NHS
Northern Lincolnshire and Goole
NHS Foundation Trust

AGENDA

A meeting of the Council of Governors
to be held on Thursday, 18 April 2024 at 09:30 to 12:30 hours
at the Newton Suite, Forest Pines, Ermine Street, Brigg, DN20 0AQ

For the purpose of transacting the business set out below:

No.	Agenda item	Format	Purpose	Time
1. CORE BUSINESS ITEMS				
1.1	**Welcome and Apologies for absence** Sean Lyons, Group Chair	Verbal	Information	**09:30**
1.2	**Declarations of Interest** Sean Lyons, Group Chair	Verbal	Information	
1.3 1.3.1 1.3.2	**Minutes of the Previous Meetings:** Sean Lyons, Group Chair **Business Meeting held on 11 January 2024** **Annual Members Meeting held on 1 February 2024**	 CoG(24)001 CoG(24)006 Attached	Approval	
1.4	**Urgent Matters Arising** Sean Lyons, Group Chair	Verbal	Information	
1.5	**Action Tracker – Public** Sean Lyons, Group Chair	CoG(24)002 Attached	Approval	
2. REPORTS AND UPDATES				
2.1	**Group Chair's Update** Sean Lyons, Group Chair	CoG(24)003 Attached	Information	**09:40**
2.2	**Group Chief Executive's Update** Jonathan Lofthouse, Group Chief Executive	CoG(24)004 Attached	Information	
2.3 2.3.1 2.3.2	**Lead Governor's Update** Ian Reekie, Lead Governor Appointments and Remuneration Committee Highlight Report Governor Assurance Group Highlight Report	CoG(24)005 Attached	Information	
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	Verbal	Received 15.02.24	
3.2	**Capital & Major Projects CiC Highlight / Escalation Report** Gill Ponder, Non-Executive Director CiC Chair	CoG(24)007 Attached	Assurance	**10:10**
3.3	**Performance, Estates and Finance CiC Highlight / Escalation Report** Gill Ponder, Non-Executive Director CiC Chair	CoG(24)008 Attached	Assurance	**10:25**
3.4	**Quality & Safety CiC Highlight Report / Escalation Report** Sue Liburd, Non-Executive Director CiC Chair	CoG(24)009 Attached	Assurance	**10:40**
3.5	**Workforce, Education & Culture CiC Highlight / Escalation Report** Kate Truscott, Non-Executive Director CiC Chair	CoG(24)010 Attached	Assurance	**10:55**

BREAK - 11:10 – 11:20				
4. COG BUSINESS ITEMS				
4.1	**Integrated Care System (ICS) Working** Ivan McConnell, Group Chief Strategy & Partnerships Officer	CoG(24)011 Attached	Information	**11:20**
4.2	**Humber Acute Services (HAS) – Decision Making Business Case (DMBC)** Linsay Cunningham, Associate Director of Communication and Engagement - HAS	CoG(24)012 Attached	Information	**11:35**
4.3	**Trust Priorities 2024-25 and Quality Priorities** Jonathan Lofthouse, Group Chief Executive	CoG(24)013 Attached	Information	**11:55**
5. ITEMS FOR APPROVAL				
5.1	**Council of Governors' Annual Work Plan** Alison Hurley, Deputy Director of Assurance	CoG(24)014 Attached	Approval	**12:05**
5.1	**Annual Governors' Register of Interests** Alison Hurley, Deputy Director of Assurance	CoG(24)015 Attached	Approval	
6. ITEMS FOR NOTING				
6.1	**Member and Public Engagement & Assurance Group (MPEAG) Activity Report** Ian Reekie, Lead Governor	Verbal	First meeting 21.05.24	**12:10**
7. OTHER				
7.1	**Questions from Governors** Sean Lyons, Group Chair	Verbal	Information	**12:12**
7.2	**Questions from the Public** Sean Lyons, Group Chair	Verbal	Information	
7.3	**Items for Information / To Note (as per Appendix A)** Sean Lyons, Group Chair	Verbal	Information	
7.4	**Any Other Urgent Business** Sean Lyons, Group Chair	Verbal	Information	
7.5	**Matters to be escalated to the Trust Board** Sean Lyons, Group Chair	Verbal	Information	
7.6	**Council Performance and Reflection** Sean Lyons, Group Chair	Verbal	Information	
8. DATE OF THE NEXT MEETING				
8.1	The next meeting of the Council of Governors will be held on: Tuesday, 18 June 2024 from 09:00 – 12:00 hours in the Main Boardroom at Diana, Princess of Wales Hospital, Grimsby			

APPENDIX A

Listed below is a schedule of documents circulated to all CoG members for information.

The Council has previously agreed that these items will be included within the CoG papers for information.

7.3.	**Items for Information**		
7.3.1	Finance Report	Lee Bond, Group Chief Financial Officer	CoG(24)016 Attached
7.3.2	Board Assurance Framework	David Sharif, Group Director of Assurance	CoG(24)017 Attached
7.3.3	Acronyms & Glossary of Terms	Alison Hurley, Deputy Director of Assurance	CoG(24)018 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.

Northern Lincolnshire and Goole NHS Foundation Trust

COUNCIL OF GOVERNORS BUSINESS MEETING

Minutes of the meeting held on Thursday, 11 January 2024 at 14:00 to 17:00 hours via MS Teams

For the purpose of transacting the business set out below:

Present:

Core Members:

Linda Jackson	Vice Chair
Ahmed Aftab	Staff Governor
Kevin Allen	Public Governor
Diana Barnes	Public Governor
Jeremy Baskett	Public Governor
Tony Burndred	Public Governor
David Cuckson	Public Governor
Karen Green	Public Governor
Cllr David Howard	Stakeholder Governor
Raquel Jakins	Staff Governor
David James	Public Governor
Corrin Manaley	Staff Governor
Shiv Nand	Public Governor
Rob Pickersgill	Deputy Lead Governor
Ian Reekie	Lead Governor

In Attendance:

Valerie Almira-Smith	Head of Organisational Development, Wellbeing & Inclusion
Wendy Booth	Interim Governance Advisor
Richard Dickinson	Associate Director of Quality Governance
Alison Hurley	Assistant Trust Secretary
Simon Nearney	Group Chief People Officer
Simon Parkes	Non-Executive Director
Gill Ponder	Non-Executive Director
Shaun Stacey	Group Chief Delivery Officer
Rebecca Thompson	Head of Corporate Affairs (HUTH)
Kate Truscott	Non-Executive Director
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 Vice Chair, Linda Jackson welcomed those present to the Council of Governors (CoG) meeting, with a particular welcome to the newly appointed Governors joining the first Council of Governors (CoG) meeting since their

successful election in November 2023 and Kate Truscott as a newly appointed Non-Executive Director (NED), previously the Associate NED. The following apologies for absence were noted:

Paula Ashcroft	Public Governor
Mike Bateson	Public Governor
Sue Liburd	Non-Executive Director
Sean Lyons	Group Chair (represented by Linda Jackson)
Jonathan Lofthouse	Group Chief Executive (represented by Shaun Stacey)
Dr Gorajala Vijay	Public Governor

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 meetings held on 12 October 2023**

The minutes of the meetings held on the 12 October 2023 were accepted as a true and accurate record.

1.4 **Matters Arising**

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

1.5 **CoG Action Log - Public**

Linda Jackson referred to the outstanding action COG(23)18 which referred to a Governor briefing session for the Electronic Patient Record (EPR), which had been deferred to a more appropriate time.

Shaun Stacey confirmed the Integrated Care Board (ICB) were currently investigating the awarded investment for the EPR which did not match the required amount of spend for the system. Shaun Stacey recommended that the briefing was further delayed until a decision was made on the actual purchase and implementation of an EPR system.

2. REPORTS AND UPDATES

2.1 **Chair's Update**

Linda Jackson provided an overview of the report which was taken as read and had been written by Sean Lyons, the Trust Chair before departing on annual leave. It was reported some further updates would be covered within the Chief Executive's update.

Linda Jackson welcomed any questions and none were received.

2.2 **Chief Executive's Update**

Shaun Stacey delivered an overview of the Chief Executive's report which was taken as read and highlighted a few key areas.

The consultation for the Operation Care Group Structure concluded on 21 December 2023 and the final stages were impending with ten days of interviews to facilitate those appointments. It was reported that a Site Managing Director, Medical Director and Nurse Director for the north bank were appointed on 17 January 2024 and nine candidates for the same posts on the south bank had interviews due shortly.

Shaun Stacey highlighted that winter pressures across the Trust's hospital were in full flow with significant numbers of patients attending emergency departments (ED) at both Diana, Princess of Wales Hospital (DPoW) in Grimsby and Scunthorpe General Hospital (SGH). It was reported that between 450 to 475 patients a day were seen in the EDs although it was recognised that some patients had experienced long waits which had mainly been due to high levels of demand. Performance with regards to seven, 14 and 21 day stays had been good despite a set back over the Christmas period, directly attributable to strike action.

Shaun Stacey drew the Council's attention to section 4.1 of the report and asked members to ensure this section was read in relation to how hospitals would be governed and managed in the future.

Shaun Stacey welcomed any questions on the report.

Jeremy Baskett queried whether Allied Health Professional's (AHP) could apply for the Group Chief Nurse position. Shaun Stacey thought the role was to be held by a registered nurse and agreed to investigate and provide a response after the meeting following a review of the job description.

Ian Reekie raised a query regarding the delayed 2024-25 planning guidance which was usually published before Christmas and what the implications might be. Shaun Stacey was unable to provide any further details until NHS England (NHSE) published the guidance although noted there had been some information leaked through the media.

In response to a query from Ian Reekie about any learning from the industrial action, Shaun Stacey confirmed that having senior decision makers available earlier within a patient's journey had reduced length of stays and provided more robust treatments and plans. It was confirmed that the updated model used within the Trust for both medicine and surgery using same day emergency care (SDEC) and acute assessment unit (AAU) were seeing benefits.

Ian Reekie queried whether any potential amendments had been considered with regards to the Humber Acute Services (HAS) proposals following fundamental concerns raised by the Joint Health Overview and Scrutiny Committee (JHOSH), North Lincolnshire Council and a petition submitted to the ICB. In response, both Shaun Stacey and Linda Jackson agreed the ICB would be required to provide a conclusion to the concerns raised as the lead on the HAS consultation. Linda Jackson agreed to request an update from Ivan McConnell, Group Chief Strategy & Partnerships Officer, following the meeting.

In response to a query from Rob Pickersgill, Shaun Stacey confirmed the values workshops were progressing with a number of workshops remaining for staff to attend. In addition, it was no surprise to learn that staff were unfamiliar with the outcome of the clinical hubs and how they would operate. Shaun Stacey

suggested Ivan McConnell could perhaps provide an update as it was linked to the HAS work and once the outcome was known further workshops would be available to support staff.

Linda Jackson confirmed the Group Director of Assurance, Group Director of Transformation and Group Digital Information Officer had been appointed with an updated Executive structure to be circulated after the meeting. Options were being explored by Jonathan Lofthouse for an Interim Chief Nurse which remained unappointed. Linda Jackson expressed thanks to the Non-Executive Directors for assisting with the Group appointments.

Action:

- **Shaun Stacey to confirm the qualification for the Group Chief Nurse vacancy**
- **Linda Jackson to request update on concerns regarding the Humber Acute Services (HAS) proposals and staff support following the outcome of the HAS consultation work.**
- **Corporate Governance Office to circulate the Executive Structure and Operational Structure**

2.3 **Lead Governor's Update**

Ian Reekie delivered an overview of the report and recommended the following to the Council:

- Commence the development of an ambitious new Member and Public Engagement Strategy
- Complete the cleansing of the Foundation Trust public membership list
- Endorse the appointment of governor observers and deputies for the new committees-in-common.

The Council approved the above recommendations and noted that virtual Council of Governors approval had been obtained for:

- the appointment of Kate Truscott as a Non-Executive Director for three years commencing on 1 January 2024
- the commencement of a recruitment process to fill the resulting Associate Non-Executive Director post vacancy following completion of an appropriate skills assessment.

Linda Jackson drew the Council's attention to the committees-in-common Governor observer / deputies table on page five of the report which highlighted the deputy observer for the Capital and Major Projects was still to be determined.

Wendy Booth highlighted the Health Tree Foundation (HTF) Trustees Committee remained NLaG specific and was not a committees-in-common meeting.

It was agreed to take agenda item 4 next

4. ITEMS FOR APPROVAL

4.1 Future Role of Council of Governor and Governor Assurance Group including Terms of Reference

Wendy Booth provided a summary of proposed changes to the role of the CoG and Governor Assurance Group (GAG) ensuring the CoG continued to fulfil its statutory duties. The intended changes were to support the move to a Group model and reinforce the role of the NLaG Governors as part of the governance framework.

Linda Jackson reported the Board and committees-in common agendas would have joint items first followed by NLaG items and then HUTH items when Governors would be asked to leave the meeting. It was anticipated that in future there would not be trust specific items as all would be covered in a joint capacity.

Linda Jackson confirmed there had been an investment in new equipment particularly for the south bank to allow for much improved virtual access to hybrid meetings.

The Council were asked to note that the GAG would continue in the current format for the 15 February meeting with the new arrangements in place from April 2024.

Following a discussion within the CoG pre-meet, Ian Reekie confirmed it had been agreed that expressions of interest would be sought for the Member and Public Engagement & Assurance Group (MPEAG) replacing the GAG. It was confirmed the Corporate Governance office would facilitate this process. Governors approved the draft terms of reference for the MPEAG, and requested members of the new group had the opportunity to approve them at the first meeting and propose any changes if necessary. Linda Jackson agreed with the suggestion and added any changes would require ratification at a future CoG business meeting.

Rob Pickersgill raised a query in relation to the Governor role as set out in the NHS England (NHSE) document 'Addendum to Your statutory duties –reference guide for NHS foundation trust governors' and whether this had been considered along with representing the public at large and the context of system working. In response Wendy Booth confirmed the Addendum had been reviewed as part of the preparation of the report and was satisfied it had been covered within the proposed changes. Wendy Booth advised a further discussion would be required at a future CoG meeting to discuss the wider implications. Linda Jackson stated that Ivan McConnell was reviewing how the Trust interfaced with Place and the ICB with regards to liaising and attendance at meetings and this could be an item for further discussion and review at a future CoG meeting.

The Council noted and supported the proposed changes and approved the draft MPEAG terms of reference subject to approval from the new group members at the first meeting.

Actions:

- **Corporate Governance office to seek expressions of interest for the Member and Public Engagement & Assurance Group (MPEAG)**
- **Corporate Governance office to add the MPEAG terms of reference to the first agenda of the new group for approval and seek CoG ratification for any proposed changes**

4.2 **Governor Observer Protocol**

Wendy Booth introduced the Governor Observer Protocol which provided greater detail for how the role would work in practice and welcomed any comments. None were received.

Linda Jackson sought approval of the Governor Observer Protocol and the Council approved the document.

4.3 **Annual Governors' Register of Interest**

Alison Hurley drew the Council's attention to the Governors' Register of Interest report which showed one outstanding declaration which had been requested. A revised report would be submitted once the outstanding declaration was received.

The Council received and approved the Annual Governors' Register of Interest.

Action – Corporate Governance office to add the Governors' Register of Interest report to the next CoG agenda to address the outstanding declaration

A ten minute break took place at 14:45

Simon Nearney and Valerie Almira-Smith joined the meeting at 14:50

The meeting resumed at 14:55

The agenda returned to item 3

3. COG BUSINESS ITEMS

3.1 **Developing Group Organisational Values**

Simon Nearney and Valerie Almira-Smith both introduced themselves to the meeting and explained the values session would be interactive, and these sessions aimed to create one set of Group values across both Trusts. It was reported there were over 50 staff values sessions to allow the 17,000 staff within the Group to have input to the final values and in doing so move together in unity.

Simon Nearney confirmed there were three key questions to be answered as part of the interactive session which were:

- Personal values
- Current daily working values either positive or negative
- Opinions on new Group values

The Council were asked to use smart phones to participate within the session although paper submissions would be accepted via the Corporate Governance office for inclusion if required.

Kevin Allen queried whether there was awareness and possible collaboration of the King's Project which was a collaborative approach across five local NHS trusts to develop a patients' charter and patient'' values. Simon Nearney was unaware

of the King's Project work although highlighted it would enhance the Group work and not complicate or duplicate. The Group staff charter would reflect how the values would affect both staff and patients. Simon Nearney requested further details of the King's Project work from Kevin Allen following the meeting to ensure a link could be established for possible collaboration.

Rob Pickersgill highlighted a concern amongst Governors that the focus on patient outcomes had been forgotten about within the values sessions. In response Simon Nearney reported if the values were correct the staff would become engaged, motivated and inspired which in turn would provide great services for the patient and an improved patient experience.

Gill Ponder joined the meeting at 15:10

Valerie Almira-Smith confirmed that some of the responses received to date related to patient care and outcomes. It was reported the staff charter would outline the expected behaviours, relationships with colleagues and managers and what the patients should expect from the staff.

Richard Dickinson joined the meeting at 15:30

Kate Truscott fully supported the values work and agreed that staff behaviour and the delivery of services enabled the patient experience and patient safety to improve which required effective communication.

Karen Green highlighted the need to provide explanations for each of the words selected as values. Simon Nearney confirmed explanations would be included within the staff charter.

Jeremy Baskett was keen for the final values to become embedded in the organisation and suggested any proposals submitted to the Board for example, must explain the connection to the values.

Cllr David Howard highlighted cultures could not be grown and instead must be led by example from the top. The idea of using the values as a metric against everything was found to be a positive approach.

Rob Pickersgill raised concerns that leadership development appeared in small type within the created word cloud. Simon Nearney confirmed the leadership development was an activity in itself and would still progress. It was explained that the Group values should be clear when a staff member starts work in a team or when someone walks into a ward, and was much more than just the three chosen words. Valerie Almira-Smith concurred and added that this would feed into leadership and management development, culture, inductions plus recruitment and retention.

Linda Jackson thanked everyone who had been able to participate in the session and agreed with the point raised earlier that the progress would be led by example through the Group Chair and Group Chief Executive.

Cllr David Howard provided an example used previously by a large travel company which was for Executives and senior leaders to state in e-mail signatures which value was most treasured by them. It had proved very powerful and created a

focus on values in everyday working. Linda Jackson agreed this was a great suggestion.

Simon Nearney confirmed the responses received during the session would be included in the overall database. These would be narrowed down to 10 words during February and March and the new Group values would be live from April 2024.

Simon Nearney and Valerie Almira-Smith left the meeting at 15:50

3.2 **Quality Priorities Update**

Richard Dickinson provided an overview of the five 2023/24 Quality Priorities which would be carried over to 2024/25 outlining some issues surrounding data collection and reporting mechanisms. It was reported that anticipatory medication for end of life (EoL) care had been a focus, improvements had been seen but the results had not been reliable to date. It was noted that measurements needed to be more specific in relation to the area of concern. Improvements had also been evidenced within EoL pain assessment and reassessment, deteriorating patients and sepsis. Richard Dickinson stated that areas for improvement were communication, escalation and processes which support patient outcomes along with changes in technology. Mental capacity had been a challenge with several changes over the last few years. An electronic tool on WebV enabled the assessment of mental capacity to be documented and best interest decisions recorded. It was highlighted there had been some difficulty in progressing this due to staffing issues.

Richard Dickinson confirmed there was external quality improvement support for EoL, deteriorating patients and sepsis.

A patient weight project was being created which had previously been led by the pharmacy team, and would now include pharmacy, doctors and nurses focussing on emergency department pathways.

Richard Dickinson concluded that improvements would be made by defining fresh process measurements with outcome measurements that were fitting for each project which would then evidence a sustained improvement plan.

Linda Jackson agreed it was a sensible approach to continue with the same Quality Priorities in 2024/25 and welcomed any questions. None were received.

Richard Dickinson left the meeting at 16:00

5. OTHER

5.1 **Questions from Governors**

Linda Jackson welcomed any questions. None were received.

5.2 **Questions from the Public**

There were no members of the public present.

5.3 **Items for Information / To Note**

Linda Jackson drew the Council's attention to the items for information in Appendix A which were the Finance Report for month eight, the Board Assurance Framework (BAF) for quarter two and the Acronyms and Glossary of Terms.

5.4 **Any other Urgent Business**

Tony Burndred raised a concern with regards to the lost property of patients having been recently connected to several patients who had lost personal belongings. Shaun Stacey confirmed this had been concern for some time and a few business cases had been submitted for patient lockers, but the issue and solution had proved challenging. It was reported there was a new policy on the safekeeping of patient's cash, valuables and property which was currently out for approval and due for conclusion by 19 January 2024. The feedback from ward staff, patient experience and Patient Advise and Liaison (PALs) was used to develop the policy and identify the changes required.

Shaun Stacey highlighted the roll out of Bright Boxes for personal items and an education programme for all wards and departments. An update would be provided to Governors on the outcome of the policy approval and training plans.

Gill Ponder confirmed the purchase of safes had been discussed at the Health Tree Foundation (HTF) Trustees Committee and that a formal wish submitted to HTF was now required. It was reported there had been some concerns as the costs were low which led to the assumption the safes would not be fitted or secured and therefore could be moved or stolen. The other concern was that items such as dentures and hearing aids would not be placed in a safe, which were some of the main items which had been lost by patients.

Shaun Stacey explained further that the Bright Box scheme had been inherited as an idea from elsewhere which was specifically for patient's items to support daily living such as dentures and hearing aids.

Action: Shaun Stacey to provide an update on the safekeeping of patient's cash, valuables and property policy and associated training for staff

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

Wendy Booth suggested the CoG changes and approval of the Governor Observer Protocol were mentioned although not necessarily as items for escalation.

5.6 **Council Performance and Reflection**

No items were raised.

6. DATE AND TIME OF THE NEXT MEETING

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

Thursday, 1 February 2024 at 09:00 – 11:30 hours - Annual Members' Meeting (AMM) via MS Teams Live

The Vice Chair closed the meeting at 16:15 hours.

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

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

Name	Possible	Actual	Name	Possible	Actual
Sean Lyons	5	4	Fiona Osborne	4	2
Linda Jackson	5	4	Simon Parkes	5	2
Stuart Hall	5	1	Gillian Ponder	5	3
Sue Liburd	5	1	Kate Truscott	5	1

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COUNCIL OF GOVERNORS
ACTION TRACKER

2024

ACTION TRACKER - CURRENT ACTIONS - 18TH APRIL 2024

COUNCIL OF GOVERNORS

NHS Hull University Teaching Hospitals NHS Trust

NHS Northern Lincolnshire and Goole NHS Foundation Trust

Minute Ref	Date / Month of Meeting	Subject	Action Ref (if different)	Action Point	Lead Officer	Target Date	Progress	Status	Evidence
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		Email
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	Complete	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	Complete	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	Complete	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	Complete	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	Complete	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	Complete	Emails
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		Jan 24 CoG minutes

Key:

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

ACTION TRACKER - CLOSED ACTIONS

Council of Governors

NHS
Hull University Teaching Hospitals
NHS Trust

NHS
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NHS Foundation Trust

Minute Ref	Date / Month of Meeting	Subject	Action Ref (if different)	Action Point	Lead Officer	Target Date	Progress	Status	Evidence

Key:

Green	Completed - can be closed following meeting

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(24)003

Name of the Meeting	**Council of Governors**
Date of the Meeting	18 April 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 NHS Foundation Trust Council of Governors meeting 18 April 2024

I am pleased to present my report to Governors, providing an update on matters since the last report of 11 January 2024.

When we met in January, significant operational pressures were being sustained with the impact of Winter pressures combining with Industrial action.

Whilst the Junior Doctors dispute continues, it is good to report that the Government has recently reached a pay settlement with the BMA Consultants Committee.

As we move into better weather it is hoped that this might mitigate future disruption to some degree although any industrial action does have a detrimental effect on timely emergency care and planned procedures.

As usual, I would ask that Governors take any opportunity they can to show appreciation to staff for their continued hard work and care for our patients.

Organisational arrangements in the Group

I am pleased to report positive progress in developing the Group working arrangements between NLaG and HUTH; Both Boards and their assurance Committees have been working on an 'In-Common' basis since the beginning of the calendar year.

The committees have all been subject to separate scrutiny and assessment by our Vice Chairs and a review has taken place to identify areas for improvement which will be implemented.

Boards-in-Common Effectiveness will be reviewed in due course.

I am pleased to report a high level of collaborative working and support for the 'In-Common' approach from Executives, Non-Executives and support staff and I am grateful to all involved in a satisfactory start to these arrangements.

The Group Chief Executive's report will cover the latest in terms of Executive appointments and the Care Group operating structure, which will also refer to significant cost saving challenges that the Group faces in the new financial year.

The Group Chief Executive has been nominated as the Lead for the Integrated Care Board's (ICB) Collaboration of Acute Providers (CAP) and he also now sits on the ICB Board as the Acute Provider Partner Member which is a voting position. Congratulations to Jonathan.

Group Branding

Governors will be aware of the recent campaign to determine an appropriate name for the new Group. By a sizeable margin, the most popular choice was NHS Humber Health Partnership, and so this branding will be rolled out in the coming weeks.

I would like to stress however that both NLaG and HUTH continue to be sovereign legal entities and there is no intention to diminish the role of Governors or dilute the local loyalty that has served each Trust so well in the past. However, we can be much stronger and more sustainable together.

Governance

Today's CoG meeting structure reflects earlier agreements to stand down the Governor Assurance Group (GAG) in favour of a more publicly accountable meeting which I hope will be acceptable to all.

We look forward to the inauguration of a refreshed Membership and Public Engagement & Assurance Group in May 2024.

The terms of office for both Ian Reekie as Lead Governor and Rob Pickersgill as Deputy Lead Governor come to an end in November 2024. Rob is unable to serve a further term as he is time bound, although Ian may stand for re-election.

I am sure that you will agree with me that both Ian and Rob have, and continue to, provide excellent support and guidance to the Trust.

Therefore, succession planning is appropriate, and I have written to Governors to establish any interest in either role in the future.

