Northern Lincolnshire and Goole NHS Foundation Trust

AGENDA

A meeting of the Council of Governors
to be held on Tuesday, 25 February 2025 at 17:15 to 18:15 hours
To be held via MS Teams – Join the meeting now

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	**17:15**
1.2	**Declarations of Interest** Sean Lyons, Group Chair	Verbal	Information	
1.3	**Minutes of the Previous Meetings held on 9 January 2025** Sean Lyons, Group Chair	CoG(25)017 Attached	Approval	
1.4	**Urgent Matters Arising** Sean Lyons, Group Chair	Verbal	Information	
1.5	**Action Tracker – Public** Sean Lyons, Group Chair	CoG(25)018 Attached	Approval	
2. BOARD COMMITTEES-IN-COMMON HIGHLIGHT / ESCALATION REPORTS				
2.1	**Audit, Risk & Governance Committees-in-Common (CiC) Highlight / Escalation Report** Simon Parkes, Non-Executive Director CiC Chair	CoG(25)019 Attached	Assurance	**17:20**
2.2	**Capital & Major Projects CiC Highlight / Escalation Report** Gill Ponder, Non-Executive Director CiC Chair	CoG(25)020 Attached	Assurance	**17:30**
2.3	**Performance, Estates and Finance CiC Highlight / Escalation Report** Gill Ponder, Non-Executive Director CiC Chair	CoG(25)021 Attached	Assurance	**17:40**
2.4	**Quality & Safety CiC Highlight Report / Escalation Report** Sue Liburd, Non-Executive Director CiC Chair	CoG(25)022 Attached	Assurance	**17:50**
2.5	**Workforce, Education & Culture CiC Highlight / Escalation Report** Julie Beilby, Non-Executive Director CiC Chair	CoG(25)023 Attached	Assurance	**18:00**
3. OTHER				
3.1	**Items for Information / To Note (as per Appendix A)** Sean Lyons, Group Chair	Verbal	Information	**18:10**
3.2	**Any Other Urgent Business** Sean Lyons, Group Chair	Verbal	Information	
4. DATE OF THE NEXT MEETING				
4.1	The next meetings of the Council of Governors will be held on: Council of Governors Business Meeting Wednesday, 16 April 2025 from 14:00 - 17:00 hours Venue TBC			

APPENDIX A

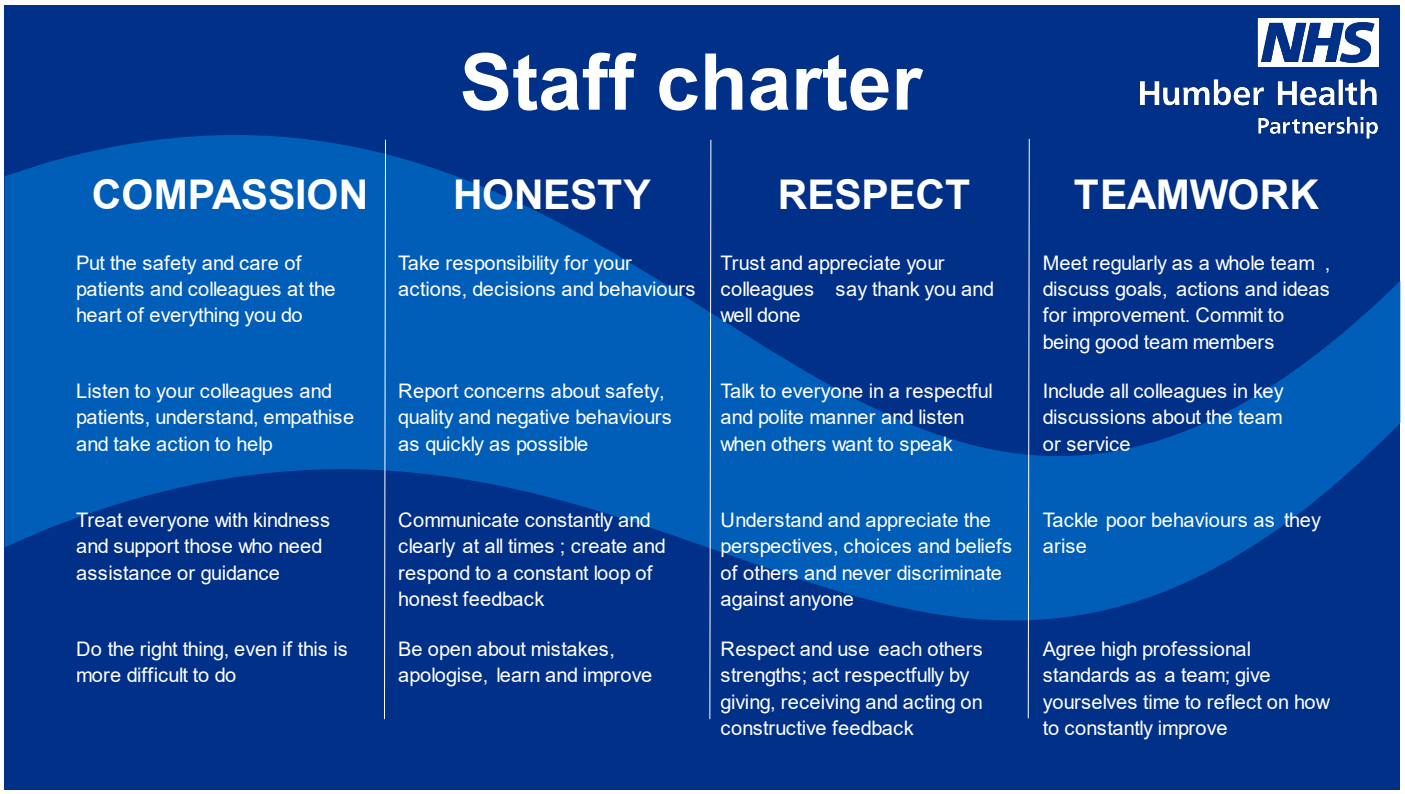
Listed below is a schedule of documents circulated to all CoG members for information.

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

3.1.	**Items for Information**		
3.1.1	Acronyms & Glossary of Terms	Alison Hurley, Deputy Director of Assurance	CoG(25)024 Attached

PROTOCOL FOR CONDUCT OF COUNCIL OF GOVERNOR BUSINESS

- **Members should contact the Chair** as soon as an actual or potential conflict is identified. **Definition of interests -** A set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold. Source: NHSE - Managing Conflicts of Interest in the NHS
- In accordance with Standing Order 2.4.3 (at Annex 6 of the Trust Constitution), any Governor wishing to submit an agenda item must notify the Chair's Office in writing at least **10 clear days** prior **to the meeting at which it is to be considered.** Requests made less than 10 clear days before a meeting may be included on the agenda at the discretion of the Chair.
- Governors are asked to raise any questions on which they require information or clarification in advance of meetings. This will allow time for the information to be gathered and an appropriate response provided.



COUNCIL OF GOVERNORS BUSINESS MEETING

Minutes of the meeting held on Thursday, 9 January 2025
at 14:00 to 17:00 hours via MS Teams

For the purpose of transacting the business set out below:

Present:

Core Members:

Sean Lyons	Group Chair
Ahmed Aftab	Staff Governor
Kevin Allen	Public Governor
Paula Ashcroft	Public Governor
Diana Barnes	Public Governor
Jeremy Baskett	Public Governor
Mike Bateson	Public Governor
Cllr David Howard	Stakeholder Governor
Brent Huntington	Public Governor
David James	Public Governor
Wendy Lawtey	Public Governor
Emma Mundey	Stakeholder Governor
Rob Pickersgill	Deputy Lead Governor
Ian Reekie	Lead Governor
Dr Sandeep Saxena	Staff Governor
Dr Gorajala Vijay	Public Governor
Clare Woodard	Public Governor

In Attendance:

Julie Beilby	Non-Executive Director
Paul Bunyan	Director of Planning Recruitment Wellbeing and Improvement
Tony Curry	Non-Executive Director
Neil Gammon	Chair of the Health Tree Foundation Trustees Committee
Linda Jackson	Trust Vice Chair
Sue Liburd	Non-Executive Director
Jonathan Lofthouse	Group Chief Executive
Murray Macdonald	Associate Non-Executive Director
Ivan McConnell	Group Chief Strategy & Partnerships Officer
Simon Parkes	Non-Executive Director
Gill Ponder	Non-Executive Director
Carla Ramsay	Chief of Staff
Philippa Russell	Deputy Group Chief Financial Officer
David Sharif	Group Director of Assurance
Amanda Stanford	Group Chief Nurse
Elaine Weir	Health Tree Foundation Charity Coordinator
Dr Kate Wood	Group Chief Medical Officer
Suzanne Maclennan	Corporate Governance Officer (minutes)

Public Members:
David Cuckson

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

1. CORE BUSINESS ITEMS

1.1 Welcome and Apologies for Absence

The Group Chair, Sean Lyons, welcomed those present to the Council of Governors (CoG) Business Meeting which was held virtually via MS Teams. A particular welcome was extended to Brent Huntington, Wendy Lawtey, Dr Sandeep Saxena and Clare Woodard at their first CoG meeting since being appointed as Governors. As a member of the public and former Governor, David Cuckson was also warmly welcomed.

Sean Lyons requested all those present to show appreciation to staff when the opportunity arose due to being in the depths of winter pressures.

Suzanne Maclennan provided details of apologies for absence for Staff Governor, Jackie Weavill and Stakeholder Governor, Cllr Paul Henderson. Apologies were also received for Alison Hurley (Deputy Director of Assurance), Simon Nearney, (Group Chief People Officer) represented by Paul Bunyan and Emma Sayner (Group Chief Finance Officer) represented by Philippa Russell.

Post meeting note: Retrospective apologies were noted for Staff Governor, Corrin Manaley.

1.2 Declarations of Interest

Sean Lyons requested any declarations of interests in respect of any of the agenda items. Clare Woodard asked the Council to note a conflict of interest with agenda item 4.1 - Health Tree Foundation update, as an employee of the Smile Foundation, owners of the contract who deliver the Health Tree Foundation charity within the Trust.

1.3 Minutes of the Previous Council of Governors Business Meeting 31 October 2024:

Jeremy Baskett requested apologies to be noted at the previous CoG Business Meeting held on the 31 October 2025 as it had been omitted from the minutes.

Taking into the account the above request the minutes of the Business Meeting held on the 31 October 2025 were received and accepted as a true and accurate record.

Action: Include apologies for Jeremy Baskett in the 31 October 2025 minutes

Post meeting note: - Following the meeting it was noted that Jeremy Baskett had already been included in the minutes of 31 October 2025 and no action was required.

1.4 **Urgent Matters Arising**

Sean Lyons invited members to raise any matters requiring discussion not captured on the agenda.

