

Statutory Requirement - A requirement prescribed by legislation

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

T&C – Terms and Conditions

TCI – To Come In

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

TMB - Trust Management Board

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

ToR – Terms of Reference

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

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

TTO – To Take Out

ULHT – United Lincolnshire Hospital NHS Trust

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

UTC - Urgent Treatment Centre

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

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

VTE – Venous Thromboembolism

WC - Workforce Committee

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

WRES - Workforce Race Equality Standards

WDES - Workforce Disability Equality Standards

WTE - Whole time equivalent

YTD - Year to date

Council of Governors Business Meeting

Agenda Item No: CoG(24)072

Name of the Meeting	**Council of Governors Business Meeting**
Date of the Meeting	31 October 2024
Director Lead	David Sharif, Group Director of Assurance
Contact Officer/Author	Alison Hurley, Deputy Director of Assurance
Title of the Report	**Council of Governors Meetings – Timings and Format Review**
Executive Summary	The purpose of this report is to provide a summary of the feedback received from the MS Forms survey – CoG 2025 Meetings – Timings and Format Review. It was agreed within the Council of Governors (CoG) Annual Review Meeting (ARM) held on 22 August 2024 to canvass the views of Executives, Non-Executive Directors (NEDs) and Governors on the CoG meeting schedule for 2025. The Council of Governors are asked to note the outcome of the review and agree any necessary changes to the schedule in Appendix A.
Background Information and/or Supporting Document(s) (if applicable)	N/A
Prior Approval Process	N/A
Financial implication(s) (if applicable)	N/A
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	☐ Approval ☐ Information ✓ Discussion ✓ Review ☐ Assurance ☐ Other – please detail below:

CoG Meetings – Current Timings & Format Review for 2025 Meetings

All Executives, Non-Executive Directors and Governors were offered the opportunity to complete the MS Forms survey to review current timings and the format of the 2025 CoG meetings (as per Appendix A). The reviews could be undertaken online in less than two minutes.

We received a response from 16 colleagues (out of a potential 28).

2025 COG MEETING SURVEY	
CoG Meetings - Review current timings and format	**Responses from the survey**
1. Are you happy with the current CoG meeting schedule for 2025 (usually in person at 14:00 – 17:00 hours)	➤ Yes 10 responses ➤ No 6 responses (see below)
2. Alternatively, would you prefer CoG meetings to be in in the……….	➤ Morning 2 responses ➤ Evening 2 responses ➤ Other 2 responses (see below)
3. If you selected 'Other' in question 2 please provide more details	➤ 25/02/25 - 17:30 -19:00 - NED/Governor Teams meeting (in same week) 04/09/25 - decouple NED Highlight Reports from Annual Members Meeting and reschedule as Teams meeting to be held during previous two weeks 17:30 - 19:00 16/04/25 and 17/07/25 - consideration be given to moving spring/summer meetings to late afternoon/early evening 09/01/25 and 05/11/25 meetings as planned ➤ Afternoon meetings from 13:30 – 16:30 hours

2025 COG MEETING SURVEY		
CoG Meetings - Review current timings and format	**Responses from the survey**	
4. Would you prefer CoG meetings to be held….	➢ In person ➢ Virtually via MS Teams ➢ Hybrid – A mixture of in person and virtual ➢ Alternate between in person and virtual ➢ Other	0 responses 3 responses 2 responses 1 response 0 responses
General comments	➢ Face to face meetings in the Summer months (but finishing before 17:00 to avoid the traffic) and virtual in the Winter months ➢ Or evening meetings if they are virtual, as I recognise that evenings might be easier for some Governors	

Oct 2024

MEETING SCHEDULE - 2025

MEETING	Quarter 4 (24/25)			Quarter 1 (25/26)			Quarter 2 (25/26)			Quarter 3 (25/26)		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Governors												
Council of Governors (2.00 pm - 5.00 pm, with exceptions as stated)	09.01.25	25.02.25 (9.00 am - 10.30 am) **NED & Governor only Meeting**		16.04.25			17.07.25		04.09.25 (1.30 pm - 5.00 pm) **AMM & Highlight Reports**		05.11.25	