New Associate NED

I am pleased that Governors have agreed to appoint Julie Beilby as Associate Non-Executive Director from the beginning of April 2024. Julie is a highly experienced former Local Authority Chief Executive, and I am sure Julie will receive a warm welcome from us all.

Julie will serve on the Finance, Estates and Performance and Capital & Major Projects Committees-in-Common.

Good news for Goole Maternity Services

Following the latest inspection of Maternity services at Goole, it is very good news to see that the CQC have awarded the service with a 'Good' rating and congratulations go to all involved.

DPOW Mortuary Incident

Governors have been briefed about an unfortunate incident at the Diana, Princess of Wales Hospital Mortuary on the 17 March, which was subject to a forced entry by a member of the public. This remains a Police matter although a man has been charged with a number of offences and remanded in custody pending a further court appearance on 22 April.

Sean Lyons
Group Chair

NHS
Hull University Teaching Hospitals
NHS Trust

NHS
Northern Lincolnshire and Goole
NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(24)004

Name of the Meeting	**Council of Governors**
Date of the Meeting	18 April 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 updates the Council of Governors on progress in senior appointments; strategic direction updates and the headlines of patient safety, quality, finance and performance
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:

Group Chief Executive Officer

Briefing to the Council of Governors
Thursday 18 April 2024

1. Introduction

1.1 I am privileged to provide this first update to the Council of Governors in the new operating year. This is our first meeting under our new Group branding name, selected by our staff, of the NHS Humber Health Partnership. This branding name was recommended for approval by the Trust Boards in Common on 11 April 2024.

1.2 I am very pleased to update the Council of Governors that the following colleagues have joined us since the start of the calendar year:

- Jenny Hinchcliffe and Ashy Shanker were appointed as internal applicants in January 2024 to the South Triumvirate team, as Nurse Director and Operations Director respectively, taking up posts soon after appointment.
- Andy Haywood, Group Chief Digital Officer, who started 26 February 2024.
- David Sharif, Group Director of Assurance, who started on 4 March 2024.
- Anita Jackson, Group Director of Transformation, who also started 4 March 2024.
- Nick Cross started with us on 1 April 2024 as Medical Director for our South site triumvirate team.

1.3 Amanda Stanford starts with us as Group Chief Nurse on 22 April 2024.

1.4 The 1 April 2024 marked the Go Live of the new Care Group structure. I am extremely grateful to Shaun Stacey and a number of colleagues who have worked very hard to get our teams aligned for this start date. There is a significant journey to go on to embed the teams with their full range of support and I would like to acknowledge the efforts of so many colleagues to get us in to this position. We are starting on a solid foundation for our new Group operating structure, which is a bold and innovative structure. I make no apology for being ambitious for our patients and our staff, to start to harness our potential through this new structure.

1.5 We are due to hold our next senior leadership event on 16 April 2024. Our 100 most senior managers are due to spend time on developing their leadership skills with the input of Professor Michael West, who is an international leader in compassionate leadership. The focus of the day will be on our leaders' engagement with developing our Group strategy, and the Chairman and I are looking forward to spending time with colleagues on this crucial area of work. There is a paper on today's agenda for the Trust Priorities 24/25, which includes the opportunity for Governors to be engaged in the Group strategy development, which the Chairman and I very much welcome.

1.6 I would also like to the staff who have worked tirelessly on the Lorenzo migration on our south bank sites, supported by colleagues from the north bank, and also those staff who have been part of the launch of Badgernet on our sites, with a roll-out plan being completed at this present time. This has taken a great deal of expertise to deliver and will bring a number of benefits to our patients.

2. Patient Safety, Quality Governance and Patient Experience

2.1 The basis of our Group strategy will be to focus on health inequalities. As Governors are very aware, the health inequalities that our patients, and our staff, are affected by are profound. We have such an opportunity to use our capabilities, our public funding

and our position as an anchor institution, to significantly improve the health outcomes for our local population. I look forward to this period of engagement with the Council of Governors, our Trust Boards, our staff and our stakeholders, to put together an ambitious strategy to better meet our patients' needs and concentrate our collective efforts on improving quality of life years for as many people as possible.

3. Elective Care and Urgent and Emergency Care

3.1 The year-end position is subject to data validation, however I can share the key points of what we are expecting to see.

3.2 The headline position for Northern Lincolnshire and Goole (NLAG) NHS Foundation Trust there were circa 30 patients over 65-weeks at year end at the time of writing this report. We anticipate we will have continued to meet the requirements on cancer two-week wait referrals and on the faster diagnosis of cancer standard, however we are not achieving against the 62-day referral-to-treatment cancer target. Our Emergency Department performance for remains around 61% on average, which is below trajectory. There has been increased demand on both our south bank sites for urgent and emergency care in the last three months, which has impacted on four-hour performance and ambulance handover times.

4. Strategy and partnership developments

4.1 The Chairman and I have spent considerable time with regional and national colleagues in the last two months on next year's operating framework and financial planning requirements.

4.2 I am pleased to have been accepted as Chief Executive lead in our ICB for our Collaboration of Acute Providers (CAP) and also to be the acute provider partner member on the ICB board. This will enable a number of actions that we can take in partnership to make more efficient use of our system capacity, particularly on elective care, and improve access and waiting times for our patients across our system.

4.3 The 2024-25 Priorities and Operational Planning guidance was published on 28 March 2024 by NHS England. A summary of the key requirements for acute Trusts are included in the paper on Trust Priorities 24/25 on today's agenda.

4.4 Our key steps will be to produce our Group strategy, the engagement for which is being led by Ivan McConnell, Group Chief Strategy and Partnership's Officer, with my full support and that of his very able team. There will be extensive stakeholder engagement including Governors to produce our Group strategy, which will be published by the end of July 2024, and set our clear priorities for achievement over the next five years.

5. Financial Performance and Estates and Facilities updates

5.1 The headline position for Northern Lincolnshire and Goole NHS Foundation Trust is the organisation is anticipating closing year-end at financial plan. We have particular financial pressures in key areas going in to 2024-25, particularly workforce.

5.2 In advance of the operational planning guidance publication, there had been detailed discussions with the ICB Executive team particularly around each organisation's financial plan. Our Group organisation is required to deliver a cost improvement plan of £84.6 million in 2024-25, against our Group turnover of circa £1.3 billion.

5.4 To deliver this, a Group-wide financial improvement plan is being drawn together, which will include: operational efficiencies, workforce efficiency opportunities, income generation opportunities and efficiencies from service transformation. We have to take every opportunity to work smarter with every pound of public funding we have.

5.5 From an estates point of view, I am particularly pleased to report that all of the Community Diagnostic Centres for which we are responsible are making good process. The steel structure for the Scunthorpe site continues at pace and the strip down and fit-out of the Grimsby site is on schedule.

5.6 I am pleased to report that the official opening of the Scunthorpe General Hospital SDEC/IAAU scheme took place on 16 April 2024. The investment in urgent and emergency care in our Group has been considerable. I am delighted that our patients are being seen in settings that are best-in-class in respect of estates and facilities, and know that our staff are keen to work on improving the efficiency and performance in our urgent and emergency care pathways, with these key estates enablers now in place.

6. Workforce Update

6.1 Our north bank sites are the biggest investor in apprenticeships within the Humber and North Yorkshire Health and Care Partnership area, spending over £1m of apprenticeship levy in 2023/24, and more than £600k of this being used for nursing apprenticeships. I am determined to bring the same sorts of benefits at pace to the local workforce for the Northern Lincolnshire and Goole sites, taking the rich learning from across our Group.

6.2 Our workforce figures continue to show improvement in respect of recruitment against vacancies and the number of staff absent from work.

6.3 The National Staff Survey results were published last month. The overall engagement scores have improved compared with last year, and there are some real achievements to celebrate. A more detailed analysis of the results has been shared with the Workforce, Education and Culture Committees in Common, which will be included in the Council of Governors updates in due course.

6.4 Clearly there is work to do to make further improvements in staff culture and staff morale. I share my colleagues' concern that the 2024-25 operational year is going to be one of the most challenging we will have to manage. The way in which we lead our organisation and work with our staff to focus on improving service delivery at a time of increasing demand and static resources is paramount. I will be investing our organisation's considerable talents and resource to meeting this challenge.

7. Equality, Diversity and Inclusion (EDI)

7.1 Our annual Workforce returns (equalities and disabilities) are due for submission shortly and will be subject to scrutiny by the Workforce, Education and Culture Committee before sign off at the Trust Boards in Common.

7.2 Our three staff networks are starting to take a pan-Group approach, which I welcome. I give my full commitment to improving the work-place and life experiences of our staff, and creating a positive Group culture of inclusion and compassion.

7.3 Our staff engagement over the last few months to create our vision and values, as well as the feedback from the staff surveys, compel us to use the opportunity we have in

creating a culture for a new Group organisation. We need to have compassion and inclusion at our core to make the greatest difference to all of our staff. We need to work on narrowing the gap that we, and all workplaces have, when considering the different experiences of staff with protected characteristics.

8. Good News Stories and Communications Updates

8.1 As Governors are aware, in January we welcomed our first patients to our new £4.4 million Same Day Emergency Care (SDEC) and Integrated Acute Assessment (IAA) units in Grimsby.

8.2 The handover and opening of the SDEC/IAAU scheme at Scunthorpe General Hospital, as referenced in paragraph 5.6, represents the final stages in our £65.2 million investment in improving urgent and emergency care across northern Lincolnshire. The new facility provides us with modern, well-equipped facilities that are purpose-built to meet the needs of our communities for years to come.

8.3 I am also pleased to report that maternity services at Goole and District Hospital have been rated 'good' by the Care Quality Commission (CQC). The service was praised for having a positive culture where staff felt supported and valued, with CQC inspectors noting staff were patient focused.

Jonathan Lofthouse
Group Chief Executive
10 April 2024

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(24)005

Name of the Meeting	**Council of Governors**
Date of the Meeting	18 April 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 final meeting of the Governor Assurance Group held on 15 February 2024 and an Appointments & Remuneration Committee meeting held on 14 March 2024. The report also previews the work of the new Membership and Public Engagement & Assurance Group (MPEAG) and seeks confirmation of the Governor Observer and Deputy Governor Observer for the Capital and Major Projects Committee-in-Common. The Council of Governors is recommended to: • Note the highlights from the Governor Assurance Group meeting held on 15 February 2024 • Note the highlights from the Appointments & Remuneration Committee held on 14 March 2024 • Note that virtual Council of Governors approval has been obtained for the appointment of Julie Beilby as an Associate Non-Executive Director for a term of two years • Ratify the governor membership of the new MPEAG and note the work being undertaken in preparation for the first meeting of the group on 21 May 2024 • Endorse the appointment of Ian Reekie and Mike Bateson to act as Governor Observer/Deputy Governor Observer for the Capital & Major Projects Committee-in-Common.
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:

COUNCIL OF GOVERNORS

18 April 2024

Lead Governor's Update

GOVERNOR ASSURANCE GROUP (GAG) HIGHLIGHTS

The final GAG meeting was held on Thursday 15 February when governors considered the content of board assurance committee highlight reports presented by NED chairs and received a patient experience update from the Deputy Chief Nurse. Topics focused on included:

- the priority being given to reviewing the Board Assurance Framework
- the need for more explicit cancer performance improvement trajectories
- the steps being taken to mitigate potential capital underspends
- the impact of ongoing strike action
- the delay in publication of national planning guidance for 2024/25
- the positive feedback from the CQC inspection of Goole maternity services
- the level of non-attendance at booked mandatory training courses
- the urgent need to improve medical recruitment/retention
- the need to make the most of the apprenticeship levy
- the priority being given to leadership development
- the positive outcome of the 2023 National Maternity Survey
- the improved Friends & Family Test response rate utilising digital data collection
- the introduction of expanded visiting hours

APPOINTMENTS & REMUNERATION COMMITTEE (ARC) HIGHLIGHTS

At a meeting held on Thursday 14 March the ARC agreed to recommend to the Council of Governors that Julie Beilby be appointed as an Associate NED for a period of two years following interviews held the previous day by a panel including three governors. Julie, who lives in Louth, is a recently retired local authority Chief Executive with extensive partnership and system working experience. Subsequently CoG members virtually approved this appointment. The ARC also reviewed its workplan and decided to bring forward the next meeting to 30 May to meet the deadline for completing the Chair's annual appraisal process and allow enough time to consider expiring NED terms of office.

MEMBERSHIP AND PUBLIC ENGAGEMENT & ASSURANCE COMMITTEE (MPEAG)

Following the decision to establish the MPEAG at the last CoG meeting expressions of interest were sought from governors to join the Lead and Deputy Lead Governors as members of the new group. Formal ratification is now sought of the governors who put their names forward for membership:

- Diana Barnes
- Jeremy Baskett
- Mike Bateson
- David Cuckson
- David James
- Gorajala Vijay

Work is underway to prepare for the first MPEAG meeting on 21 May. The priority for the group is to develop an ambitious new membership and public engagement strategy. In so doing the group will need to address some fundamental issues which may require subsequent determination by either the CoG or the Trust Board. The group will also need to consider more practical issues such as how best to support governors to be more proactive in undertaking engagement initiatives and the mechanisms for collating member, patient and

public feedback into regular activity reports to CoG (see agenda item 6.1)

COMMITTEE-IN-COMMON GOVERNOR OBSERVERS/DEPUTIES

At the CoG meeting held on 11 January a more diverse team of governor observers and deputies was appointed to attend the new committees-in-common in accordance with the terms of the revised Governor Observer Protocol. Following attendance at these meetings observers have started to promptly feed back items of particular interest via the Governor WhatsApp Group.

The Lead Governor was provisionally appointed at the January CoG to observe the new Capital & Major Projects Committee-in-Common pending more information becoming available regarding the precise role of this CiC which only meets bi-monthly. It is now apparent that the Capital & Major Projects and the Performance, Estates & Finance CiCs are closely aligned and share the same chairs. It would therefore appear logical to share the same governor observer/deputy and appoint the Lead Governor and Mike Bateson to take on these roles.

Northern Lincolnshire and Goole NHS Foundation Trust

COUNCIL OF GOVERNORS ANNUAL MEMBERS' MEETING

Minutes of the meeting held on Thursday, 1 February 2024
at 09:00 to 11:30 hours via MS Teams Live

For the purpose of transacting the business set out below:

Present:

Core Members:

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

In Attendance:

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

Public Members:
Various – not captured individually due to virtual attendance

Suzanne Maclennan	Corporate Governance Officer (minutes)

1. CORE BUSINESS ITEMS

1.1 Welcome and Apologies for Absence

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

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

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

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

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

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

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

1.2 **Declarations of Interest**

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

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

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

1.4 **Matters Arising**

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

2. ANNUAL REPORTS AND ACCOUNTS

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

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

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

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

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

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

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

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

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

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

2.1.1 Annual Audit Report for 2022/23

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

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

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

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

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

3. COG UPDATES

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

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

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

3.2 Humber Acute Services Consultation Update

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

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

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

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

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

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

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

4. OTHER

4.1 Questions from the Public

Sean Lyons welcomed any further questions. None were received.

4.2 Reflection of Format for Future Annual Members' Meetings

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

4.3 Items for Information / To Note

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

4.4 Any Other Urgent Business

No items of urgent business were raised.

5. DATE AND TIME OF THE NEXT MEETING

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

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

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

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

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

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

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(24)007

Name of the Meeting	**Council of Governors**
Date of the Meeting	18 April 2024
Director Lead	Mike Robson and Gill Ponder, Non-Executive Directors and Capital & Major Projects Committees-in-Common Chairs
Contact Officer/Author	Alison Hurley, Deputy Director of Assurance
Title of the Report	**Capital and Major Projects Committees-in-Common Highlight / Escalation Report**
Executive Summary	The attached highlight / escalation report provides an overview of the key matters presented to, discussed and escalated at the inaugural meeting of the Capital & Major Projects Committees-in-Common meeting held on 20 February 2024 as part of the Group Model transition
Background Information and/or Supporting Document(s) (if applicable)	Capital & Major Projects Committees-in-Common Terms of Reference for HUTH and NLaG
Prior Approval Process	The report has been approved by the committee Chairs
Financial implication(s) (if applicable)	N/A
Implications for equality, diversity and inclusion, including health inequalities	N/A
Recommended action(s) required	☐ Approval ☐ Information ☐ Discussion ☐ Review ✓ Assurance ☐ Other – please detail below:

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

NHS
Hull University Teaching Hospitals
NHS Trust

NHS
Northern Lincolnshire and Goole
NHS Foundation Trust

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

Report for the meeting of the Council of Governors to be held on:	18 April 2024
Report from:	Capital and Major Projects Committees-in-Common
Report from meeting held on:	20 February 2024
Quoracy requirements met:	The Capital and Major Projects Committees-in-Common meeting held on 20 February 2024 was quorate

1.0 Purpose of the report

1.1 This report sets out the items of business considered by the newly formed Capital and Major Projects Committees-in-Common at their meeting held on 20 February 2024.

2.0 Matters considered by the committees

2.1 The committees considered the following items of business:

• Board Assurance Frameworks (BAF)	• Monthly Capital Finance Report (NLaG/HUTH)
• Proposed Business Cases, Investments & Dis-Investments	• Draft Capital Plan 2024/25 (NLaG/HUTH)
○ New Build at Hull Royal Infirmary (HRI) (HUTH). Short form case to come to April meeting	• Major Service Change/Transformation
○ Approved replacement of Suite 22 at Castle Hill Hospital with approximately £1.5m capital at risk (CHH) – HUTH	○ Humber Acute Services Review
• Capital Contract Approvals	○ Community Diagnostic Centre Programme
○ Day Surgery Phase 2 & 3 Fit Out CHH - HUTH	• Digital Plan Delivery (bi-monthly update)
○ Day Surgery Car Park CHH - HUTH	
○ Theatre 7 & Plant Room HRI - HUTH	
○ North Lincs Community Diagnostic Centre (CDC) Fit Out & Materials Pre-Procurement - NLaG	

• North East Lincs CDC Fit Out & Materials Pre-Procurement - NLaG	
• Grimsby CDC Lease (NLaG)	

3.0 Matters for reporting to the Council of Governors

3.1 The committees agreed the following matters for reporting:

a. Board Assurance Framework (BAF) – the committees were concerned about the disparity of the risks in relation to estates, facilities and infrastructure issues and requested that these risks be aligned for NLaG and HUTH as per section 6 below.

b. Major Service Change/Transformation – various risks were noted in relation to the Community Diagnostic Centre (CDC) Programme which included the following:

- **Overall lack of capital** - especially in relation to the risks on estates, facilities and infrastructure.
- **Build risks –** which were noted as being greater in HUTH with the section 2 approval.
- **East Riding community hospital** – a risk to the space requirements due to planning constraints/restrictions.
- **Workforce risk –** the risk of being able to recruit the required staff (particularly radiographers), although recruitment is currently underway.
- **Revenue risk –** in terms of the 'go live' timescales and the ability to deliver the required activity levels.

c. Capital plan risks associated with the Digital Plan Delivery - including the outline business case (OBC) for the electronic patient record (EPR).

4.0 Matters on which the committees received assurance

4.1 The committees received assurance on the following items of business:

a. Capital spend – the committees were assured on the current capital spend plans and progress made to date.

b. Humber Acute Services Review (HASR) – the committees were assured about the level of public engagement involved in the review and the progress made to date.

5.0 Matters on which the committees have requested additional assurance:

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

a. **Estates Strategy -** The committees sought additional assurance on when the consolidated Estates Strategy would be in place for the Group as it was noted that the HUTH strategy had expired. It was confirmed that the Estates Strategy will be developed once the Clinical Strategy has been agreed (expected by the end of July 2024). This can then be used as a framework to create the capital master plans by the end of December 2024 or early January 2025, and the Finance and Estates Strategies will then be developed by March 2025. The Capital & Major Projects Committees-in-Common will be kept appraised of developments.

6.0 Confirm or challenge of the Board Assurance Framework (BAF):

6.1 The committee considered the areas of the BAF for which it has oversight and proposed the following change(s) to the following risk rating or entry:

a. The committees were concerned about the risks in relation to estates, infrastructure and equipment issues which relate to risks 1.4 on the NLaG BAF (risk rating of 20) and 7.3 on the HUTH BAF (risk rating 15). The committees requested that these risk ratings be aligned, and this issue will be escalated to the Group Cabinet Risk and Assurance Committee for review.

7.0 Council of Governors Action Required

7.1 The Council of Governors are asked to:

- note the contents of the escalation report;
- note that the Capital & Major Projects Committees-in-Common have referred a risk about workforce training compliance (which has been compounded by building works to relocate the training facilities) to the Workforce, Education and Culture Committees-in-Common for review.

Mike Robson,
Capital & Major Projects Committees-in-Common Chair for the meeting on 20 February 2024

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(24)008

Name of the Meeting	**Council of Governors**
Date of the Meeting	18 April 2024
Director Lead	Mike Robson and Gill Ponder, Non-Executive Directors (Chairs)
Contact Officer/Author	Mike Robson and Gill Ponder, Non-Executive Directors (Chairs)
Title of the Report	**Performance, Estates and Finance Committees-in-Common Highlight / Escalation Report**
Executive Summary	This report provides an overview of the key matters presented to and considered by the Performance, Estates and Finance Committees-in-Common from the February and March 2024 meetings. It also includes matters for escalation to the Boards, matters where additional assurance is required, confirm and challenge of the Board Assurance Framework (BAF), any action(s) required of the Boards. The Council of Governors are asked to: • Note the key points highlighted in the escalation report from the PEF CiC meetings held on 27 March 2024 and 28 February 2024; • Note that the PEF CiC have referred a risk about consultant job planning to the Workforce, Education and Culture CiC for review.
Background Information and/or Supporting Document(s) (if applicable)	Performance, Estates and Finance Committees-in-Common Terms of Reference for HUTH and NLaG.
Prior Approval Process	The attached report has been approved by the Committee Chairs.
Financial implication(s) (if applicable)	N/A
Implications for equality, diversity and inclusion, including health inequalities	N/A

Recommended action(s) required	☐ Approval	✓ Information
	☐ Discussion	☐ Review
	✓ Assurance below:	☐ Other – please detail

NHS
Hull University Teaching Hospitals
NHS Trust

NHS
Northern Lincolnshire and Goole
NHS Foundation Trust

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

Report for the meeting of the Council of Governors to be held on:	18 April 2024
Report from:	**Performance, Estates and Finance Committees-in-Common**
Report from meeting held on:	28 February 2024 and 27 March 2024
Quoracy requirements met:	The following dates of Performance, Estates and Finance Committees-in-Common meetings were quorate: • 28 February 2024 • 27 March 2024

1.0 Purpose of the report

1.1 This report sets out the items of business considered by the Performance, Estates and Finance (PEF) Committees-in-Common (CiC) at their meetings held on 28 February and 27 March 2024.

2.0 Matters considered by the committees

2.1 The Committees considered the following items of business:

27 March 2024

- Board Assurance Frameworks (BAF)
- Annual Plan (update)
- Deep Dive into Length of Stay and Beds
- Care Groups Transitional Arrangements
- Contract approved for HUTH/20/291 Routine Radiology Reporting Services to include out of hours
- CQC Action Report
- Financial Report – Month 11
- Group Integrated Performance Reports (IPR)
- Estates and Facilities update

28 February 2024

- Board Assurance Frameworks (BAF)
- Annual Plan (update)
- Update on Process for Revenue Investments benefits realisation
- Deep Dive into Elective Care
- Linear Accelerator Lease Contract approved
- CQC Action Report
- Financial Report – Month 10
- Integrated Performance Reports (IPR)
- Estates and Facilities (general update)

3.0 Matters for reporting to the Council of Governors

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

PEF CiC meeting - 27 March 2024

a. **Financial position** – Concerns remained about the underlying deficit of £107million and the impact this will have on the financial planning for 2024/25.

b. **Annual Plan and Cost Improvement Plan** – the Committees were assured that the initial £55million of CIP savings had a high confidence level of delivery out of the £85million total. Concerns remained about the 2024/25 timeframe for achieving the remaining £30million of CIP savings, and options continue to be explored. This is the biggest risk in achieving the Draft Planned Deficit of £50.6m

c. **CQC action report** – the Committees requested a speaker attend the meeting to address the HUTH specific actions as well as a speaker for the NLaG actions.

d. **Performance** – the need to improve productivity in reducing patient length of stay and improved patient flow. An updated report will be action focused and presented to the June 2024 meeting.

e. **Late contract approval** – concerns were raised about the late presentation of contracts for approval when they have already expired.

f. **Care Group transition** – the Committees raised concerns at the lack of oversight of the Readiness Assessment of the Care Group transition, prior to implementation on 1 April 2024.

g. **Meeting clashes** – the Committees raised an issue about meetings being booked during the pre-planned CiC meetings meaning Executive Directors needed to leave the meeting early which created quoracy issues.

PEF CiC meeting – 28 February 2024

a. **Operational Planning Progress** – The Committees raised concerns about the activity levels and targets set, noting the need to realise the difficulties with the activity ambitions, especially in light of the delayed national guidance. The need to address the context of broader activity levels with the developing integrated financial plan was agreed, together with the associated workforce plan required to deliver such activity levels.

b. **Financial position** – Concerns were raised in relation to the underlying deficit and the risks to progress with Cash Releasing Efficiency Savings (CRES) programme and other financial planning for 2024/25.

c. **Elective Care Deep Dive -** The Committees raised concern about the clinical safety risk of approximately 37,000 unappointed patients who were not risk stratified at present (only patients with an appointment are risk stratified). These appointed slot issues (ASI) are hopefully being mitigated by patients returning to their GPs if required. This was a particular issue at HUTH and was agreed to be investigated.

4.0 Matters on which the committees received assurance

4.1 The Committees received assurance on the following items of business:

PEF CiC meeting - 27 March 2024

a. Fire compliance – the installation of the fire alarm systems at Scunthorpe General Hospital is on track and once completed there will be a significant reduction in the fire risk score at SGH. An Engineer's Report has been received and will be reviewed prior to approval and circulation with an action plan.