Ian Reekie highlighted that Governors wanted to raise the future of Goole and District Hospital (GDH) as an urgent matter arising from the previous minutes in which the Group Chair reassured the Council that discussions regarding GDH were highly sensitive and would be considered carefully, taking into account the constituencies interests, patients, staff and the public purse. In light of this, the following two questions were posed:

- Why given the Group Chair's reassurance, was there not more care taken in developing a suitably robust and sensitive communications and engagement strategy?
- What was the intended process for option and opportunity development and for staff, patient and community engagement going forward?

Kevin Allen raised a further query following the Government announcement to provide more beds to ensure 92% of the waiting lists would be seen within 18 weeks and whether this would be taken into consideration at GDH.

Jonathan Lofthouse confirmed that staff had been routinely engaged with across all sites and it was paramount the services provided were appropriate with regards to quality, safety, accessibility, finance etc. During the routine 'Ask the Chief Executive' sessions for a number of months, questions had been raised by staff at GDH regarding its future and prior to any formal engagement. The decision was taken to respond as fully as possible to the questions raised at the time.

More structured discussions had subsequently taken place with staff at GDH including heads of service, the Integrated Care Board (ICB), Place, Councillors and MPs. It was expected that all options, questions and propositions would be available for discussion in February 2025, initially by the Trust Boards-in-Common and then the ICB. Jonathan Lofthouse reminded the Council that decisions regarding GDH would be made by the ICB. It was highlighted that internal communications were working well and three staff engagement sessions had taken place in the last ten days. At this stage it was not appropriate for the Trust to engage in external communications as no decisions had been made by the ICB.

Ivan McConnell reiterated Jonathan Lofthouse's comments and added there was some misinformation on social media. It was reported that there were three parts for any case for change, if it was considered substantive, which were the case for change, the pre-consultation business case and finally the decision-making business case. All of these were strictly governed in terms of timescales, actions and activities. The requirement to consult was determined by the Local Authority Overview and Scrutiny Committee who would make the request to the ICB.

Sean Lyons requested Governor's forbearance with the process and together understand the challenges.

Further discussion regarding external communications followed, including the feelings and concerns of Goole residents and the significant amount of information on social media which was incorrect. The following points were noted:

- The external communications were managed through the ICB as the lead commissioner
- A number of attempts had been unsuccessfully made to engage with elected members over an 8-9 week period
- The Trust had made minutes of the 'Ask the Chief Executive' sessions with staff and were clear on the messages communicated in the presence of other Executives.
- Ensure the narrative was accurate and available to all interested parties

Rob Pickersgill requested an overview of the timetable for the case for change. In response Ivan McConnell outlined that it would likely be an internal Trust Boards-in-Common discussion during February 2025, followed by an ICB discussion on a high level case for change during March 2025, a case to change could take six months before any consultation, a statutory consultation was mandated at 12 weeks followed by analysis, decision and formal challenge. It was unclear at this time whether all stages would be required.

1.5 **Action Tracker**

The Council reviewed the Action Tracker and agreed the completed actions could be moved to the closed section following the meeting. The outstanding actions were discussed and the following was noted:

- The CoG meetings 2025 review of timings and format was included in a report later on the agenda
- Cllr Paul Henderson was scheduled to meet with Andy Haywood in early 2025 and an update would be requested following the meeting

Action: Request an update from Cllr Paul Henderson following his meeting with Andy Hayward

2. REPORTS AND UPDATES

2.1 **Group Chair's Update**

The report was taken as read and Sean Lyons reiterated the earlier point to Governors requesting appreciation be acknowledged to staff whilst working through the winter pressures. Further highlights noted were the appointment of Murray Macdonald as Vice Chair at HUTH and Associate Non-Executive Director (NED) at NLaG following Stuart Hall's retirement, Amanda Stanford's appointment as substantive Group Chief Nurse and the commendation of the Shining Lights awards. Questioned were welcomed and none were received.

2.2 **Group Chief Executive's Update**

Jonathan Lofthouse took the report as read and provided an overview of the report.

Jonathan Lofthouse reported that Humber Health Partnership would be working with the Care Quality Commission (CQC) as one of eight trusts nationally to test the CQC's future quality assessment tools.

Formal planning guidance was expected by Jonathan Lofthouse week commencing 13 January 2025 for the 2025-26 operating year. It was reported the

new Labour government wished to return to constitutional standards with regards to 18-week elective care by the end of their first parliament. The suggested initial target was to improve wait times by 5% or elevate waits to a 65% standard against the 92% standard. This would require NLaG to treat approximately 900-950 more elective patients across a 12-month period. In response to a query from Kevin Allen it was confirmed that the bonus payment to trusts would be included in the baseline monies and therefore be performance monitored against delivery resulting in an expected change to financial allocation.

In response to a query from Brent Huntington it was reported that NLaG and HUTH remain sovereign organisations with a budget for each although services were provided interchangeably. In terms of the devolved authorities, they would be taking forward their own plans for infrastructure investments and the Trust would seek to be involved in those debates and political conversations.

Jonathan Lofthouse delivered a presentation to the Council and highlighted the following points:

- Investment of £26 million on the south bank for the 2024-25 and 2025-26 periods with a large proportion for Scunthorpe General Hospital (SGH) to upgrade heating power, electrical infrastructure and windows
- Development of plans to enhance the elective capacity and preparation of early bids
- The NHS Ten Year Plan was expected around March or April 2025 – the plan would be built on moving care from hospitals to communities, better use of technology and focus on preventing sickness and not just treating it
- The new government had initiated a commission to review social care and its services. It was anticipated the review would take a number of months
- Group pathways:
  - Pre-assessment process on the north bank had been implemented on the south bank and was now a standardised process on all hospital sites. This accelerated patients fit for surgery
  - Endoscopy process on the south bank had been implemented on the north bank resulting in reduced wait times
  - Primary hip and knee – based on risk stratification - day case opportunities at GDH, Diana, Princess of Wales Hospital (DPoW) Grimsby and Castle Hill Hospital (CHH)
  - For operations of high volume, low complexity – there were to be 27 national standards

Tony Curry joined the meeting at 15:00 hours.

Wendy Lawtey queried the timeline for the substantive positions of the Site Chief Executives North and South. Jonathan Lofthouse confirmed the positions would be advertised nationally in February 2025.

Wendy Lawtey requested further details regarding getting it right first time (GIRFT). Jonathan Lofthouse confirmed that the standardised report could be shared with Governors and it provided an overview which outlined the reduction in long waits, patients being seen in the correct location, reduced spend in the independent sector and standardising pathways across multiple procedures.

Wendy Lawtey requested an explanation for a type 1 and type 3 Accident & Emergency (A&E) activity. In response Jonathan Lofthouse confirmed that core A&E activity such as arrival by ambulance for a broken leg or heart attack is classified as type 1. An example of using GDH Urgent Treatment Centre (UTC) would be classified as type 3 by using the national classification tool for patients needs.

Rob Pickersgill queried whether the Trust could identify the total pathway taken by patients within each of the clinical categories and subcategories and whether it would be possible to identify where the delays were. Jonathan Lofthouse confirmed there was 27 national pathways which must be adopted and the Group were working to recalibrate services to match the pathways. This in turn would enhance the patient experience and accelerate the overall journey. In response to a query this process helped to identify resource constraints and also allowed challenge to any variation in practice. Dr Kate Wood provided assurance that whilst the work was taking place internally, engagement with primary care colleagues ensured the entry in and exit out of the pathways was appropriate.

Action: Share the Group Chief Executive's presentation and GIRFT report with Governors

2.3 **Lead Governor's Update**

The report was taken as read and Ian Reekie provided an update of the Governor observers at Committees-in-Common meetings for 2025 which was confirmed as:

Meeting	Governor Observer	Deputy Governor Observer
Audit, Risk & Governance	Mike Bateson	Vacancy
Capital & Major Projects	Ian Reekie	Wendy Lawtey
Performance, Estates & Finance	Ian Reekie	Wendy Lawtey
Quality & Safety	Kevin Allen	Corrin Manaley
Workforce, Education & Culture	Rob Pickersgill	Clare Woodard
Health Tree Foundation Trustees' Committee	Dr Vijay	Ian Reekie

In response to an earlier query regarding combined mayoral authorities Ian Reekie advised of an upcoming Governor briefing session working alongside Cllr Paul Henderson on the local authority interface. The briefing was expected to be held during late February or early March with attendance from Rob Walsh, Chief Executive of North East Lincolnshire Council who had been involved in the greater Lincolnshire devolution deal.

Brent Huntington queried why the 15 Step Challenge was due to be replaced by a new accreditation scheme called A Commitment to Excellence (ACE). Amanda Stanford outlined that HUTH had previously used the Fundamental Standards and NLaG the 15 Step Challenge scheme. A consistent and aligned approach across the Group was now required and a scoping exercise had been conducted by Mel Sharpe, Deputy Group Chief Nurse, to review what schemes other trusts were using. The review had resulted in the new accreditation scheme by using the best of all options which would provide process and outcome measures.

Following the earlier query, Ian Reekie outlined that health was not one of the functions that would be devolved to the combined mayoral authorities although they would have an impact on the wider determinants of health and therefore significant on impacting NLaG in the future.

The Council approved the appointment of Jackie Weavill as a member of Membership and Public Engagement & Assurance Group (MPEAG).

A break took place at 15:21 hours and the meeting resumed at 15:30 hours. Ivan McConnell left the meeting during the break.

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

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

Sean Lyons highlighted there had been no Audit, Risk and Governance Committees-in-Common meeting since the October 2024 CoG meeting. No further update was required.

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

Gill Ponder provided some highlights from the report which was taken as read. Questions were welcomed and none were received.

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

Gill Ponder provided the highlights from the report covering performance only as there was a finance update later on the agenda.

Wendy Lawtey queried whether the 7% increase in elective care referrals was significant or within normal tolerance levels. Due to sound issues Jonathan Lofthouse provided the update and confirmed that a 2-3% increase was expected year on year and that 7% was beyond a routine expectation and therefore should be highlighted.

Wendy Lawtey queried if the expired contracts impacted on patient interventions and if the procurement legislation would create further impact. Gill Ponder was unable to comment on the impact of the procurement legislation as this had not been discussed by the committee yet. Gill Ponder confirmed there had been many expired contracts and on expiry the contracts had continued by default. This had been somewhat beneficial due to the prices having remained the same against renegotiated contracts where prices would increase. It was noted that this was not an ideal practice to adopt and the Procurement team were aiming to fill 15% vacancies to address the backlog of work. A high level of assurance had been provided by awareness and management of the work to be addressed.

Emma Mundey raised a query in relation to the delays with the Community Diagnostic Centres (CDC) and whether deterioration on the diagnostics waiting times and activities (DM01) was anticipated through the end of the year and whether there was flexibility to build in capacity next year to catch up. Gill Ponder reported that the performance of the existing capacity had been monitored. It was confirmed that the committee had requested further information on the risks and mitigations and to what extent would they close any financial or activity gaps.

More information was expected at the next committee meeting due to take place at the end of January 2025.

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

Sue Liburd highlighted three areas where the committee had limited assurance which were Maternity Support workers at DPoW who had been in dispute over pay and working conditions and persistent outstanding red actions from the CQC actions plans with increased activity agreed and oversight from the Group Chief Executive. The final area highlighted was neonatal Electronic Prescribing Medicine Administration (EPMA) where146 prescribing incidents had been reported across the Group. There were no cases of harm noted and possible causes were a shortage of Pharmacists which had been referred to Workforce, Education and Culture Committees-in-Common. Further training and development for neonatal prescribing staff was also required.

Wendy Lawtey requested more information on the areas which had remained red and outstanding on the CQC action log. Sue Liburd reported that a particular area was core and mandatory training for staff, although there was assurance that services to patients were not affected as a result. Amanda Stanford provided an example of an area where staff had persistently not completed their mandatory training, Maternity Services. The mandatory training national guidance was set at 85% and completion was also fundamental to the Maternity Incentive Scheme. Amanda Stanford reported that all staff within maternity were 'man marked' and booked on training courses and stringent registers of attendance and completion were monitored. Whilst this had resulted in significant improvement, it was not a sustainable process.

Elaine Weir joined the meeting at 15:50 hours.

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

Julie Beilby introduced the report which would be presented by Tony Curry as the chair of the last two committee meetings. Julie Beilby outlined some upcoming interesting work such as the People Strategy and People First and looked forward to chairing the next committee meeting.

Tony Curry provided a summary of the report and outlined that there had been a continued focus on staffing where challenge remained in the recruitment of nurses and non-registered staff with higher than planned vacancy rates. A long standing issue had been the recruitment of consultants where work continued. It was reported that turnover had reduced although still remained short of both plan and desire and a report on retention had been requested by the committee. Tony Curry confirmed an increase in Freedom to Speak Up cases being reported and escalated. The final point noted was the Equality, Diversity and Inclusion report with continued work on issues and plans.

Rob Pickersgill queried the level of development and healthy debate surrounding the strategy direction within the committee. Tony Curry advised work was underway particularly with the approach to culture and the first draft of the People Strategy had been produced. Julie Beilby highlighted that everyone was very keen to develop the strategy and it was important that the right people were involved in the discussions and not just a select few key people.

Brent Huntington raised a concern regarding the ongoing difficulty in the recruitment of staff which had been an issue for a number of years. Sean Lyons noted and shared the same concern and highlighted that the reputation of the local area and career opportunities were factors. It was reported that one of the driving factors of moving to a Group was to become a more attractive proposition for recruitment and this area was complex but an issue for the committee to work on.

4. COG UPDATES

4.1 Health Tree Foundation Update

Neil Gammon delivered the presentation and provided an overview of the Health Tree Foundation (HTF) which covered the Circle of Wishes, the difference charitable donations make, what success looks like and contact details for the team.

Neil Gammon provided more recent financial data as of 31 December 2024 where the budgeted income was £690k with only £399k brought in through individual donations and legacies which had been less than anticipated. It was reported the fund balance was £859k after allowing committed expenditure of £473k.

Rob Pickersgill left the meeting at 16:15 hours.

Jeremy Baskett commended the work of the Health Tree Foundation and queried the percentage of overheads. Neil Gammon reported that the six staff working for the Health Tree Foundation were contracted to NLaG from Smile. It was important to note that the Smile contract was coming up for renewal and their performance would be benchmarked by the Trustees of HTF against other charities which sit under the NHS Charities Together umbrella. Neil Gammon confirmed that the charity received 71p from every £1.

Sean Lyons reminded Governors that raising awareness of HTF was an opportunity to be an ambassador for fundraising.

Julie Beilby noted the presentation had been very helpful and Neil Gammon reminded all those present of an open invitation to contact himself or other trustees of the charity.

4.2 Finance Update

Philippa Russell delivered the finance presentation.

Ian Reekie requested further information on the Cost Improvement Plan (CIP) for the Group during 2025/26 and what total savings would need to be achieved if the effects of non recurrent 2024/25 savings were taken into account. Additional information was also requested regarding the type of transformational service change opportunities which had been identified by PA Consulting as possible and necessary to meet the savings target. Philippa Russell reported that the financial planning guidance had not been received and the current estimate was £130 million worth of savings for next year. The underlying deficit and non-recurrent CIP would need to be recovered resulting in the huge target. It was reported that PA Consulting had identified pipeline schemes and number of workstreams were underway such as theatre productivity, outpatients and coding to maximise

revenue. The Elective Recovery Fund (ERF) was expected to be fixed next year which meant less opportunity to 'trade out' of any challenges.

Sean Lyons highlighted the required systematic transformation which would ensure good use of public money.

5. OTHER

5.1 Questions from Governors

Sean Lyons welcomed any questions from Governors. None were received.

5.2 Questions from the Public

Sean Lyons welcomed any questions. None were received.

5.3 Items for Information / To Note

Sean Lyons drew the Councils attention to the items for information noted in Appendix A.

5.4 Any other Urgent Business

No items were raised.

5.5 Matters to be escalated to the Trust Board

Sean Lyons noted that the earlier points raised regarding GDH would be escalated to the Trust Board.

Emma Mundey left the meeting at 16:35 hours.

Mike Bateson queried whether the Executive had learnt anything from the public relations issue regarding GDH and whether it could have been handled differently. In response, Jonathan Lofthouse had not felt there had been a systematic failure in the communication plan as a routine conversation was taken outside the organisation. Under these circumstances it would not have been possible to have predicted the current situation. Jonathan Lofthouse reminded the Council that the communications regarding any substantive health change were coordinated by the ICB although any learning would be taken away. The Trust reported that it had been clear what was said but appreciated interpretation played a part.

Cllr David Howard requested the verbatim account of what was said at the time was shared with Governors. David Sharif agreed to follow this up as an action.

Action: David Sharif agreed to provide the notes from the Goole staff engagement sessions with Governors.

5.6 Council Performance, Meeting Reflection & Timings Review

David Sharif provided an overview of the report and thanked all those who had taken the time to complete the survey. The suggestion of holding the CoG meetings during winter months via MS Teams was noted.

Wendy Lawtey acknowledged the survey was conducted before the close of the November 2024 elections and requested consideration of Governors who work full time. Ian Reekie echoed this sentiment and suggested the survey was conducted again during 2025. Brent Huntington suggested holding the meetings at 19:00 hours via MS Teams due to previous experience of evening meetings. Gill Ponder agreed that an evening meeting would be acceptable from a NED perspective providing it was virtual. Both Julie Beilby and Simon Parkes shared this view.

Sean Lyons suggested the format should remain the same for the next six months and a further review to be conducted. It was important to maintain a balance of virtual and in person meetings.

Jonathan Lofthouse left the meeting at 16:49 hours.

Cllr David Howard requested suitable equipment to be used if holding hybrid meetings. David Sharif reported that hybrid meetings had been considered the least successful against either a fully virtual or in-person meetings. David Sharif suggested that the February 2025 CoG meeting for Governors and NEDs was moved to a later time. Sean Lyons agreed that this meeting provided a good opportunity to trial early evening meetings with a start time of 17:00 or 17:30 hours.

Action: Move the February 2025 CoG meeting to a later start time and conduct the survey again in six months' time

6. DATE AND TIME OF THE NEXT MEETING

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

The next Council of Governors Meeting will be held on Tuesday, 25 February 2025, at 10:00 – 11:00 hours to be held via MS Teams. Time to be amended following the meeting as per action at section 5.6 above.

The Group Chair thanked those present for their attendance and contributions and closed the meeting at 16:52 hours.

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

Name	Possible	Actual	Name	Possible	Actual
Ahmed Aftab	6	4	David James	6	4
Kevin Allen	6	5	Wendy Lawtey	1	1
Paula Ashcroft	6	3	Corrin Manaley	6	3
Jenny Aspinwall	1	0	Emma Mundey	6	3
Diana Barnes	6	6	Shiv Nand	5	2
Jeremy Baskett	6	4	Anthonia Nwafor	5	0
Mike Bateson	6	5	Rob Pickersgill	6	5
Tony Burndred	1	0	Ian Reekie	6	5
David Cuckson	5	5	Caroline Ridgway	6	4
Karen Green	4	1	Dr Sandeep Saxena	1	1
Paul Henderson	5	3	Dr Gorajala Vijay	6	3
David Howard	6	3	Jackie Weavill	1	0
Brent Huntington	1	1	Clare Woodard	1	1
Raquel Jakins	2	1			

Name	Possible	Actual	Name	Possible	Actual
Lee Bond	2	0	Emma Sayner	1	0
Mark Brearley	2	1	David Sharif	6	6
Paul Bytheway	3	1	Shaun Stacey	1	1
Jonathan Lofthouse	5	5	Amanda Stanford	4	3
Ivan McConnell	5	4	Sarah Tedford	1	0
Simon Nearney	5	2	Dr Kate Wood	5	4

Name	Possible	Actual	Name	Possible	Actual
Julie Beilby	6	6	Sean Lyons	6	5
Tony Curry	1	1	Murray Macdonald	1	1
Stuart Hall	5	3	Simon Parkes	6	5
Linda Jackson	6	4	Gill Ponder	6	5
Sue Liburd	6	5	Kate Truscott	3	1

NHS
Hull University Teaching Hospitals
NHS Trust

NHS
Northern Lincolnshire and Goole
NHS Foundation Trust

COUNCIL OF GOVERNORS
ACTION TRACKER

2024/25

ACTION TRACKER - CURRENT ACTIONS - 25 February 2025

NHS Hull University Teaching Hospitals NHS Trust

NHS Northern Lincolnshire and Goole NHS Foundation Trust

COUNCIL OF GOVERNORS

Minute Ref	Date / Month of Meeting	Subject	Action Ref (if different)	Action Point	Lead Officer	Target Date	Progress	Status	Evidence
COG(25)029	09/01/25	Council Performance, Meeting Reflection & Timings Review	5.6	Conduct 6 month review of CoG timings and format 2025	Corporate Governance Officer	Jun-25	Scheduled to take place June 2025		
COG(24)028	09/01/25	Council Performance, Meeting Reflection & Timings Review	5.6	Reschedule the February CoG meeting to an evening time	Corporate Governance Officer	Jan-25	25 February 2025 CoG meeting rescheduled to 17:15 - 18:15 hours	Complete	Diary invites
COG(24)027	09/01/25	Matters to be escalated to the Trust Board	5.5	Provide the notes from the Goole staff Engagement session with Governors	David Sharif	Jan-25	The briefing notes along with questions and answers raised on 6 & 23 December emailed to Governors 13.01.25	Complete	Emails
COG(24)026	09/01/25	Group Chief Executive's Update	2.2	Share Group Chief Executive's presentation and GIRFT report with Governors	Corporate Governance Officer	Feb-25	Presentation and report emailed to Governors on 29.01.25	Complete	Emails
COG(24)019	22/08/24	CoG ARM - Overarching themes from the CoG ARM Framework		Request preferences from EDs, NEDs and Governors on timings and format of 2025 CoG meetings	Corporate Governance Officer	Sep-24	Provide an overview of responses at the October CoG meeting. Follow up response requested 25.11.24 with outcome to be discussed with Sean Lyons and presented to CoG on 09.01.25	Complete	Email & MS Forms
COG(24)015	22/08/24	CoG ARM - Engagement with Members and Stakeholders	2.1	Electronic surveys for feedback	Corporate Governance Officer	Sep-24	Cllr Paul Henderson met Andy Haywood to discuss requirements and options using existing tools. Andy Haywood to consult internally and meet Cllr Paul Henderson again in early 2025. Update requested.		Emails