PEF CiC meeting – 28 February 2024

a. CQC Actions Progress – The Committees were assured that appropriate work was in progress to ensure a consistent Group approach in addressing the required CQC actions.

b. Patient Administration System (PAS) implementation - The Committees noted their thanks to the digital team and for the effective teamwork of the patient administration team and other staff involved across the Group in the transition to the Lorenzo PAS. Significant assurance was noted for the initial stages of this successful PAS implementation which utilised an effective business planning approach and minimised any operational impact. Support was being provided to resolve any data migration or training issues identified by staff.

c. **Finance update** - The Committees were reasonably assured on the financial position to date (in terms of the month 10 position of the financial year). It was noted that the agency spend was also progressing in relation to expectations.

d. Performance – Reasonable assurance was noted for the Committees in terms of the performance metrics reported and the progress made against the national targets. Problems identified had appropriate mitigations in place and improved reporting of them was also noted.

5.0 Matters on which the committee has requested additional assurance:

5.1 The Committees requested additional assurance on the following items of business:

PEF CiC meeting - 27 March 2024

None.

PEF CiC meeting – 28 February 2024

a. Consultant Job Plans

The Committees raised concerns over the consultant job planning and the potential impact this could have on the financial position of the Trusts. It was agreed to refer this matter to the Workforce, Education and Culture CiC.

6.0 Confirm or challenge of the Board Assurance Framework (BAF):

6.1 The Committees considered the areas of the BAF for which they have oversight and proposed the following change(s) to the risk rating or entry:

PEF CiC meeting - 27 March 2024

Not received at this meeting.

PEF CiC meeting - 28 February 2024

The Committees queried why the reduction in risk rating for the in-year financial target had not been mirrored at NLaG and suggested that it should be reviewed and mirrored across the Group.

It was agreed that the BAF digital risk required review with the potential to increase the risk rating and for this to be consistent across the Group.

The PEF CiC requested the risk rating for estates and facilities be reviewed and aligned across HUTH and NLaG (risk 1.4 on the NLaG BAF with a risk rating of 20 and risk 7.3 on the HUTH BAF with a risk rating 10, reduced from 15).

7.0 Council of Governors Action Required

7.1 The Council of Governors are asked to:

- Note the key points highlighted in the escalation report from the PEF CiC meetings held on 27 March 2024 and 28 February 2024;
- Note that the PEF CiC have referred a risk about consultant job planning to the Workforce, Education and Culture CiC for review.

Mike Robson, PEF CiC Chair for the meetings on 27 March 2024 and 28 February 2024

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(24)009

Name of the Meeting	**Council of Governors**
Date of the Meetings	18 April 2024
Director Lead	Sue Liburd, Non-Executive Director, and Chair of Quality & Safety Committees in Common
Contact Officer/Author	Sue Liburd, Non-Executive Director and Chair of Quality & Safety Committees in Common
Title of the Report	**Quality & Safety Committees-in-Common Highlight Report**
Executive Summary	The attached report highlights the work of the Quality and Safety Committees-in-Common at both its 29 February 2024 and 28 March 2024 meetings. The report highlights matters considered by the Committees, highlighting levels of assurance, areas for escalation or any action required by the Council of Governors. Notably: a. C. Difficile performance at year-end was 17 cases against a threshold of 20. b. Hand hygiene compliance for Emergency Departments at SGH & DPOW has reduced. c. Goole Maternity services has been rated as "Good" following CQC inspection. d. Antenatal triage phone call recording procedures have been added to the risk register. e. CNST compliance was confirmed as 10/10 standards.
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 ✓ Discussion ✓ Assurance below: ✓ Information ☐ Review ☐ Other – please detail

1.0 Purpose of the report

This report sets out the items of business considered by the Quality & Safety Committees in Common at the meetings held on 29 February 2024 and 28 March 2024 including those matters which the committees specifically wish to escalate to the Council of Governors.

2.0 Matters considered by the committees

2.1 The committees considered the following items of NLaG business:

29 February 2024

- Board Assurance Framework
- Integrated Performance Report
- CQC Improvement Plan
- Maternity and Neonatal Assurance Report
- Children and Young People Assurance
- PSIRF/Serious Incidents (including Duty of Candour) and lessons learned.
- Mortality and Learning from Deaths
- CQUINS
- CNST Action Plan

28 March 2024

- Board Assurance Framework
- Integrated Performance Report
- CQC Improvement Plan
- Maternity CQC Improvement Plan
- Nursing Assurance Report
- Maternity and Neonatal Assurance Report PSIRF/Serious Incidents
- Mortality including Learning from Deaths

3.0 Matters for reporting to Council of Governors

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

28 March 2024

a. C. Difficile performance at year-end was 17 cases against a threshold of 20.
b. Hand hygiene compliance for Emergency Departments at SGH & DPOW has reduced. A detailed review has been completed along with multiple observational visits to the departments. The review highlighted external staff coming into the departments are not always washing their hands in alignment with policy.
c. Goole Maternity services had been rated as “Good” following the CQC inspection.
d. Antenatal triage phone call recording procedures have been added to the risk register. Several matters have been raised due to storage, information governance and the ability to link patient identification.
e. Clinical Negligence Scheme for Trusts (CNST) compliance was confirmed at 10 out of 10 standards.
f. Antenatal clinic capacity and demand work identified there are 246 antenatal clinics slots short each week across NLAG sites. This is due to Consultant numbers and the increase in fetal surveillance and monitoring as part of the Saving Babies Lives Care Bundle. The issue has been added to the risk register and the mitigation is that women are still seen in overrunning clinics.

4.0 Matters on which the committees received assurance

4.1 The committees received assurance on the following items of business:

29 February 2024

a. Reasonable assurance: Infection prevention, control, management, and containment relating to the measles.
b. Reasonable assurance: The Trust was awaiting exit notification from the Maternity Safety Support Programme (MSSP).
c. Good assurance: Significant progress had been made regarding the CQC action plan.
d. Good assurance: The Goole Midwifery report had been received and factual accuracy checks were being carried out.
e. Good assurance: Patient Safety Incident Response Framework (PSIRF) work was ongoing and being aligned across the Group.
f. Good assurance: Commissioning for Quality & Innovation (CQUINs) compliance around antibiotics and on discharge and pressure ulcers.

28 March 2024

a. Reasonable assurance: Quality priorities were discussed and further reports with progress will be received going forward.
b. Good assurance: CQC action completion and escalation was received.
c. Significant assurance: CNST compliance was confirmed as 10/10 standards.

5.0 Matters on which the committees have requested additional assurance:

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

29 February 2024:

a. Integrated Performance Report – Sepsis and ePMA waits were highlighted as requiring more assurance. A revised sepsis tool and improvement plan was being developed.

28 March 2024:

a. A campaign is to be launched across the Group of a ‘bare below the elbows’ initiative for Medical and Nursing staff.
b. Midwifery vacancy rate remains a challenge.
c. Increase in pressure ulcers for both Community and Acute services were noted.

6.0 Confirm or challenge of the Board Assurance Framework (BAF):

6.1 The committees considered the areas of the BAF for which it has oversight, and no changes were proposed.

7.0 Council of Governors Action Required

7.1 The Council of Governors is asked to note the report.

Sue Liburd, Non-Executive Director
09 April 2024

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(24)010

Name of the Meeting	**Council of Governors Meeting**
Date of the Meeting	18 April 2024
Director Lead	Kate Truscott and Tony Curry, Non-Executive Directors and Workforce, Education & Culture Committees-in-Common Chairs
Contact Officer/Author	Rebecca Thompson, Deputy Director of Assurance
Title of the Report	**Workforce, Education and Culture Committees-in-Common Highlight / Report**
Executive Summary	The attached highlight / escalation report highlights matters considered by the Workforce, Education and Culture Committees in Common at the meetings held on 29 February and 28 March 2024, any additional assurance required, confirm and challenge of the BAF and any action required of the boards.
Background Information and/or Supporting Document(s) (if applicable)	Workforce, Education & Culture Committees-in-Common Terms of Reference for NLaG and HUTH
Prior Approval Process	The report has been approved by the committee Chairs
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 Council of Governors

Report for meeting of the Council of Governors to be held on:	18 April 2024
Report from:	Workforce, Education and Culture Committees-in-Common
Report from meeting held on:	29 February 2024 28 March 2024
Quoracy requirements met:	Yes

1.0 Purpose of the report

1.1 This report sets out the items of business considered by the Workforce, Education and Culture Committees-in-Common at their meetings held on 29th February 2024 and 28 March 2024 including those matters which the committees specifically wish to escalate to either or both Trust Boards and for information to the Council of Governors of Northern Lincolnshire and Goole NHS Foundation Trust.

2.0 Matters considered by the committees

2.1 The committees considered the following items of business:

29 February 2024

- Board Assurance Framework
- Workforce Performance Metrics
- Group Transformation Programme
- Medical Workforce Vacancies in NLaG
- Turnover within First Year of Employment in HUTH
- CQC Actions Progress Report
- Learning and Development Progress
- Employee Relations Case Analysis
- HUTH Guardian of Safe Working Q3

28 March 2024

- Board Assurance Framework
- NLAG and HUTH: CQC Actions Progress Report
- Group Consultant engagement
- Registered Nurse and Midwifery Staffing HUTH/NLAG
- Workforce Integrated Performance Report
- Recruitment/Time to Hire KPI
- Group Values Update
- Group Staff Survey Update

- People Strategy Progress Report
- Plan for Care Group Support and Development
- Update on Portfolio Pathway Programme and Training Fellowships

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:

29 February 2024

a. Low mandatory training compliance within NLaG. This remains below target at 78.89% against a target of 85%. Concern – gaps in Trust skills and training leads to quality issues.

b. High non-registered nursing vacancy rate at NLaG. The rate is now 11.4%, which is 3.1% above the target of 8%. The rate is not improving and there is no robust plan in place at the moment. Concern – places pressure on existing staff, on budgets and potentially impacts the quality of care.

c. Pace and impact of the Care Groups implementation and the effect on staff. The Committees-in-Common expressed concern regarding the timescale of 1 April, as interviews for key positions are still ongoing. It was agreed that more assurance and a risk assessment was required. Concern – the anxiety and stress on staff.

d. Age of the Medical Workforce and high locum costs in NLaG. 11.7% of consultants are over 66 years and 18.4% are approaching retirement age. The NLaG Committee-in-Common was not assured and recommended a refocus and establishment of a working group to develop a plan to address the ageing workforce. Concern – sudden loss of expertise that impacts delivery of care.

e. GMB staged a demonstration outside HUTH regarding the working conditions of OCS. The other unions were not aware of this issue. The Head of Facilities at HUTH is to attend the Committee-in-Common in March 2024 to give an update. Concern – to make sure the Terms and Conditions of people who work on our behalf should be aligned to the Trusts.

28 March 2024

a. HUTH Training Suite underneath the Day Surgery Unit is being developed and will be operational in Q1.

b. NLAG Maternity Services at Goole retained a ‘Good’ CQC rating.

c. Concern was raised across both Trusts regarding the need for additional investment to support the organisational development of staff in the new Care Groups to ensure success.

4.0 Matters on which the committees received assurance

4.1 The committees received assurance on the following items of business:

29 February 2024

a. NLAG and HUTH: CQC Actions Progress Report – Reasonable assurance was obtained due to the reduction in the number of actions with limited assurance. The HUTH report is a work in progress, to be aligned with the NLaG report.

b. Workforce Performance Metrics (HUTH) – Reasonable assurance was obtained due to mandatory training compliance and low vacancy rate with further work to be undertaken to improve appraisal rate. Positive assurance of OD and FMLM support to the Cardiology team at HUTH was received.

c. Workforce Performance Metrics (NLaG) – Limited assurance was obtained due to high absence rates and high non-registered nursing vacancy rate.

d. Learning & Development Progress (HUTH) – Reasonable assurance was obtained due to the hard work undertaken by the Learning and OD team to reschedule training and maximise capacity, due to the issues with the recent estates issues.

e. Learning & Development Progress (NLaG) – Reasonable assurance was obtained due to the review of the leadership development programme, which will prioritise Care Group leadership in the first instance.

f. Employee Relations Case Analysis (HUTH) – Reasonable assurance obtained due to the number of cases returning to the usual amount and the average time to complete a case is 48 days.

g. Employee Relations Case Analysis (NLaG) – Reasonable assurance was obtained the team will stop using Allocate to record data and will use Excel spreadsheets similar to HUTH.

h. Guardian of Safe Working Hours Q3 (HUTH) – Reasonable assurance obtained due to the number of exception reports. The hard work to increase the number of rotas on eRoster to 98% was highlighted. Issues with the paediatric surgical rota were noted, a business case will be refreshed by the paediatric management team.

i. Deep Dive into Turnover within First Year of Employment (HUTH) – Reasonable assurance received, the report highlighted Additional Clinical Services and Estates, Facilities and Development as outliers and the reasons and destinations of leavers with actions to improve retention.

28 March 2024

a. Mandatory Training for medical staff (NLAG) will be monitored at the new Care Group Performance meetings.

b. Medical Engagement and Leadership strategy is under development and an update of progress will be received in July 2024. Limited assurance was given although it was noted that there was a plan in place.

c. HUTH Nurse vacancy position was positive (2.4%) and was over established by 89.18. 40 of these positions were to cover maternity/winter pressures and open wards. Reasonable assurance was given.

d. NLAG Nurse vacancy position was improving (7.7%) and the rotational posts were proving popular. A deep dive into the un-registered position would be planned into a future meeting. The item was given limited assurance as there was more work to do.

e. 48 face to face Group Values' sessions have taken place, the outcome of the sessions to be launched at the top 100 leaders conference in April 2024.

f. Limited assurance was given in respect of the Staff Survey results although it was noted that good progress had been made on last year's results.

5.0 Matters on which the committees have requested additional assurance:

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

29 February 2024

a. An update on progress for the investigation into different lived experiences of racism at HUTH before the September 2024 report was requested.

b. A deep dive into hotspot areas within the Group with low mandatory training compliance including subject matters was requested.

c. A deep dive into the plans to improve the non-registered nursing vacancy rate in NLaG was requested.

d. A plan from the Learning & OD team to support the Care Group leadership team develop was requested.

e. A medical workforce strategy in NLaG to address concerns with the age profile of the workforce and improve the recruitment and retention of senior medical staff.

f. A briefing paper on the issues raised about OCS in HUTH by the GMB. The Head of Facilities to attend the March Committee-in-Common to give an updated position.

28 March 2024

a. CQC Action Plan representative for HUTH required at the next meeting.

b. Group medical engagement updates will be received on a monthly basis via the Chief Medical Officer.

c. NLAG – An options paper relating to the Band 2/3 national profile change to be presented at the April 2024 meeting.

d. HUTH - Review of the Suspension and Discipline report and how often it should come to the meeting.

e. Group current Values and how staff are feeling following the staff values sessions to be discussed further at the June 2024 meeting.

f. HUTH Wellbeing manager has been replaced by a Group People Promise Manager. More details regarding the scope of the role to be discussed at a future meeting.

g. Lorenzo issues and the impact on staffing. Jackie France to be invited to the April 2024 meeting to give the committees a status check.

h. Group focus on retention figures and processes to be aligned.

i. The Performance, Estates and Finance Committees-in-Common requested a review of Consultant Job Plans and their impact on productivity. The Workforce, Education and Culture Committees-in-Common discussed this and although the systems in place are not yet sophisticated enough to measure productivity a further review of job planning will take place at a future meeting.

6.0 Confirm or challenge of the Board Assurance Framework (BAF):

6.1 The committee considered the areas of the BAF for which it has oversight, and no changes were proposed from the meetings in February and March.

7.0 Council of Governors Action Required

7.1 The Council of Governors is asked to:

- note the report;
- note the issues for escalation from the committees and where further assurance has been requested.

Tony Curry and Kate Truscott

Workforce, Education & Culture Committees-in-Common Chairs

2 April 2024

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(24)011

Name of the Meeting	**Council of Governors**
Date of the Meeting	18 April 2024
Director Lead	Ivan McConnell, Group Chief Strategy & Partnership Officer
Contact Officer/Author	Ivan McConnell, Group Chief Strategy & Partnership Officer
Title of the Report	**ICB/Place Update**
Executive Summary	The attached slide pack sets out a summary of: • The overarching ICB Strategic Plan on a Page • The ICB core 10 actions for 2024/2025 • Place based Plans on a Page It is important to note that the ICB and Place Boards are reviewing their strategic priorities in the early stages of 2024.
Background Information and/or Supporting Document(s) (if applicable)	Slide pack attached
Prior Approval Process	
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:

NHS
Hull University Teaching Hospitals
NHS Trust

NHS
Northern Lincolnshire and Goole
NHS Foundation Trust

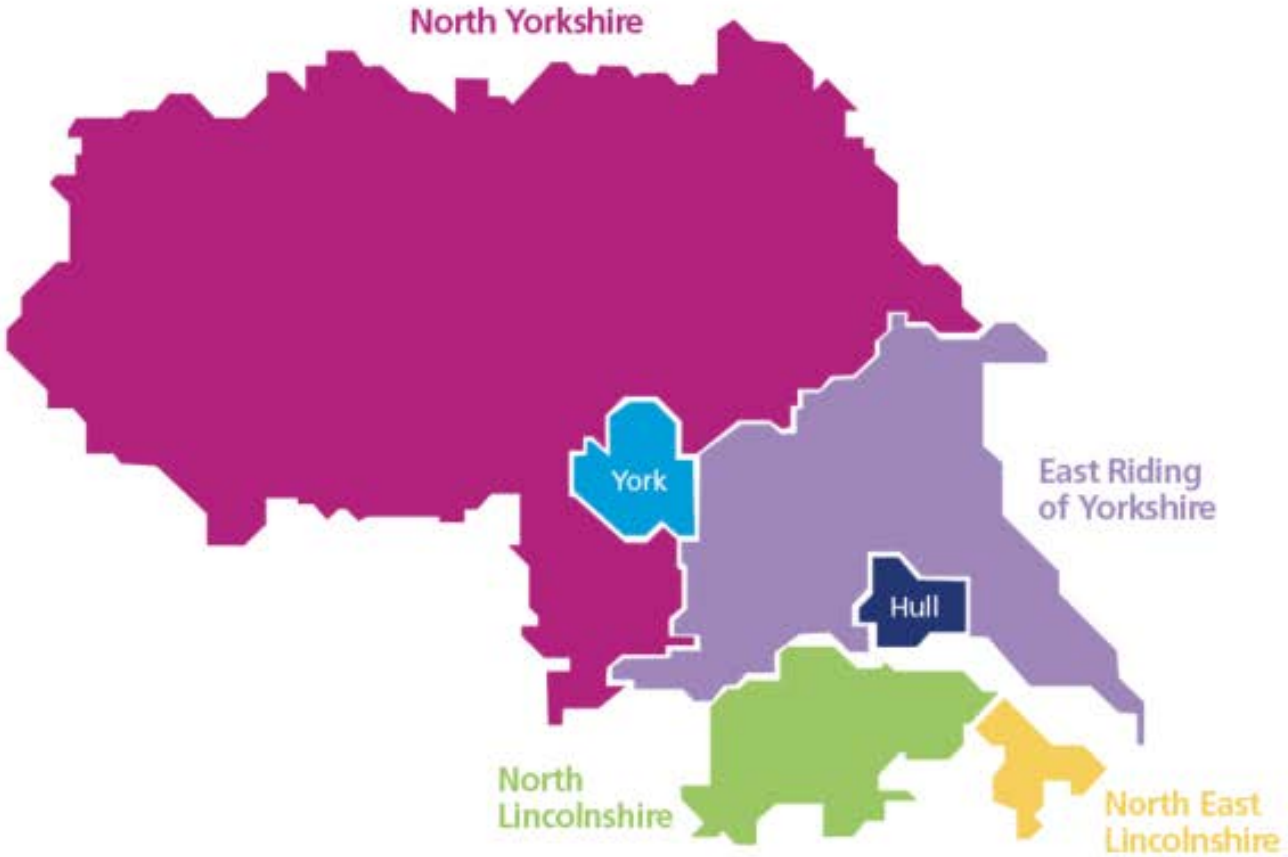
Council of Governors

ICB/Place Update

Ivan McConnell
Group Chief Strategy and Partnerships Officer

April 2024

What do we mean by system?



6 local authorities

550 care homes

Population of 1.7 million people

c. 4000 square miles
185 miles of coast

7 NHS Trusts

42 Primary Care Networks

1,000's of volunteers

50,000 staff

A budget of £3.5 billion

The four core elements of our Integrated Care System

Places

Our places connect local authorities, the NHS and providers of health and care. We have six places: North Yorkshire, York, Hull, the East Riding, North Lincolnshire and North East Lincolnshire. ICB teams work with partners at place to support the integration of services and improved outcomes, working alongside the six Health and Wellbeing Boards. NHS provider organisations remain separate statutory bodies and retain their current structures and governance and work collaboratively with partners at place. As part of these local place arrangements, groups of GP practices, known as Primary Care Networks, work together as well as with the other providers to focus on planning and delivering services to meet local patient health and care needs.

Integrated Care Board

The Integrated Care Board is directly accountable for NHS expenditure and performance within the system, as it relates to the Integrated Care Strategy and delivery plans. As a minimum, the ICB board must include a chair and two non-executives, the ICB chief executive and clinical and professional leaders, and representatives from NHS trusts, primary care and local authorities. The ICB board includes two statutory committees; Audit and Remuneration. Other committees focus on oversight and assurance and provide the board with assurance on the delivery of key priorities including system quality and finance.

Integrated Care Partnership

The Integrated Care Partnership is a statutory committee which connects the ICB and Local Government. It has developed an Integrated Care Strategy which addresses the health, social care and public health needs of our system. The membership and detailed functions of the ICP is decided by its partner members. The ICP focuses on the connections between health and the wider determinants of health, including socio-economic development, employment and environment. Partners adopt a collective approach to decision-making and support mutual accountability across the ICS.

Sector Collaboratives

Our five Sector Collaboratives ensure each health and care provider is part of a larger grouping which seeks to deliver the strategic priorities for their sector together and includes primary care, acute care, mental health, community care and voluntary and third sector activity. Members of the collaborative agree together how this contribution will be achieved in line with the overall Integrated Care Strategy and delivery plans.

Refreshed ICS Strategy

Our Aim	**Narrowing the gap in healthy life expectancy by 2030** **Increasing healthy life expectancy by five years by 2035**			
Our Outcomes	**Start Well**	**Live Well**	**Age Well**	**Die Well**
Our partnership ambitions	**Enabling wellbeing, health and care equity**	**Transforming people's health and care experiences and outcomes**	**Radically improving children's wellbeing, health and care**	
Our person-centred and strengths-based **approach** means we:	**Think Person**	**Think Family**	**Think Community**	
Our big 4 health outcome priorities	**Reducing harm from cancer**	**Cutting cardiovascular disease**	**Living with frailty**	**Enabling mental health and resilience**
Our drivers	**LEADING FOR EXCELLENCE** 1. **delivery improvement** **2. digital and data** **3.** empowering **collaboratives**	**LEADING FOR PREVENTION** **4.** enabling **population health** 5. new relationship with **place**	**LEADING FOR SUSTAINABILITY** **6. system workforce** 7. **sustainable estate** **8. outcomes-led resourcing**	
	VOICE AT THE HEART	**9.** transformative **public engagement**; **10**. a strong and impactful **system voice** (professional, political)		

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Humber and North Yorkshire
Health and Care Partnership

NHS
Humber and North Yorkshire
Integrated Care Board (ICB)

1. Reduction in the number of patients in acute beds who are medically ready for discharge
2. Community services reconfiguration
3. Sustainable services (Maternity and neonatal services test case)
4. Estates rationalisation
5. Mental Health - OOA placements
6. Single system formulary
7. Clinical productivity
8. Clinical Pathways (LTCs)
9. Out of hospital contracts
10. Workforce cost reduction

North East Lincolnshire – Health and Care Partnership Priorities 24-26

Our ambition

Our local community, health and care system is currently building on a lengthy, proud and powerful history of collaborative and integrated working ensuring our community, health and care organisations work hand in glove and this has benefitted local people for many years. Our Health and Care partnership enables partners to work together where a multi-agency approach is required to tackle and deliver local priorities whilst still undertaking their own functions and service delivery.
Our local community, health and care system is becoming more holistic – bringing together and delivering mental, physical and social care together for both children and adults. As a place we will continue to work in an integrated way to deliver better outcomes for our population, linking in on a system and collaborative level, where working together in this way supports better outcomes for our population. We will work together to reduce unfair and avoidable differences in health across the population, with a focus on reducing inequalities, and ensure that our residents are at the heart of all we do. We will come together across population groups in Accountable Care Teams using a population health approach to do this.

Where we are now:

- NEL has a 156,940 resident population of mostly coastal and urban communities. NEL has variation in inequalities and deprivation: 37.7% of population live in 20% most deprived areas.
- In the 2021 census 43.1% of the population reported very good health compared to 48.5% nationally. 35% reported good health compared to 33.7% nationally
- NEL is in the highest 10% nationally for fuel poverty at 21%. Across the area it ranges from 7.6% in the least deprived up to 26% in the most deprived areas.
- NEL has the highest premature birth rate in England and 1 in 4 children live in poverty.

Our Outcomes

- Improve health outcomes and access to healthcare and reduce health inequalities
- Reduce the number of people in hospital
- Improve outcomes for children, young people and families
- Strengthen our local health and care workforce
- Improve mental health outcomes

Our Key Impact Areas

- Primary & Community Care
- Children, Young People & Families
- Workforce
- Mental Health

What we will deliver in 2024/25

Primary & Community Care

- Deliver Integrated Neighbourhood Teams (INTs) including proactive frailty
- Develop a Frailty Sector Network
- Streamline and improve the palliative and End of Life Care patient journey
- Deliver the NEL population health, population health management and reducing inequalities programme
- Expand Connected Health Model – Delivering Cardiology across NLs

Children, Young People & Families

Implement the CYPF Strategy across 4 work programmes:

- Start Well
- Developing and Living Well
- Special Educational Needs and Disability
- Staying Well - Mental Health and Emotional Wellbeing

Workforce

Deliver the Workforce Strategy across 6 work programmes

- Supporting our staff
- Recruiting as a system
- Brining in the best
- Connected communities
- One Team
- Developing our staff

Mental Health

Deliver the Co-produced Mental Health Strategy across 3 work programmes:

- Prevention, waiting well and reducing stigma
- No wrong door and person-centred care
- Culture, training and communication

Deliver the CYP mental health transformation programme

Enabler work programmes: Digital, estates, communications and engagement, quality, finance and environment

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thern Lincolnshire
and Goole
NHS Foundation Trust

North Lincolnshire Strategic Intent

Our Ambition

Our ambition is for North Lincolnshire to be the best place for all our residents to be safe, well, prosperous and connected; experiencing better health and wellbeing

People will;

- enjoy good health and wellbeing at any age and for their lifetime.
- live fulfilled lives in a secure place they can call home.
- have equality of opportunity to improve their health and play an active part in their community and enjoy purpose within their lives.