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 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)025	31/10/24	Lead/Deputy Lead Governor Plans	4.5	Request expresions of interest for the Lead/Deputy Lead Governor roles	Alison Hurley	Nov-24	Expressions of interest sought via email 14.11.24 and results announced 21.11.24	Complete	Emails
COG(24)024	31/10/24	Proposed Governor Induction and Mandatory Training Plans	4.4	New Governor induction and mandatory training would commence from November 2024	Alison Hurley/ Corporate Assurance Team	Nov-24	First Governor Induction sessions booked for 04.12.24 and 15.01.25 Mandatory training instructions and details emailed to Governors on 06.12.24	Complete	Emails and Induction sessions
COG(24)023	31/10/24	Governor Elections and Extension to Governor Terms of Office	4.3	Extend the term of office for: Jeremy Baskett from May 2025 to November 2025 Rob Pickersgill by 12 months to November 2025	Corporate Governance Officer	Nov-24	Confirmation emails sent to Jeremy Baskett and Rob Pickersgill on 06.11.24	Complete	Emails
COG(24)022	12/09/24	CoG AMM - Questions from the Public	4.1	Request for Public Health data for Goole & Howdenshire and East & West Lindsey	Diane Lee		Diane Lee provided the data which was emailed to Governors & NEDs on 06.11.24	Complete	Emails and links
COG(24)017	22/08/24	CoG ARM - Accountability	2.3	Highlight the overuse of acronyms and jargon to the Executive team	David Sharif	Aug-24	David Sharif to provide update at October 2024 CoG meeting - Ongoing reminders	Complete	
COG(24)021	22/08/24	CoG ARM - Any Other Urgent Business	4.2	Confirmed date of next CoG ARM for 2026 meeting schedule	Corporate Governance Officer	Aug-24	Advised Sarah Meggitt the next CoG ARM will be February 2026 for inclusion on meeting schedule	Complete	Email
COG(24)020	22/08/24	CoG ARM - Workforce, Education and Culture Committees-in-Common Highlight Report	3.5	Group culture update at the October CoG meeting		Oct-24	Added to the October agenda	Complete	Agenda
COG(24)018	22/08/24	CoG ARM - Conduct of Meetings	2.4	Clarify essential meeting attendance and requirements for Governors via email	Corporate Governance Officer	Sep-24	Governors emailed on 23.09.24 with an overview of Governor meetings and required attendance	Complete	Email
COG(24)016	22/08/24	CoG ARM - Accountability	2.3	Review and update the Aconyms and Glossary of Terms	Corporate Governance Officer	Sep-24	Reviewed and updated August 2024 v.8.8	Complete	Acronyms and Glossary of Terms
COG(24)014	22/08/24	CoG ARM - Engagement with Members and Stakeholders	2.1	Review Governor entries on the Castle database - Liaise with Comms regarding distribution of Members Newsletter	Corporate Governance Officer	Aug-24	All Governors remain members on the Castle database. Comms confirmed the distribution list was exported from the Castle database.	Complete	Castle database
COG(24)013	22/08/24	CoG ARM - Minutes of the Previous Meeting	1.3	Add Apologies for Jeremy Baskett to within the CoG ARM 2023 minutes	Corporate Governance Officer	Aug-24	Jeremy Baskett was already noted within the Apologies for the CoG ARM 2023 meeting.	Complete	Minutes

COG(24)012	18/06/24	Appointments and Remuneration Committee (ARC) Terms of Reference (ToR)	5.1	Further updates required followiong June CoG meeting	David Sharif	Jul-24	ARC ToR circulated virtually to ARC and CoG members for approval - Approved incoporating minor changes from comments received Added to October ARC agenda for information.	Complete	Emails
COG(24)011	18/06/24	Group Digital Developments	4.2	Andy Haywood to arrange Governor session following initial meeting with Karen Green	Andy Haywood	Oct-24	Digital Strategy Development session for Governors scheduled 9 October 2024	Complete	Emails & Diary invite
COG(24)010	18/06/24	Operational and Financial Plan 2024-25	4.1	Include Integrated Performance Report (IPR) as an item for information at CoG business meetings	Corporate Governance Officer	Oct-24	Added to the October agenda	Complete	Agenda
COG(23)18	13/07/23	Chief Executive Update	2.2	Arrange a Electronic Patient Records briefing session for Governors	Corporate Governance Office	TBC	* Report requested for distribution at 27th November 2023 briefing session. * Update deferred due to Integrated Care Board (ICB) investigation into awarded investment and outstanding decision on purchase and implementation. * Andy Haywood to present a Digital update at the June CoG to include EPR	Complete	Jan, April & June 2024 CoG minutes and June agenda
COG(24)09	18/04/24	Annual Governors Register of Interest	5.2	Forward Annual Governors Register of Interest to Communications for publication on the Trust website	Corporate Governance Office	May-24	Emailed to Communications on 22nd April and published on the Trust website	Complete	Email and website
COG(24)08	18/04/24	Performance, Estates and Finance Highlight Report	3.3	Provide Governors an update on signage within 7 days	Jonathan Lofthouse	May-24	Email update sent to all Governors on 5th June 2024	Complete	Emails

Key:

Grey	Completed - can be closed/archived following meeting

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(25)019

Name of the Meeting	**Council of Governors**
Date of the Meeting	25 February 2025
Director Lead	Simon Parkes and Jane Hawkard, Non-Executive Directors / Chairs of Audit, Risk and Governance Committees-in-Common
Contact Officer/Author	Simon Parkes / Jane Hawkard
Title of the Report	**Audit, Risk and Governance Committees-in-Common Highlight / Escalation Report – January 2025**
Executive Summary	The attached highlight / escalation report to the February 2025 Trust Board summarises the key matters presented to, and discussed by the meeting of the Audit, Risk and Governance Committees-in-Common on 23 January 2025.
Background Information and/or Supporting Document(s) (if applicable)	Audit, Risk and Governance Committees-in-Common Agenda Papers – 23 January 2025
Prior Approval Process	Simon Parkes and Jane Hawkard, Non-Executive Directors / Chairs of Audit, Risk and Governance Committees-in-Common
Financial implication(s) (if applicable)	N/A
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	☐ Approval ☐ Information ☐ Discussion ☐ Review ✓ Assurance ☐ Other – please detail below:

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

	13 February 2025 – Public
	Audit, Risk and Governance Committees-in-Common
	23 January 2025
	Yes

1.0 Purpose of the report

1.1 This report sets out the items of business considered by the Audit, Risk and Governance Committees-in-Common (ARG CiC) at their meeting held on 23 January 2025 including those matters which the Committees specifically wish to escalate to either or both Trust Boards.

2.0 Matters considered by the committees

2.1 The ARG CiC considered the following items of business:

- HUTH External Audit Progress Report
- HUTH External Audit Recommendations Action Plan Update
- NLAG External Audit Planning Report 2024/25
- Group Internal Audit Progress Report 2024/25 YTD
- Group Internal Audit Recommendations Status Report
- Group CIP / Waste Reduction Report
- Annual Review of Arrangements for Raising Concerns / Freedom to Speak Up – NLAG and HUTH
- Group EPRR Highlight Report
- Group Procurement Update
- Group HFMA Improving NHS Financial Sustainability Self-Assessment Checklist
- Group Board Assurance Framework
- Group Risk Register
- WISHH Charitable Funds Governance Arrangements
- Annual review of Policy for Engagement of External Auditor for Non-Audit Work – Group
- Results of ARG CiC Annual Self-Assessment Exercise 2025*
- Annual Review of ARG CiC Terms of Reference – NLAG and HUTH*
- Annual Review of ARG CiC Aligned Work Plan

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

3.0 Matters for reporting / escalation to the Trust Boards

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

a) **Group Internal Audit (IA) Update** –The Committees received details of six finalised IA reports since the last meeting, with two receiving limited assurance – Group Cost Improvement Programme (CIP) / Waste Reduction and NLAG Lorenzo. The ARG CiC received **assurance** that the CIP recommendations had been met and that the setting up of a new programme management office (PMO) would provide more assurance in terms of accurately reporting against CIP targets and ensure that process of completing Equality and Quality Impact Assessments (EQUIAs) was robust and adhered to. A referral is being made to the Quality and Safety Committees-in-Common to understand how they receive assurance on the appropriate and compliant completion of EQIA's in relation to CIP projects.

The Committees received the latest reports on overdue IA recommendations and were only **reasonably assured**. All overdue recommendations for 2022/23 are now closed. However, the Committees were concerned that a number of recommendations for 2023/24 remained open and that implementation dates had moved a number of times. The ARG CiC will be routinely notified in future progress reports where recommendation implementation dates are moved more than once. The NLAG ARG CiC Chair will also write to all Executive Directors again to advise them of this, and that there needs to be a push on closing off recommendations before the April 2025 meeting. A review of overdue recommendations will also be made in advance of the April 2025 ARG CiC meeting and Executive Directors will be asked to attend the meeting to explain why recommendations have not been implemented in their respective areas where relevant.

b) **Freedom to Speak Up Arrangements** – The ARG CiC received **assurance** on the process arrangements for raising concerns / speaking up at both organisations. A referral is however being made to the Workforce, Education and Culture Committees-in-Common to understand how they triangulate Freedom to Speak Up intelligence with other workforce data, to ensure that it does not sit in isolation but assists, acknowledging the confidentiality aspects, with the overall picture of the organisation in terms of whistleblowing, freedom to speak up and grievances and obtain assurance that those who speak up are protected.

c) **Group Risk Register** - The ARG CiC were concerned that the report consisted of a significant number of high risks across the Trust and did not include mitigations. The Group Director of Assurance advised that he and the Group Director of Nursing were meeting with each of the Care Groups to discuss the risks in detail and the process that needed to be undertaken to mitigate and manage risks. The ARG CiC were **not assured** and requested that this matter be brought to the attention of the Group Risk and Assurance Cabinet (GRAC) as a matter of urgency.

d) **Policy for Engagement of External Auditor for Non-Audit Work** – The two existing documents have been combined into one Group policy document as part of the annual review process, and this Group document was approved by the ARG CiC.

e) **ARG CiC Governance Documents** – the Committees approved the results of the ARG CiC annual self-assessment exercise 2025 for submission to the Trust Boards for information. The Committees also reviewed their Membership and Terms of Reference (ToR) documents and agreed a limited number of minor additions. The ToR documents are provided to the Trust Boards for ratification as a separate agenda item.