Our community first approach

Our transformation approach empowers and facilitates individuals of all ages including children and young people to participate in their own communities, putting people and communities at the heart of health and care. People will have personalised care, be enabled to self care and have control over their lives. People will get the best care closest to home. We will use our collective resources to improve outcomes for people and be informed by the voices of our diverse communities. We will use our Place assets and resources to strengthen prevention and community support, reducing the need for higher levels of care which is safe, effective and high quality in the right place at the right time. We will use the North Lincs £1 wisely and with integrity. We will ensure participation and prevention threads through all that we do. We will foster a culture of one team, enabling our workforce to achieve great outcomes for people and support the workforce to be well. We will ensure we have the most effective systems and enablers of change.

The ICS and Place Partnership will invest locally to deliver this strategic intent ensuring the community health and care system is the right size for the population, is organised to meet levels of need and inequalities; focuses on prevention at every level and opportunity; and is high quality. The Partnership will utilise digitally enabled care to support the individual and integration of the workforce. We will prioritise those most in need. We will enable partners to manage risk effectively, to work together to promote positive risk taking to improve the outcomes we aspire to.

Priorities for Collective Investment

The integrated practise model will be person centred

Mental health and wellbeing will thread through all that we do across all age

There will be a single workforce strategy covering: leadership and management, recruitment and retention, reward and recognition, career pathways, and talent development

Asset based community development will identify and work with the strengths of communities to level up North Lincolnshire

People with long term conditions such as lung and heart disease, will improve experience proportionately good health

Healthy life expectancy will improve for our population

Access to health and care will take account of rural challenges

The health inequalities gap will reduce across our wards

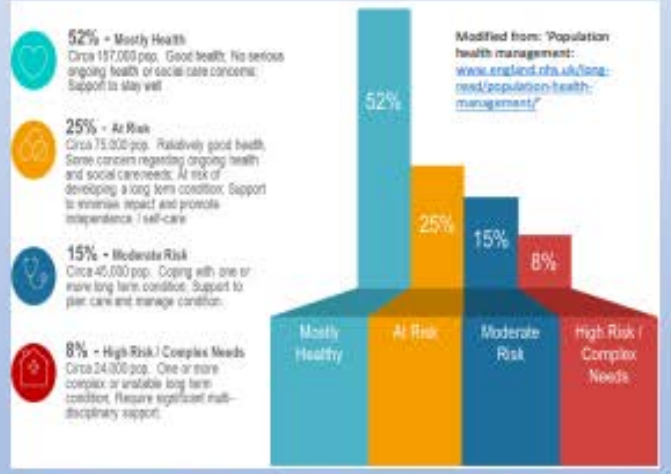
Innovation will be supported including digital tools that enable individuals to maximise their health and wellbeing

ERY Health and Care Committee
'Vibrant and Healthy Communities' Programme

The programme brings the VCS, NHS, Local Authorities, Public Health and other stakeholders together in partnership to address health inequalities across the East Riding of Yorkshire

Our Population

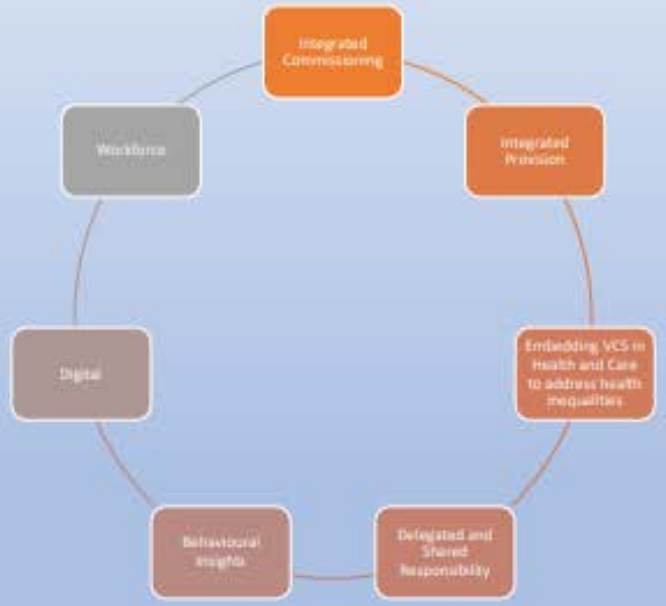
Population Segmentation (indicative)
Our approach focuses on the 'middle 40%', taking a preventative, early intervention and pro-active care approach



Our **workforce** is a large part of our local community. The quality of a person's experience cannot be separated from the quality of staff experience. The inequalities in workforce diversity can also not be separated from the inequalities of health outcomes.

Our Priorities

Our Enablers



Proposed Configuration following Stocktake

Programmes

1. **Rural & Coastal Communities** – to focus on key work derived from RNA
2. **Bridlington Place Based Programme** – Health and Care (inc Digital); Estate & Infrastructure; Community & Transport; Education & Training
3. **Inclusion Groups** – tangible plans going forward, including Inclusion Champions and leadership course, aligning to forthcoming ICP strategy. Includes Bridlington Rough Sleeper programme
4. **Complex Case Management** – integration programme to deliver better case management

Projects

5. **Integrated Neighbourhood Teams** – plans to rollout across the ERY population over the coming year, working to move to BAU.
6. **Weight Management** – population health programme to be scope out

Enabling Functions

1. **Behavioural Insight Development** – to work with programme SROs to identify gaps, develop and deliver behavioural insight solutions.
2. **Workforce** – working with programme SROs to identify gaps and areas of concern to identify and deliver workforce solutions.
3. **Digital** – working with programme SROs to identify gaps and areas of concern to identify and deliver digital solutions.

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(24)012

Name of the Meeting	**Council of Governors**
Date of the Meeting	18 April 2024
Director Lead	Ivan McConnell, Group Chief Strategy & Partnerships Officer
Contact Officer/Author	Linsay Cunningham, Associate Director of Communication and Engagement - HAS
Title of the Report	**Humber Acute Services – Update**
Executive Summary	The Humber and North Yorkshire Integrated Care Board (ICB) launched a public consultation on its proposal to change the way some more complex medical, urgent and emergency care and paediatric (children's) services are delivered at hospitals in Scunthorpe and Grimsby (Scunthorpe General Hospital and Diana Princess of Wales Hospital, Grimsby). The consultation ran for 14 and a half weeks – from 25th September to 5th January – and received nearly 4000 responses via the questionnaire. In addition, a wide range of views were gathered from seldom heard groups and communities through a comprehensive programme of targeted engagement that supported the consultation process. This report provides an overview of the key issues and challenges raised through the public consultation and provides an update on the timeline for decision-making.
Background Information and/or Supporting Document(s) (if applicable)	Background information regarding the consultation proposal is available on the Consultation website: https://betterhospitalshumber.nhs.uk/
Prior Approval Process	
Financial implication(s) (if applicable)	None
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	A full Integrated Impact Assessment (IIA) will be finalised and included in the Decision-Making Business Case (DMBC).
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ☐ Assurance ☐ Other – please detail below:

Humber and North Yorkshire
Health and Care Partnership

Humber Acute Services Update

Council of Governors

18th April 2024

Background – Summary of Consultation Process

Humber and North Yorkshire Health and Care Partnership

The ICB launched a public consultation on its proposal to change the way some more complex medical, urgent and emergency care and paediatric (children's) services are delivered at hospitals in Scunthorpe and Grimsby (Scunthorpe General Hospital and Diana Princess of Wales Hospital, Grimsby).

The consultation was designed to seek out the views of those most likely to be impacted by change and ensure that everyone who wanted to take part and share their views was given sufficient opportunities, sufficient information and sufficient time to do so.

Over the 14 and a half weeks of the consultation process, a wide range of activities were undertaken to ensure this goal was achieved.

c.4,000
questionnaire responses

c.2,500 people involved across c.65 engagement events

c.250,000 people involved through social media

c.23,000 leaflets delivered to households with low English proficiency or digital connectivity

more than 30 news articles in local radio, TV and print media

c.200 people from seldom heard groups reached through targeted outreach

Consultation Response – key issues and concerns raised

Humber and North Yorkshire Health and Care Partnership

The key issues and types of concerns raised about the proposal relate to:

- **Travel and access**
  - Relatives and loved ones will not be able to visit due to cost/lack of transport.
  - Some patients will struggle to get home upon discharge due to lack of transport – knock-on impact for delayed discharges from hospital.
  - Impact of transfer will lead to delays in patient care (increasing the time it takes the patient to access specialist care).
  - Experience of transfer will be unpleasant for patients and their families and be particularly distressing for some cohorts of patients (e.g. children with autism/ADHD, people with dementia, people for whom English is a second language).
- **Ambulance impacts**
  - Increased journey times will negatively impact on the ambulance service (EMAS) and worsen already poor performance.
- **Capacity and infrastructure at DPoW**
  - There will be insufficient beds/staff/wards at Diana Princess of Wales Hospital to manage the additional patients.
  - The additional ambulance traffic will impact upon handover times and performance within the ED.
- **Staffing issues**
  - Attracting staff to work in Grimsby will be more challenging.
  - 'Unfair' impact on Scunthorpe-based staff of additional travel and/or reduced career progression opportunities.
- **Impact on future of SGH**
  - The change will have an impact on the skills/capabilities of clinical teams in Scunthorpe and have an impact on the longer-term viability of SGH.
  - Concern that other services will also be withdrawn at a later stage.

Consultation Response – key issues and concerns raised

Humber and North Yorkshire Health and Care Partnership

There were also some specific concerns raised around particular aspects of the proposed changes:

- **Trauma Unit**
  - Concern that the system's ability to respond to major incidents (e.g. industrial accident) could be compromised by the reduction in Trauma Units.
  - Concerns raised by Doncaster and Bassetlaw Teaching Hospitals Foundation Trust (DBTH) regarding potential impact on their ED.
- **Specialist Medical Inpatients**
  - View that cardiology should be at both sites due to high levels of CVD in both populations.
  - Some suggested specialty services (e.g. emergency cardiac and respiratory care) should be consolidated at "super-specialty units" in Hull.
- **Emergency Surgery**
  - Concerns relating to safety of out of hours transfers where life-or-limb emergency surgery is required.
  - Specific concerns relating to gynaecology patients requiring emergency surgery – and interdependencies with obstetric services.
- **Paediatrics**
  - A range of concerns raised by the Yorkshire and Humber Paediatric Critical Care Operational Delivery Network (ODN), staff, partners and other participants (e.g. parent-carers).
  - Concerns relating to paediatric transfers – requirement for a specialist paediatric transfer team with a higher level of training and expertise.
  - Increased distance to reach tertiary services at Sheffield (moving children in the 'wrong direction').
  - Impact on long-term ventilated (LTV) children in the Scunthorpe area (higher proportion being cared for in SGH compared with other DGHs)
  - Impact on children and young people with eating disorders or other mental health conditions being moved out of area – disruption to local partnerships and ways of working (given multiple mental health providers and local authorities).
  - Interdependencies with obstetric and neonatal provision – requirement to continue to staff a level 2 neonatal unit.
  - Concern that consolidating paediatrics would lead to the closure of maternity services over time.

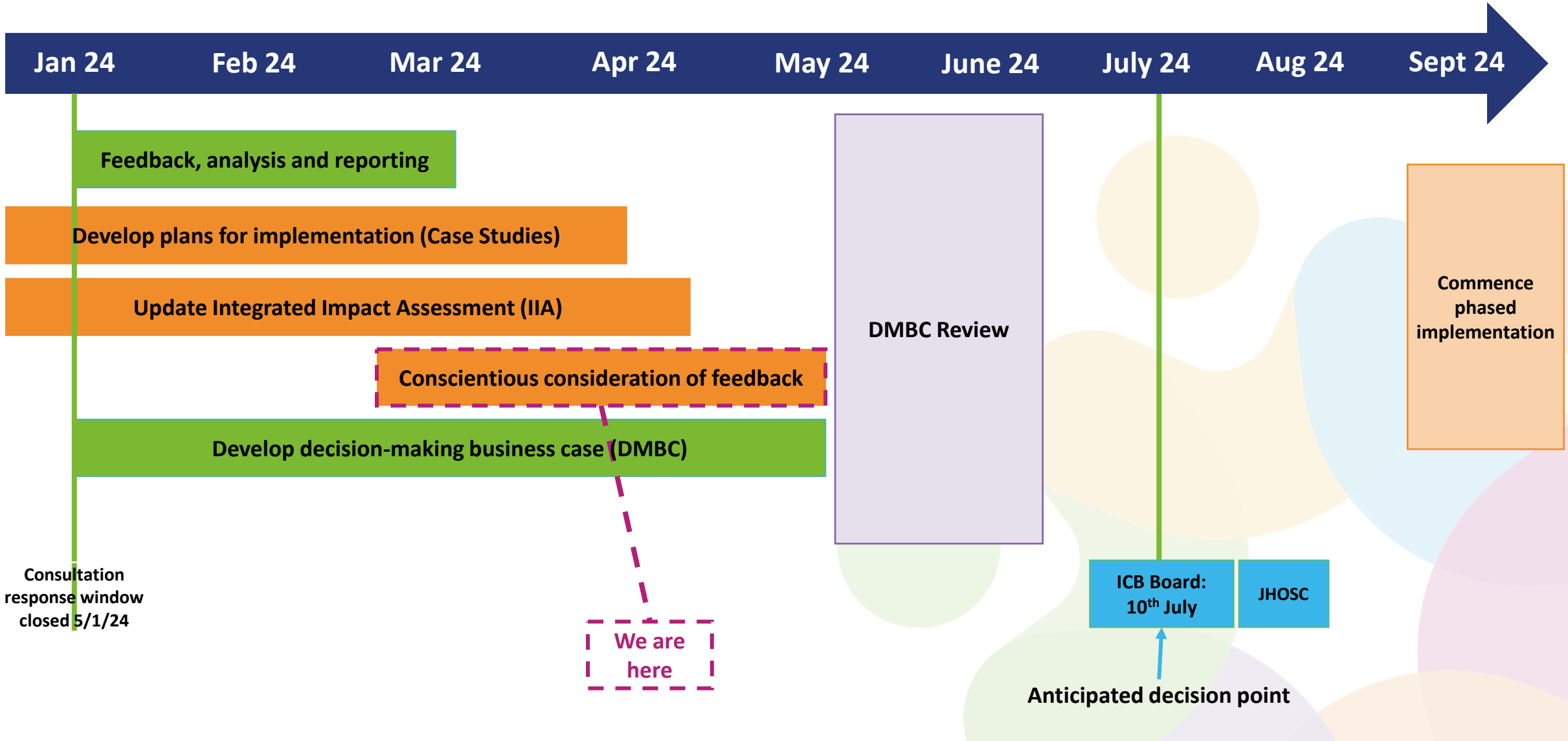
Consultation Response – alternative suggestions

Humber and North Yorkshire Health and Care Partnership

Broadly, the alternative proposals suggested fall into the below categories:

- **Maintain Status Quo**
  - Continue to deliver all services at both hospitals.
  - Maintain some form of the status quo by addressing staffing and funding issues.
  - Maintain inpatient services on both sites and move clinicians around instead of patients.
  - Maintain inpatient services on both sites and provide on-call rotas on alternate days / alternate emergency activity between the sites.
  - Consolidate some of the services but keep paediatrics and Trauma Unit at both sites.
  - Stop Hospital@Home service and use the resources to maintain inpatient paediatrics on both sites.
- **Alternative Location**
  - Consolidate specialist services at Scunthorpe General Hospital instead.
  - Build a brand-new hospital between Scunthorpe and Grimsby (e.g. at 'Barnetby Top') in which to consolidate services.
  - Consolidate some specialist services at Scunthorpe and some at Grimsby.
- **More radical change**
  - Consolidate more services than proposed – current proposal does not go far enough to solve problems.

Timeline and next steps



Humber and North Yorkshire
Health and Care Partnership

Appendices

- Overview of consultation proposal

Public Consultation launched 25th September 2023

Humber and North Yorkshire Health and Care Partnership

What would stay the same?

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

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

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

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

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

Public Consultation launched 25th September 2023

Humber and North Yorkshire Health and Care Partnership

What would change?

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

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

✓ Bringing these services together in one hospital would **provide access to dedicated services 24 hours a day, 7 days a week**, with more specialised skills always being available.

✓ This would help us to address critical shortages in workforce by organising our teams more effectively and **help more patients to be seen and treated more quickly** and stay in hospital for less time.

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

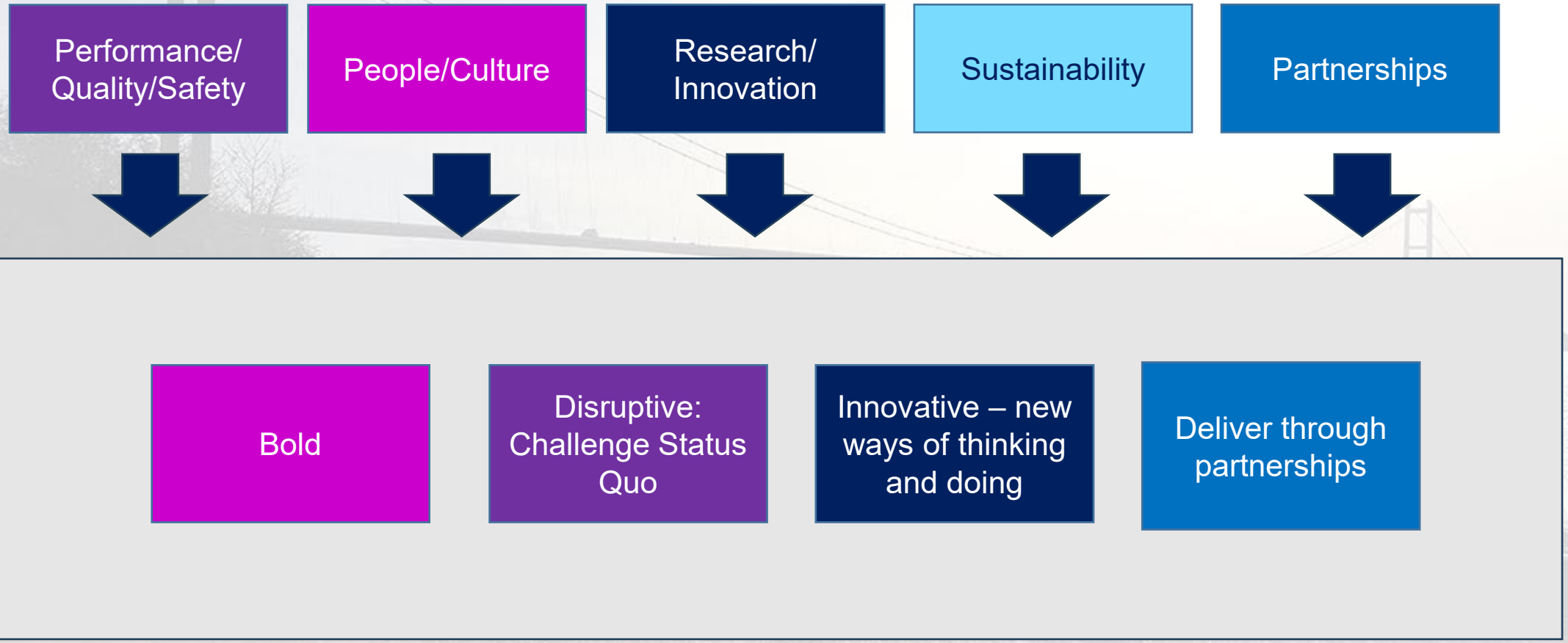
Agenda Item No: CoG(24)013

Name of the Meeting	**Council of Governors**
Date of the Meeting	18 April 2024
Director Lead	Jonathan Lofthouse, Group Chief Executive
Contact Officer/Author	Ivan McConnell, Group Chief Strategy and Partnerships Officer
Title of the Report	**Trust Priorities 2024-25: Group Strategy Development Approach**
Executive Summary	The attached slide pack set out a summary of: • The core "families" of our Group Strategy • The approach that we will take to the development of the Group Strategy The slides highlight: • The Strategy approach will be launched at the Group Leadership Event in April 2024 • We will then undertake a comprehensive approach to coproduction of our strategy not only internally but with key external stakeholders and partners • The Trust Priorities will be determined by the Group Strategy The strategy will provide the framework for the development of individual Care Group strategies over the coming twelve months
Background Information and/or Supporting Document(s) (if applicable)	Slide pack attached
Prior Approval Process	N/A
Financial implication(s) (if applicable)	N/A
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	The Group Strategy will be based on reducing health inequalities in our geography.
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ☐ Assurance ☐ Other – please detail below:

Hull University Teaching Hospitals NHS Trust

As we develop our strategy we need to look beyond our traditional boundaries and challenge our thinking

Northern Lincolnshire and Goole NHS Foundation Trust



Hull University Teaching Hospitals NHS Trust

We will develop our strategy through a collaborative approach - this will set the framework for Care Group Strategy Development during 2024/2025

Northern Lincolnshire and Goole NHS Foundation Trust

Hull University Teaching Hospitals NHS Trust

NHS England Operating Plan Priorities 2024/25

Northern Lincolnshire and Goole NHS Foundation Trust

Heading	Detail
Quality and patient safety	Implement the Patient Safety Incident Response Framework (PSIRF)
Urgent and emergency care	Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025
Urgent and emergency care	Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25
Urgent and emergency care	Improve community services waiting times, with a focus on reducing long waits
Elective care	Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties)
Elective care	Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%
Elective care	Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25
Elective care	Improve patients' experience of choice at point of referral
Cancer	Improve performance against the headline 62-day standard to 70% by March 2025
Cancer	Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026
Cancer	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028

Hull University Teaching Hospitals NHS Trust

NHS England Operating Plan Priorities 2024/25

Northern Lincolnshire and Goole NHS Foundation Trust

Heading	Detail
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
Maternity, neonatal and women's health	Continue to implement the Three-year delivery plan for maternity and neonatal services, including making progress towards the national safety ambition and increasing fill rates against funded establishment
Maternity, neonatal and women's health	Establish and develop at least one women's health hub in every ICB by December 2024, working in partnership with local authorities
Prevention and health inequalities	Increase the % of patients with hypertension treated according to NICE guidance to 80% by March 2025
Prevention and health inequalities	Continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and children and young people
Workforce	Improve the working lives of all staff and increase staff retention and attendance through systematic implementation of all elements of the People Promise retention interventions
Workforce	Improve the working lives of doctors in training by increasing choice and flexibility in rotas, and reducing duplicative inductions and payroll errors
Workforce	Provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan
Use of resources	Deliver a balanced net system financial position for 2024/25
Use of resources	Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25

Agenda Item No: CoG(24)014

Northern Lincolnshire and Goole NHS Foundation Trust

Annual Cycle of Business - Council of Governors

April 2024 - March 2025

CYCLE OF BUSINESS

Council of Governors (CoG) Annual Cycle of Business

"*The Council of Governors should receive a report at least annually of non-audit services that have been approved for the auditors to provide under the policy (on the basis of services approved, regardless of whether they have started or finished) and the expected fee for each service*".

Source: **Governance over audit, assurance and accountability: guidance for foundation trusts - Accompanying the risk assessment framework**

	Annual CoG Schedule						
	April	**June**	**June**	**August**	**September**	**October**	**January**
Events	• Public CoG Business meeting	• Public CoG Business Meeting	• CoG Annual Review Meeting	• Public CoG Business meeting	• Public CoG Annual Members' meeting	• Public CoG Business meeting	• Public CoG Business meeting
Standing Items	• Declarations of Interest • Action Tracker • Group Chair's report • Group Chief Executive's Report • Governor Highlight / Escalation Reports: - Membership and Public Engagement & Assurance Group - Appointments & Remuneration Committee • Committees-in-Common Highlight / Escalation Reports: - Audit, Risk & Governance - Capital & Major Projects - Performance, Estates & Finance - Quality & Safety - Workforce, Education & Culture • Integrated Care System (ICS) Working - to include PLACE, Acute Collaborative and Integrated Care Board (ICB) • Governor, Public and Member Engagement Activity Report ~~• Humber Coast & Vale ICS/Place Partnership Working Update~~ ~~• Humber Acute Services Progress Report~~ ~~• Community Engagement, Opportunities & Feedback (including Trustwide & Constituency Engagement)~~	• Declarations of Interest • Action Tracker • Group Chair's report • Group Chief Executive's Report • Governor Highlight / Escalation Reports: - Membership and Public Engagement & Assurance Group - Appointments & Remuneration Committee • Committees-in-Common Highlight / Escalation Reports: - Audit, Risk & Governance - Capital & Major Projects - Performance, Estates & Finance - Quality & Safety - Workforce, Education & Culture • Integrated Care System (ICS) Working - to include PLACE, Acute Collaborative and Integrated Care Board (ICB) • Governor, Public and Member Engagement Activity Report ~~• Humber Coast & Vale ICS/Place Partnership Working Update~~ ~~• Humber Acute Services Progress Report~~ ~~• Community Engagement, Opportunities & Feedback (including Trustwide & Constituency Engagement)~~	• Review of CoG Operation and Performance - Role of Governors - Engagement with Members and Stakeholders - Accountability - Conduct of Meetings - Personal Development - Shaping the Future - Standards of Conduct	• Declarations of Interest • Action Tracker • Group Chair's report • Group Chief Executive's Report • Governor Highlight / Escalation Reports: - Membership and Public Engagement & Assurance Group - Appointments & Remuneration Committee • Committees-in-Common Highlight / Escalation Reports: - Audit, Risk & Governance - Capital & Major Projects - Performance, Estates & Finance - Quality & Safety - Workforce, Education & Culture • Integrated Care System (ICS) Working - to include PLACE, Acute Collaborative and Integrated Care Board (ICB) • Governor, Public and Member Engagement Activity Report ~~• Humber Coast & Vale ICS/Place Partnership Working Update~~ ~~• Humber Acute Services Progress Report~~ ~~• Community Engagement, Opportunities & Feedback (including Trustwide & Constituency Engagement)~~	• Patient Stories • Group Chair's Opening Remarks • Declarations of Interest • Overview of Last Year including Annual Report & Accounts for 2023/24 & Trust Priorities for the Future • Annual Audit Report for 2023/24	• Declarations of Interest • Action Tracker • Group Chair's report • Group Chief Executive's Report • Governor Highlight / Escalation Reports: - Membership and Public Engagement & Assurance Group - Appointments & Remuneration Committee • Committees-in-Common Highlight / Escalation Reports: - Audit, Risk & Governance - Capital & Major Projects - Performance, Estates & Finance - Quality & Safety - Workforce, Education & Culture • Integrated Care System (ICS) Working - to include PLACE, Acute Collaborative and Integrated Care Board (ICB) • Governor, Public and Member Engagement Activity Report ~~• Humber Coast & Vale ICS/Place Partnership Working Update~~ ~~• Humber Acute Services Progress Report~~ ~~• Community Engagement, Opportunities & Feedback (including Trustwide & Constituency Engagement)~~	• Declarations of Interest • Action Tracker • Group Chair's report • Group Chief Executive's Report • Governor Highlight / Escalation Reports: - Membership and Public Engagement & Assurance Group - Appointments & Remuneration Committee • Committees-in-Common Highlight / Escalation Reports: - Audit, Risk & Governance - Capital & Major Projects - Performance, Estates & Finance - Quality & Safety - Workforce, Education & Culture • Integrated Care System (ICS) Working - to include PLACE, Acute Collaborative and Integrated Care Board (ICB) • Governor, Public and Member Engagement Activity Report ~~• Humber Coast & Vale ICS/Place Partnership Working Update~~ ~~• Humber Acute Services Progress Report~~ ~~• Community Engagement, Opportunities & Feedback (including Trustwide & Constituency Engagement)~~
Bi-monthly Reporting	Item for Information - Finance Report & BAF	Item for Information - Finance Report & BAF		Item for Information - Finance Report & BAF		Item for Information - Finance Report & BAF	Item for Information - Finance Report & BAF
Annual Reporting & / or Approval	• Receive Trust Priorities update	• Receipt of Draft Quality Account including Quality Priorities (available 08.05.24) • Receive the Operational & Financial Plan (Forward Plan)		• Receive Audit, Risk & Governance Committee Annual Report • Receive Quality Account including Quality Priorities (available after 27.06.24) • Receive Trust Priorities as part of the Group Strategy (available July 2024)	• Receive Annual Report and the Annual Accounts • External Auditors report		• Annual Register of Interests of Governors

NB - Approval of appointment of External Auditors as per contractual requirements

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(24)015

Name of the Meeting	**Council of Governors**
Date of the Meeting	18 April 2024
Director Lead	David Sharif, Group Director of Assurance
Contact Officer/Author	Alison Hurley, Deputy Director of Assurance
Title of the Report	**Updated Register of Governors' Interests**
Executive Summary	The report provides the updated Register of Governors' Interests as of April 2024, for approval. Once approved the full list will be published on the Trust website
Background Information and/or Supporting Document(s) (if applicable)	N/A
Prior Approval Process	Line manager and Corporate Governance approval within the electronic Register of Interest (ROI)
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:

REGISTER OF GOVERNORS' INTERESTS
APR 2024 (v1.1)

GOVERNOR NAME	INTERESTS	DATE
PUBLIC GOVERNORS – EAST & WEST LINDSEY		
Jeremy Baskett	➢ Louth Town Councillor ➢ Working for Integrated Care Board (ICB) as an NHS Job Evaluator	22.08.2023 31.08.2023
Dr Gorajala Vijay	➢ None	19.12.2023
PUBLIC GOVERNORS – GOOLE & HOWDENSHIRE		
Tony Burndred	➢ Chair of Men in Sheds (Goole)	19.12.2023
Rob Pickersgill	➢ Chair – Asselby Parish Council, Howden, East Yorkshire ➢ Managing Director and 50% shareholder at W Hallam Castings Ltd, Thorne, Doncaster (private company) ➢ Member of Howden Medical Practice PPG ➢ Fellow, Chartered Institute of Public Finance and Accountancy (CIPFA) ➢ Member of National Economic Policy Committee, MAKE UK (UK Manufacturers' representative body)	18.12.2023 16.04.2024
Vacancy	➢	
PUBLIC GOVERNORS – NORTH LINCOLNSHIRE		
Kevin Allen	➢ Volunteer worker at SGH ➢ Local Authority Governor at Scunthorpe C E Primary School ➢ Local Authority Governor at Enderby Road Infants School	18.12.2023 16.04.2024
Paula Ashcroft	➢ Persons Voice Co-ordinator for North Lincolnshire Council	16.04.2024
David Cuckson	➢ None	29.11.2023
Shiv Nand	➢ Sits on- a Citizens' Advice Bureau board ➢ Sits on Bilborough College board ➢ Committee member of Lincoln Business Club, and ex-President of regional Junior Lawyers Division ➢ Works as a solicitor at Gately Legal PLC ➢ Father and brother are current employees of NLaG being Dr Sanjiv Nand (Associate Specialist Orthopaedics) and Dr Raghav Nand (C1B Locum CT) respectively	02.04.2024
Caroline Ridgway	➢ None	27.11.2023

PUBLIC GOVERNORS – NORTH EAST LINCOLNSHIRE		
Diana Barnes	➢ None	08.01.2024
Michael Bateson	➢ Board member/Trustee of local charity Friendship at Home	30.10.2023
Karen Green	➢ Nephew is a Staff Nurse in ITU at DPoW ➢ Daughter-in-law is a Shift Leader at DPoW ED ➢ Sister is Ward Manager of Laurel Ward at DPoW ➢ Brother-in-law Head of General Radiology at DPoW	18.12.2023 16.04.2024
David James	➢ Military Care Navigator for Lincolnshire Maternity and Neonatal Programme (Better Births Team)	16.04.2024
Ian Reekie	➢ None	20.12.2023

STAKEHOLDER GOVERNORS		
Cllr David Howard – East Riding of Yorkshire Council	➢ Self employed – David Howard trading as Production Values ➢ East Riding of Yorkshire Councillor - Howden Ward and Town Councillor – Howden ➢ Trustee for Moorland Charity in Goole and Howden Shire Hall	16.04.2024
Vacancy – North East Lincolnshire Place	➢	
Emma Mundey – North Lincolnshire Place	➢ Head of Contracting & Intelligence within North Lincolnshire for Humber & North Yorkshire Integrated Care Board	19.12.2023
Vacancy – North East Lincolnshire Council		
Vacancy – North Lincolnshire Council		
Vacancy – Lincolnshire Council		

STAFF GOVERNORS		
Ahmed Aftab	➢ Director of Sazin Eyecare Limited ➢ Consultant Ophthalmologist - St Hugh's Hospital, Grimsby: Spamedica, Bolton: Lindsey Suite, Scunthorpe ➢ Member of British Medical Association with different local, regional and national roles	06.02.2024 16.04.2024
Raquel Jakins	➢ None	14.01.2024
Corrin Manaley	➢ None	21.12.2023
Anthonia Nwafor	➢ Staff Governor	18.12.2023

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(24)016

Name of the Meeting	**Council of Governors**
Date of the Meeting	18 April 2024
Director Lead	Lee Bond, Group Chief Financial Officer
Contact Officer/Author	Brian Shipley, Operational Director of Finance
Title of the Report	**Finance Report – M11**
Executive Summary	This report highlights the reported financial position at Month 11.
Background Information and/or Supporting Document(s) (if applicable)	N/A
Prior Approval Process	
Financial implication(s) (if applicable)	Contained within 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:

Northern Lincolnshire and Goole NHS Foundation Trust

Finance Report Month 11

February – 2023/24

Kindness · Courage · Respect

Finance Overview

In-month Income and Expenditure (I&E) Performance pages 4 to 7

£1.0m The Trust reported a £13.2m in-month surplus for month 11, (£1.0m) better than plan. This primarily relates to reset funding of £13.55m.

I&E Forecast Outturn page 8 to 9

£0.0m The Trust forecasts a (£8.7m) deficit before management action. Technical savings reduce this to a break-even position. An improvement against the Trust's planned (£13.36m) deficit following receipt of further reset funding.

Underlying I&E page 12

(£49.7m) The Trust underlying position included in its plan submission is estimated at circa (£49.7m).

Capital Expenditure page 17

(£21.0m) Capital spend was (£21.0m) below plan YTD and is forecast to be (£4.3m) behind plan.

Elective Recovery Performance page 22 to 24

105% The Trust is now ahead of the second revision to the NHSE 2019/20 Activity Baseline (103%) at 104% earning £2.8m in additional income YTD and £0.8m in Advice & Guidance

Year to Date (YTD) I&E Performance pages 4 to 7

£2.0m The Trust reported a (£4.6m) YTD deficit up to the end of month 11, £2.0m better than plan.

YTD Cost Improvement Plan (CIP) pages 10-11

(£5.9m) The Trust has delivered £20.1m in CIP against a YTD target of £26.0m, (£5.9m) below plan, and is currently forecasting £30.6m vs a £35.7m plan, a shortfall of (£5.2m).

System Performance pages 14 to 15

(£28.1m) The ICB reported a deficit of (£62.9m), (£28.1m) adverse to plan at month 10 and forecasts a (£35.8m) deficit, (£5.84m) adverse to plan .

Balance Sheet & Cash pages 18 to 19

£48.0m The Trust cash balance at the end of February was £48.0m.

Temporary Staffing page 25 to 32

(£0.6m) The Trust has spent £55.6m on agency and bank pay. This is (£0.6m) more than the same period in 2022/23. However, this includes £1.9m of additional Strike Costs.

Key Risks

- ❑ Non-delivery of Elective Recovery Target.
- ❑ Reliance on unfunded Escalation Beds.
- ❑ Further Strike Action Costs.
- ❑ Capital Programme Slippage
- ❑ Unable to release Technical CIP plan.

Key Actions

Key actions to achieve financial plan/targets in 2023/24:

- ❑ 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 stretch CIP programme - conversion of non-recurrent savings into recurrent delivery schemes and identifying new schemes.

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NHS Foundation Trust

Income and Expenditure Performance

Financial Performance Summary

The Trust ended February with a year-to-date (YTD) deficit of £4.6m, £2.0m better than plan.

- **The Trust reported a £13.2m surplus in February 2024, £1.0m better than plan. However, the position is supported in month by £12.24m of reset funding and by non-recurrent benefits on investment and ERF reserves slippage, depreciation and interest received.**
- Clinical Income was £9.6m above plan YTD mainly due to system and strike funding £1.9m, but also £2.8m ERF and £0.8m Advice & Guidance, £0.8m covid funding, £0.5m overseas visitor income and £2.2m High Cost Drugs (HCD) income offset by expenditure. Lung Health Checks were (£0.5m) below plan, offset by £0.6m expenditure underspends. Research and Development income was partly offset by pay underspends (net £0.01m pressure). Other income was £2.3m above plan due to education and charity income offset by expenditure, and due to parking, accommodation and Pathology.
- Clinical Pay was (£9.5m) overspent YTD. (£6.0m) Medical Staff overspends were due to undelivered CIP (£3.8m), temporary staffing covering vacancies and exempt from On-call cover, extra Emergency Department (ED) shifts and weekend Intensive Treatment Unit cover. (£4.3m) Nursing overspends were due to a (£1.4m) YTD pressure on additional ED shifts, (£0.8m) OSCE failures / supernumerary extensions and (£1.8m) undelivered CIP. Other overspends included Covid testing/vaccinations (£0.4m), Community Equipment Store bank (£0.1m) offset by £0.7m Allied Health Professional (AHP) vacancy underspends, mainly in Pathology and Pharmacy, and admin underspends and slippage on investments including Elective recovery reserves. Escalation beds opened at the end of January, causing an in-month overspend of (£0.07m), offset by funding.
- Non-pay was (£5.3m) overspent YTD. Clinical Non-pay (£2.9m) including Pathology (£0.6m) and Independent sector (£0.5m) was offset by additional ERF income, Path income, and HCD income. Overspends include Ophthalmology HCD unachieved CIP (£0.7m), transport (£0.4m), Audiology consultancy (£0.1m), Lorenzo PAS delays (£0.2m), postage (£0.1m), and establishment expenses (£0.3m) due to visas for extensions and recruitment.
- Depreciation and Non-operating Items were £3.6m underspent YTD due to interest received on cash balances and capital delays on Acute Assessment Units and Diagnostic Centres.

Income & Expenditure

£million	In Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
Income						
Clinical Income	52.5	55.5	3.0	457.4	467.0	9.6
Other Income	3.7	4.7	1.0	41.9	44.2	2.3
Total Operating Income	**56.3**	**60.2**	**4.0**	**499.3**	**511.2**	**11.9**
Pay Costs						
Clinical Pay	(23.2)	(24.8)	(1.6)	(269.5)	(279.0)	(9.5)
Other Pay	(6.7)	(6.7)	0.0	(74.1)	(72.8)	1.3
Total Pay Costs	**(30.0)**	**(31.5)**	**(1.6)**	**(343.6)**	**(351.8)**	**(8.2)**
Clinical Non Pay	(6.2)	(7.2)	(0.9)	(72.8)	(75.7)	(2.9)
Other Non Pay	(5.6)	(6.0)	(0.4)	(65.1)	(67.6)	(2.4)
Total Non Pay Costs	**(11.8)**	**(13.2)**	**(1.3)**	**(138.0)**	**(143.3)**	**(5.3)**
Total Operating Expenditure	**(41.8)**	**(44.7)**	**(2.9)**	**(481.6)**	**(495.1)**	**(13.5)**
EBITDA	**14.4**	**15.5**	**1.1**	**17.7**	**16.1**	**(1.6)**
Depreciation	(1.8)	(1.6)	0.1	(18.8)	(17.2)	1.6
Non Operating Items	(0.5)	(0.7)	(0.2)	(5.6)	(3.5)	2.0
Surplus/(Deficit)	**12.2**	**13.2**	**1.0**	**(6.6)**	**(4.6)**	**2.0**

EBITDA = Earnings Before Interest, Tax, Depreciation & Amortisation

See Appendix A on Page 19 for Detailed I&E Position

Financial Performance – Divisions

See Appendix A on page 20 for a summary of the in-month and YTD positions for all Divisions and Corporate Directorates.

Divisions	YTD Performance	Key Actions
Operations Directorate **£0.0m** In-month Variance **£0.3m** YTD Variance **£0.8m** YTD CIP Variance	• (£0.9m) Pathology overspends due to activity over-performance netted off by £0.2m additional income (note circa 50% CCG activity on block) . • £1.1m pay underspend due to vacancies in Pathology and Pharmacy. • (£0.1)m overspend on transport costs for ambulance discharges. This pressure is not increasing.	• Monitor costs of Path Links over-performance on activity on block, minimise variable costs on additional activity. • Monitor effectiveness of new controls on transport expenditure • Continue to explore new recurrent CIP schemes
Family Services **(£0.4m)** In-month Variance **(£2.5m)** YTD Variance **(£0.6m)** YTD CIP Variance	• Medical staff (£0.7m) overspend YTD due to vacancy cover and restricted duties. • Nursing minor adverse variance: agency premiums in all areas and use of Thornbury are offset by vacancies. • Unmet CIP (£0.6m) YTD.	• Closer management rota cover costs are required. Continued work to reduce follow-up outpatient activity. Failure against cost of cover CIP plans. • Continue to recruit to substantive posts in order to reduce reliance on bank and agency. • Continue working to replace non recurrent benefits with sustainable recurrent CIP plans.
Surgery & Critical Care **(£0.8m)** In-month Variance **(£6.4m)** YTD Variance **(£0.8m)** YTD CIP Variance	• £5.0m overspent on Medical Staff mainly due to pay premiums covering vacancies alongside restricted duties and on-call cover. In month variance adverse (£0.5m) Medical vacancies remain high in month and stand at 43.22 WTE (M10 42.45 WTE). • £1.0m overspent on non-pay YTD which was (£0.7m) HCD adverse variance due to limited delivery of CIP on biosimilars and (£0.2m) clinical supplies, driven by theatres and diagnostics. • (£0.4m) scientific pay overspend YTD due to vacancies in Theatres (£0.3m), Audiology (£0.1m) and Radiology (£0.1m) negated by AAP underspends .	• 6 medical staff on restricted duties. Meetings with individuals to agree ending of restrictions • Recruitment of medical staff to vacancies 42.49 wte a key priority alongside staff retention • Alternative CIP plans being developed to mitigate for limited delivery of biosimilar savings • Focus on theatre productivity in line with GIRFT targets

Financial Performance – Divisions continued

Divisions	YTD Performance	Key Actions
Medicine **(£0.7m)** In-month Variance **(£4.1m)** YTD Variance **(£0.2m)** YTD CIP Variance	• Medical Staff (£2.8m deficit) ; 50 WTE vacancy premium ; (£1.2m) ED vacancies & additional ED / UCS shifts , (£1.3m) Acute vacancies (27%) & oncall gaps; Other Specialties (£0.4m) = Long-term sickness cover, vacancies & Gastrointestinal bleed & General Internal Medicine on-call gaps • Nursing Staff overspent (£0.3m) in month (£1.8m) YTD deficit of which (£1.5m) is ED; vacancy premium 82 WTE Registered Nurse (RN) (11%) & 60 WTE Healthcare Assistant (12%) ; 30 WTE Band 4 to convert to RNs. • Lung Health Checks - £0.2m surplus YTD	• Medical Staff : Work ED rotas to funded plan; continue recruitment & retention & mitigate gaps with floater posts ; review of oncall & GI bleed rota gaps • Nursing : Regular ED monitoring & additional duties; reduce agency spend ; work to agreed bed base establishments, continuation of recruitment & retention; • Continue to push harder and further on CIP savings plans
Therapy & Community Services **(£0.18m)** In-month Variance **(£0.96m)** YTD Variance **£0.04m** YTD CIP Variance	• Acute Therapy teams (£0.2m) overspend: Team struggling to cope with demand, significant increased duties in recent two years. Use of bank to cover vacancies and create additional capacity. • Pressure within Community Equipment & Wheelchair team (£0.2m). Increased collections reflected in pay and non-pay overspends. • Continued pressure on continence products (£0.1m) overspend YTD. • GDH (Goole District Hospital) Medical & Nursing (£0.4m) overspend: significant locum usage over budget, appointments beginning to impact. • The above pressures are partly offset by vacancy underspends YTD, spread across several therapy and community services. • CIP: heavy reliance on non-recurrent plans – targets against AHP & nursing vacancies, but currently over-delivering.	• Review C&D (Capacity and Demand) for acute teams – redirect resource from other areas • Work to streamline processes and maximise collections and refurbishments to reduce pressure on equipment spend and optimise staff time to meet increased pressure • Recruitment efforts have not sufficiently impacted on agency spend to date. • There are sustainable recurrent opportunities to replace non recurrent plans which are being worked up and progressed.

Financial Performance – Divisions continued

Divisions	YTD Performance	Key Actions
Corporate Directorates **£0.0m** In-month Variance **£1.1m** YTD Variance **£2.1m** YTD CIP Variance	• Estates & Facilities £0.6m underspent due to a non-recurrent settlement (NHS Property Services), Estates non-pay and Energy underspends albeit elements of Facilities Services non-pay, including (£0.1m) postage & (£0.1m) taxi adverse variances, continue to cause financial pressures. This is supported by an income over-recovery on Private Patients & Overseas Visitors. • Digital Services (£0.1m) deficit although delays with the Lorenzo PAS (Patient Admin System) project have a monthly cost pressure (with effect from Oct 23) of (£0.2m). • All other Corporate Directorates were break-even or in surplus mainly due to non-recurrent CIP over-delivery.	• Continue to update & review non-pay pressures. Facilities Services - overspending areas including postage, transport (taxis) and cleaning materials, potentially linked to inflation & patient activity. • Review of recurrent CIP gaps by individual Corporate Directorates, working up plans to close the gaps.
Central Reserves **£2.9m** In-month Variance **£14.4m** YTD Variance **(£10.4m)** YTD CIP Variance	• Clinical Income was £9.6m above plan YTD mainly due to system and strike funding, but also £2.8m ERF and £0.8m Advice & Guidance, £0.8m covid funding, £0.5m overseas visitor income and £2.2m High Cost Drugs (HCD) income offset by expenditure. Lung Health Checks were (£0.5m) below plan, offset by £0.6m expenditure underspends. Research and Development income was partly offset by pay underspends (net £0.01m pressure). Other income was £1.3m above plan due to education and charity income offset by expenditure, and due to parking, accommodation and Pathology. • Centrally held CIP slippage YTD of £10.4m, due to the ICS stretch target in addition to expected release of B/S support not yet required. • The position is supported through slippage on Investment & ERF reserves and centrally held agency premium reserves, plus positive variances on interest and depreciation due to capital plan delays and high cash balances.	• Review Investment and ERF reserves and expenditure plans.

Financial Performance – Forecast Outturn (FOT)

The Trust is forecasting a deficit of £8.7m. Technical Savings reduce this to the revised break-even planned position following receipt of reset funding of £13.4m.

The Trust is currently £2.0m ahead of plan at the end of month 11 with a year-to-date deficit of £4.6m.

A straight-line forecast projects a potential deficit of £5.0m. This has been adjusted for known seasonal variation in energy costs, planned completion of Capital programme, increasing depreciation charges to an adjusted deficit of £8.7m.

The Trust has remaining technical support available of £2.7m, and the release of its annual leave provision of £6.0m reduce the deficit break-even.

£m	Income	Expenditure	Post EBITDA	Excluded Items	Surplus / (Deficit)
Month 10 YTD Actual	511.2	(495.1)	(21.6)	0.9	(4.6)
Straight-line FOT	**557.7**	**(540.1)**	**(23.6)**	**1.0**	**(5.0)**
Seasonal Utilities & Drugs		(0.6)			(0.6)
Other adjusted run-rate	(1.4)	(1.0)	(0.3)		(2.8)
Depreciation			(0.2)		(0.2)
Adjusted Run Rate	**556.2**	**(541.8)**	**(24.1)**	**1.0**	**(8.7)**
Technical Support		2.7			2.7
A/L Provision		6.0			6.0
Total	**556.2**	**(533.1)**	**(24.1)**	**1.0**	**(0.0)**
Plan	544.4	(517.8)	(27.5)	0.9	(0.0)
Surplus / Deficit	**11.8**	**(15.3)**	**3.4**	**0.1**	**(0.0)**

Financial Performance – Forecast Outturn Continued

Key Risks to primary forecast are as follows:

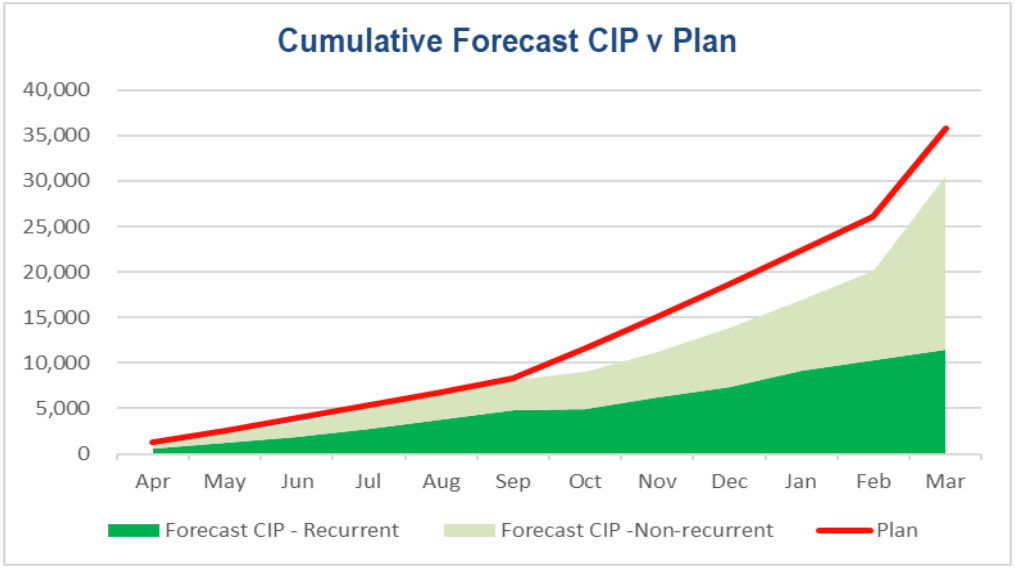
- Unable to release full annual leave (A/L) provision
- Failure to deliver Elective Recovery targets
- Further Strike Action Costs.
- Bed Capacity – Increased Non-Elective & Emergency Demand
- Additional Group Restructure Costs.

Risk	Likelihood	Estimated Impact £
A/L Provision	High	(6.0)
Industrial Action	Medium	(0.3)
ERF Income Loss	Medium	(0.6)
TOTAL		**(6.9)**

Financial Performance – CIP Delivery

The Trust has delivered £20.1m CIP year-to-date against a plan of £26.0m. Performance is driven by an under delivery of £8.4m on the ICS Stretch, with the Core Programme over delivering by £2.0m and Technical by £0.5m.