4.0 Matters on which the committees have requested additional assurance:

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

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

5.1 The ARG CiC received its routine item on the Board Assurance Framework (BAF) and the Group Director of Assurance advised the Committees that Executive Director challenge meetings would commence on 24.1.2025. The ARG CiC discussed having realistic scores and mitigated scores.

6.0 Trust Board Action Required

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

Jane Hawkard
HUTH ARG CiC Chair / NED
23 January 2025

Simon Parkes
NLAG ARG CiC Chair / NED

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Meeting

Agenda Item No: CoG(25)020

Name of the Meeting	**Council of Governors Meeting**
Date of the Meeting	25 February 2025
Director Lead	Helen Wright and Gill Ponder, Chairs of CIC
Contact Officer/Author	Helen Wright and Gill Ponder, Chairs of CIC
Title of the Report	**Capital and Major Projects Committees-in-Common Highlight Report**
Executive Summary	This report sets out the items of business considered by the Capital and Major Projects Committees-in-Common at their meeting(s) held on Thursday 30 January 2025 including those matters which the committees specifically wish to escalate to either or both Trust Boards.
Background Information and/or Supporting Document(s) (if applicable)	N/A
Prior Approval Process	None
Financial implication(s) (if applicable)	Financial implications are included in the report.
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	☐ Approval ☐ Discussion ✓ Assurance ✓ Information ☐ Review ☐ Other – please detail below:

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

	Thursday 13 February 2025
	Capital and Major Projects Committees in Common
	30 January 2025
	Yes

1.0 Purpose of the report

1.1 This report sets out the items of business considered by the Capital and Major Projects Committees-in-Common (CIC) at their meeting(s) held on 30 January 2025 including those matters which the committees specifically wish to escalate to either or both Trust Boards.

2.0 Matters considered by the committees

2.1 The committees considered the following items of business:

30 January 2025

- Capital Plan delivery and expenditure against plan 2024/25
- Draft Capital Plan review 2025/26
- Post Capital Project Evaluation progress
- Humber Acute Services Review (HASR) Update
- Community Diagnostic Centre (CDC) Programme update
- Digital Plan Delivery 2024/25 Update including priorities for 2025/26

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:

Capital Plan 2024/25

a) The CIC were provided with an updated plan for the current year, which had been flexed to bring forward projects from 2025/26 to offset delays. All expenditure brought forward has been approved by Cabinet. The CIC were assured that spend for the year will be in line with plan and that there are no known omissions, albeit ongoing work around flow in the Emergency Departments may give rise to additional requirements.

a) Plans need to remain fluid in order to deal with changing landscapes, and as such the estates team ensure that future projects are planned early and ready to commence, including the Public Sector Decarbonisation Schemes (PSDS).
b) The Estates Team confirmed that, whilst the plan for Quarter 4 was extensive, that capacity existed to deliver all activities. The team noted that external support could be called upon to increase capacity as necessary. The CFO confirmed that the spend could be accommodated within the cash forecast.

Significant assurance was agreed due to the grip and control on the capital expenditure and planning processes. The efforts to flex and bring spend in line with plan were commended and there was clear evidence of strong teamwork in line with the staff charter.

Capital Plan 2025/26

a) Although the capital allocation is yet to be confirmed, Cabinet have carried out a prioritisation planning exercise based on reasonable assumptions and a draft capital plan was presented to the CIC. Whilst there are still allocations and accounting treatments to be confirmed, the CiC were assured that the plan was as complete as possible until capital allocations had been confirmed and that items had been appropriately prioritised. There was a £2m unallocated amount within the HUTH plan, although requirement to include the Daisy building (funded by Hull University) has not yet been concluded.

b) New schemes totalling £40m have been identified based upon emerging issues and will be evaluated alongside the development of a longer term capital strategy.

c) The clinical strategy once approved, would require cross reference against the plan.

d) A copy of the draft plan has been included as an appendix to this report.

Significant assurance was agreed, but the absence of a contextual strategic plan for timescales beyond 2025/26 was noted.

HASR

The local challenge process has concluded, which required significant input from colleagues across an 8week period, which was commended. The referral to the Secretary of State has not yet resulted in a call in, so planning for implementation continues.

Community Diagnostic Centres

a) The CIC received an update and despite delays outside of the Group's control, work was ongoing to ensure the CDCs opened as soon as possible. The Scunthorpe and Grimsby CDCs would be handed over mid-February although there had been a water ingress issue at Grimsby that is being investigated and a solution sought. It was confirmed that delays in opening would not adversely impact the financial plan for 2024/25 as activity mitigations had been put in place.

Revised tariffs for 2025/26 had been implemented by NHSE which resulted in a reduction in income for carrying out MRI and CT scans. This would create an adverse variance to business case of £2m for NLAG and £1m for HUTH, but it might be possible to offset some of this lost income by amending the activity and volume mix.

The CIC recorded their thanks to Ivan McConnell and team in conjunction with Estates colleagues for their hard work in trying to reach an optimal position. Limited assurance was given but this was due to the changing circumstances outside the Group's control.

Digital plan 2024/25 and 2025/26

The key focus of the Digital Plan would be the EPR Business Case and the CIC welcomed the confirmation of £15m of additional funding to close the shortfall in the Outline Business Case, which was still awaiting approval. The additional funds allocated would enable a range of potential suppliers to tender for the contract. The £14.5m forecast spend in 2025/26 related to infrastructure, staff and other enablement activity to ensure the procurement process could take place and a contract signed by 31 March 2026.

Significant assurance was maintained with regards to the overall digital plan and the CiC commended the team's level of engagement with colleagues.

4.0 Matters on which the committees have requested additional assurance:

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

a) Impact on the capital plans in relation to ICB activities, such as the creation of Regional Hubs for specialty and community services (details are not yet clear).

b) The CIC requested further clarity regarding the ED/IAAU Post Capital Evaluation (PCE)as the project spend had been reported as being on plan, however additional funding had been allocated. . The importance of undertaking the PCEs in a timely manner was reiterated. It was also agreed that a similar evaluation be undertaken for all major projects, whether revenue or capital in nature and irrespective of whether they fell in scope of the NHSE review process.

c) In the longer term the CIC requested visibility of 5 year + capital plans that are aligned with the overall strategy and illustrate allocation of spend into categories such as: strategic transformation, efficiency, replacement (equipment & digital etc), digital innovation, estates, PSDS (net zero), Legal & Compliance, Cultural. This would aid with prioritisation and flexing of plans in year and understanding whether allocations across the Group are balanced, aligned and risk based.

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

4.2 The committees considered the areas of the BAFs for which it has oversight and has proposed the following change(s) to the risk rating or entry:

The BAF was not presented at this meeting.

6.0 Trust Board Action Required

5.1 The Trust Boards are asked to:

- Note the escalations in Section 3.1.
- Note the areas for further assurance in section 4.1.

Helen Wright, Chair of the Committees in Common

Gill Ponder, Chair of the Committees in Common

30 January 2025

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Meeting

Agenda Item No: CoG(25)021

Name of the Meeting	**Council of Governors Meeting**
Date of the Meeting	25 February 2025
Director Lead	Helen Wright, Gill Ponder – Chairs of CIC
Contact Officer/Author	Helen Wright, Gill Ponder – Chairs of CIC
Title of the Report	**Performance, Estates and Finance Committees-in-Common Highlight Report**
Executive Summary	This report sets out the items of business considered by the Performance, Estates and Finance Committees-in-Common at their meeting(s) held on Tuesday 18 December 2024 and 4 February 2025 including those matters which the committees specifically wish to escalate to either or both Trust Boards.
Background Information and/or Supporting Document(s) (if applicable)	N/A
Prior Approval Process	None
Financial implication(s) (if applicable)	Financial implications are included in the report
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ✓ Assurance ☐ Other – please detail below:

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

	13 February 2025
	Performance, Estates and Finance Committees in Common
	18 December 2024 and 4 February 2025
	Yes

1.0 Purpose of the report

1.1 This report sets out the items of business considered by the Performance, Estates and Finance Committees-in-Common at their meeting(s) held on 18 December 2024 and 4 February 2025 including those matters which the committees specifically wish to escalate to either or both Trust Boards.

2.0 Matters considered by the committees

2.1 The committees considered the following items of business:

- CQC Actions update – HUTH/NLAG
- Finance – BAF rating change
- Group Finance Report
- PA Consulting work
- Update on Business and Operational Planning
- Performance (Integrated Performance Report Headlines)
- Deep Dives: Diagnostics and Operational Pressures (including Winter & Urgent Care)
- Update on audiology data quality
- Estates and Facilities – Update including ERIC/Model Health, PSDS Bid Values & HUTH Catering Review

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:

<u>Financial Performance</u>

- The CIC received a transparent financial forecast that highlighted the best case scenario (£14m adverse to plan (Dec) moving to £10m (Feb)), the likely variance to

plan (£20m (Dec) £15.7m (Feb)) and the worst case scenario (£44m). Risks included; ERF funding for elective activity, not receiving planned income from ICS, ERF cap and an additional risk from the Band 2-3 issue,

- There remains ambition to close the current gap to plan and good progress has been noted between December and February.
- Balance sheet flexibility has supported delivery of the plan and the CIC emphasised the need to ensure a prudent position was retained with regards management of the Balance Sheet. This is being reviewed by the ICB to ensure consistency across the Trusts.
- The CIC celebrated the £78m Cost Improvement Programme achievement in year versus planned £84m, however caution was advised with regards the balance between run rates and CIP. The focus needs to move to measuring improvements to overall run rates rather than grossing up to net down using CIPs. The current way of managing the cost improvement plans (CIP) has not been satisfactory and received a limited assurance rating from Internal Audit, hence the need for transformation and a different approach to ensure that recurrent savings are delivered to improve overall financial sustainability.
- The initial deficit position for 2025/26 of £136m was shared, which clearly reflects that the Group current position is not sustainable and supports the need for the PA Consulting transformation programme and a highly capable Project Management Office (PMO) given the scale of change required. Based upon transformation activity identified this reduces to circa £50m, however robust execution is critical to success after the planning stage has been concluded.
- The CIC supported the need to strengthen the PMO at the December meeting and whilst some skills will need to be bought in, there is a desire to build capability internally. It was agreed that results will be regularly evaluated to ensure strong performance.
- Approval had been received in February from NHS England supporting the PA Consulting activity until the end of March 2025. The remaining contract with PA is risk based (contingent fee structure) and will be monitored weekly. Programmes for 2025/26 will focus on theatres, diagnostics, outpatients and flow.
- Culture – the CIC commended the focus on patient experience as part of the PA Consulting Plans – this has patients at the forefront with financial savings being a consequence of delivering the best care in the most efficient way.
- In light of the revised approach to delivering the CIP and the continued reduction in gap to plan, it was agreed that the Committees would support the Finance Leadership proposal to not declare a protocol break at this stage. The ICB are fully aware of the Group's position.
- The transparency and completeness of the financial reports was commended alongside the grip and control evidenced by the finance team.
- The CIC recognised that whilst we are reporting a gap to plan and there is limited assurance the plan will be achieved, there is reasonable assurance that maximum effort is being applied by our teams to address this. This was praised alongside the work the team had carried out relating to Rossmore and the review of flow.