£million	Current Month			Year to Date			Forecast Year-end		
	Plan	Actual	Var.	Plan	Actual	Var.	Plan	Actual	Var.
CLINICAL WORKFORCE									
Medical Staff	0.3	0.2	-0.1	2.4	1.8	-0.6	2.7	2.0	-0.6
Nursing and Midwifery	0.7	0.6	-0.1	4.3	5.0	0.8	4.9	5.6	0.7
AHP Staff	0.1	0.3	0.3	0.5	2.0	1.5	0.6	2.2	1.6
TOTAL CLINICAL WORKFORCE	**1.0**	**1.1**	**0.1**	**7.2**	**8.9**	**1.7**	**8.2**	**9.8**	**1.6**
Corporate and Non-Clinical	0.1	0.2	0.1	0.7	2.2	1.5	0.8	2.3	1.6
Non-Pay and Procurement	0.1	0.2	0.0	1.4	1.8	0.4	1.6	2.0	0.5
COVID Expenditure Reduction	0.0	0.0	0.0	0.3	0.3	0.0	0.3	0.3	0.0
Other CIP	0.5	0.5	-0.1	5.9	4.4	-1.5	6.4	4.7	-1.7
TOTAL CORE PROGRAMME	**1.8**	**2.0**	**0.2**	**15.5**	**17.5**	**2.0**	**17.3**	**19.2**	**1.9**
Non-recurrent Technical Efficiency	0.2	1.2	1.0	2.1	2.6	0.5	8.4	11.3	3.0
ICS Stretch	1.7	0.0	-1.7	8.4	0.0	-8.4	10.1	0.0	-10.1
TRUST TOTAL EFFICIENCY PLAN	**3.7**	**3.2**	**-0.5**	**26.0**	**20.1**	**-5.9**	**35.7**	**30.6**	**-5.2**
Recurrent	1.4	1.2	-0.2	10.7	10.3	-0.4	12.1	11.5	-0.6
Non-recurrent	2.3	2.0	-0.3	15.3	9.9	-5.5	23.7	19.1	-4.6



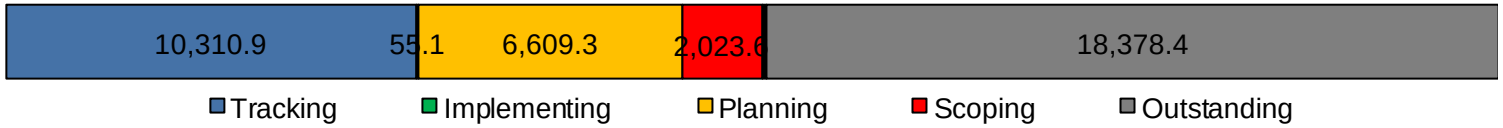
- The Trust is £2.00m ahead of its £15.51m **Core** CIP plan year-to-date (YTD); In-month there was an over-delivery of £0.2m driven by a continuation of the over delivery on vacancy factor and income.
- With the planned release of technical items over the last quarter this is now over delivering against plan. The YTD **Technical** delivery of £2.61m is £0.5m greater than plan. Due to the over delivery on the Core and Technical programmes the **ICS stretch** of £8.4m YTD has been partially offset. This leaves the Trust £5.9m short against its **total plan** to the end of February.
- Operations are £0.6m adrift of their £12.0m YTD plan and are forecasting a further £0.2m in the final month. Their main areas of pressure are recruitment (medical and nursing), unidentified, along with their productivity and income programmes. These have been partially mitigated by agency rate reductions and admin and AHP vacancies. Corporate directorates are over delivering by £2.0m YTD and forecast to year end. This is in the main non-recurrent vacancy factor.
- The Core Programme is forecasting a year-end over delivery, to contribute to the Stretch, of £1.9m. The Technical over delivery forecast has increased to £3.0m which also provides support to the Stretch programme which is £10.1m. The forecast year-end variance on the Trust total CIP is now £5.2m adverse; a £0.6m improvement compared to January. **However, only £11.5m of the savings forecast are recurrent**.

Financial Performance – CIP Development

The Trust has a savings target of £37.5m. This is made up of a £22.7m 4% initial CIP plus an ICB stretch of £14.8m. Initial scoping has identified a £19.1m opportunity.

Division/Directorate	CIP Development						
	FYEs	Non Recurrent	X Cutting	New	2324 DND	Unidentified	Total
Clinical Workforce - Medical Staff	911.0	0.0	1,327.6	0.0	66.1	0.0	2,304.7
Clinical Workforce - Nursing and Midwife	1,716.8	1,528.2	1,557.1	0.0	0.0	0.0	4,802.1
Clinical Workforce - AHP Staff	0.0	2,040.1	69.1	0.0	0.0	0.0	2,109.2
Corporate and Non-Clinical Workforce	38.3	2,544.9	0.0	0.0	0.0	0.0	2,583.2
Non-Pay and Procurement	135.5	48.0	1,753.9	49.7	195.6	0.0	2,182.7
QI & Efficiency	192.3	0.0	4,360.4	0.0	0.0	0.0	4,552.7
Digital Transformation	56.4	55.2	0.0	15.0	0.0	0.0	126.6
Estates & Facilities	31.6	296.4	0.0	0.0	60.0	0.0	388.0
Grip & Control	5.4	0.0	0.0	40.0	0.0	0.0	45.4
Unidentified	0.0	0.0	0.0	0.0	0.0	3,605.4	3,605.4
DIVISION/DIRECTORATE TOTAL	**3,087.3**	**6,512.8**	**9,068.1**	**104.7**	**321.7**	**3,605.4**	**22,700.0**
ICB Stretch	0.0	0.0	0.0	0.0	0.0	14,773.0	14,773.0
TRUST TOTAL	**3,087.3**	**6,512.8**	**9,068.1**	**104.7**	**321.7**	**18,378.4**	**37,473.0**

SCHEME MATURITY £000's



- Development against the initial £22.7m, 4%, plan was well advanced with an opportunity of £19.1m identified. The additional stretch of £14.8m mean that a further £18.4m needs to be identified, planned and implemented.
- £10.3m of the identified savings will be tracked from the commencement of the new financial year. These are in the main full year effects and non-recurrent schemes that will continue to deliver from 2023/24. A further £0.1m are in the implementation phase with £6.6m still in planning.
- The scoping has been carried out based on the current organisational structure, however this will be mapped across to the new structure as a matter of urgency and in collaboration with colleagues from HUTH.
- Aside from the sheer size of the programme the main challenges faced will be engagement, particularly with focus firmly on roles within a new organisational structure.

Underlying Position

The Trust underlying position has deteriorated from its 2023/24 plan submission deficit of £41.5m to £49.7m

- The Trust's underlying position reported within its 2023/24 plan submission was an estimated deficit of £41.5m. This has been updated for in year developments to £49.7m and is driven by the following:
- Confirmation of Inflation support funding to be treated as non recurrent - £2.1m
- Recurrent funding shortfall of Agenda For Change (AfC), Medical Staffing & VSM Pay Awards - £1.9m
- Increased reliance on Non-Recurrent savings delivery - £4.5m

£million	Plan	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Movement to Plan
2023/24 - Surplus/(Deficit) Plan	**(13.4)**	**(13.4)**	**(13.4)**	**(13.4)**	**(13.4)**	**(13.4)**	**(13.4)**	**(13.4)**	**(13.4)**	**0.0**
Non-recurrent Adjustments										
Non Recurrent Savings Delivery Core Programme	(5.7)	(4.7)	(5.4)	(5.5)	(5.5)	(6.4)	(7.0)	(7.4)	(7.4)	(1.7)
Non Recurrent Savings Delivery Technical	(8.4)	(9.3)	(9.3)	(9.4)	(10.8)	(11.1)	(11.1)	(11.2)	(11.2)	(2.8)
Unidentified Stretch Target	(10.1)	(10.1)	(10.1)	(10.1)	(10.1)	(10.1)	(10.1)	(10.1)	(10.1)	0.0
FYE Investment Programme	(4.0)	(4.0)	(4.0)	(4.0)	(4.0)	(4.0)	(4.0)	(4.0)	(3.7)	0.3
Non Recurrent Income Support		(4.3)	(4.3)	(4.3)	(4.3)	(4.3)	(4.3)	(4.3)	(2.1)	(2.1)
2023/24 Pay Award Shortfall		(0.9)	(1.7)	(1.7)	(1.9)	(1.9)	(1.9)	(1.9)	(1.9)	(1.9)
Underlying Deficit	**(41.5)**	**(46.6)**	**(48.1)**	**(48.4)**	**(49.8)**	**(51.1)**	**(51.7)**	**(52.1)**	**(49.7)**	**(8.2)**

Northern Lincolnshire and Goole NHS Foundation Trust

System Financial Performance

System Financial Performance – January 2024

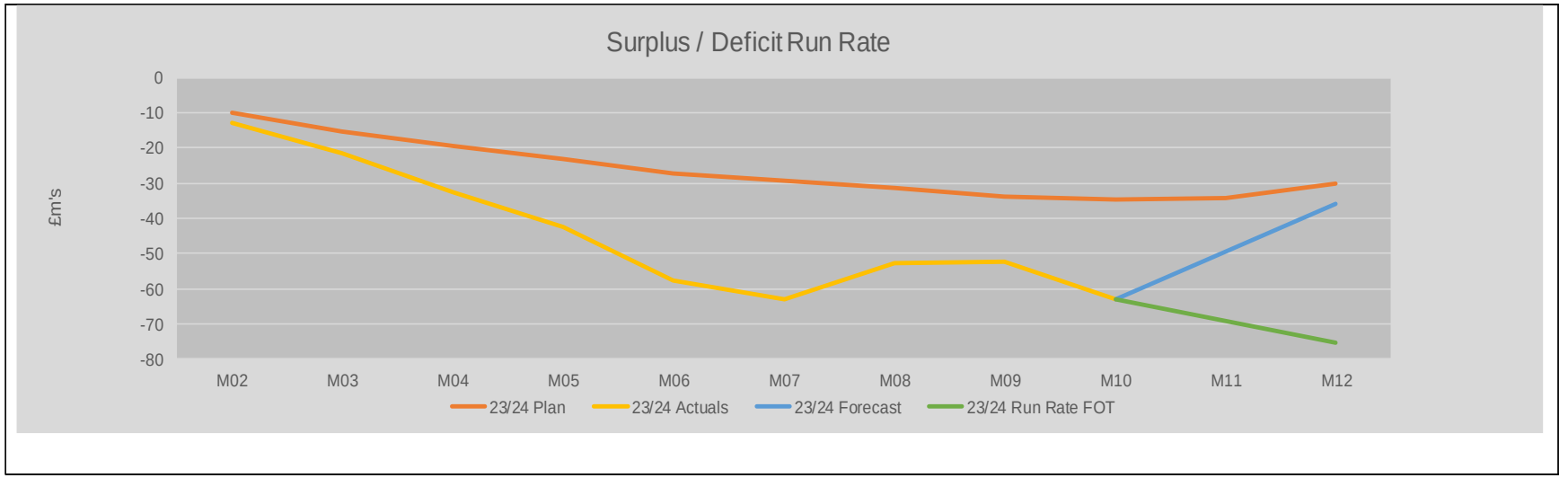
The Month 10 position for the system is a deficit of £62.9m against a planned deficit of £34.8m, representing a year to date overspend of £28.1m. The ICB is now forecasting a deficit of £35.8m, £5.8m adrift of plan.

Please note reflects M10 IFR and includes IA cost impact

Year to Date
- ICB £43k favourable variance to plan
- Providers £28.2m adverse variance against plan
- ICS Actual YTD deficit £62.9m

Forecast Outturn
- ICB Breakeven
- Providers £30m deficit consistent with plans plus £5.8m impact of IA (Dec & Jan)
- *M9 extrapolated (straight line) indicates circa £76m deficit*

Organisation	Surplus / (Deficit) - Adjusted Financial Position							
	Plan YTD	Actual YTD	Variance YTD		Plan Year Ending	Forecast Year Ending	Variance Year Ending	
	£000	£000	£000	%	£000	£000	£000	%
Humber And North Yorkshire ICB	0	43	43	0.0%	(0)	0	0	0.0%
Harrogate And District NHS Foundation Trust	5,012	(6,369)	(11,381)	(4.1%)	6,000	4,369	(1,631)	(0.5%)
Hull University Teaching Hospitals NHS Trust	(5,210)	(6,706)	(1,496)	(0.2%)	(7,231)	(8,726)	(1,495)	(0.2%)
Humber Teaching NHS Foundation Trust	-	-	-	0.0%	-	(0)	(0)	(0.0%)
Northern Lincolnshire And Goole NHS Foundation Trust	(18,782)	(17,756)	1,026	0.2%	(13,355)	(14,150)	(795)	(0.1%)
York And Scarborough Teaching Hospitals NHS Foundation Trust	(15,809)	(32,140)	(16,331)	(2.8%)	(15,414)	(17,333)	(1,919)	(0.3%)
ICS Total	(34,788)	(62,927)	(28,139)	(0.9%)	(30,000)	(35,840)	(5,840)	(0.2%)



System Risks – Month 10

£26m Gross Risk *highlighted at Month 10, a decrease of £22m from M9. The* ***Net Residual Risk is 4.2m*** following full system review of all potential mitigating actions including assessment of slippage and underspends.

Table 6 — **ICS Risks and Mitigations - 2023/24 (M10)**

Description of risk	Potential Financial Impact before mitigations	Likelihood High/ Medium/ Low	Mitigating actions being taken by system	Potential Financial Impact after mitigations
	£'000			£'000
ICB Risks				
Continuing Healthcare	(345)	Medium	In year management and utilisation of slippage and underspends in other expenditure areas	0
Mental Health	(2,029)	Medium	In year management and utilisation of slippage and underspends in other expenditure areas	0
Prescribing	(2,000)	Medium	In year management and utilisation of slippage and underspends in other expenditure areas	0
ICB Total	**(4,374)**			**0**
Provider Risks				
Delivery of Efficiency target	(16,567)	High	In year management and utilisation of slippage and underspends in other expenditure areas	(4,200)
Premium Pay	(2,902)	Medium	In year management and utilisation of slippage and underspends in other expenditure areas	0
Elective Recovery Funding	(2,100)	Medium	Review of elective activity position and quantifying impact of specialised services ERF funding	0
Provider Total	**(21,569)**			**(4,200)**
Total ICS Risks and Mitigations	**(25,943)**			**(4,200)**

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NHS Foundation Trust

Capital and Balance Sheet

Capital Expenditure

Year-to-date capital expenditure is £17.5m against a £38.5m YTD plan, including IFRS16 and donated spend.

£million	Year to Date			Full Year		
	Plan	Actual	Var.	Plan	Forecast	Var.
Estates Major Schemes						
Emergency Department/AAU	12.8	7.6	(5.2)	13.1	13.1	0.0
DPOW & SGH Theatres TIF	0.2	0.1	(0.1)	0.2	0.2	0.0
SGH Fire Alarm	2.2	1.8	(0.4)	2.2	2.2	0.0
Discharge Lounge	0.1	0.1	0.0	0.1	0.1	0.0
Colposcopy service	0.0	0.0	(0.0)	0.0	0.0	0.0
Cepheid machine x2	0.0	0.0	0.0	0.1	0.1	0.0
N Lincs CDC	9.9	1.4	(8.5)	12.4	11.9	(0.5)
N E Lincs CDC	2.8	0.3	(2.5)	3.0	3.0	0.0
RAAC	0.0	0.0	0.0	1.1	1.1	0.0
Unallocated	1.7	0.2	(1.5)	4.1	0.3	(3.8)
Total Estates Major Schemes	**29.7**	**11.6**	**(18.0)**	**36.3**	**32.0**	**(4.3)**
Other Estates Schemes	0.7	0.3	(0.4)	1.0	1.0	(0.0)
IM&T Programme	3.5	1.8	(1.7)	4.1	4.1	0.0
Pathology LIMS	1.3	1.6	0.3	3.1	3.1	0.0
Equipment Renewal	2.0	1.3	(0.6)	4.8	4.8	0.0
Facilities Maintenance	0.4	0.3	(0.1)	0.8	0.8	0.0
Other Capital Expenditure	1.0	0.7	(0.3)	1.3	1.3	0.0
Total Capital Programme	**38.5**	**17.5**	**(21.0)**	**51.4**	**47.1**	**(4.3)**
Funded By:						
Internally Generated	21.1	12.6	(8.5)	19.1	15.3	(3.8)
PDC Funded	16.4	4.2	(12.1)	31.0	30.5	(0.5)
Donated	0.1	0.1	(0.0)	0.1	0.1	0.0
IFRS16	1.0	0.7	(0.3)	1.2	1.2	0.0
Disposals - Net Book Value	0.0	0.0	(0.0)	0.0	0.0	0.0
Total Funding	**38.5**	**17.5**	**(21.0)**	**51.4**	**47.1**	**(4.3)**

The Trust capital funding for 2023/24 is £51.4m. £4m funding for North Lincs CDC has been transferred to 2024/25. The actual spend to 29th February was £17.5m, £21.0m behind plan. Key variances are detailed below:

- The QS is reviewing the final account details for DPOW AAU. SGH completion has now been brought forward to the end of March, with go live expected 23rd April. The spend is currently £5.2m behind plan as a result of the delays. The Trust is forecasting to spend the full £13.1m, all costs including risk claims made by Kier will be accrued for at the year end. The forecast overspend for the schemes in total is still **£4.9m.**
- North Lincs CDC – Work is continuing, completion is planned for October 2024. The Trust has placed orders for all equipment and the Fit out package. Materials will also be vested before the end of March in order to meet the forecast spend.
- North East Lincs CDC – Completion is July 2024. All orders for equipment have been placed, together with the order for materials.
- Both CDC schemes will slip into next year, the Trust together with Hull have brought forward a number of schemes from 2024/25. £3.8m of funding will be transferred to Hull and repaid in 2024/25. The centre has also agreed to transfer £4m of funding for North Lincs CDC to 2024/25. Slippage is now £0.5m. We are exploring further backlog maintenance schemes that could be completed by the end of March. We continue to monitor spend for both CDC schemes to ensure we meet the spend target for 2023/24
- Pathology LIMS – final funding has been confirmed, additional costs of £1.5m will be incurred this year to utilise in year slippage, payment milestones have been agreed.
- All orders for equipment and IM&T have now been placed, delivery dates are being chased. Schemes from 2024/25 has been brought forward for both areas to utilise in year slippage.
- TIF = Targeted Investment Fund. LIMS = Laboratory Information Management System. PDC = Public Dividend Capital. EPR = Electronic Patient Record.

Balance Sheet

£ million	NLAG Actual 31-Jan-24	NLAG Actual 29-Feb-24	NLAG In month movement
Fixed Assets	276.4	279.2	2.8
Current Assets			
Inventories	4.3	4.3	(0.0)
Trade and Other Debtors	21.8	33.8	12.0
Cash	14.1	48.0	33.8
Total Current Assets	**40.2**	**86.0**	**45.8**
Current Liabilities			
Trade and Other Creditors	(46.4)	(49.5)	(3.1)
Accruals	(24.1)	(23.5)	0.6
Other Current Liabilities	(4.4)	(6.6)	(2.2)
Total Current Liabilities	**(74.8)**	**(79.6)**	**(4.8)**
Net Current Liabilities	**(34.6)**	**6.4**	**41.0**
Debtors Due > 1 Year	0.98	0.98	0.00
Creditors Due > 1 Year	0.00	0.00	0.00
Loans > 1 Year	(5.55)	(5.55)	0.00
Finance Lease Obligations > 1 Year	(10.18)	(9.97)	0.21
Provisions - Non Current	(4.19)	(4.19)	0.00
Total Assets/(Liabilities)	**222.9**	**266.9**	**44.0**
TOTAL CAPITAL & RESERVES	**222.9**	**266.9**	**44.0**

Key Movements:

Current Assets

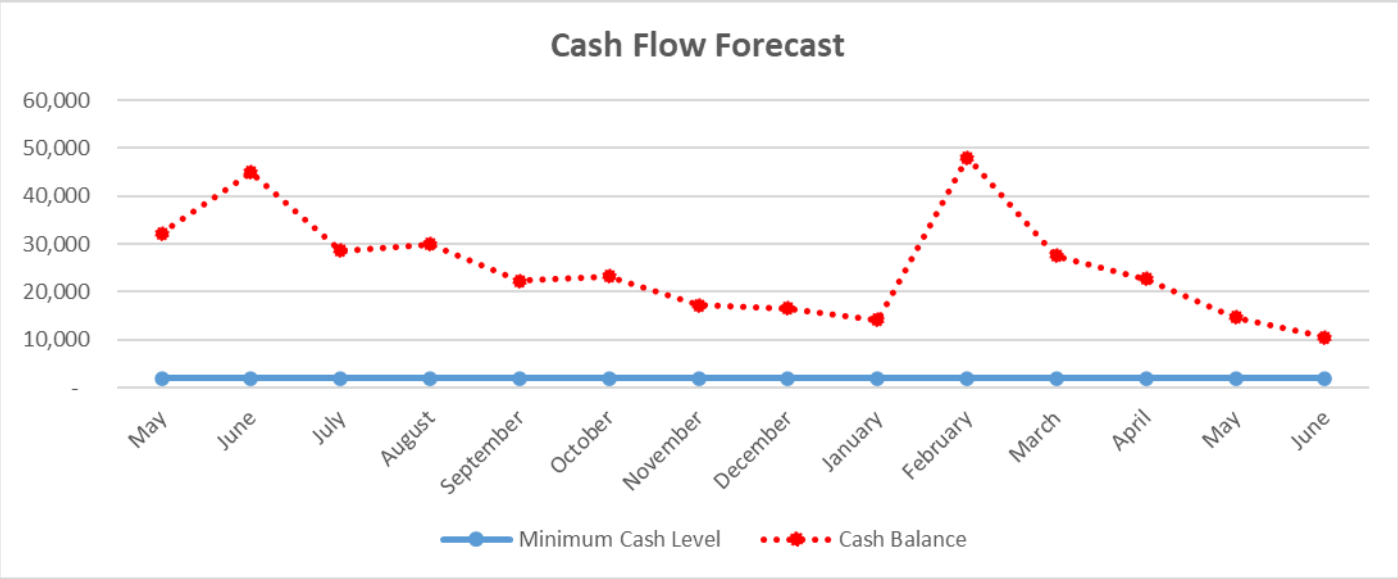
- Stock balances have remained stable in month.
- The Trust has again seen an increase in NHS debtors, £13.4m relates to additional ICS deficit funding support. The Trust must now breakeven in 2023/24.
- Prepayments have reduced following the release of prepaid CNST and rates costs.
- Cash has increased in month, all capital PDC has been drawn down, capital schemes have yet to be completed and therefore invoices have not yet been received and paid.

Current Liabilities

- The deferred income has increased in month, the Trust received the March Health Education income of £1.5m in February.
- PDC creditor has increased by £0.97m, following the receipt of PDC capital funding.
- Capital creditors have increased in month by £1.5m. Trade have increased, £0.8m relating to pharmacy, £0.2m van hire and £0.1m NHS Blood.
- The total Better Payment Practice Code (BPPC) figures for the Trust continue to be above 90%; year to date figures are, 95.6% for value of NHS invoices paid with 30 days and 93% for number paid, a slight reduction in month. Non NHS invoices is 95.5% for value paid within 30 days and 93% for number paid, a slight reduction in the value of invoices paid in month. Monitoring of BPPC and communication to staff of the importance of authorising invoices will continue.

Cash Flow

The Trust is not expecting to require central cash support this financial year it is now anticipated funding will be required from July 2024. The Trust is liaising with NHSE regarding the need for potential support.



£000's	April	May	June	July	August	September	October	November	December	January	February	March	April	May	June
Minimum Cash Level	1,900	1,900	1,900	1,900	1,900	1,900	1,900	1,900	1,900	1,900	1,900	1,900	1,900	1,900	1,900
Cash Balance	34,885	32,181	44,887	28,648	29,951	22,300	23,279	17,239	16,560	14,122	47,965	27,517	22,725	14,689	10,568

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Appendices

Appendix A – Detailed I&E, Divisional Budgetary Performance & Reserves Summary

£million	In Month			Year to Date			Full Year		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Forecast	Variance
Income									
Clinical Income	52.5	55.5	3.0	457.4	467.0	9.6	498.7	508.1	9.3
Other Income	3.7	4.7	1.0	41.9	44.2	2.3	45.7	48.2	2.5
Total Operating Income	**56.3**	**60.2**	**4.0**	**499.3**	**511.2**	**11.9**	**544.4**	**556.2**	**11.8**
Pay Costs									
Medical Staff	(8.0)	(8.8)	(0.8)	(95.5)	(101.5)	(6.0)	(102.1)	(109.3)	(7.2)
Nursing Staff	(10.8)	(11.6)	(0.8)	(125.6)	(129.9)	(4.3)	(134.7)	(139.9)	(5.2)
Scientific Therapeutic & Technical Staff	(4.4)	(4.4)	(0.0)	(48.3)	(47.6)	0.7	(51.1)	(50.2)	1.0
Total Clincial Pay	**(23.2)**	**(24.8)**	**(1.6)**	**(269.5)**	**(279.0)**	**(9.5)**	**(288.0)**	**(299.4)**	**(11.4)**
Admin & Clerical Staff Substantive	(5.0)	(5.0)	(0.0)	(55.3)	(53.9)	1.4	(59.3)	(57.7)	1.6
Maintenance Staff Substantive	(0.2)	(0.2)	0.0	(1.9)	(1.9)	0.0	(2.1)	(2.1)	0.1
Support Staff Substantive	(1.4)	(1.4)	0.0	(15.4)	(15.5)	(0.1)	(16.5)	(16.5)	0.0
Other Staff	(0.0)	(0.0)	0.0	(0.2)	(0.2)	0.0	(0.2)	(0.2)	0.0
Apprentice Levy	(0.1)	(0.1)	(0.0)	(1.3)	(1.4)	(0.1)	(1.4)	(1.5)	(0.1)
Technical	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.0)	(0.0)
Total Other Pay	**(6.7)**	**(6.7)**	**0.0**	**(74.1)**	**(72.8)**	**1.3**	**(79.6)**	**(78.0)**	**1.6**
Total Pay Costs	**(30.0)**	**(31.5)**	**(1.6)**	**(343.6)**	**(351.8)**	**(8.2)**	**(367.6)**	**(377.4)**	**(9.8)**
Drugs	(2.8)	(3.2)	(0.4)	(34.0)	(35.2)	(1.2)	(37.1)	(38.4)	(1.3)
Clinical Supplies & Services	(3.4)	(3.9)	(0.5)	(38.8)	(40.5)	(1.7)	(42.3)	(44.4)	(2.0)
Total Clinical Non Pay	**(6.2)**	**(7.2)**	**(0.9)**	**(72.8)**	**(75.7)**	**(2.9)**	**(79.4)**	**(82.8)**	**(3.4)**
General Supplies & Services	(0.5)	(0.5)	(0.1)	(5.0)	(5.6)	(0.6)	(5.5)	(6.2)	(0.7)
Establishment Expenses	(0.6)	(0.2)	0.4	(6.7)	(7.1)	(0.4)	(7.3)	(7.8)	(0.5)
Other Establishment Costs	(1.3)	(1.3)	(0.0)	(14.5)	(14.4)	0.1	(15.8)	(15.7)	0.1
Premises and Fixed Plant	(2.1)	(1.8)	0.3	(20.9)	(20.3)	0.6	(23.0)	(22.2)	0.8
Purchase of Healthcare Services	(1.0)	(1.5)	(0.5)	(15.1)	(16.3)	(1.2)	(16.2)	(17.3)	(1.1)
Miscellaneous Expenditure	(0.0)	(0.2)	(0.2)	(0.8)	(1.4)	(0.6)	(0.8)	(1.3)	(0.5)
Education Expenditure	(0.1)	(0.2)	(0.1)	(1.7)	(1.8)	(0.2)	(1.8)	(2.0)	(0.2)
Consultancy Expenditure	(0.0)	(0.2)	(0.2)	(0.5)	(0.6)	(0.1)	(0.5)	(0.6)	(0.1)
Technical	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Other Non Pay	**(5.6)**	**(6.0)**	**(0.4)**	**(65.1)**	**(67.6)**	**(2.4)**	**(70.8)**	**(72.9)**	**(2.1)**
Total Non Pay Costs	**(11.8)**	**(13.2)**	**(1.3)**	**(138.0)**	**(143.3)**	**(5.3)**	**(150.2)**	**(155.7)**	**(5.5)**
Total Operating Expenditure	**(41.8)**	**(44.7)**	**(2.9)**	**(481.6)**	**(495.1)**	**(13.5)**	**(517.8)**	**(533.1)**	**(15.3)**
EBITDA	**14.4**	**15.5**	**1.1**	**17.7**	**16.1**	**(1.6)**	**26.6**	**23.2**	**(3.5)**
Depreciation	(1.8)	(1.6)	0.1	(18.8)	(17.2)	1.6	(20.6)	(19.0)	1.6
Non Operating Items	(0.5)	(0.8)	(0.3)	(5.6)	(3.5)	2.0	(6.1)	(4.2)	1.9
Surplus/(Deficit)	**12.2**	**13.1**	**0.9**	**(6.6)**	**(4.6)**	**2.0**	**(0.0)**	**(0.0)**	**(0.0)**

£million	In Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
Operations						
Operations Directorate	(4.0)	(4.0)	0.0	(42.7)	(42.3)	0.3
Family Services	(4.0)	(4.3)	(0.3)	(44.0)	(46.5)	(2.5)
Surgery & Critical Care	(11.0)	(11.7)	(0.8)	(121.5)	(127.9)	(6.4)
Medicine	(10.9)	(11.6)	(0.7)	(121.4)	(125.5)	(4.1)
Therapy & Community Services	(3.2)	(3.4)	(0.2)	(35.7)	(36.6)	(1.0)
Total Operations	**(33.1)**	**(35.1)**	**(1.9)**	**(365.3)**	**(378.9)**	**(13.6)**
Corporate Directorates						
Trust Management	(0.1)	(0.1)	0.0	(1.7)	(1.6)	0.1
Chief Medical Officer Directorate	(2.0)	(1.9)	0.0	(21.9)	(21.7)	0.2
Chief Nurses Office	(0.5)	(0.5)	0.0	(5.5)	(5.5)	0.0
Finance	(0.4)	(0.6)	(0.2)	(4.0)	(3.9)	0.1
People Directorate	(0.7)	(0.6)	0.1	(5.9)	(5.8)	0.1
Estates & Facilities	(3.3)	(3.3)	0.0	(36.7)	(36.2)	0.6
Strategic Development	(0.1)	(0.1)	0.0	(1.2)	(1.0)	0.1
Digital Services	(0.9)	(0.9)	(0.0)	(10.0)	(10.1)	(0.1)
Total Corporate Directorates	**(7.9)**	**(7.9)**	**0.0**	**(86.8)**	**(85.7)**	**1.1**
Central Income	53.9	57.0	3.1	471.9	480.6	8.7
Technical Central & Capital Charges	(2.6)	(1.3)	1.3	(25.2)	(18.9)	6.3
Central CIP	1.8	0.0	(1.8)	10.4	0.0	(10.4)
Trust Reserves	0.0	0.3	0.3	(12.3)	(2.5)	9.8
Total Central, Technical & Reserves	**53.1**	**56.1**	**2.9**	**444.8**	**459.1**	**14.4**
Excluded Items	0.1	0.1	(0.0)	0.8	0.9	0.0
Trust Total	**12.2**	**13.2**	**1.0**	**(6.5)**	**(4.6)**	**2.0**

£million	Opening Allocation	Residual Annual Budget	YTD Budget	YTD Expenditure	YTD Variance
Investments Reserve	11.0	2.0	1.8	0.0	**1.8**
Inflation Reserve	20.3	2.5	2.1	2.5	**(0.4)**
Agency Premium Reserve	12.7	5.3	5.4	0.0	**5.4**
Elective Recovery Reserve	12.0	3.7	3.0	0.0	**3.0**
TOTAL	**56.1**	**13.4**	**12.3**	**2.5**	**9.8**

Appendix B – Elective Recovery

The Trust is now ahead of the revised NHSE 2019/20 Activity Baseline (103%) at 104%, earning £2.79m in additional income YTD. The position is further supported by £0.8m over-performance on Advice & Guidance.

Actual and Forecasted Performance against adjusted 103% NHSI Profile Target

		Actuals from latest Data Month 1-8								Forecast Months 9-11			Month 12	
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	TOTAL
H&NY	Plan	4,548	5,191	5,766	5,409	5,365	5,862	6,079	5,948	4,886	5,059	5,809	5,589	**65,511**
	Actual	4,776	5,477	5,659	5,637	5,999	5,641	5,993	6,084	5,456	6,373	5,666	5,577	**68,338**
	Variance	**228**	**286**	**-107**	**228**	**634**	**-222**	**-85**	**136**	**570**	**1,314**	**-143**	**-12**	**2,827**
	Cumulative performance								**1,097**			**2,839**		

		Actuals from latest Data Month 1-8								Forecast Months 9-11			Month 12	
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	TOTAL
Contracts Outside of H&NY	Plan	716	724	900	839	866	851	838	894	681	791	824	795	**9,720**
	Actual	664	793	796	779	847	776	874	869	806	836	839	787	**9,666**
	Variance	**-52**	**69**	**-104**	**-60**	**-18**	**-75**	**36**	**-25**	**125**	**45**	**14**	**-8**	**-54**
	Cumulative performance								**231**			**46**		

		Actuals from latest Data Month 1-8								Forecast Months 9-11			Month 12	
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	TOTAL
Specialist	Plan	152	157	146	134	129	131	141	114	123	140	150	144	**1,663**
	Actual	125	150	151	128	148	146	123	193	122	132	96	106	**1,619**
	Variance	**-27**	**-7**	**5**	**-6**	**18**	**15**	**-19**	**79**	**-1**	**-8**	**-54**	**-38**	**-43**
									58			**5**		

		Actuals from latest Data Month 1-8								Forecast Months 9-11			Month 12	
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	TOTAL
TOTAL Contract Position	Plan	5,416	6,073	6,812	6,382	6,360	6,844	7,058	6,956	5,690	5,990	6,783	6,528	**76,893**
	Actual	5,565	6,421	6,606	6,543	6,994	6,562	6,990	7,146	6,385	7,342	6,601	6,470	**79,624**
	Variance	**148**	**348**	**-206**	**161**	**634**	**-282**	**-68**	**190**	**694**	**1,352**	**-183**	**-58**	**2,730**

£000's	YTD NLAG			
	Basline	Actual	Variance	%
H&NY Contracts	59,922	62,761	2,839	105%
External Contracts	8,925	8,879	(46)	99%
Specialist	1,518	1,513	(5)	100%
Sub Total ERF	**70,365**	**73,154**	**2,789**	**104%**
A&G		818	818	N/A
Total	**70,365**	**73,971**	**3,607**	**104%**

£000's	Forecast NLAG			
	Basline	Actual	Variance	%
H&NY Contracts	65,511	68,338	2,827	104%
External Contracts	9,720	9,666	(54)	99%
Specialist	1,663	1,619	(43)	97%
Sub Total ERF	**76,893**	**79,624**	**2,730**	**104%**
A&G		892	892	N/A
Total	**76,893**	**80,516**	**3,623**	**104%**

Appendix B – Elective Recovery

Division	SpecCode	Spec Description	Month											
			1	2	3	4	5	6	7	8	9	10	11	12
Surgery and Critical Care	100 & 106	Gen Surgery & Upper GI	65%	71%	69%	95%	109%	68%	94%	102%	96%	109%	71%	
	101	Urology	111%	106%	98%	116%	114%	110%	103%	105%	113%	139%	114%	
	104	Colorectal Surgery	117%	128%	106%	115%	130%	103%	98%	118%	103%	132%	119%	
	110	Trauma & Orthopaedics	90%	87%	83%	91%	120%	109%	114%	107%	144%	118%	111%	
	120	ENT	126%	123%	119%	141%	130%	142%	130%	119%	125%	155%	100%	
	130	Ophthalmology	116%	132%	108%	121%	137%	122%	107%	112%	115%	138%	134%	
	130 Injections	Ophthalmology Injections	195%	189%	169%	170%	189%	165%	158%	167%	212%	228%	84%	
	140	Oral Surgery	58%	123%	116%	116%	105%	94%	135%	119%	100%	176%	113%	
	190	Anaesthetics	131%	139%	75%	73%	148%	77%	80%	72%	104%	118%	80%	
Surgery and Critical Care	**Total**		**102%**	**106%**	**96%**	**109%**	**124%**	**109%**	**111%**	**111%**	**124%**	**133%**	**109%**	
Medicine	300	General Medicine	125%	102%	149%	127%	139%	123%	99%	97%	133%	150%	107%	
	301	Gastroenterology	107%	134%	148%	132%	115%	95%	75%	102%	123%	146%	146%	
	302	Endocrinology	55%	82%	88%	87%	68%	61%	123%	113%	120%	118%	108%	
	303	Clinical Haematology	94%	93%	108%	89%	76%	55%	76%	71%	89%	86%	65%	
	307	Diabetic Medicine	84%	92%	162%	122%	114%	131%	121%	100%	119%	76%	117%	
	320	Cardiology	92%	123%	89%	75%	54%	54%	67%	77%	80%	74%	78%	
	329	Transient Ischaemic Attack	105%	100%	78%	83%	101%	88%	93%	115%	116%	119%	92%	
	330	Dermatology	52%	72%	23%	24%	92%	106%	105%	127%	148%	71%	68%	
	340	Respiratory Medicine	113%	136%	112%	108%	105%	100%	116%	117%	91%	117%	94%	
	370	Medical Oncology	83%	92%	80%	82%	91%	78%	74%	82%	78%	81%	132%	
	400	Neurology	152%	135%	200%	223%	130%	156%	202%	171%	103%	192%	215%	
	410	Rheumatology	111%	108%	100%	77%	93%	80%	81%	95%	96%	109%	84%	
	430	Geriatric Medicine	117%	144%	108%	121%	121%	90%	96%	95%	98%	127%	96%	
Medicine	**Total**		**99%**	**115%**	**104%**	**93%**	**87%**	**77%**	**81%**	**90%**	**94%**	**101%**	**100%**	
Surgery Endoscopy	**Total**		**123%**	**106%**	**96%**	**105%**	**103%**	**85%**	**89%**	**95%**	**101%**	**121%**	**119%**	
Family Services	103	Breast Surgery	99%	102%	93%	90%	107%	78%	72%	92%	100%	96%	92%	
	223	Paediatric Epilepsy	98%	46%	159%	75%	104%	101%	98%	89%	79%	106%	65%	
	263	Paediatric Diabetic Medicine	574%	726%	439%	122%	0%	0%	441%	447%	273%	500%	244%	
	290	Community Paediatrics	78%	70%	48%	44%	40%	54%	79%	62%	56%	74%	30%	
	420	Paediatrics	94%	112%	99%	97%	82%	95%	97%	100%	97%	144%	82%	
	502	Gynaecology	108%	99%	94%	100%	117%	99%	104%	112%	121%	135%	100%	
Family Services	**Total**		**103%**	**100%**	**94%**	**95%**	**106%**	**92%**	**95%**	**104%**	**110%**	**125%**	**93%**	
Trust	**Total**		**103%**	**107%**	**97%**	**104%**	**112%**	**98%**	**100%**	**105%**	**114%**	**125%**	**105%**	

Appendix B – Elective Recovery

Actual and Forecasted Performance against 107% NLaG Plan

Specialty	YEAR TO DATE - Elective Recovery Price (£'k)																	
	DAYCASE			ELECTIVE			OP FIRST ATTENDANCE			OP FIRST PROCEDURE			OP F/UP PROCEDURE			ALL ACTIVITY TYPES		
	Plan	Actuals	Variance	Plan	Actuals	Variance	Plan	Actuals	Variance	Plan	Actuals	Variance	Plan	Actuals	Variance	Plan	Actuals	Variance
Community and Therapies	444	168	(277)	0	29	29	0	0	0	0	0	0	0	0	0	444	196	(248)
Medicine	5,382	5,563	181	590	608	18	7,711	4,895	(2,816)	177	96	(81)	780	706	(74)	14,639	11,867	(2,772)
Surgery and Critical Care	13,759	14,911	1,152	13,578	14,614	1,036	7,378	7,134	(243)	1,491	1,670	179	2,870	3,987	1,117	39,075	42,317	3,242
Family Services	2,184	1,875	(309)	2,727	2,475	(252)	5,153	4,055	(1,098)	1,814	1,513	(301)	636	695	59	12,514	10,613	(1,901)
Surgery Endoscopy	7,123	7,312	189	0	0	0	0	0	0	102	182	80	0	0	0	7,225	7,493	269
Grand Total	**28,891**	**29,828**	**937**	**16,895**	**17,726**	**831**	**20,241**	**16,084**	**(4,157)**	**3,584**	**3,461**	**(123)**	**4,286**	**5,388**	**1,102**	**73,898**	**72,487**	**(1,411)**

	Spells/Attendances					
POD	2019/20	2020/21	2021/22	2022/23	2023/24	Variance to 2019/20
Elective	6,136	3,318	4,510	4,499	4,833	(1,303)
Daycase	48,993	32,371	44,781	49,306	52,472	3,479
OPD New	86,335	70,582	92,896	100,860	88,984	2,649
OPD New Procedure	25,542	12,136	20,547	21,073	22,481	(3,061)
OPD Follow Up	185,098	163,175	191,839	199,488	171,304	(13,794)
OPD Follow Up Procedure	49,359	26,251	40,534	47,788	50,888	1,529
Total	**401,463**	**307,833**	**395,107**	**423,014**	**390,961**	**(10,502)**

	Spells/Attendances																					
POD	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Elective	345	400	353	399	417	426	482	476	357	389	455	407	377	338	375	417	487	475	454	483	463	461	503
Daycase	3,990	4,747	4,248	4,538	4,633	4,356	4,456	4,897	4,338	4,668	4,435	5,098	4,259	4,713	4,910	4,722	4,944	4,493	4,933	5,027	4,311	5,131	5,029
OPD New	9,064	10,146	9,682	9,304	9,048	9,847	9,491	9,538	7,949	8,940	7,851	9,085	6,662	8,220	8,996	8,203	7,842	7,944	9,061	8,760	7,202	9,324	6,770
OPD New Procedure	1,718	1,978	1,702	1,795	1,806	2,081	2,021	2,139	1,762	2,140	1,931	2,182	1,815	2,165	2,082	2,172	2,151	2,041	2,251	2,159	1,745	2,221	1,679
OPD Follow Up	16,546	18,993	18,350	16,929	17,418	18,173	18,738	20,669	16,334	19,741	17,597	18,435	15,153	17,429	16,829	14,874	15,067	15,370	16,572	16,920	13,247	16,746	13,097
OPD Follow Up Procedure	3,804	4,374	3,790	3,865	3,980	4,419	4,563	5,243	3,808	5,263	4,679	4,639	3,995	4,775	4,778	4,843	5,187	4,919	4,657	4,852	4,004	5,078	3,800
Total	**35,467**	**40,638**	**38,125**	**36,830**	**37,302**	**39,302**	**39,751**	**42,962**	**34,548**	**41,141**	**36,948**	**39,846**	**32,261**	**37,640**	**37,970**	**35,231**	**35,678**	**35,242**	**37,928**	**38,201**	**30,972**	**38,961**	**30,877**

Appendix C – Temporary Staffing Summary

Total Bank & Agency

Subjective Sub catergory	2022/23 (£k)	2023/24 (£k)	Variance (£k)
Medical Staff	22,524	24,802	(2,278)
Nursing Staff	25,570	23,562	2,008
Scientific, Therapeutic & Technical Staff	2,531	2,675	(144)
Admin & Clerical Staff	2,375	2,410	(35)
Support Staff	2,062	2,182	(120)
Maintenance Staff	5	-	5
Other Staff	3	3	-
Grand Total	**55,070**	**55,634**	**(565)**

Division / Directorate	2022/23 (£k)	2023/24 (£k)	Variance (£k)
Community + Therapy Services	2,889	2,908	(19)
Family Services	4,854	6,039	(1,185)
Medicine	26,491	25,697	794
Operations Directorate	3,056	2,998	58
Surgery + Critical Care	15,138	15,061	76
Sub-total Operations	**52,428**	**52,704**	**(276)**
Chief Medical Officer Directorate	4	18	(14)
Chief Nurses Office	105	73	32
Digital Services	417	432	(15)
Estates And Facilities	1,992	2,088	(96)
Finance	4	38	(34)
People Directorate	119	148	(29)
Strategic Development	1	86	(85)
Trust Management	-	48	(48)
Sub-total Corporate	**2,642**	**2,930**	**(289)**
Grand Total	**55,070**	**55,634**	**(565)**

Type	Subjective Sub catergory	2022/23 (£k)	2023/24 (£k)	Variance (£k)
Agency	Medical Staff	11,681	12,267	(586)
	Nursing Staff	13,841	11,965	1,876
	Scientific, Therapeutic & Technical Staff	1,615	1,636	(21)
	Admin & Clerical Staff	348	458	(110)
	Maintenance Staff	5	-	5
	Other Staff	3	3	-
	Support Staff	1	1	1
Agency Total		**27,494**	**26,330**	**1,164**
Bank	Medical Staff	10,843	12,535	(1,692)
	Nursing Staff	11,729	11,596	132
	Scientific, Therapeutic & Technical Staff	916	1,039	(123)
	Admin & Clerical Staff	2,027	1,952	75
	Support Staff	2,061	2,181	(121)
Bank Total		**27,576**	**29,305**	**(1,729)**
Grand Total		**55,070**	**55,634**	**(565)**

Does not include Locums as not premium

Medical Staffing includes YTD Strike Backfill costs of £1.9m.

Appendix C – Temporary Staffing – Medical Staffing

Total Bank & Agency Medical Staffing Spend:

Division / Directorate	2022/23 (£k)	2023/24 (£k)	Variance (£k)	%
Chief Medical Officer Directorate	-	3	(3)	100%
Operations Directorate	1,434	1,028	406	-28%
Community + Therapy Services	730	908	(178)	24%
Family Services	1,450	2,080	(630)	43%
Medicine	11,486	12,530	(1,044)	9%
Surgery + Critical Care	7,424	8,252	(828)	11%
Sub Total Operations	**22,524**	**24,802**	**(2,278)**	**10%**

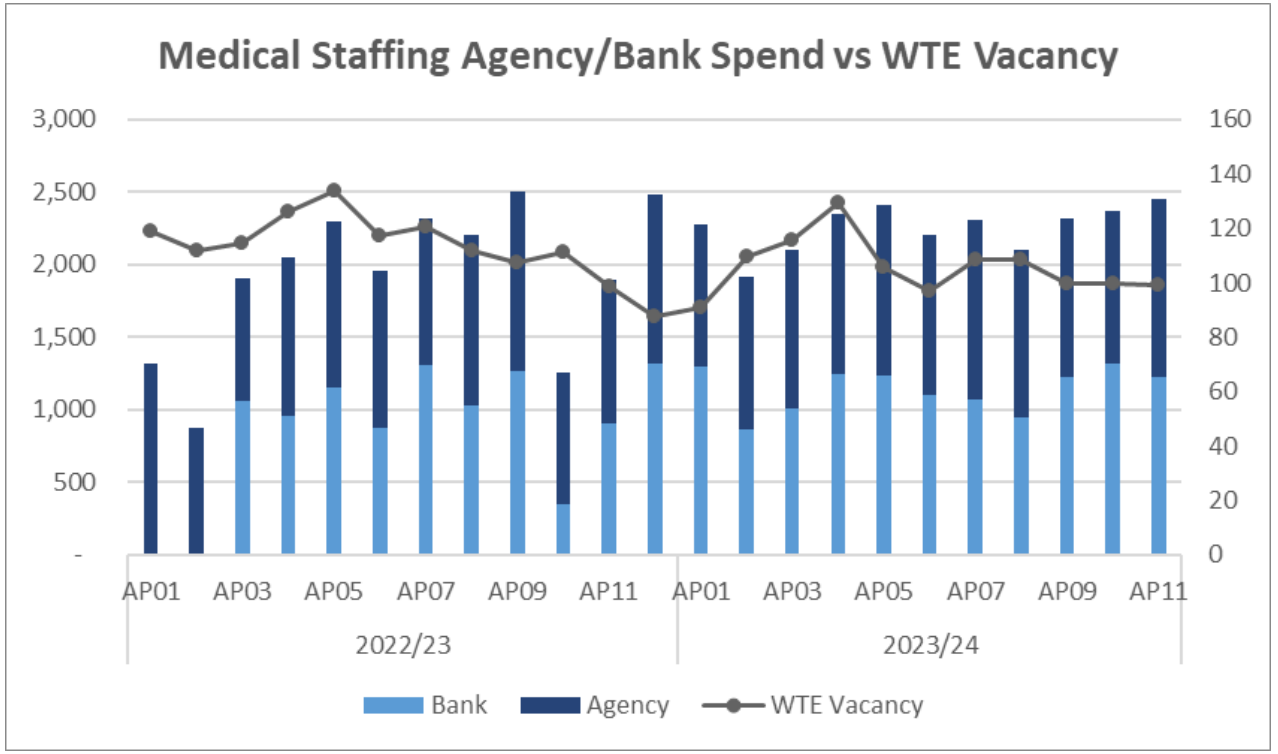
Medical Staffing includes YTD Strike Backfill costs of £2.17m.