<u>Business and Operational Planning</u>

- The Operational Planning guidance had been published and assumed an A&E 4 hour target of 78%, 1% 52 week waits, 65% RTT 18 weeks; or a 5% improvement in the number of patients on the PTL, 75% 62-day Cancer and 80% Faster Diagnosis Standard. It would no longer be possible to earn additional ERF income for increasing activity levels above plan. The CIC noted the challenging future position and requested a briefing paper be issued to provide clarity on next steps and the approval

process, as Boards would be required to go through a detailed sign off process in line with planning submission dates.

Performance

- Audiology data quality and performance reporting was reviewed after previous concerns had been raised about the accuracy of the data. The CiCs were advised that visibility of all patients was retained, therefore there had been no increased risk of harm to patients, as it had been confirmed that this was a data submission issue.
- Urgent and Emergency Care remained under pressure with issues around time to see clinician, flow and ambulance handovers. A new initiative has been introduced to reduce ambulance handovers to 45 minutes working alongside Yorkshire Ambulance Service (YAS) and this has delivered significant improvements in ambulance lost hours in January, improving patient safety in the community. Plans are in place to rollout this initiative at NLAG in conjunction with EMAS
- The Group had moved into Tier 1 support for Urgent Care. PA Consulting focused on the flow improvement programme at Hull Royal Infirmary (HRI), where severe congestion was occurring at the front door, not just from ambulance arrivals. Sarah Tedford had conducted detailed reviews of the issues and concluded that improvement can only be made once overcrowding has been tackled to enable patients to be managed in a structured way and the 3 key enablers for improved performance to be achieved. Work is ongoing with the Care Groups to change cultures, improve ward and board rounds and encourage specialties to manage both their emergency and elective patients. The issues in Urgent Care require teamwork and collective action, so focus was on all teams pulling patients out of ED rather than the responsibility lying with ED to push, alongside the creation of temporary escalation spaces for boarding.
- Improvements in the Cancer Faster Diagnosis Standard (FDS) had not yet been reflected in improvements in performance against the 62-day standard, as that was expected to take around 6 months with a deterioration in that standard initially as the backlog is cleared.
- Concern was raised around the size and shape of the waiting lists as a result of the focus on the 65-week waiting targets (see section 4.0).
- Diagnostics reflected an improving position but further work was required to achieve the new 5% target. Waiting times were reducing, but the numbers of patients waiting were growing as increased activity was not keeping pace with increased demand. Once open, the Community Diagnostic Centres (CDCs) will increase capacity.
- Risks were flagged around demand and capacity mismatches for endoscopy and pressures that may arise due to bowel screening programme changes. Mitigations will be reviewed.
- For all operational areas, limited assurance was noted. There are lots of plans to improve and where there is focus this is evidenced, but the changes are not yet embedded into transformed processes and the improvements are therefore not sustained.

Estates and Facilities

- The CiC was assured by the Estates and Facilities report, including the plans to reduce the Backlog Maintenance and Critical Infrastructure Risks from allocated capital and Public Sector Decarbonisation Scheme (PSDS) funding. Whilst funding was nowhere near the level needed to eradicate those risks, significant improvements would be achieved in 2025/26 as a result of the PSDS work being carried out at Scunthorpe Hospital which would address 4 high risks on that site. In February £1m

grant funding had been bid for and received. This would be used for investments relating to high risks.

- The HUTH catering arrangements had been reviewed by Cabinet and changes proposed to eliminate the negative contribution noted in prior year. The plans should lead to an initial break-even position without a detrimental impact on patient and staff wellbeing and will be reviewed in September 2025.

4.0 Matters on which the committees have requested additional assurance:

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

- The committee referred the overspend on clinical pay versus plan of £17.3m to the ARG committee for consideration, as there may be an opportunity for this to be reviewed by Internal Audit using data analytics tools. This may not be deemed a priority but should be considered in light of the value of overspend.
- At a previous meeting there was assurance provided that the target of no more than 8 65 week waiters would be achieved by the end of December. As there were 94 patients waiting over 65 weeks, the target was missed. Further information is being collated to better understand tipover risks and the issues behind this inaccuracy. Lessons learnt will be presented at the next meeting.
- The CIC concluded that there was insufficient clarity regarding actions to improve some areas of operational performance and that the commentary within the GIPR (Group Integrated Performance Report) required a refresh. There is a need to focus on the top improvement actions and the improvement towards target performance trajectories to provide assurance that improvements were on track for delivery.
- The CIC requested to understand which of the PSDS bids the Group would pursue should bids be successful, against the context of constrained capital funding levels versus requirements and the need to match any grants awarded. It was unlikely that the Group would know which bids had been successful until the end of April, but there was an opportunity to decline some at that point if the Group were offered more grants than could be matched with the capital available.
- An initial summary of the Estates Return Information Collection (ERIC) data for model health was provided by the Estates and Facilities team. This illustrates benchmark costs across the Trusts and nationally. The underlying data requires review to ensure consistency of data collection and apportionment of overheads. It was agreed that this would be undertaken as part of a check and challenge process which would include examining variation in products and services across the Group, with the intention of adopting best practice. This work would be carried out across a 12 month period and the outcome would be brought to the CiC based on prioritisation.

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

5.1 There will be an update as part of the BAF quarterly reporting cycle at the March meeting

5.2 The CIC received a presentation detailing the Finance risk and regarding the proposed BAF score of 20 (4 likelihood x 5 consequence) which was a reduction from 25. The CIC agreed that there were robust plans in place, with funding support achieved for transformation.

Whilst it was recognised that the Group is not in a position of financial sustainability, there are clear plans in place to initiate transformational change and line of sight to a significantly improved position. As such, it was concluded that the consequence was major (4) and not catastrophic (5). The overall BAF risk was recalibrated to 16 (4 x 4).

There is however a need to effect cultural change, as additional funding cannot continue to be the first solution to issues. The focus needs to be on a mindset shift towards value for money, efficiency and transformation in the future.

The CIC concluded that the finance score reducing to 16 should support continued focus on quality and safety of patients. Financial savings will be delivered through optimising the patient journey and experience. However, the need for system support in delivering this transformation should not be under-estimated.

6.0 Trust Board Action Required

6.1 The Trust Boards are asked to:

- Note the escalations in Section 3.1.
- Note the areas for further assurance in section 4.1.

Helen Wright, Non-Executive Director and Chair of the Performance, Estates and Finance Committees in Common

Gill Ponder, Non-Executive Director and Chair of the Performance, Estates and Finance Committees in Common

4 February 2025

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(25)022

Name of the Meeting	**Council of Governors Business Meeting**
Date of the Meeting	25 February 2025
Director Lead	Sue Liburd, Non-Executive Director and Chair of the Quality and Safety Committees in Common (CIC)
Contact Officer/Author	Sue Liburd, Non-Executive Director and Chair of the Quality and Safety Committees in Common (CIC)
Title of the Report	**Quality and Safety Committees-in-Common Highlight and Escalation Reports**
Executive Summary	The attached report for the Council of Governors, provides an update on the work of the Quality and Safety Committees-in-Common held on 17 December 2024. There was no meeting of the Committees-in-Common in January 2025. The following matters are highlighted: • The Committees in Common in reviewing progress of metrics of the five key quality priorities for the Trust (Deteriorating patients, Sepsis, End of Life Care, Medication Safety and Mental Capacity) noted good progress in the areas of End-of-Life care and adult sepsis screening. • The End-of-Life Annual Report was approved. • The Committees in Common received the Patient Experience Annual Report.
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 – Detail below:

Northern Lincolnshire and Goole NHS Foundation Trust

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

	25 February 2025
	Quality and Safety Committees-in-Common
	17 December 2024
	Yes

1.0 Purpose of the report

1.1 This report sets out the items of Northern Lincolnshire and Goole (NLaG) business considered by the Quality and Safety Committees-in-Common at their meeting held on 17 December 2024.

2.0 NLaG Matters considered by the committees

2.1 17 December 2024

The committees considered the following items of business:

- Operational pressures.
- EQUIA.
- Quality Priorities.
- Research, innovation & Development
- Maternity and Neonatal Services.
- Patient Safety Incident Response (PSIRF).
- Patient Experience.
- Integrated Performance Report (IPR).

3.0 Matters for reporting / escalation to the Council of Governors

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

3.1 Quality Priorities:

- There are five key Quality Priorities for the Trust: Deteriorating patients, Sepsis, End of Life Care, Medication Safety and Mental Capacity. The Committees in Common noted good progress in several key areas, however limited in others.

- End of Life (EOL) care: The overarching aim is to improve personalised palliative and end of life care to ensure patients are supported to have a good death. The Trust has an EOL implementation and steering group leading on improvements. The group has been in place for 2 years and continues to work effectively. EOL planning training has

86% compliance as of 31 November 2024. EOL syringe driver training compliance as of 31 November is 76% compliant. The syringe driver training compliance is a significant improvement from the 45% identified in 2022/2023. Staff members out of compliance are proactively being offered training. The Bluebell model for improved communication of plans and patient wishes has been fully rolled out across all three hospital sites with good evidence of its success. The model is currently being disseminated to community services. The electronic pain and comfort tool for recording pain assessments in EOL care which was introduced in May 2023 is now fully embedded. The End-of-Life Annual Report was approved.

- Sepsis: An improved recognition and response to sepsis in adult patients is a Trust quality priority. Sepsis screening completed within 15 mins is an outcome and process measure used across the Trust. Improvements in the percentage increase in sepsis screenings continues to progress month on month. In September – 45%, October – 47% and November 2024 - 49.6%.

- The Committees in Common also noted:
    - The Trust quality priorities are to become standing agenda items at the newly formed Patient Safety Learning Group (PSLG) which will feedback into the Quality and Safety Committees in Common.
    - The formation of the new Group Resuscitation, Deteriorating Patients and Sepsis Steering Group.
    - The ongoing work on standardisation of patient weight recording in the Electronic Prescribing Medicine Administration (EPMA) system.

3.2 Patient Experience

- The Committees in Common received the Patient Experience Annual Report. The report details the key patient experience work undertaken during 2023-2024. It highlights successes, service challenges and learnings experienced through the transition into the Group structure.