Agency Ceiling Rate Compliance 12 Months

11.3%

Agency Ceiling Rate Compliance YTD 2023/24

11.3%



Appendix C – Temporary Staffing - Nursing

Total Bank & Agency Nursing Spend:

Division / Directorate	2022/23 (£k)	2023/24 (£k)	Variance (£k)	%
Operations Directorate	581	563	18	-3%
Community + Therapy Services	1,487	1,287	200	-13%
Family Services	3,262	3,871	(609)	19%
Medicine	14,527	12,904	1,622	-11%
Surgery + Critical Care	5,584	4,829	754	-14%
Sub Total Operations	**25,440**	**23,455**	**1,985**	**-8%**
Sub Total Corporate	**130**	**107**	**23**	**-18%**
Grand Total	**25,570**	**23,562**	**2,008**	**-8%**

% Of Hours By Tier

Tier	2022/23	2023/24
T1	58%	83%
T2	31%	9%
T3	11%	9%

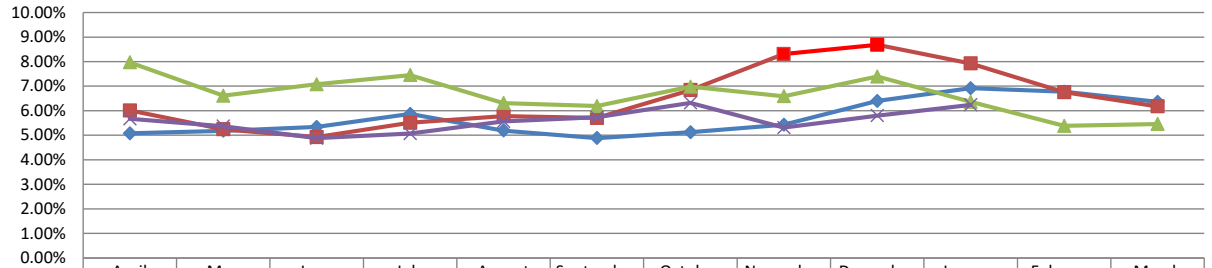
Agency Ceiling Rate Compliance 12 Months

69.7%

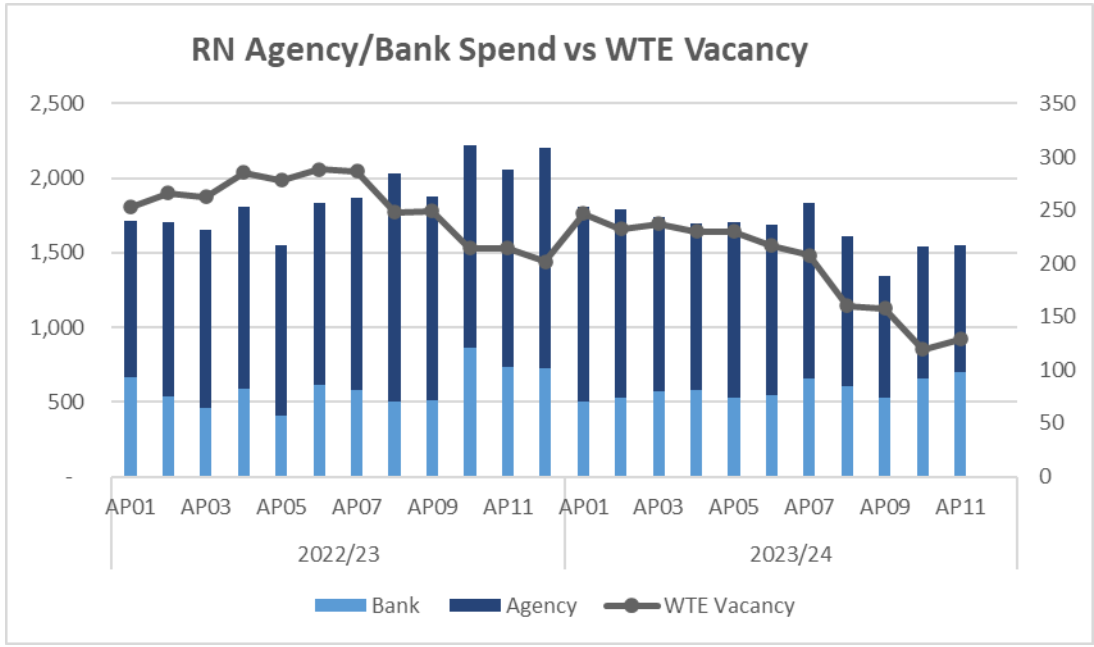
Agency Ceiling Rate Compliance YTD 2023/24

72.8%

Nursing & Midwfiery Absence Rates



	April	May	June	July	August	September	October	November	December	January	February	March
2019/20	5.08%	5.18%	5.34%	5.87%	5.19%	4.89%	5.12%	5.43%	6.40%	6.92%	6.77%	6.36%
2020/21	6.01%	5.24%	4.92%	5.51%	5.78%	5.70%	6.84%	8.31%	8.68%	7.92%	6.76%	6.18%
2022/23	7.97%	6.61%	7.08%	7.45%	6.31%	6.19%	6.98%	6.59%	7.39%	6.36%	5.38%	5.46%
2023/24	5.67%	5.37%	4.88%	5.07%	5.56%	5.73%	6.32%	5.31%	5.80%	6.24%		



Appendix C – Temporary Staffing – Non-Clinical Agency

Non Clinical Agency - Year to Date (February 2024)

Div	Exp Desc	CC	CC Desc	Staff Type	2023/24 Total £'000	Role / Project	Contract Term
Chief Nurses Office	Agency Other	202205	Trw Chaplaincy	Other Staff	3.2	Chaplaincy Call-Out Service	Apr 23 - March 24
Chief Nurses Office Total					**3.2**		
Finance	Agency Admin And Clerical	204115	Trw Procurement	A&C	37.8	NLaG share of ICB collaborative	
Estates And Facilities Total					**37.8**		
Digital Services	Agency Admin And Clerical	204123	Trw IT Operations	A&C	18.9	Vacancy - IT Operations	May 23 - Oct 23
		204217	Dpw Digital Services NEL CDC	A&C	18.2	NEL CDC - Project Manager	Jan 24 - July 24
		204716	Trw Systems Implementation Team	A&C	63.5	Robotic Process Automation (RPA)	Apr 23 - Sept 23
			Trw Systems Implementation Team	A&C	67.9	Maternity Badgernet	Apr 23 - Sept 23
		204717	Trw Information Services	A&C	53.1	BI Developer for Data Warehouse / PAS	June - Sept 23
			Trw Information Services	A&C	47.7	HNY Smart System Control	Oct 23 - Jan 24
Digital Services Total					**269.3**		
Estates And Facilities	Agency Admin And Clerical	204105	Trw Compliance	A&C	15.8	Vacancy - Safety & Fire Compliance Officer	Apr 23 - Oct 23
Estates And Facilities Total					**15.8**		
Strategic Development	Agency Admin And Clerical	204771	Trw HASR	A&C	25.9	Humber Acute Services Review	Nov 23 - March 24
			Trw HASR	A&C	60.0	Humber Acute Services Review	Sept 23 - Feb 24
Strategic Development Total					**85.9**		
Trust Management	Agency Admin And Clerical	204701	Trw Chief Executives Office	A&C	48.0	Group Winter Director	Nov 23 - March 24
Trust Management Total					**48.0**		
Grand Total					**460.0**		

Appendix C – Agency Trend Analysis By Staff Group

Agency Trend Analysis By Staff Group - Core Work and Strike Cover By Month (£k)

Staff Type		Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Medical Staff	Core	988	1,138	945	1,053	1,064	1,067	1,176	1,102	1,242	1,160	1,090	1,052	1,221
Medical Staff	Strike Cover		19	24		25	38	5	0			2		
Medial Staffing Total		**988**	**1,157**	**970**	**1,053**	**1,089**	**1,105**	**1,181**	**1,103**	**1,242**	**1,160**	**1,091**	**1,052**	**1,221**
Nurse Staff	Core	1,330	1,476	1,303	1,265	1,172	1,114	1,218	1,138	1,177	1,006	815	912	845
Nurse Staff	Strike Cover													
Nurse Staffing Total		**1,330**	**1,476**	**1,303**	**1,265**	**1,172**	**1,114**	**1,218**	**1,138**	**1,177**	**1,006**	**815**	**912**	**845**
Scientific, Therapeutic & Technical Staff	Core	141	137	139	135	168	194	155	151	157	141	157	91	148
Scientific, Therapeutic & Technical Staff	Strike Cover													
Scientific, Therapeutic & Technical Staff Total		**141**	**137**	**139**	**135**	**168**	**194**	**155**	**151**	**157**	**141**	**157**	**91**	**148**
Admin & Clerical Staff	Core	8	83	10	13	18	16	75	28	82	56	53	29	79
Admin & Clerical Staff	Strike Cover													
Admin & Clerical Staff Total		**8**	**83**	**10**	**13**	**18**	**16**	**75**	**28**	**82**	**56**	**53**	**29**	**79**
Support & Other Staff	Core	0	1	1	0	0	0	0	0	0	0	0	0	0
Support Staff	Strike Cover													
Support & Other Staff Total		**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Grand Total Core		**2,467**	**2,835**	**2,398**	**2,466**	**2,422**	**2,391**	**2,624**	**2,420**	**2,658**	**2,363**	**2,114**	**2,085**	**2,294**
Grand Total Strike Cover		**0**	**19**	**24**	**0**	**25**	**38**	**5**	**0**	**0**	**0**	**2**	**0**	**0**
Grand Total Core & Strike Cover		**2,467**	**2,853**	**2,423**	**2,466**	**2,447**	**2,428**	**2,629**	**2,421**	**2,658**	**2,363**	**2,116**	**2,085**	**2,294**

Appendix C – Bank Trend Analysis By Staff Group

Bank Trend Analysis By Staff Group - Core Work and Strike Cover By Month (£k)

Staff Type		Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Medical Staff	Core	908	1,093	1,013	865	859	961	1,000	951	993	945	1,089	1,052	998
Medical Staff	Strike Cover		228	289		149	285	233	146	75		135	269	227
Medial Staffing Total		**908**	**1,321**	**1,302**	**865**	**1,008**	**1,246**	**1,234**	**1,098**	**1,067**	**945**	**1,224**	**1,321**	**1,225**
Nurse Staff	Core	1,354	1,327	999	1,022	1,036	1,083	961	1,023	1,120	1,025	928	1,134	1,265
Nurse Staff	Strike Cover													
Nurse Staffing Total		**1,354**	**1,327**	**999**	**1,022**	**1,036**	**1,083**	**961**	**1,023**	**1,120**	**1,025**	**928**	**1,134**	**1,265**
Scientific, Therapeutic & Technical Staff	Core	122	128	92	70	107	116	91	67	113	99	103	88	91
Scientific, Therapeutic & Technical Staff	Strike Cover													
Scientific, Therapeutic & Technical Staff Total		**122**	**128**	**92**	**70**	**107**	**116**	**91**	**67**	**113**	**99**	**103**	**88**	**91**
Admin & Clerical Staff	Core	208	253	173	159	193	204	190	165	200	175	181	160	151
Admin & Clerical Staff	Strike Cover													
Admin & Clerical Staff Total		**208**	**253**	**173**	**159**	**193**	**204**	**190**	**165**	**200**	**175**	**181**	**160**	**151**
Support Staff	Core	209	269	169	176	223	203	225	200	202	209	197	195	182
Support Staff	Strike Cover													
Support Staff Total		**209**	**269**	**169**	**176**	**223**	**203**	**225**	**200**	**202**	**209**	**197**	**195**	**182**
Grand Total Core		**2,802**	**3,070**	**2,446**	**2,293**	**2,418**	**2,567**	**2,468**	**2,407**	**2,629**	**2,454**	**2,498**	**2,629**	**2,688**
Grand Total Strike Cover		**0**	**228**	**289**	**0**	**149**	**285**	**233**	**146**	**75**	**0**	**135**	**269**	**227**
Grand Total Core & Strike Cover		**2,802**	**3,297**	**2,735**	**2,293**	**2,568**	**2,852**	**2,701**	**2,553**	**2,703**	**2,454**	**2,633**	**2,898**	**2,915**

Appendix D – Nursing Fill Rate Analysis

Division	Site	Month	Substantive Registered Fill Rate %	Bank Registered Fill Rate %	Agency Registered Fill Rate %	All Registered Fill Rate %
Medicine	**DPoW**	04/2023	67%	8%	24%	99%
		05/2023	71%	8%	23%	101%
		06/2023	73%	8%	20%	101%
		07/2023	69%	8%	23%	101%
		08/2023	68%	8%	24%	99%
		09/2023	69%	9%	22%	99%
		10/2023	69%	9%	22%	100%
		11/2023	70%	10%	20%	100%
		12/2023	72%	9%	19%	99%
		01/2024	74%	10%	18%	101%
		02/2024	74%	11%	16%	100%
	DPoW Total		**70%**	**9%**	**21%**	**100%**
	SGH	04/2023	69%	11%	23%	103%
		05/2023	69%	18%	19%	107%
		06/2023	72%	11%	16%	100%
		07/2023	73%	11%	16%	100%
		08/2023	74%	10%	16%	99%
		09/2023	71%	9%	17%	97%
		10/2023	69%	10%	19%	98%
		11/2023	71%	10%	17%	98%
		12/2023	73%	10%	15%	98%
		01/2024	71%	11%	16%	98%
		02/2024	68%	13%	16%	97%
	SGH Total		**71%**	**11%**	**17%**	**99%**
Medicine Total			**71%**	**10%**	**19%**	**100%**

Division	Site	Month	Substantive Registered Fill Rate %	Bank Registered Fill Rate %	Agency Registered Fill Rate %	All Registered Fill Rate %
Surgery	**DPoW**	04/2023	84%	7%	6%	96%
		05/2023	84%	7%	6%	97%
		06/2023	81%	8%	6%	96%
		07/2023	83%	7%	6%	96%
		08/2023	80%	9%	4%	93%
		09/2023	74%	9%	10%	93%
		10/2023	77%	9%	8%	94%
		11/2023	80%	9%	4%	93%
		12/2023	85%	6%	3%	94%
		01/2024	85%	8%	4%	97%
		02/2024	83%	8%	2%	94%
	DPoW Total		**82%**	**8%**	**6%**	**95%**
	SGH	04/2023	76%	11%	24%	112%
		05/2023	78%	10%	26%	114%
		06/2023	77%	10%	23%	110%
		07/2023	77%	10%	22%	109%
		08/2023	77%	11%	16%	105%
		09/2023	72%	11%	18%	101%
		10/2023	70%	11%	19%	100%
		11/2023	70%	13%	18%	102%
		12/2023	80%	10%	13%	103%
		01/2024	74%	15%	13%	102%
		02/2024	77%	16%	11%	104%
	SGH Total		**75%**	**12%**	**18%**	**105%**
	GDH	04/2023	48%	22%	26%	96%
		05/2023	57%	12%	13%	81%
		06/2023	50%	12%	9%	72%
		07/2023	67%	12%	15%	93%
		08/2023	64%	12%	15%	92%
		09/2023	67%	16%	10%	93%
		10/2023	56%	22%	8%	86%
		11/2023	45%	18%	10%	73%
		12/2023	58%	9%	2%	69%
		01/2024	64%	7%	1%	72%
		02/2024	66%	6%	5%	77%
	GDH Total		**58%**	**13%**	**10%**	**82%**
Surgery Total			**77%**	**10%**	**11%**	**98%**

Appendix D – Nursing Fill Rate Analysis

Division	Site	Month	Substantive Registered Fill Rate %	Bank Registered Fill Rate %	Agency Registered Fill Rate %	All Registered Fill Rate %
Family Services	DPoW	04/2023	73%	12%	3%	88%
		05/2023	74%	10%	1%	85%
		06/2023	72%	10%	3%	85%
		07/2023	72%	12%	2%	86%
		08/2023	68%	10%	4%	82%
		09/2023	68%	12%	1%	81%
		10/2023	69%	13%	3%	84%
		11/2023	65%	13%	3%	81%
		12/2023	70%	10%	5%	85%
		01/2024	79%	9%	2%	90%
		02/2024	75%	11%	3%	89%
	DPoW Total		**71%**	**11%**	**3%**	**85%**
	SGH	04/2023	67%	15%	12%	93%
		05/2023	64%	13%	13%	90%
		06/2023	65%	14%	12%	90%
		07/2023	60%	14%	11%	85%
		08/2023	58%	13%	12%	83%
		09/2023	61%	14%	13%	88%
		10/2023	65%	15%	12%	92%
		11/2023	63%	13%	13%	89%
		12/2023	70%	11%	10%	91%
		01/2024	71%	9%	8%	88%
		02/2024	72%	12%	10%	94%
	SGH Total		**65%**	**13%**	**11%**	**89%**
	Trustwide	04/2023	56%	9%	0%	64%
		05/2023	60%	3%	2%	65%
		06/2023	71%	2%	1%	74%
		07/2023	69%	5%	1%	75%
		08/2023	50%	4%	4%	58%
		09/2023	52%	5%	3%	60%
		10/2023	61%	0%	4%	65%
		11/2023	79%	2%	1%	82%
		12/2023	68%	3%	1%	72%
		01/2024	67%	2%	0%	70%
		02/2024	67%	2%	2%	70%
	Trustwide Total		**64%**	**3%**	**2%**	**69%**
Family Services Total			**68%**	**11%**	**7%**	**86%**

Division	Site	Month	Substantive Registered Fill Rate %	Bank Registered Fill Rate %	Agency Registered Fill Rate %	All Registered Fill Rate %
Communtiy & Therapies	GDH	04/2023	66%	4%	31%	101%
		05/2023	76%	5%	22%	103%
		06/2023	80%	4%	18%	102%
		07/2023	71%	7%	23%	100%
		08/2023	62%	7%	26%	95%
		09/2023	55%	8%	33%	96%
		10/2023	66%	6%	33%	105%
		11/2023	73%	8%	23%	103%
		12/2023	67%	6%	24%	97%
		01/2024	77%	9%	20%	106%
		02/2024	84%	5%	12%	100%
	GDH Total		**71%**	**6%**	**24%**	**101%**
Communtiy & Therapies Total			**71%**	**6%**	**24%**	**101%**

Detailed Ward Fill Rate data is available in the attached file:

Microsoft Excel Worksheet

NHS
Hull University Teaching Hospitals
NHS Trust

NHS
Northern Lincolnshire and Goole
NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(24)017

Name of the Meeting	**Council of Governors**
Date of the Meeting	18 April 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 Update – HUTH/NLAG**
Executive Summary	The following report gives: • a progress update regarding the harmonisation and rationalisation of the Board Assurance Frameworks (BAFs) for HUTH and NLAG. • the only update in Q4 was to BAF risk 7.1 (HUTH) as the financial in-year target was met. Both BAFs now use the same format and the Group Executives are currently reviewing all controls, assurances and gaps in controls. **Recommendation** The Council of Governors are asked to note the update.
Background Information and/or Supporting Document(s) (if applicable)	N/A
Prior Approval Process	The BAFs are considered at each of the Committees in Common and the Group Cabinet Risk and Assurance Committee
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:

BOARD ASSURANCE FRAMEWORK UPDATE
BOARDS IN COMMON MEETING
11 APRIL 2024

1 Purpose of the Report

The purpose of the report is to update the Boards in Common regarding the review and alignment of the Board Assurance Frameworks at both Hull University Teaching Hospitals NHS Trust (HUTH) and Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) to the new agreed and common format. The report also highlights any changes in the current risks from the previous quarter.

2 Background

The HUTH and NLAG Trust Boards have previously agreed to carry over the 2023/24 strategic objectives and the associated risks to the achievement of those objectives, until the Group has agreed its new strategic objectives.

Following the establishment of the Group Cabinet Risk and Assurance Committee in December 2023, the Corporate Governance function has undertaken work to align the two Board Assurance Frameworks into the same format and ensure the contents remained relevant to each of the organisations.

This work was completed earlier this year and the contents of each Board Assurance Framework risks were added into the newly formatted documents.

3 Highlighted BAF risk changes

The BAF changes are shown in the table below:

BAF Risk	Q2 Rating	Q3 Rating	Q4 Rating	Reason for change
HUTH 7.1 -There is a risk that the Trust does not achieve its in-year financial plan	16 4 x 4	16 4 x 4	8 2 x 4	Change was due to: • The Trust achieving its in-year financial plan
NLAG 5 - The risk that the leadership of the Trust (from top to bottom, in part or as a whole) will not be adequate to the tasks set out in its strategic objectives, and therefore that the Trust fails to deliver one or more of these strategic objectives	12 3 x 4	12 3 x 4	16 4 x 4	Change was due to: • Care Group changes • No ongoing investment specifically with support for leaders working in different areas

4 Current Position of BAF format

The Board Assurance Frameworks are now in the new format and all of the Committees in Common have received an update for review and comment. All Board members have responded positively to the new format style.

The next phase of work, already underway, is to review the controls, assurance and gaps in controls and ensure they remain relevant and appropriate. This work will be completed by the end of April 2024. Where necessary, further narrative is required to highlight the actions in place to mitigate any gaps in controls. This will be carried out and completed in May 2024.

The Group Cabinet Risk and Assurance Committee review monthly the Board Assurance

Frameworks and the high-level Risk Registers. This process provides further assurance to the Non-Executive Directors on the robustness of actions being taken.

The Q4 risk ratings for **HUTH** are:

Ref	Risk Summary	Executive Lead	Assurance Committee	Current risk (LxC)	Change from Q3	Target Risk Score
1	The Trust does not make progress towards further improving a positive working culture this year	Group Chief People Officer	Workforce Education and Culture Committees in Common	16 (4 x 4)	↔	12
2	The Trust does not effectively manage its risks around staffing levels, both quantitative and quality of staff, across the Trust	Group Chief People Officer	Workforce Education and Culture Committees in Common	12 (3 x 4)	↔	12
3.1	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
3.2	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	Quality and Safety Committees in Common	20 (4 x 5)	↔	16
4	There is a risk to access to Trust services due to long waiting lists and demand and capacity issues.	Group Chief Delivery Officer	Performance Estates and Finance Committees in Common	20 (4 x 5)	↔	16
5	That the Trust will not be able to fully contribute to the development and implementation of the Integrated Care System due to recovery, primary care and social care constraints	Group Chief of Strategy and Partnerships	Group Board, Group Cabinet Risk and Assurance Committee	20 (4 x 5)	↔	6
6	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
7.1	There is a risk that the Trust does not achieve its in-year financial plan	Group Chief Financial Officer	Performance Estates and Finance Committees in Common	8 (2 x 4)	↓	8
7.2	There is a risk that the Trust does not plan or make progress against addressing its underlying financial position over the next 3 years, including 2023/24	Group Chief Financial Officer	Performance Estates and Finance Committees in Common	20 (4 x 5)	↔	20
7.3	There is a risk over the next 3 years of failure of critical infrastructure (buildings, IT, equipment) that threatens service resilience and/or viability	Group Chief Financial Officer	Capital and Major Projects Committees in Common	15 (3 x 5)	↔	10

The Q4 risk ratings for **NLAG** are:

Ref	Risk Summary	Executive Lead	Assurance Committee	Current risk (LxC)	Change from previous Qtr	Target Risk Score
1.1	**Patient Harm** 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	Chief Medical Officer & Chief Nurse	Quality & Safety Committees in Common (CiC)	**15 (3 x 5)**	↔	15
1.2	**Timely Access to Care** The risk that the Trust fails to deliver constitutional and other regulatory performance targets which has an adverse impact on patients in terms of timeliness of access to care and/or risk of clinical harm because of delays in access to care	Chief Delivery Officer	Performance, Estates & Finance CiC	**20 (4 x 5)**	↔	15
1.3	**Clinical Strategy** The risk that the Trust (with partners) will fail to develop, agree, achieve approval to, and implement an effective clinical strategy (relating both to Humber Acute Services and to Place), thereby failing in the medium and long term to deliver care, which is high quality, safe and sustainable	Chief of Strategy & Partnerships	Trust Boards in Common	**12 (3 x 4)**	↔	8
1.4	**Estate, Infrastructure and Equipment** The risk that the Trust's estate, infrastructure and engineering equipment may be inadequate or at risk of becoming inadequate (through poor quality, safety, obsolescence, scarcity, backlog maintenance requirements or enforcement action) for the provision of high-quality care and/or a safe and satisfactory environment for patients, staff and visitors	Chief Financial Officer	Performance, Estates Finance & CiC	**20 (4 x 5)**	↔	20
1.5	**Digital Infrastructure** The risk that the Trust's failure to deliver the digital strategy may adversely affect the quality, efficacy or efficiency of patient care and/or use and sustainability of resources, and/or make the Trust vulnerable to data losses or data security breaches	Chief Medical Officer	Audit, Risk and Governance CiC & Trust Boards in Common	**6 (2 x 3)**	↔	6
1.6	**Business Continuity** The risk that the Trust's business continuity arrangements are not adequate to cope without damage to patient care with major external or unpredictable events (e.g. adverse weather, pandemic, data breaches, industrial action, major estate or equipment failure)	Chief Delivery Officer	Performance, Estates & Finance CiC	**12 (3 x 4)**	↔	8
2	**Workforce** The risk that the Trust does not have a workforce which is adequate (in terms of diversity, numbers, skills, skill mix, training,	Chief People Officer	Workforce, Education & Culture CiC	**20 (4 x 5)**	↔	15

Ref	Risk Summary	Executive Lead	Assurance Committee	Current risk (LxC)	Change from previous Qtr	Target Risk Score
	motivation, health or morale) to provide the levels and quality of care which the Trust needs to provide for its patients					
3.1	**In Year Finance Target** The risk that either the Trust or the Humber and North Yorkshire Integrated Care System fail to achieve their financial objectives and responsibilities, thereby failing in their statutory duties and/or failing to deliver value for money for the public purse	Chief Financial Officer	Performance, Estates & Finance CiC	**16 (4 x 4)**	↔	10
3.2	**Major Capital** The risk that the Trust fails to secure and deploy adequate capital to redevelop its estate to make it fit for purpose for the coming decades	Chief Financial Officer & Chief of Strategy & Partnerships	Trust Boards in Common	**15 (3 x 5)**	↔	15
4	**Partnership & Collaboration** The risk that the Trust is not a good partner and collaborator, which consequently undermines the Trust's or the healthcare systems collective delivery of: care to patients; the transformation of care in line with the NHS Long Term Plan; the use of resources; the development of the workforce; opportunities for local talent; reduction in health and other inequalities; opportunities to reshape acute care; opportunities to attract investment	Chief of Strategy & Partnerships	Trust Boards in Common	**12 (3 x 4)**	↔	8
5	**Leadership** The risk that the leadership of the Trust (from top to bottom, in part or as a whole) will not be adequate to the tasks set out in its strategic objectives, and therefore that the Trust fails to deliver one or more of these strategic objectives	Chief Executive	Workforce, Education & Culture CiC & Trust Boards in Common	**16 (4 x 4)**	↑	8

4 Next Steps

The Group Cabinet Risk and Assurance Committee and the Committees in Common will receive the new Board Assurance Frameworks once updated.

5 Recommendation

The Boards in Common are asked to note the Q4 Board Assurance Framework update.

Rebecca Thompson
Deputy Director of Assurance
April 2024

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(24)018

Name of the Meeting	**Council of Governors**
Date of the Meeting	18 April 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 April 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:

Northern Lincolnshire and Goole NHS Foundation Trust

ACRONYMS & GLOSSARY OF TERMS

Apr 2024 – v8.7

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

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

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

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

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

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

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

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

Population Health Management (PHM) - A technique for using data to design new models of proactive care, delivering improvements in health and wellbeing which make best use of the collective resources. Population health aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population.

PPE - Personal Protective Equipment

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

PPI – Patient and Public Involvement

PRIM - Performance Review Improvement Meeting

PROMS – Patient Recorded Outcome Measures

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

PSF - Provider Sustainability Fund

PTL – Patient Transfer List

PTS – Patient Transport Services

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

QGAF – Quality governance assurance framework

QI – Quality Improvement

QIA – Quality Impact Assessment

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

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

QRP – Quality & Risk Profile

Q&SC – Quality & Safety Committee

QSIR – Quality & Service Improvement Report

R&D – Research & Development

RAG – Red, Amber, Green classifications

RCA – Root Cause Analysis

RCGP – Royal College of General Practitioners

RCN – Royal College of Nursing

RCP – Royal College of Physicians

RCPSYCH – Royal College of Psychiatrists

RCS – Royal College of Surgeons

RGN – Registered General Nurse

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

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

RoI – Return on Investment

RTT – Referrals to Treatment

SaLT - Speech and Language Therapy

SDEC – Same day emergency care

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

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

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

SGH – Scunthorpe General Hospital

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

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