4.0 Matters on which the committees have requested additional assurance:

The committees did not request additional assurance outside of normal reporting as detailed in the workplan on Trust related agenda items.

5.0 Council of Governors Actions Required

5.1 The Council of Governors is asked to:

- Note the reporting in item 3.

Sue Liburd
Non-Executive Director
14 February 2025

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(25)023

Name of the Meeting	**Council of Governors**
Date of the Meeting	25 February 2025
Director Lead	Julie Beilby, Chair of Workforce, Education and Culture Committees-in-Common
Contact Officer/Author	Julie Beilby, Chair of Workforce, Education and Culture Committees-in-Common
Title of the Report	**Workforce, Education and Culture Committees-in-Common Highlight Report**
Executive Summary	This report sets out the items of business considered by the Workforce, Education and Culture Committees-in-Common at their meeting(s) held on Wednesday 29 January 2025 including those matters which the committees specifically wish to escalate to either or both Trust Boards.
Background Information and/or Supporting Document(s) (if applicable)	N/A
Prior Approval Process	None
Financial implication(s) (if applicable)	Financial implications are included in the report
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	☐ Approval ✓ Information ☐ Discussion ☐ Review ✓ Assurance ☐ Other – please detail below:

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

	Thursday 13 January 2025
	Workforce, Education and Culture Committees in Common
	29 January 2025
	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 meeting(s) held on 29 January 2025 including those matters which the committees specifically wish to escalate to either or both Trust Boards.

2.0 Matters considered by the committees

2.1 The committees considered the following items of business:

29 January 2025

- NLAG/HUTH CQC Actions Report
- Registered Nursing and Midwifery staffing report
- Integrated Performance Report
- Recruitment and time to hire KPI
- Group People Strategy 2025-18
- National Staff Survey results
- Sexual Safety Report
- Review of Executive, Senior and Operational structure
- Freedom to Speak Up Report HUTH/NLAG

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 January 2025

a) Good progress has been made and an agreement had largely been reached regarding the Band 2/3 maternity support workers. MoU being finalized.
b) The vaccination rates for the Group are 47%.
c) The CIC noted the improvements regarding the outstanding CQC actions, but queried the mandatory training compliance of the Medics. A review of mandatory training is taking place to harmonise between NLaG and HUTH and there are also

national changes planned. This will be brought back to a future meeting. Reasonable assurance was given to this item.

d) There is a risk regarding the 3 support posts (2 x Maternity and Apprenticeships Practice Learning Facilitators and 1 x Legacy Mentor) who are very important in onboarding new nurses and midwives transition into their new roles. The support they offer includes health and wellbeing and embedding new practice. Further work in hand to validate impact. CiC gave reasonable assurance on Registered Nursing and Midwifery Staffing
e) There have been marked improvements in the Time to Recruit KPIs. The CIC thanked the teams, particularly Occupational Health for their hard work. Reasonable assurance was given.
f) The CIC received an information report concerning the implementation of the Group Executive, Senior and Operational structure – the report described where the Group was and the work in progress for example the recruitment of the site CEOs and the direction for 2025/26 and beyond. The CIC await a more comprehensive and critical review in 6 months for assurance purpose.
g) The CIC received the Group People Strategy 2025-28 and recommended approval by the Boards in Common. The CIC suggested linking the KPIs to objectives, a deep dive into the proposed new technology and ESR alignment across the Group as future discussion points. The CIC would like to review the funding support going forward to support delivery of the strategy.
h) Freedom to Speak up Guardians highlighted an increase in inappropriate behavior and a notable increase in those received from senior staff. The CIC agreed to discuss this further as part of the internal audit report, along with triangulating the data against other indicators. The CIC supported the involvement of FTSU guardians in future culture discussions. Reasonable assurance was given.
i) The initial Staff Survey figures were presented and early indications detailed a deterioration from last year. An action plan was being developed and would be presented to a future meeting.

4.0 Matters on which the committees have requested additional assurance:

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

a) Nursing and Midwifery staffing report. The CIC requested further information regarding Nurse and Midwifery work-life balance and flexible working. The engagement discussion would be drawn out from the Staff Survey item. Reasonable assurance was given.

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

5.1 The committees considered the areas of the BAFs for which it has oversight and has proposed the following change(s) to the risk rating or entry:

The BAF was not presented at this meeting.

6.0 Trust Board Action Required

6.1 The Trust Boards are asked to:

- Note the escalations in Section 3.1.
- Note the areas for further assurance in section 4.1.

Julie Beilby, Chair of the Committees in Common

29 January 2025

Northern Lincolnshire and Goole NHS Foundation Trust

Council of Governors Business Meeting

Agenda Item No: CoG(25)024

Name of the Meeting	**Council of Governors Business Meeting**
Date of the Meeting	25 February 2025
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 December 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

Dec 2024 – v8.9

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

ACE – A Commitment to Excellence – Accreditation scheme previously known as 15 Step Reviews

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 Group 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 Committees-in-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 Group Chair, Non-Executive Directors, the Group Chief Executive and other Executive Directors. The Group Chair 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

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 Committees-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

CoP – Code of Practice

CPA – Care Programme Approach

CPD – Continuing Professional Development. It refers to the process of tracking and documenting the skills, knowledge and experience that is gained both formally and informally at work, beyond any initial training. It's a record of what is experienced, learned and then applied

CPIS - Child Protection Information Sharing

CPN – Community Psychiatric Nurse

CPO – Chief People Officer

CQC - Care Quality Commission - is the independent regulator of health and social care in England, aiming to make sure better care is provided for everyone in hospitals, care homes and people's own homes. Their responsibilities include registration, review and inspection of services; their primary aim is to ensure that quality and safety are met on behalf of patients

CQUIN – Commissioning for Quality and Innovation are measures which determine whether we achieve quality goals or an element of the quality goal. These achievements are on the basis of which CQUIN payments are made. The CQUIN payments framework encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare. For the patient – this means better experience, involvement and outcomes

CSPO – Chief Strategy and Partnerships Officer

CSU – Commissioning Support Unit support clinical commissioning groups by providing business intelligence, health and clinical procurement services, as well as back-office administrative functions, including contract management

Datix - is the patient safety web-based incident reporting and risk management software, widely used by NHS staff to report clinical incidents (Replaced by Ulysses in 2023)

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

DD – Due Diligence

Depreciation – A reduction in the value of a fixed asset over its useful life as opposed to recording the cost as a single entry in the income and expenditure account.

DGH – District General Hospitals

DH or DoH – Department of Health – A Government Department that aims to improve the health and well-being of people in England

DHSC - Department of Health and Social Care is a government department responsible for government policy on health and adult social care matters in England and oversees the NHS

DN - District Nurse, a nurse who visits and treats patients in their homes, operating in a specific area or in association with a particular general practice surgery or health centre

DNA - Did not attend: when a patient misses a health or social care appointment without prior notice. The appointment is wasted and therefore a cost incurred

DNR - Do not resuscitate

DoF – Director of Finance

DOI - Declarations of Interest

DOLS - Deprivation of Liberty Safeguards

DOSA – Day of Surgery Admission

DPA - Data Protection Act

DPH - Director of Public Health

DPoW - Diana, Princess of Wales Hospital, Grimsby

DTOCs – Delayed Transfers of Care

EBITDA - Earnings Before Interest, Taxes, Depreciation and Amortisation. An approximate measure of a company's operating cash flow based on data from the company's income statement

ECC - Emergency Care Centre

ED – Executive Directors or Emergency Department

EDI – Equality, Diversity and Inclusion

EHR – Electronic Health Record

EIA - Equality Impact Assessment

Elective admission - A patient admitted to hospital for a planned clinical intervention, involving at least an overnight stay

Emergency (non-elective) admission - An unplanned admission to hospital at short notice because of clinical need or because alternative care is not available

ENT – Ear, nose and throat treatment. An ENT specialist is a physician trained in the medical and surgical treatment of the ears, nose throat, and related structures of the head and neck

EoL – End of Life

EPR - Electronic Patient Record

ERF – Elective Recovery Fund

ERoY – East Riding of Yorkshire

ESR - Electronic Staff Record

Executive Directors - Board-level senior management employees of the NHS Foundation Trust who are accountable for carrying out the work of the organisation. For example the Chief Executive and Finance Director, of a NHS Foundation Trust who sit on the Board of Directors. Executive Directors have decision-making powers and a defined set of responsibilities, thus playing a key role in the day to day running of the Trust.

FD – Finance Director

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.

FRC – Financial Risk Rating

FT – Foundation Trust. NHS foundation trusts are public benefit corporations authorised under the NHS 2006 Act, to provide goods and services for the purposes of the health service in England. They are part of the NHS and provide over half of all NHS hospital, mental health and ambulance services. NHS foundation trusts were created to devolve decision making from central government to local organisations and communities. They are different from NHS trusts as they: have greater freedom to decide, with their governors and members, their own strategy and the way services are run; can retain their surpluses and borrow to invest in new and improved services for patients and service users; and are accountable to, among others, their local communities through their members and governors

FTE – Full Time Equivalent

FTGA – Foundation Trust Governors' Association

FTN – Foundation Trust Network

FTSUG - Freedom to Speak Up Guardians help to protect patient safety and the quality of care, whilst improving the experience of workers

FY – Financial Year

GAG – the Governor Assurance Group has oversight of areas of Trust governance and assurance frameworks in order to provide added levels of assurance to the work of the Council of Governors (Replaced by Member and Public Engagement & Assurance Group (MPEAG) from April 2024)

GDH – Goole District Hospital

GDP – Gross Domestic Product

GDPR – General Data Protection Regulations

GIRFT – Getting It Right First Time

GMC - General Medical Council: the organisation that licenses doctors to practice medicine in the UK

GP - General Practitioner - a doctor who does not specialise in any particular area of medicine, but who has a medical practice in which he or she treats all types of illness (family doctor)

Governance - This refers to the “rules” that govern the internal conduct of an organisation by defining the roles and responsibilities of groups (e.g. Board of Directors, Council of Governors) and individuals (e.g. Chair, Chief Executive Officer, Finance Director) and the relationships between them. The governance arrangements of NHS Foundation Trusts are set out in the constitution and enshrined in the Licence

Governors - Elected or appointed individuals who represent Foundation Trust Members or stakeholders through a Council of Governors

Group Executive Team – assists the Chief Executive in the performance of his duties, including recommending strategy, implementing operational plans and budgets, managing risk, and prioritising and allocating resources

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

GUM - Genito Urinary Medicine: usually used as the name of a clinic treating sexually transmitted disease

H1 - First Half (financial or calendar year)

H2 - Second Half (financial or calendar year)

HAS - Humber Acute Services

HCA - a Health Care Assistant is someone employed to support other health care professions

HCAI - Healthcare Acquired Infections or Healthcare Associated Infections, are those acquired as a result of health care

HCCP - Humber Clinical Collaboration Programme

HDU - Some hospitals have High Dependency Units (HDUs), also called step-down, progressive and intermediate care units. HDUs are wards for people who need more intensive observation, treatment and nursing care than is possible in a general ward but slightly less than that given in intensive care

Health inequalities - Variations in health identified by indicators such as infant mortality rate, life expectancy which are associated with socio-economic status and other determinants

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

HEE – Health Education England

HES - Hospital Episode Statistics – the national statistical data warehouse for England of the care provided by the NHS. It is the data source for a wide range of healthcare analysis for the NHS, government and many other organisations and individuals

HOBS - High Observations Beds

HOSC - Health Overview and Scrutiny Committee. Committee that looks at the work of the clinical commissioning groups, and National Health Service (NHS) trusts, and

the local area team of NHS England. It acts as a 'critical friend' by suggesting ways that health related services might be improve

HR – Human Resources

HSCA – Health & Social Care Act 2012

HSMR - Hospital Standardised Mortality Ratio

HTF - Health Tree Foundation (Trust charity)

HTFTC - Health Tree Foundation Trustees' Committee

Human Resources (HR) - A term that refers to managing "human capital", the people of an organisation

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

HW – Healthwatch

HWB/HWBB – Health & Wellbeing Board

HWNL - Healthwatch North Lincolnshire

HWNEL - Healthwatch North East Lincolnshire

HWER - Healthwatch East Riding

H&WB Board - Health and Wellbeing Board. A statutory forum where political, clinical, professional and community leaders from across the care and health system come together to improve the health and wellbeing of their local population and reduce health inequalities. The joint strategy developed for this Board is based on the Joint Strategic Needs Assessment. Each ICB has its own Health and Wellbeing Board.

HUTH – Hull University Teaching Hospitals NHS Trust

IAAU – Integrated Acute Assessment Unit

IAPT – Improved Access to Psychological Therapies

IBP – Integrated Business Plan

I & E – Income and Expenditure. A record showing the amounts of money coming into and going out of an organisation, during a particular period.

ICB – Integrated Care Board

ICP – Integrated Care Partnership

ICS – Integrated Care Systems - Partnership between NHS organisations, local councils and others, who take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. There are 44 ICS 'footprint' areas. The size of a system is typically a population of 1-3 million.

ICU – Intensive Care Unit

IG – Information Governance

Integrated Care - Joined up care across local councils, the NHS, and other partners. It is about giving people the support they need, joined up across local councils, the

NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. The aim is that people can live healthier lives and get the care and treatment they need, in the right place, at the right time.

IP – Inpatient

IPC - Infection Prevention & Control

IPR – Integrated Performance Report

IT – Information Technology

ITU – Intensive Therapy Unit

JAG – Joint Advisory Group accreditation

JHOSH - Joint Health Overview and Scrutiny Committee

Joint committees - In a joint committee, each organisation can nominate one or more representative member(s). The joint committee has delegated authority to make binding decisions on behalf of each member organisation without further reference back to their board.

JSNA – Joint Strategic Needs Assessment

KLOE – Key Line of Enquiry

KPI – Key Performance Indicator. Targets that are agreed between the provider and commissioner of each service, which performance can be tracked against

KSF – Knowledge and Skills Framework- This defines and describes the knowledge and skills which NHS staff (except doctors and dentists) need to apply in their work in order to deliver quality services

LA – NHS Leadership Academy

LATs – Local Area Teams

LD – Learning Difficulties

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

LETB – Local Education and Training Board

LGBTQ+ – Lesbian, gay, bisexual, transgender, questioning, queer, intersex, pansexual, two-spirit (2S), androgynous and asexual.

LHE – Local Health Economy

LHW – Local Healthwatch

LiA – Listening into Action

Licence - The NHS provider licence contains obligations for providers of NHS services that will allow Monitor to fulfil its new duties in relation to: setting prices for NHS-funded care in partnership with NHS England; enabling integrated care; preventing anti-competitive behaviour which is against the interests of patients; supporting commissioners in maintaining service continuity; and enabling Monitor to

continue to oversee the way that NHS Foundation Trusts are governed. It replaces the Terms of Authorisation

LMC – the Local Medical Council is the local representative committee of NHS GPs which represents individual GPs and GP practices as a whole in their localities

Local Health Economy - This term refers to the different parts of the NHS working together within a geographical area. It includes GP practices and other primary care contractors (e.g. pharmacies, optometrists, dentists), mental health and learning disabilities services, hospital services, ambulance services, primary care trusts (England) and local health boards (Wales). It also includes the other partners who contribute to the health and well-being of local people – including local authorities, community and voluntary organisations and independent sectors bodies involving in commissioning, developing or providing health services

LOS - length of stay for patients is the duration of a single episode of hospitalisation

LTC - Long Term Condition

M&A – Mergers & Acquisitions

MCA - Mental Capacity Act

MDT - Multi-disciplinary Team

Members - As part of the application process to become an NHS Foundation Trust, NHS trusts are required to set out detailed proposals for the minimum size and composition of their membership. Anyone who lives in the area, works for the trust, or has been a patient or service user there, can become a Member of an NHS Foundation Trust, subject to the provisions of the trust's constitution. Members can: receive information about the NHS Foundation Trust and be consulted on plans for future development of the trust and its services; elect representatives to serve on the Council of Governors; and stand for election to the Council of Governors

MHA – Mental Health Act

MI – Major Incident

MIU – Major Incident Unit

MLU - Midwifery led unit

Monitor - Monitor was the sector regulator of health care services in England, now replaced by NHS Improvement as of April 2016 (which has since merged with NHS England)

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

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 organisation that brings together, supports and speaks for the whole healthcare system in England, Wales and Northern Ireland.

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

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

NHS Health and Care Partnership - a locally-determined coalition will bring together the NHS, local government and partners, including representatives from the wider public space, such as social care and housing.

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

NHSP - NHS Professionals

NHS Providers - This is the membership organisation and trade association for all NHS provider trusts

NHSTDA – NHS Trust Development Authority

NICE - the National Institute for Health and Care Excellence is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health

NL - North Lincolnshire

NLaG - Northern Lincolnshire & Goole Hospitals NHS Foundation Trust

NMC - Nursing & Midwifery Council

Non-Elective Admission (Emergency) - An unplanned admission to hospital at short notice because of clinical need or because alternative care is not available

NQB - National Quality Board

NSFs – National Service Frameworks

OBC - Outline Business Case

OFT – Office of Fair Trading

OLU - Obstetric led unit

OOH - Out of Hours

OP – Outpatients

OPA – Outpatient Appointment

Operational management - Operational management concerns the day-to-day organisation and coordination of services and resources; liaison with clinical and non-clinical staff; dealing with the public and managing complaints; anticipating and resolving service delivery issues; and planning and implementing change

OSCs – Overview and Scrutiny Committees

PALS - Patient Advice and Liaison Service. All NHS Trusts have a PALS team who are there to help patients navigate and deal with the NHS. PALS can advise and help with any non-clinical matter (eg accessing treatment, information about local services, resolving problems etc)

PADR - Personal Appraisal and Development Review - The aim of a Performance Appraisal Development Review is to confirm what is required of an individual within their role, feedback on how they are progressing, to identify any learning and development needs through the use of the and to agree a Personal Development Plan

PAU – Paediatric assessment unit

PbR - Payment by Results

PCN - Primary Care Network: Groups of GP practices, working with each other and with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas. Led by a clinical director who may be a GP, general practice nurse, clinical pharmacist or other clinical profession working in general practice.

PCT – Primary Care Trust

PDC – Public Dividend Capital

PEWS - Paediatric Early Warning Score

PEF – Performance, Estates & Finance Committees-in-Common

PFI – Private Finance Initiative

PIDMAS – Patient Initiated Digital Mutual Aid System

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

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

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

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

PPE - Personal Protective Equipment

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

PPI – Patient and Public Involvement

PRIM - Performance Review Improvement Meeting

PROMS – Patient Recorded Outcome Measures

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

PSF - Provider Sustainability Fund

PST – Patient Suitability for Transfer

PTL – Patient Transfer List

PTS – Patient Transport Services

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

QGAF – Quality governance assurance framework

QI – Quality Improvement

QIA – Quality Impact Assessment

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

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

QRP – Quality & Risk Profile

Q&SC – Quality & Safety Committees-in-Common

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 – Register of Interests

RoI – Return on Investment

RTT – Referrals to Treatment

SaLT - Speech and Language Therapy

SDEC – Same day emergency care

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

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

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

SGH – Scunthorpe General Hospital

SHCA – Senior Health Care Assistant

SHMI - Summary Hospital-level Mortality Indicator

SI - Serious Incident: An out of the ordinary or unexpected event (not exclusively clinical issues) that occurs on NHS premises or in the provision of an NHS or a commissioned service, with the potential to cause serious harm

SIB - System Improvement Board

SID - Senior Independent Director - One of the non-executive directors should be appointed as the SID by the Board of Directors, in consultation with the Council of Governors. The SID should act as the point of contact with the Board of Directors if Governors have concerns which approaches through normal channels have failed to resolve or for which such normal approaches are inappropriate. The SID may also act as the point of contact with the Board of Directors for Governors when they discuss, for example, the chair's performance appraisal and his or her remuneration and other allowances. More detail can be found in the Code of Governance

SJR - Structured Judgement Review

SLA – Service Level Agreement

SLM/R – Service Line Management/Reporting

SNCT - Safer Nursing Care Tool

Social Care - This term refers to care services which are provided by local authorities to their residents

SPA – Single Point of Access

SoS – Secretary of State

SSA – Same Sex Accommodation

Strategic Management - Strategic management involves setting objectives for the organisation and managing people, resource and budgets towards reaching these goals

Statutory Requirement - A requirement prescribed by legislation

SUI – Serious untoward incident/event: An incident that occurred during NHS funded healthcare which resulted in serious harm, a never event, or another form of serious negative activity

T&C – Terms and Conditions

TCI – To Come In

Terms of Authorisation - Previously, when an NHS Foundation Trust was authorised, Monitor set out a number of terms with which the trust had to comply.

The terms of authorisation have now been replaced by the NHS provider licence, and NHS Foundation Trusts must comply with the conditions of the licence

TMB - Trust Management Board

Third Sector - Also known as voluntary sector/ non-profit sector or "not-for-profit" sector. These organisations are non-governmental

ToR – Terms of Reference

Trauma - The effect on the body of a wound or violent impact

Triage - A system which sorts medical cases in order of urgency to determine how quickly patients receive treatment, for instance in accident and emergency departments

TTO – To Take Out

ULHT – United Lincolnshire Hospital NHS Trust

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

UTC - Urgent Treatment Centre

Voluntary Sector - Also known as third sector/non-profit sector or "not-for-profit" sector. These organisations are non-governmental

Vote of No Confidence - A motion put before the Board which, if passed, weakens the position of the individual concerned

VTE – Venous Thromboembolism

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